

Virginia Tech Subsidy Eligible Graduate Assistants 2013-2014 Student Health Insurance Plan

www.aetnastudenthealth.com

Aetna Student Health, working with Virginia Tech offers a student-focused health insurance plan that helps protect students at school, at home, and while traveling or studying abroad.

What is the Plan All About?

Your Student Health Insurance Plan offers you access to:

- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®.
- Benefit Maximum of \$500,000 per condition per policy year.
- Informed Health® Line – Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*.
- Access to savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.
- Co-pay for pharmacy at in-network pharmacies subject to an annual maximum of \$500,000. Out of network pharmacy services covered at 100% of Recognized Charge after appropriate co-pay. At out of network pharmacies, student must pay in full at the time of purchase and submit a claim for re-imburement.
- How to maximize your benefits: Students who receive referrals from the Schiffert Health Center will be entitled to enhanced benefits. The Schiffert Health Center also provides allergy injections, vaccines, annual visits, Pap Tests, oral contraception, wound care and much more.

How much does it cost?

| Student Rate | Enrollment Deadline | Student Cost Per Pay Period |
|----------------------------------|---------------------|-----------------------------|
| Annual 8/1/13-7/31/14 | 9/30/13 | \$9.99 |

Please note – your actual payroll deduction may vary based on when you select/enroll in the Student Health Insurance Plan.

Visit www.aetnastudenthealth.com for dependent rate information.

All full time graduate students taking 9 credit hours or more and graduate students participating in cooperative education programs are eligible for participation in the program. An enrolled student's spouse, domestic partner and each unmarried child are also eligible to enroll in the program.

For questions:

Virginia Tech
Student Medical Insurance Office
Email: SMI@vt.edu
Telephone: (540) 231-6226
Fax: (540) 231-6237
Hours of Operation: Monday-Friday: 8am-12pm & 1pm-5pm

Learn More!

1-866-577-7027

www.aetnastudenthealth.com

* Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Aetna Student Health™ is the brand name for products and services provided by Aetna Life Insurance Company (Aetna) and CCA and their applicable affiliated companies (Aetna). Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. (CCA).

Benefits at a Glance

Here is a brief description of plan benefits.

Referrals are not needed in the following instances in order to receive the enhanced level of benefits:

- Emergency Room Services
- Urgent Care Services
- Satellite Campus enrolled students
- Treatment received when Student Health Services is closed
- when care is provided outside a 20 mile radius from the Blacksburg Campus

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|--|--|--|---|
| Policy Year Benefit Maximum Per Condition Per Policy Year | \$500,000 | | |
| Annual Deductible | \$300 per Person per Policy Year not to exceed \$600 per Policy Year per Family | | |
| Out of Pocket Maximum | \$1,500 per Person per Policy Year not to exceed \$3,000 per Policy Year per Family | | |
| Expenses | Tier I Preferred Care with Referral | Tier II Preferred Care Without Referral | Tier III Non-Preferred Care |
| Physician's Office Visit | After a \$10 copay, 100% of the Negotiated Charge | After a \$25 copay, 100% of the Negotiated Charge | 65% of the Recognized Charge |
| Routine Physical Exam | 100% of the Negotiated Charge with waiver of the annual deductible. | 100% of the Negotiated Charge with waiver of the annual deductible | 100% of the Recognized Charge with waiver of the annual deductible |
| X-ray & Lab | 90% of the Negotiated Charge | 80% of the Negotiated Charge | 65% of the Recognized Charge |
| Emergency Room-copay waived if admitted | After a \$100 copay per visit, 100% of the Negotiated Charge | After a \$100 copay per visit, 100% of the Negotiated Charge | After a \$100 deductible per visit, 100% of the Recognized Charge |
| Inpatient Hospitalization | After a \$300 copay per admission, 90% of the Negotiated Charge | After a \$300 copay per admission, 80% of the Negotiated Charge | After a \$300 deductible per admission, 65% of the Recognized Charge |
| Therapy Expenses | 90% of the Negotiated Charge | 80% of the Negotiated Charge | 65% of the Recognized Charge |
| Mental & Emotional Disorders-Outpatient | After a \$10 copay, 100% of the Negotiated Charge | After a \$25 copay, 100% of the Negotiated Charge | 65% of the Recognized Charge |
| Prescription Drug Retail: 30 Day Supply Policy Year Maximum-\$500,000 | 100% of the Negotiated Charge after: Generic: \$20 copay Preferred Brand Name: \$30 Non-Preferred Brand Name: \$40 **Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents | 100% of the Negotiated Charge after: Generic: \$20 copay Preferred Brand Name: \$30 Non-Preferred Brand Name: \$40 **Copay waived for Female Prescription Contraceptives except for Brand Names with Generic equivalents | 100% of the Recognized Charge after: Generic: \$20 copay Preferred Brand Name: \$30 Non-Preferred Brand Name: \$40 |

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

This plan will not pay more than the overall maximum benefit of \$500,000 during the plan year.

This plan will not pay more than \$120-Vision Care Supply Expense during the plan year.

Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.

Please read the Virginia Tech Student Health Insurance Plan brochure located at www.aetnastudenthealth.com carefully before enrolling. While this document and the Virginia Tech Student Health Insurance Plan brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.

If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at Virginia Tech, Office of Risk Management or contact us at 866-577-7027.

For more information on limitations and other plan exclusions, limitations and benefit maximums, please refer to the Virginia Tech Student Health Insurance Plan brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.

Your student health insurance coverage, offered by Aetna Student Health, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of \$500,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (866) 577-7027. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information..

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

Policy forms issued in OK include GR-96134.