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Santa Clara University

2023-2024 Student Health Insurance Plan Highlights

www.aetnastudenthealth.com

(877) 480-4167

Policy Number: 232093

What is the Plan about?

Aetna Student Health, working with Santa Clara University, offers a student-focused health insurance plan that covers students at school and at home.

You get access to Aetna's nationwide network of participating doctors, hospitals, pharmacies, and specialists throughout the country.

Learn More!

Read all the Plan documents before deciding whether to enroll. You'll learn about the full Plan benefits, what things are not covered, enrollment and waiver dates, and eligibility rules. To view online, go to www.aetnastudenthealth.com and select your school.

Disclaimer: These rates and benefits are pending approval by the California Department of Insurance and can change. If they change, we will update this information.

aetna®



Santa Clara
University

Student Population	Coverage Dates	Student Rate
Undergraduates	09/15/23-09/14/24	\$3,033
Graduates	09/15/23-09/14/24	\$3,523
Law	08/15/23-08/14/24	\$3,523
School of Theology	09/01/23-08/31/24	\$3,523

Who is eligible?

All domestic undergraduate, graduate, Law, and Jesuit School of Theology, students in a degree seeking program who are enrolled at least halftime in their school or college are automatically enrolled unless proof of comparable coverage is provided by completing an online waiver form by the deadline. All F-1 and J-1 Visa students, regardless of number of units, are required to have insurance and are automatically enrolled in the Student Health Insurance Plan. Dependents are not eligible for the Student Health Insurance Plan.

Here's a brief description of the Plan benefits:

Preferred Provider

Non-Preferred Provider

**Plan Maximum
Annual Deductible
Individual:**

Unlimited

\$ 500 Per Policy Year

\$1,000 Per Policy Year

**Annual Out-of-Pocket Limit
Individual:**

\$8,700 Per Individual

\$17,400 Per Individual

Physician's Office Visit

100% after \$20 copay

60% after \$20 copay

**Inpatient Hospitalization
Emergency Room**

80% after Deductible
80% after \$150 copay

60% after Deductible
80% after \$150 copay

Prescription Drugs

Prescriptions paid at 100% of the Negotiated Charge with the following copays:
\$15 Copay for Preferred Generic Drugs
\$40 Copay for Preferred Brand Drugs
\$75 Copay for Non-Preferred Drugs
\$150 Copay for Specialty Drugs

Non-Preferred prescriptions paid at 100% of the Recognized Charge with the following copays:
\$15 Copay for Preferred Generic Drugs
\$40 Copay for Preferred Brand Drugs
\$75 Copay for Non-Preferred Drugs
Specialty Drugs – Not Covered

Services Your Plan Generally Does NOT Cover (Check your policy or Plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Long Term Care
- Private Duty Nursing
- Infertility Treatment Except for charges made by a physician to diagnose and surgically treat the underlying medical cause.
- Routine Foot Care

These are brief highlights of the Student Health Plan. The Plan is available for Santa Clara University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at www.aetnastudenthealth.com. If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The Santa Clara University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-480-4167.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call 1-877-480-4167.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-480-4167. (Spanish)

如欲使用免費語言服務，請致電 1-877-480-4167。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1 877-480-4167. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-480-4167. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-480-4167 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-480-4167. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-877-480-4167. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877-480-4167. (Italian)

言語サービスを無料でご利用いただくには、1-877-480-4167 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-877-480-4167 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-480-4167 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-877-480-4167. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-480-4167. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-480-4167. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-480-4167. (Vietnamese)