

## University of Delaware

### 2020-2021 Student Health Insurance Plan Benefits Snapshot

General Provisions		
Eligible health services	In-network	Out-of-network
<b>Coverage Period</b>	08/15/2020 – 08/14/2021	
<b>Policy year deductible</b>		
Individual	\$50 per policy year	\$100 per policy year
Family	\$100 per policy year	\$200 per policy year
<b>Coinsurance</b> (unless otherwise indicated)	80% (of the negotiated charge)	60% (of the recognized charge)
<b>Maximum out-of-pocket limits</b>		
Individual	\$2,000 per policy year	\$4,000 per policy year
Family	\$4,000 per policy year	\$8,000 per policy year
Office/Urgent Care Visits		
<b>Physician and specialist services</b> (includes telemedicine consultations)	100% after \$20 copayment (deductible waived)	60% after deductible
<b>Urgent Care</b>	100% after \$20 copayment (deductible waived)	60% after deductible
Preventive Care and Wellness		
<b>Routine physical exams</b> (Pediatric and Adult)	100% (deductible waived)	60% after deductible
<b>Preventive care immunizations</b> (Pediatric and Adult)	100% (deductible waived)	60% after deductible
<b>Well woman preventive visits</b>	100% (deductible waived)	60% (deductible waived)
<b>Preventive screening and counseling services</b>	100% (deductible waived)	60% after deductible
<b>Routine cancer screenings</b>	100% (deductible waived)	60% after deductible
<b>Prenatal care services</b>	100% (deductible waived)	60% after deductible
Hospital/Surgical Expenses		
<b>Inpatient hospital</b>	80% after deductible	60% after deductible
<b>Inpatient and outpatient surgical services</b>	80% after deductible	60% after deductible
Emergency Expenses		
<b>Hospital emergency room</b>	100% after \$100 copayment (deductible waived)	Paid the same as In-network
<b>Emergency ground, air, and water ambulance</b>	80% after deductible	Paid the same as In-network

Eligible health services	In-network	Out-of-network
<b>Therapy and Rehabilitation Expenses</b>		
<b>Outpatient physical, occupational, speech, and cognitive therapies</b>	100% after \$20 copayment (deductible waived)	60% after deductible
<b>Respiratory therapy</b>	80% after deductible	60% after deductible
<b>Chiropractic services</b>	80% after deductible	75% after deductible
<b>Other therapies and tests</b>	80% after deductible	60% after deductible
<b>Mental Health/Substance Abuse Treatment</b>		
<b>Inpatient hospital</b>	80% after deductible	60% after deductible
<b>Outpatient office visits</b>	100% after \$20 copayment (deductible waived)	60% after deductible
<b>Other Services</b>		
<b>Outpatient diagnostic testing</b>	80% after deductible	60% after deductible
<b>Durable medical and surgical equipment</b>	80% after deductible	60% after deductible
<b>Home Health Care</b> (100 visit limit per policy year)	80% after deductible	60% after deductible
<b>Outpatient private duty nursing</b> (240 hour limit per policy year)	80% after deductible	60% after deductible
<b>Hospice Care</b>	80% after deductible	60% after deductible
<b>Skilled nursing facility</b> (120 day limit per policy year)	80% after deductible	60% after deductible
<b>Transplant services</b>	Covered according to the type of benefit and the place where the service is received.	
<b>Outpatient Prescription Drugs</b>		
<b>Generic prescription drugs</b> (including specialty drugs)	Retail: 100% after \$10 copayment (deductible waived)	100% after \$10 copayment (deductible waived)
	Mail Order: 100% after \$20 copayment (deductible waived)	Mail Order: Not Covered
<b>Preferred brand-name prescription drugs</b> (including specialty drugs)	Retail: 100% after \$20 copayment (deductible waived)	100% after \$20 copayment (deductible waived)
	Mail Order: 100% after \$40 copayment (deductible waived)	Mail Order: Not Covered
<b>Non-Preferred brand-name prescription drugs</b> (including specialty drugs)	Retail: 100% after \$40 copayment (deductible waived)	100% after \$40 copayment (deductible waived)
	Mail Order: 100% after \$80 copayment (deductible waived)	Mail Order: Not Covered

These are brief highlights of the Student Health Plan. The Plan is available for the University of Delaware 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 University of Delaware Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

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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) 480-4161.

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](mailto: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

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To access language services at no cost to you, call 1-877-480-4161.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-480-4161. (Spanish)

如欲使用免費語言服務，請致電 1-877-480-4161。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-877-480-4161. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-480-4161. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-480-4161 an. (German)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-480-4161.

Pou jwenn sèvis lang gratis, rele 1-877-480-4161. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877-480-4161. (Italian)

言語サービスを無料でご利用いただくには、1-877-480-4161 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-877-480-4161 번으로 전화해 주십시오. (Korean)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-480-4161 تماس بگیرید.

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-877-480-4161. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-480-4161. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-480-4161. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-480-4161. (Vietnamese)