



2017–2018 | PLAN SNAPSHOT – GRADUATE

The Claremont Colleges

Student Health Insurance Plan (SHIP)

Welcome to the 2017–2018 Student Health Insurance Plan (SHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. The plan described in this Snapshot is awaiting approval by the state insurance department. If changes are made as a result of the approval process, a revised Snapshot will be posted. Note that this plan is rated a PLATINUM level plan, as per the Affordable Care Act.

For more information about this plan, please consult the Plan Design and Benefits Summary. You can view the brochure and other plan materials at www.4studenthealth.com (select your College from the drop-down list). If you have questions about medical benefits or claims, please call Aetna Customer Service at **(877) 480-4161**. If you have questions about enrollment or waivers, please call Ascension at **(800) 537-1777**.

Referral Requirement

A Student Health Services (SHS) referral is required for non-emergency care within a 25-mile radius from campus, unless SHS is closed or for certain preventive care. See www.4studenthealth.com for further details.

PPO Network

This plan utilizes the Aetna Open Access Student MC Preferred Provider Network. To learn more about the network or to find a provider, view the Aetna DocFind® online provider directory by visiting www.aetna.com/docfind/custom/studenthealth.

Insurance ID Card

Download your insurance ID card by logging on to: www.aetnastudenthealth.com

If you go to a Doctor's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. Carry your insurance identification card with you at all times.

Rates and Important Dates

Rates include medical insurance premium and administrative fees.

	Annual 08/30/2017* to 08/29/2018	Fall 08/30/2017* to 01/03/2018	Spring/Summer 01/04/2018 to 08/29/2018	Summer 05/13/2018 to 08/29/2018
Enrollment Deadline	09/30/2017	09/30/2017	02/04/2018	06/13/2018
Domestic Graduate Student (Voluntary)	\$7,982.00	\$2,784.00	\$5,208.00	\$2,391.00
Spouse/ Domestic Partner	\$7,982.00	\$2,784.00	\$5,208.00	\$2,391.00
One Child	\$7,982.00	\$2,784.00	\$5,208.00	\$2,391.00
Two or More Children	\$15,964.00	\$5,568.00	\$10,416.00	\$4,781.00

* Coverage for new students will be effective 08/01/2017.

For more information, including eligibility and enrollment, please select your College from the drop-down list located on our website at www.4studenthealth.com.

Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	Student Health Services	Aetna Preferred Provider	Non-Preferred Provider
Deductible	Waived	\$100 per person, per policy year*	\$300 per person, per policy year
Covered Percentage	100% for covered services	100% of the negotiated charge, after deductible	90% of the recognized charge, after deductible
Office Visit Copay	None	\$20 per visit	\$20 per visit
Urgent Care Copay	None	\$20 per visit	\$20 per visit
Emergency Room Copay	N/A	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Prescription Drug Copays	N/A	\$20 generic/ \$40 formulary brand/ \$60 non-formulary brand	Not covered
Out-of-Pocket Maximum	\$5,000 per person (\$12,700 per family) per policy year		

* Deductible waived if referred by SHS or if SHS is closed.

THE AETNA NAME AND LOGO ARE REGISTERED TRADEMARKS.

