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Pomona College

2021-2022 Student Health Insurance Plan Highlights

www.aetnastudenthealth.com

(877) 480-4161

Policy Number: 686131

What is the Plan about?

Aetna Student Health, working with Pomona College 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.

	Coverage Dates	Student Rate	Spouse/Domestic Partner Rate	One Child Rate	Two or More Children Rate
Annual					
Returning Students	08/30/21 - 07/31/22	\$2,570.00	\$2,560.00	\$2,560.00	\$5,120.00
New Students	08/01/21 - 07/31/22	\$2,782.00	\$2,772.00	\$2,772.00	\$5,544.00
Fall					
Returning Students	08/30/21 - 01/03/22	\$982.00	\$978.00	\$978.00	\$1,956.00
New Students	08/01/21 - 01/03/22	\$1,194.00	\$1,190.00	\$1,190.00	\$2,380.00
Spring (New & Returning)	01/04/22 - 07/31/22	\$1,598.00	\$1,592.00	\$1,592.00	\$3,184.00

Who is eligible?

The following students are eligible for enrollment in the plan:

- All domestic undergraduate students who pay registration fees and are matriculating toward a degree through Pomona College.
- All international undergraduate students (this includes non-student exchange visitors such as visiting faculty, scholars, and researchers) with a current passport or student visa (F-1, J-1, or M-1 visa) temporarily located outside the home country who have not been granted permanent residency status while engaged in full-time educational activities through Pomona College.

Deadline Dates:

Fall: 09/03/21 **Spring:** 01/17/22

Coverage for eligible dependents is also available - please visit <https://www.gallagherstudent.com/cuc.Pomona> for more information.

All continuing and newly matriculated students are required to have health insurance coverage. You will be automatically enrolled in SHIP, unless proof of comparable coverage is provided, and a waiver is submitted by the Waiver Deadline Date. If you have other health insurance, such as coverage as a dependent under your parent's or spouse's insurance plan and you do not wish to enroll in SHIP, you may submit a waiver application (domestic students only). You must remain enrolled in school for at least the first 31 days from their effective date of coverage, except in the case of medical withdrawal (as verified and approved by the school) to maintain eligibility.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the enrollment requirement. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Here's a brief description of the Plan benefits:

	In-Network Provider	Out-of-Network Provider
Plan Maximum Annual Deductible	Unlimited	
Individual:	\$500 Per Policy Year	N/A
Family:	None	N/A
Annual Out-of-Pocket Limit		
Individual:	\$7,350 Per Individual	N/A
Family:	\$14,700 Per Family	N/A
Physician's Office Visit	80% after \$20 copay Per Visit	Not covered
Inpatient Hospitalization	80% Per Admission	Not covered
Emergency Room	80% after \$100 copay Per Visit	Paid same as in-network coverage
Prescription Drugs	Prescriptions paid at 100% of the Negotiated Charge with the following copays: \$20 Copay for Preferred Generic Drugs \$40 Copay for Preferred Brand Drugs \$60 Copay for Non-Preferred 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 Services and Plastic Surgery
- Dental Care for Adults
- Personal care, comfort, or convenience items
- Private Duty Nursing (outpatient only)
- Treatment of Infertility
- Foot care
- Exercise Programs
- Weight Loss Programs
- Wilderness treatment programs

These are brief highlights of the Student Health Plan. The Plan is available for Pomona College students and their eligible dependents. 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 Pomona College 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 877-480-4161.

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 1-877-480-4161.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-480-4161. (Spanish)

如欲使用免費語言服務，請致電 1-877-480-4161。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-877-480-4161. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-480-4161. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-480-4161 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-480-4161. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-877-480-4161. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877-480-4161. (Italian)

言語サービスを無料でご利用いただくには、1-877-480-4161 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-877-480-4161 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-480-4161 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-877-480-4161. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-480-4161. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-480-4161. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-480-4161. (Vietnamese)