

Saint Martin's University 2020-2021

# Student Health Insurance Plan



The insurance carrier for 2020-2021 is Aetna.

## Eligibility

All Domestic students enrolled half time or more attending Saint Martin's University on the Lacey Campus are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished by the waiver deadline.

Eligible students who enroll may also enroll their dependents.

## Waiver

If you have insurance that is comparable to the Student Health Insurance Plan (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in your school's plan, you must complete the online waiver application process at [smartin.myahpcare.com](http://smartin.myahpcare.com) by the waiver deadline or you will be responsible for the premium charge. Waivers are good for the academic year provided that the coverage listed has not changed.

Please view the complete brochure on-line at [smartin.myahpcare.com](http://smartin.myahpcare.com) for full details of participation in the plan.

## Waiver Periods

**Fall** 07/13/2020 - 09/21/2020

**Spring/Summer** 12/05/2020 - 02/01/2021

## Additional Benefits

- Access to telemedicine services
- Coverage when traveling
- Academic Emergency Services

# Saint Martin's University 2020-2021

# Student Health Insurance Plan

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Aetna PPO.**

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	In-Network Provider: \$ 250 per Insured Person, per Policy Year Out-of-Network Provider: \$ 500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$ 4,500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 9,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$ 9,000 For all Insureds in a Family, Per Policy Year Out-of-Network Provider: \$ 18,000 For all Insureds in a Family, Per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80% per visit	60% per visit
Physician Office Hours Visits	80% per visit	60% per visit
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Outpatient cognitive rehabilitation, physical, occupational and speech therapies	80% per visit	60% per visit
Emergency Services Expense	100% after a \$100 Copayment per visit deductible waived	100% after a \$100 Copayment per visit deductible waived
Prescription Drugs, includes specialty prescription drugs Up to a 31 day supply	<b>At pharmacies contracting with Aetna</b> 100% after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug deductible waived	50% after a \$15 Deductible per Generic Drug \$35 Deductible per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug deductible waived
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a> .	100% per visit deductible waived	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall	Spring/Summer	Summer
	08/31/2020 through 01/12/2021	01/13/2021 through 08/30/2021	05/18/2021 through 08/30/2021
Student	\$ 1,155	\$ 1,963	\$ 901
Spouse	\$ 1,155	\$ 1,963	\$ 901
Each Child <sup>1</sup>	\$ 1,155	\$ 1,963	\$ 901

<sup>1</sup>Coverage for two or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit [smartin.myahpcare.com](http://smartin.myahpcare.com).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [smartin.myahpcare.com](http://smartin.myahpcare.com).