

University of Medicine and Dentistry of New Jersey

2010 – 2011

Student Health Insurance Plan Overview

<p>Enrollment – All full-time UMDNJ students, as well as those part-time UMDNJ students who participate in clinical experience as part of their educational programs are required to be covered by health and accident insurance. All full-time and those part-time students who participate in clinical experience as part of their educational program and have not waived participation in the University Student Health Insurance Plan will be automatically enrolled in and charged for the Plan. Your method of enrollment in the Plan will depend on your course load and class status as listed below.</p>	
<p>Compulsory Students All full-time students and those part-time students who participate in clinical experience as part of their educational program and pay tuition directly to UMDNJ.</p>	<p>The student will be automatically enrolled in the Student Health Insurance Plan unless an online Waiver Form has been completed and submitted by the waiver deadline date. The online Waiver Form can be found at: www.universityhealthplans.com</p>
<p>Joint Program Students Students who pay tuition to one of UMDNJ's partner institutions that co-sponsor a program with UMDNJ and participate in clinical experience.</p>	<p>The student must complete either an Enrollment Form OR a Waiver Form. The online Waiver Form can be found at: www.universityhealthplans.com. The student must complete an Enrollment Form every year to purchase coverage. The Enrollment Form is available at your School or you can download an Enrollment Form at: www.universityhealthplans.com</p>
<p>Optional Students Eligible students who are not required to be covered by the Student Health Insurance Plan but wish to enroll in the Plan on a voluntary basis.</p>	<p>The student must complete an Enrollment Form to purchase coverage. The student must complete an Enrollment Form every year to purchase coverage. The Enrollment Form is available at your School or you can download an Enrollment Form at: www.universityhealthplans.com</p>
<p>In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of the brochure for any additional benefit level maximums.</p>	
<p>Plan Benefit Overview</p>	
<p>Annual Premium</p>	<p>Student: \$2,241 Spouse: \$6,148 Child: \$3,342</p>
<p>Policy Year Aggregate Maximum</p>	<p>\$500,000 per Injury or Sickness</p>
<p>Deductible</p>	<p>Preferred Care: \$75 annual Deductible (does not apply to inpatient services) Preferred Inpatient Care: \$500 Deductible per admission. Non-Preferred Care: \$1,000 annual Deductible (\$2,000 per family)</p>
<p>Hospital Room and Board Expense</p>	<p>Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge Non-Preferred Care: 70% of the Reasonable Charge</p>
<p>Physician's Office Visits Expenses</p>	<p>Covered Medical Expenses are payable as follows: Preferred Care: 90% of the Negotiated Charge Non-Preferred Care: 60% of the Reasonable Charge</p>
<p>Lab and X-Ray (Non-Hospital) Expenses</p>	<p>Covered Medical Expenses are payable as follows: Preferred Care: 90% of the Negotiated Non-Preferred Care: 60% of the Reasonable Charge</p>
<p>Emergency Care</p>	<p>Covered Medical Expenses for treatment of an Emergency Medical Condition Preferred Care: 90% of the Negotiated Charge Non-Preferred Care: 90% of the Reasonable Charge</p>
<p>Prescription Drug Expenses (\$2,500 Maximum per Policy Year)</p>	<p>Preferred Care: 100% after a \$15, \$20, or \$40 per prescription Copay Non-Preferred Care: 70% after a \$15, \$20 or \$40 per prescription Deductible The per prescription Copay/Deductible will vary based on a drug formulary. Please refer to the online brochure for more information.</p>

The complete Plan brochure is available at www.universityhealthplans.com and www.aetnastudenthealth.com.

Where to Find Help

For Questions about:

Enrollment
Waiver

Please contact:

University Health Plans, Inc
1 Batterymarch Park, Quincy, MA 02169
Telephone: (800) 437-6448

www.universityhealthplans.com

For Questions about:

Insurance Benefits
Claims
ID Cards

Please contact:

Aetna Student Health
P.O. Box 981106, El Paso, TX 79998
Telephone: (800) 466-3185

www.aetnastudenthealth.com

The UMDNJ 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 UMDNJ brochure carefully before deciding whether this plan is right for you. While this document and the UMDNJ 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 UMDNJ, you may view it at the Risk Management Office or you may contact us at (800) 466-3185. This plan will never pay more in a coverage year than \$500,000 per Injury or Sickness and a \$2,500 Prescription Drug Benefit maximum applies. 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. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. This material is for information only. The UMDNJ Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.**