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.
- Unlimited Benefit Maximum per Covered Person per Policy Year.
- Informed Health® Line – Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*.
- Travel assistance services and worldwide medical coverage while traveling or studying abroad.
- Unlimited Benefit Maximum for Prescription drugs following a one-time $50 Prescription Drug Deductible and a $10 Copay for each Generic Prescription Drug, a $35 Copay for each Brand Name Prescription Drug, or a $60 Copay for each Non-Preferred Brand Name Prescription Drug.
- Covered Medical Expenses for Preventative Care are paid at 100%.

How much does it cost?

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERAGE PERIOD</td>
<td>08/15/12–02/14/13</td>
<td>02/15/13-08/14/13</td>
</tr>
<tr>
<td>ENROLL/WAIVE DEADLINE</td>
<td>09/14/12</td>
<td>02/01/13</td>
</tr>
<tr>
<td>STUDENT ONLY</td>
<td>$1,228</td>
<td>$1,228</td>
</tr>
<tr>
<td>STUDENT/SPouse</td>
<td>$4,297</td>
<td>$4,297</td>
</tr>
<tr>
<td>STUDENT/1 CHILD</td>
<td>$3,376</td>
<td>$3,376</td>
</tr>
<tr>
<td>STUDENT/SPouse/CHILD(REN)</td>
<td>$6,445</td>
<td>$6,445</td>
</tr>
<tr>
<td>STUDENT/CHILDREN</td>
<td>$3,376</td>
<td>$3,376</td>
</tr>
</tbody>
</table>

*Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Who is Eligible?
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. Eligibility, enrollment instructions, and an outline of plan benefits can be viewed at www.regent.edu/healthinsurance.

The Student Health Insurance Plan year is August 15, 2012 through August 14, 2013. Insurance fees appear on the tuition bill automatically for the Fall and Spring academic terms (the Spring term includes summer months). New students are asked to complete the online enrollment form, even if they have already been automatically billed for the plan. Enrollment and changes deadline for the Fall policy term is September 14, 2012; Spring term deadline is February 1, 2013.

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 online at 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 the Regent University Business Office at (757) 352-.4059. You are also welcome to email Debi Harding with Wells Fargo Insurance Services at 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.
POLICY YEAR MAXIMUM | UNLIMITED
---|---
**DEDUCTIBLE** (waived for Preventive Care) | Per Covered Person Per Policy Year | $250 | $500
**OUT-OF-POCKET MAXIMUM** | Per Covered Person Per Policy Year | $1,500 | $3,000

AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT:

(see PLAN BROCHURE FOR EXPENSES NOT SUBJECT TO DEDUCTIBLE)

| | PREFERRED CARE (NEGOTIATED CHARGE) | NON-PREFERRED CARE (RECOGNIZED CHARGE) |
---|---|---|
INPATIENT EXPENSES
Hospital Expenses, daily semi-private room rate, general nursing care provided by Hospital. (includes Intensive Care Unit) | $50 Copay per admission, then 90% | $100 deductible per admission, then 70%
Miscellaneous Hospital Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines. | 90% | 70%
Physician Hospital Visit Expenses | 90% | 70%
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)
Surgical Expenses; Anesthetist Expense & Assistant Surgeon Expenses | 90% | 70%
OUTPATIENT EXPENSES
Physician’s Office Visit Expenses | $20/visit Copay, then 100% | $35/visit deductible, then 100%
Emergency Expenses, use of emergency room & supplies (Per Visit Copay/deductible waived if admitted) | $200/visit Copay, then 100% | $200/visit deductible, then 100%
Durable Medical Equipment; Diagnostic X-Ray and Laboratory Expenses; Therapy Expenses (includes Physical, Occupational, Speech, Chiro, Chemo); Allergy Testing/Treatment | 90% | 70%
Preventive Care (Not subject to Plan Deductible) | 100% | 100%
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES
Inpatient Mental Health/Substance Abuse | $50 Copay per admission, then 90% | $100 deductible per admission, then 70%
Outpatient Mental Health/Substance Abuse | $20/visit Copay, then 100% | $35/visit deductible, then 100%
ADDITIONAL EXPENSES
Diabetic Supplies; Maternity Expenses | Payable as any other condition.
Ambulance Expenses | $100 per trip deductible, then 100% of Actual Charge
| $50 Pharmacy Deductible per Covered Person per Policy Year
Prescription Drug Benefit (Unlimited Pharmacy Maximum, Not subject to Plan Deductible)
For each Prescription Drug, 100% after Copay: $10 Generic; $35 Brand Name; $60 Non-Preferred Brand Name | 70%
Mail Order (90 day supply): For each Prescription Drug, 100% after Copay: $25 Generic; $88 Brand Name; $150 Non-Preferred Brand Name | N/A

Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

Please read carefully before deciding whether this plan is right for you:
- Please read the Regent University Student Health Brochure located at www.aetnastudenthealth.com carefully before enrolling. While this document and the Regent University Student Health Insurance Plan Brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some 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 the school, you may contact Aetna Student Health at (888) 204-0187.

For more information on plan exclusions, limitations and benefit maximums please refer to the Regent University Student Health Insurance Brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.

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.

Policy forms issued in OK include GR-96134.