



2011-2012 Virginia Tech

Subsidy Eligible Graduate Assistants Student Health Insurance Plan

Aetna Student Health, working in partnership with Virginia Tech, offers an insurance plan that helps protect students at school, at home, and while traveling or studying abroad.

What is the Plan All About?

Your 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[®].
- Benefit Maximum Options: \$50,000, \$100,000, \$250,000 or \$500,000 per condition per policy year.
- Informed Health[®] Line – Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.
- Dental insurance plan available. Visit www.aetnastudenthealth.com for more details.
- **How to maximize your benefits:** Students who receive referrals from the Student Health Center will be entitled to **enhanced benefits**. The Schiffert Health Center also provides allergy injections, vaccines, annual visits, Pap Tests, oral contraception, wound care and much more.

How much does it cost?

Annual	Deadline	Student Cost Per Pay Period
08/01/11-07/31/12	10/3/11	Plan 4: 500K Max - Student - \$29 Plan 3: 250K Max - Student - \$28 Plan 2: 100K Max - Student - \$20 Plan 1: 50K Max - Student - \$11

Please note – your actual payroll deductions may vary based on when you select/enroll in the student insurance plan.

Visit www.aetnastudenthealth.com for dependent rate information later this summer.

All full time graduate students taking 9 credit hours or more and graduate students participating in cooperative education programs are eligible for participation in the program. An enrolled student’s spouse and each unmarried child are also eligible to enroll in the program. Information on how to enroll online will be sent to you during the summer.

For questions regarding subsidy payroll deductions please contact:
Virginia Tech
Student Medical Insurance Office
Email: SMI@vt.edu
Telephone: (540) 231-6226
Fax: (540) 231-6237
Hours of Operation: Monday-Friday: 8am–12pm & 1pm-5pm

Learn More!

www.aetnastudenthealth.com

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 Virginia Tech Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and 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.

Policy forms issued in OK include GR-96134.

15.03.410.1

Benefits at a Glance

Here is a brief description of plan benefits.

Referrals are not needed in the following instances in order to receive the enhanced level of benefits:

- Emergency Room Services
- Urgent Care Services
- Treatment received when Student Health Services is closed.
- When care is provided outside a 20 Mile Radius from the Blacksburg Campus
- Satellite Campus enrolled students

	Tier I Preferred Care with Referral	Tier II Preferred Care without Referral	Tier II Preferred Care without Referral
Plan Maximum Per Condition Per Policy Year	Plan 1- \$50,000, Plan 2- \$100,000, Plan 3- \$250,000, Plan 4- \$500,000		
Annual Deductible	\$300 per person per policy year not to exceed \$600 per Policy Year, per Family.		
Out of Pocket Maximum	\$1,500 per person per policy year not to exceed \$3,000 per Policy Year, per Family.		
Expenses			
Physician's Office Visit	After a \$10 Copay, 100% of the Negotiated Charge	After a \$25 Deductible, 100% of the Negotiated Charge.	65% of the Recognized Charge
X-Ray and Lab	90% of the Negotiated Charge.	80% of the Negotiated Charge	65% of the Recognized Charge
Routine Physical Exam	100% of the Negotiated Charge with waiver of the annual deductible.	100% of the Negotiated Charge with waiver of the annual deductible.	100% of the Recognized Charge with waiver of the annual deductible.
Emergency Room- \$100 Copay-waived if admitted	100% of the Negotiated Charge after \$100 Copay	100% of the Negotiated Charge after \$100 Copay	100% of the Recognized Charge after \$100 Copay
Inpatient Hospitalization	\$300 Copay per admission, 90% of the Negotiated Charge	\$300 Copay per admission, 80% of the Negotiated Charge	\$300 Copay per admission, 65% of the Recognized Charge
Therapy Expenses	90% of the Negotiated Charge.	80% of the Negotiated Charge	65% of the Recognized Charge
Mental and Emotional Disorders Outpatient Expense	After a \$10 Copay, 100% of the Negotiated Charge	After a \$25 Deductible, 100% of the Negotiated Charge.	65% of the Recognized Charge.
Durable Medical Equipment Expense	80% of the Negotiated Charge	80% of the Negotiated Charge	65% of the Recognized Charge
Prescription Drug Retail: 30 Day Supply Policy Year Maximum \$2,000	100% of the Negotiated Charge after Tier 1: \$20 Copay Tier 2: \$30 Copay Tier 3: \$40 Copay	100% of the Negotiated Charge after Tier 1: \$20 Copay Tier 2: \$30 Copay Tier 3: \$40 Copay	100% of the Negotiated Charge after Tier 1: \$20 Copay Tier 2: \$30 Copay Tier 3: \$40 Copay

The Virginia Tech 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 Virginia Tech brochure carefully before deciding whether this plan is right for you. While this document and the Virginia Tech 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 Virginia Tech, you may view it the Office of Risk Management.

This plan will never pay more than the per condition maximum of either \$50,000, \$100,000, \$250,000 or \$500,000 as selected at the time of enrollment 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.