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Stony Brook University

2012-2013

Student Health Insurance Plan



Visit www.aetnastudenthealth.com

Aetna Student Health, working with Stony Brook University 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®.
- Aggregate Benefit Maximum of \$100,000 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*.
- 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.

HOW MUCH DOES IT COST?

| PLAN DATES | FALL 8/16/12-1/15/13 | SPRING/SUMMER 1/16/13-8/15/13 | SUMMER 5/16/13-8/15/13 |
|---|-------------------------|----------------------------------|---------------------------|
| Deadline Date | 9/15/12 | 2/15/13 | 2/15/13 |
| Student | \$682 | \$942 | \$409 |
| Spouse/ Domestic Partner | \$2,053 | \$2,863 | \$1,232 |
| Child(ren) | \$1,030 | \$1,436 | \$625 |
| Clinical Related Injury Plan | | | |
| All undergraduate and graduate medical, dental, SHTM, and nursing students will be required to enroll in this plan. | | | |
| Student Annual Cost 8/16/12-8/15/13 | \$36 | | |

Visit www.aetnastudenthealth.com for dependent rate information.

WHO IS ELIGIBLE?

Participation in Stony Brook University's Student Health Insurance Plan is required for all full-time matriculated student's, for all nursing students, and for all professional health sciences students, who will be automatically enrolled in the Student Health Insurance Plan, and the premium for the Plan will be added to your tuition bill. Students who are enrolled in another insurance plan that is comparable to the Student Health Insurance Plan may waive coverage through their SOLAR account. Deadlines apply, and no waiver will be accepted after the deadline dates.

WHO CAN ENROLL?

Eligible students will automatically be enrolled in this plan unless an acceptable waiver is received. The waiver process is annual every fall, and must be completed each academic year you are a student at Stony Brook University. Fall waiver information will roll-over to the Spring semester. New incoming students for Spring and any student who finds their insurance needs have changed will have the opportunity to request a waiver for Spring by February 15, 2013. Spring waivers DO NOT roll-over to the following academic year. Deadline Dates apply as follows:

Fall Semester: September 15, 2012

Spring Semester: February 15, 2013.

No waivers will be accepted after the deadline date.

Some part-time students may be eligible to enroll. To do so, please contact the West Campus Student Health Insurance Office at SHO-RSHIP@notes.cc.sunysb.edu.

Learn More!

1-877-373-0741

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.

The Stony Brook University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. Aetna Student Health— is the brand name for products and services provided by these companies and their applicable affiliated companies.

Stony Brook University 2012-2013 Student Health Insurance Plan Schedule of Benefits

| | | |
|--|---|--|
| Basic Plan Maximum | Base Plan: | \$100,000 per Condition, per Policy Year |
| Annual Deductible Deductible is decreased to \$200 for students if treatment is rendered or referred by SHS; if treatment is rendered at SHS counseling center; or if SHS is closed and the Covered student has an emergency medical condition that must be addressed immediately. | Preferred Care: | \$400 per Condition per Policy Year |
| | Non-Preferred Care: | \$500 per Condition per Policy Year |
| AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT | | |
| | PREFERRED CARE | NON-PREFERRED CARE |
| INPATIENT EXPENSES | | |
| Hospital Expenses , daily semi-private room rate; general nursing care provided by Hospital. | 80% of Negotiated Charge | 50% of Recognized Charge |
| Intensive Care Hospital Expenses | 80% of Negotiated Charge | 50% of Recognized Charge |
| Miscellaneous Hospital Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies. | 80% of Negotiated Charge | 50% of Recognized Charge |
| Physician Hospital Visit Expenses | 100% of Negotiated Charge After a \$25 per visit Copay | 100% of Recognized Charge After a \$25 per visit Ded |
| SURGICAL EXPENSES (INPATIENT AND OUTPATIENT) | | |
| Surgical Expenses | 80% of Negotiated Charge | 50% of Recognized Charge |
| Anesthetist Expense & Assistant Surgeon Expenses | 80% of Negotiated Charge | 50% of Recognized Charge |
| OUTPATIENT EXPENSES | | |
| Physician's Office Visit Expenses (not subject to annual deductible) | 100% of Negotiated Charge after a \$35 per visit Copay | 70% of Recognized Charge after \$35 per visit Ded |
| Urgent Care Expenses | 100% of Negotiated Charge after a \$35 per visit Copay | 70% of Recognized Charge after \$35 per visit Ded |
| Emergency Expenses , use of the emergency room and supplies. Please note: Emergency room copay/deductible will be waived if admitted | 80% of Negotiated Charge after a \$100 per visit Copay | 80% of Recognized Charge after \$100 per visit Ded |
| Preventive Care | 100% of Negotiated Charge | 70% of Recognized Charge after \$35 per visit Ded |
| MENTAL HEALTH – NON SEVERE | | |
| Inpatient Mental Health | Payable as any other sickness | |
| Outpatient Mental Health | 100% of Negotiated Charge after a \$15 per visit Copay | 70% of Recognized Charge after a \$15 per visit Ded |
| ADDITIONAL EXPENSES | | |
| Diagnostic X-Ray and Laboratory Expenses | 80% of Negotiated Charge | 50% of Recognized Charge |
| Ambulance Expenses | 100% of Actual Charge after a \$100 per trip Copay | |
| PRESCRIPTION DRUG EXPENSES | | |
| Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Pharmacy outside of the SHS Pharmacy. | 100% of Negotiated Rate after \$20 copay for 30-day supply dispensed by SHS | 100% of Recognized Charge after a \$30 copay for generic or Brand Name RX. |
| Contraceptives (that do not have a generic alternate) covered at 100% | 100% of Negotiated Charge | 100% of Recognized Charge after at \$30 copay |

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 \$1.25 million for policy years before September 23, 2012; and \$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 \$100,000 for policy years before September 23, 2012, and \$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 \$100,000 per policy year 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 877-373-0741. 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.

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

- This plan will not pay more than the overall maximum benefit of \$100,000 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 Stony Brook University brochure located at Student Health Insurance Office carefully before enrolling. While this document and the Stony Brook University 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 the Student Health Insurance Office or contact us at 877-373-0741

If you have a pre-existing condition, this plan may not pay for the coverage of this condition for up to the first 6 months of coverage. For more information on pre-existing condition limitations and other plan exclusions, limitations and benefit maximums, please refer to the Stony Brook University 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.

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.