Indiana University International Students
2017-2018 Student Health Insurance Plan Highlights
www.aetnastudenthealth.com
(877) 437-6512
Policy Number: 812849

What is the Plan about?
Aetna Student Health, working with Indiana 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.

How much does it cost?

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Coverage Dates</th>
<th>Student Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>08/01/17-07/31/18</td>
<td>$1,699</td>
</tr>
<tr>
<td>Fall</td>
<td>08/01/17-12/31/17</td>
<td>$712</td>
</tr>
<tr>
<td>Spring/Summer</td>
<td>01/01/18-07/31/18</td>
<td>$987</td>
</tr>
</tbody>
</table>

Who is eligible?
Participation in Indiana University’s Student Health Insurance Plan is mandatory for International Students/Scholars, unless proof of comparable coverage is presented and a waiver is filed by the waiver deadline. Students will be automatically enrolled in the insurance plan and the cost will be added to the student’s Bursar account each semester they are enrolled at IU. Visiting Scholars are eligible for this plan and should contact their campus International office for information regarding enrollment.

If you are covered by the Student Health Insurance Plan you may also enroll your lawful spouse and/or dependent children under the age of 26. For more information or to enroll your dependents please visit www.aetnastudenthealth.com.

Waiver Deadline Dates: The deadline to waive participation in this plan is 10 days from the first day of classes.

Waiver Submission: Students on all campuses should submit their insurance waiver through the iStart system at https://istart.iu.edu. For additional assistance, please contact the appropriate office.

Bloomington Office of International Services, Poplars 221, (812) 855-9086
Indianapolis Office of International Affairs, ES 2126, (317) 274-7000
Here's a brief description of the Plan benefits:

<table>
<thead>
<tr>
<th></th>
<th>Preferred [Participating] Provider</th>
<th>Non-Preferred [Non-Participating] Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Maximum</td>
<td>Unlimited (Waived at IU Student Health Centers)</td>
<td>$700 Per Policy Year</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$500 Per policy year (Waived at IU Student Health Centers)</td>
<td></td>
</tr>
<tr>
<td>Student and Dependent(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Limit</td>
<td>$2,000 Per Individual</td>
<td>$4,000 Per Family</td>
</tr>
<tr>
<td></td>
<td>(Includes Deductible)</td>
<td></td>
</tr>
<tr>
<td>IU Student Health Centers</td>
<td>100% after $15 per visit Copay</td>
<td>100% after $100 Deductible</td>
</tr>
<tr>
<td>Physician’s Office Visit</td>
<td>100% after $25 per visit Copay</td>
<td>50%</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>100% after $200 Per Admission</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after $100 Copay (Waived if Admitted)</td>
<td>100% after $100 Deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Prescriptions paid at 100% of the Negotiated Charge with the following Copays:</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>$10 Copay for Generic Drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40 Copay for Preferred Brand Drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$60 Copay for Non-Preferred Brand Drugs</td>
<td></td>
</tr>
</tbody>
</table>

**Services Your Plan Generally Does NOT Cover**

- Acupuncture (Except when used in lieu of other anesthesia)
- Dental Care (Adult)
- Bariatric surgery
- Cosmetic surgery
- Dental care (adult)
- Hearing aids
- Infertility treatment (Except for charges made by a physician to diagnose and surgically treat the underlying medical cause.)
- Long term care
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

These are brief highlights of the Student Health Plan. The Plan is available for Indiana University 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](http://www.aetnastudenthealth.com). If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The Indiana University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health℠ 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) 437-6512.

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 1-877-437-6512.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-437-6512. (Spanish)

如欲使用免費語言服務，請致電 1-877-437-6512。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1 877-437-6512. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-437-6512. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-437-6512 an. (German)

Pou jwenn sèvis lang gratis, rele 1-877-437-6512. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877-437-6512. (Italian)

言語サービスを無料でご利用いただくには、1-877-437-6512 までお電話ください。(Japanese)

무료 언어 서비스를 이용하려면 1-877-437-6512 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 12-877-437-6512 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonienie 1-877-437-6512. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-437-6512. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-437-6512. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-437-6512. (Vietnamese)