

STUDENT HEALTH INSURANCE PLAN OPTIONS FOR 2015-2016



Student Medical Insurance Plan	Student Basic Plan <i>Student Annual Premium*: \$1,945</i>		Student Plus Plan <i>Student Annual Premium*: \$2,713</i>	
	Preferred Care	Non-Preferred Care****	Preferred Care	Non-Preferred Care****
Policy Year Maximum (medical and prescription drug)	Unlimited		Unlimited	
Policy Year Deductible	\$150	\$500	None	\$250
Out-of-pocket (includes all Deductibles and Copays)	\$5,500	\$5,500	\$3,000	\$3,000
Hospital (1 Copay per admission)	80% after Deductible	60% after Deductible	\$250 Copay, then 100%	80% after Deductible
Surgical	80% after Deductible	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Office visit	\$40 Copay, then 100%	80% after Deductible	\$25 Copay, then 100%	80% after Deductible
Emergency Room (Copay waived if admitted)	\$150 Copay, then 100%	\$150 Deductible, then 100%	\$100 Copay, then 100%	\$100 Deductible, then 100%
MRI/CT Scan/PET Scan	80% after Deductible	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Ambulance	80%	80%	100%	100%
Physical Therapy; Chiropractic Care	\$40 Copay, then 100%**	80% after Deductible	\$25 Copay, then 100%**	80% after Deductible
Inpatient mental health (1 Copay per admission)	80% after Deductible	60% after Deductible	\$250 Copay, then 100%	80% after Deductible
Outpatient mental health	\$10 Copay, then 100%	80%	\$10 Copay, then 100%	80%
Durable Medical Equipment***	80% after Deductible	60% after Deductible	90%	80% after Deductible
Routine Physical Exams	100%	80% after Deductible	100%	80% after Deductible
Routine Labs	100%	80% after Deductible	100%	80% after Deductible
Routine Immunizations	100%	80% after Deductible	100%	80% after Deductible
Family Planning (includes contraceptive drugs/devices)	100%	As any other covered expense	100%	As any other covered expense
Prescription Drugs (including Mail Order; 2x Copays)	\$10 Generic \$40 Preferred Brand Name \$60 Non-Preferred Brand Name	80%	\$10 Generic \$35 Preferred Brand Name \$50 Non-Preferred Brand Name	80%

*Note: Rate shown is based on a policy coverage period of 08/23/2015 through 08/22/2016.

**Copay for services at Ryan Center will be \$20

***Breast pumps/lactation supplies are covered at 100%

****Please note that Non-Preferred Care Providers do not have a contract with Aetna. The provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan.

THIS IS A COVERAGE SUMMARY ONLY, BEING PROVIDED FOR COMPARISON PURPOSES. ACTUAL POLICY LANGUAGE WILL GOVERN THE PAYMENT OF BENEFITS. FOR FULL PLAN DETAILS, VISIT AETNASTUDENTHEALTH.COM/BU.

IMPORTANT: As of Fall 2015, students must be enrolled at the PLUS plan level to add eligible dependents. If you are enrolled in the Student BASIC plan and wish to enroll eligible dependents, you must upgrade to the Student PLUS plan by the open enrollment deadline of September 30, 2015. Students who elect to remain enrolled at the Student Basic level will not be eligible to add dependents during the 2015-2016 Plan Year.