



# University of California – Extension

## English Language and International Education Program

### 2017 Health Insurance Plan



## Plan Snapshot

Welcome to the 2017 UC Extension Health Insurance Plan! Below are brief highlights of plan benefits, as well as important dates of coverage. The plan described in this Summary is awaiting approval by the state insurance department. If changes are made as a result of the approval process, a revised Summary 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 brochure. You can view the brochure and other plan materials at [www.4studenthealth.com/extension](http://www.4studenthealth.com/extension). If you have questions about medical benefits or claims, please call Aetna Customer Service at **(877) 480-4161**. If you have questions about enrollment, please call Ascension at **(800) 537-1777**.

### Important Dates

Eligible dates of coverage for the 2017 Health Insurance Plan are from 12/31/2016 to 12/31/2017. Actual dates of coverage may vary based on program enrollment dates. For more information, including eligibility, please visit [www.4studenthealth.com/extension](http://www.4studenthealth.com/extension).

#### PPO Network

The Preferred Provider Network and Pharmacy Benefit Manager for this plan is the Aetna Open Access Student MC. You can use any provider, but using Aetna providers will lower your costs.

To learn more about the network or find a provider, view the Aetna DocFind® online provider directory by visiting:  
[www.aetna.com/docfind/custom/studenthealth](http://www.aetna.com/docfind/custom/studenthealth).

#### Insurance ID Card

Once you are enrolled in the plan, a temporary ID card will be given to you by your school administrator. You can also download your insurance ID card by logging on to [www.aetnastudenthealth.com](http://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.*

#### Claims Information

If the provider doesn't file a claim for you, submit a claim form along with an itemized bill and proof of payment (if you paid for the service) as soon as possible after treatment.

Please find links to the claim form and claims instructions on our website at [www.4studenthealth.com/extension](http://www.4studenthealth.com/extension) (look under the "Use Your Insurance" section).

#### What's New for 2017

- The policy year deductible has changed to \$100 per person for PPO and \$200 per person for non-PPO.
- An Urgent Care Facility copay of \$25 per visit and an Emergency Services copay of \$75 per visit (waived if admitted to hospital) have been incorporated for PPO and non-PPO.
- In-network prescription benefit copay has changed to \$10 generic/ \$35 formulary brand name/ \$50 non-formulary brand name.
- Out-of-network prescription coverage has changed to 50% of recognized charges.
- Emergency medical evacuation and repatriation of remains coverage has changed to Aetna with unlimited benefits.
- Pre-certification is required for all planned hospitalizations by contacting Aetna Student Health at **(877) 480-4161**.

#### Additional Plan Information

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

	Aetna Preferred Provider	Non-Preferred Provider
<b>Deductible*</b>	\$100 per person, per policy year	\$200 per person, per policy year
<b>Covered Percentage</b> (what plan pays)	100% of the negotiated charge, after deductible	50% of the recognized charge, after deductible
<b>Office Visit Copay</b>	Not applicable	Not applicable (deductible and coinsurance applies)
<b>Urgent Care Copay</b>	\$25 per visit	\$25 per visit
<b>Emergency Room Copay</b>	\$75 per visit (waived if admitted)	
<b>Prescription Drug Copays</b>	\$10 generic/ \$35 formulary brand/ \$50 non-formulary brand	50% of the recognized charge, after deductible
<b>Out-of-Pocket Maximum</b>	\$6,350 per person, per policy year \$12,700 per family, per policy year	

\*Deductible waived at Student Health Center or with Student Health Center referral to Aetna Preferred Provider.

THE AETNA NAME AND LOGO ARE REGISTERED TRADEMARKS.



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