



# REGENT UNIVERSITY

## 2011-2012 Student Health Insurance Plan

**Aetna Student Health, working with Regent 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 school-endorsed 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®
- Discounts on Vision, Fitness Program, Alternative Health Care Programs, Weight Management Discounts, Zagat Survey® Healthy Dining, eDiets®, Mayo Clinic Bookstore.com and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad

### How much does it cost?

	Insurance Rates		
	Fall	Spring/Summer	Supplemental Buy-Up (+\$175,000)
COVERAGE PERIOD	08/15/11-02/14/12	02/15/12-08/14/12	Additional Premium
<b>ENROLL/WAIVE DEADLINE</b>	<b>09/16/2011</b>	<b>01/27/2012</b>	<b>09/16/2011</b>
STUDENT ONLY	\$1,419	\$1,419	\$556
STUDENT/SPOUSE	\$3,116	\$3,116	\$1,112
STUDENT/1 CHILD	\$4,256	\$4,256	\$1,112
STUDENT/SPOUSE/CHILD(REN)	\$7,831	\$7,831	\$1,668
STUDENT/CHILDREN	\$7,831	\$7,831	\$1,668

Dear New and Returning Students:

Regent University's enrollment policy requires all graduate students enrolled with six (6) or more on-campus credit hours and all undergraduate students enrolled with nine (9) or more on-campus credit hours (attending classes *on site* at the Virginia Beach Campus) to have Health Insurance because having no coverage or inadequate coverage can be disastrous. In order to facilitate this requirement, the university has contracted with Aetna Student Health to provide coverage to enrolled students. **Eligibility, enrollment instructions, and an outline of plan benefits can be viewed at [www.regent.edu/healthinsurance](http://www.regent.edu/healthinsurance).**

The Student Health Insurance Plan year is **August 15, 2011 through August 14, 2012**. Insurance fees appear on the tuition bill automatically for the Fall and Spring academic terms (the Spring term includes summer months). We ask new students to complete the online enrollment form to help us process their enrollment, even if they have already been automatically billed for the plan. The tuition payment deadline is August 22, 2011. **Enrollment and changes deadline for the Fall policy term is September 16, 2011; Spring term deadline – January 27, 2012.**

### Waiver Provision

If a student has Comparable Coverage they may submit an online waiver request with proof of Comparable Coverage, defined as individual medical and sickness indemnity plans, employer-sponsored group insurance plans, Medicare, TriCare, or Medicaid. A waiver form can be completed on line at [www.regent.edu/healthinsurance](http://www.regent.edu/healthinsurance). On-campus F1 and J1 International students who wish to use alternate coverage must first get approval from the Director of Student Life. All students required to have insurance who do **NOT** submit a completed waiver and proof of comparable coverage will be **AUTOMATICALLY** enrolled in the program.

If you have any questions, please contact Carolyn Hughes, Director of Student Life, at (757) 352-4867. You are also welcome to email Debi Harding with Wells Fargo Insurance Services at [Debi.Harding@wellsfargo.com](mailto:Debi.Harding@wellsfargo.com) or call her at (757) 667-3543. If you need additional information, call Aetna Student Health Customer Service at (888) 204-0187.



**Learn More! (888) 204-0187**

**[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)**

Sincerely,  
Ryan Brown  
Interim Executive Director, Student Services

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.

The Regent University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. **Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.**

Policy forms issued in OK include GR-96134.

15.03.410.1

# REGENT UNIVERSITY

The Regent University Student Health Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Regent University Student Health Insurance Plan brochure carefully before deciding whether this plan is right for you. While this document and the Regent University Student Health Insurance Plan brochure tell you about some of the important features of the plan, other features may be important to you and some further 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 Regent University, you may contact us at (888) 204-0187.

This plan will never pay more than **\$75,000 per Covered Person per Policy Year**, or more than \$5,000 prescription benefits in a coverage year. Additional plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the plan does not cover.

<b>POLICY YEAR MAXIMUM</b>	<b>\$75,000 per Covered Person per Policy Year</b> <i>(Additional coverage up to \$250,000 available with additional rate.)</i>		
<b>DEDUCTIBLE</b>	<b>Students</b>	<b>\$300 per Policy Year</b>	<b>\$500 per Policy Year</b>
	<b>Dependents</b>	<b>\$300 per Policy Year</b>	<b>\$500 per Policy Year</b>
	<b>Family</b>	<b>\$600 per Policy Year</b>	<b>\$1,000 per Policy Year</b>
<b>OUT-OF-POCKET MAXIMUM</b>	<b>Individual</b>	<b>\$3,000 per Policy Year</b>	<b>\$6,000 per Policy Year</b>
	<b>Family</b>	<b>\$6,000 per Policy Year</b>	<b>\$12,000 per Policy Year</b>
<b>AFTER DEDUCTIBLE HAS BEEN MET (UNLESS INDICATED), ELIGIBLE EXPENSES ARE COVERED AT:</b>		<b>PREFERRED CARE (NEGOTIATED CHARGE)</b>	<b>NON-PREFERRED CARE (REASONABLE CHARGE)</b>
<b>INPATIENT EXPENSES</b>			
<b>Hospital Expenses, daily semi-private room rate; general nursing care provided by Hospital.</b>		\$200 Copay per admission, then 80%	50%
<b>Intensive Care Hospital Expenses</b>		\$200 Copay per admission, then 80%	50%
<b>Miscellaneous Hospital Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines.</b>		80%	50%
<b>Physician Hospital Visit Expenses</b>		80%	50%
<b>SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)</b>			
<b>Surgical Expenses; Anesthetist Expense &amp; Assistant Surgeon Expenses</b>		80%	50%
<b>OUTPATIENT EXPENSES</b>			
<b>Physician's Office Visit Expenses (Deductible waived)</b>		\$30 per visit Copay, then 100%	50%
<b>Emergency Expenses, use of the emergency room and supplies (Copay/Deductible waived if admitted)</b>		\$200 Copay per admission, then 80%	\$100 Deductible per admission, then 80%
<b>Durable Medical Equipment (Ostomy/Catheter: \$1,000 per Policy Year max; Repairs, replacements, duplicates: \$500 per Policy Year max)</b>		80%	50%
<b>Physical Therapy Expenses, 90 consecutive days per condition per Lifetime maximum</b>		80%	50%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES</b>			
<b>Bio-based Inpatient Mental Health</b>		\$200 Copay per admission, then 80%	50%
<b>Bio-based Outpatient Mental Health (Deductible waived)</b>		\$25 per visit Copay, then 100%	50%
<b>Non-Bio-based Inpatient Mental Health/Substance Abuse, limit 30 days per Policy Year</b>		\$200 Copay per admission, then 80%	50%
<b>Non-Bio-based Outpatient Mental Health/Substance Abuse, limit 20 visits per Policy Year (Deductible waived)</b>		\$25 per visit Copay, then 100% for first 5 visits; 50% remaining	50%
<b>ADDITIONAL EXPENSES</b>			
<b>Routine Physical Exam, Wellness benefit maximum \$200 per Policy Year (Deductible waived)</b>		\$30 per visit Copay, then 100%	50%
<b>Routine Pap Smear, Wellness benefit maximum of \$200 per Policy Year (Deductible waived)</b>		\$30 per visit Copay, then 100%	50%
<b>Routine Mammogram (Deductible waived)</b>		100%	100%
<b>Radiation Therapy and Chemotherapy Expenses</b>		80%	50%
<b>Diagnostic X-Ray and Laboratory Expenses</b>		80%	50%
<b>Chiropractic Care, limited to \$500 per Policy Year</b>		80%	50%
<b>Diabetic Supplies</b>		Payable as any other condition.	
<b>Maternity Expenses</b>		Payable as any other condition.	
<b>Ambulance Expenses</b>		\$25 per trip Deductible, the 80% of Actual Charge	
<b>Prescription Drug Benefit, Pharmacy Maximum \$5,000 per Person per Policy Year (Deductible waived)</b>		30% Coinsurance for each Brand Name Prescription Drug \$10 Copay, then 100% for each Generic Prescription Drug.	50%

