San Jose State University
2022-2023 Student Health Insurance Plan Highlights
www.aetnastudenthealth.com
(877) 480-4161

Policy Number: 867866

What is the Plan about?
Aetna Student Health, working with San Jose State University, offers a student-focused health insurance plan that covers students at school and at home.

You get access to Aetna’s nationwide network of participating doctors, hospitals, pharmacies, and specialists throughout the country.

Who is eligible? All International students, scholars or other students possessing and maintaining a current passport and valid visa status and all students engaged in “Practical Training”.

Learn More!
Read all the Plan documents before deciding whether to enroll. You’ll learn about the full Plan benefits, what things are not covered, enrollment and waiver dates, and eligibility rules. To view online, go to www.aetnastudenthealth.com.

How much does it cost?
International Gateways Students

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Coverage Dates</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>08/07/2022 – 12/31/2022</td>
<td>$687</td>
</tr>
<tr>
<td>Fall 1</td>
<td>08/07/2022 – 10/07/2022</td>
<td>$291</td>
</tr>
<tr>
<td>Fall 2</td>
<td>10/08/2022 – 12/31/2022</td>
<td>$396</td>
</tr>
<tr>
<td>Fall 2 / Spring 1</td>
<td>10/08/2022 – 03/11/2023</td>
<td>$724</td>
</tr>
<tr>
<td>Spring</td>
<td>01/01/2023 – 05/29/2023</td>
<td>$696</td>
</tr>
<tr>
<td>Spring 1</td>
<td>01/01/2023 – 03/11/2023</td>
<td>$328</td>
</tr>
<tr>
<td>Spring 2 New</td>
<td>03/06/2023 – 05/29/2023</td>
<td>$396</td>
</tr>
<tr>
<td>Spring 2 Cont.</td>
<td>03/12/2023 – 05/29/2023</td>
<td>$396</td>
</tr>
<tr>
<td>Spring 2 / Summer New</td>
<td>03/06/2023 – 08/06/2023</td>
<td>$719</td>
</tr>
<tr>
<td>Spring 2 / Summer Cont.</td>
<td>03/12/2023 – 08/06/2023</td>
<td>$719</td>
</tr>
<tr>
<td>Summer</td>
<td>05/30/2023 – 08/06/2023</td>
<td>$333</td>
</tr>
</tbody>
</table>
Here's a brief description of the Plan benefits:

<table>
<thead>
<tr>
<th>Plan Maximum</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible Individual:</td>
<td>$150 per Individual</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Limit Individual:</td>
<td>$4,000 Per Individual</td>
<td>N/A</td>
</tr>
<tr>
<td>Physician's Office Visit</td>
<td>100% (of the Negotiated Charge) after $20 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>100% (of the Negotiated Charge)</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% (of the Negotiated Charge) after $250 copay</td>
<td>Paid the same as in-network coverage</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Prescriptions paid at 100% (of the Negotiated Charge) per supply after the following copays (Ded waived): Preferred Generics: $10 Preferred Brand-Name: $30 Non-Preferred Generics/Brand-Name: $60</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Services Your Plan Generally Does NOT Cover (Check your policy or Plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care (Adult)
- Long Term Care
- Infertility Treatment (Except for charges made by a physician to diagnose and surgically treat the underlying medical cause).
- Routine Foot Care
- Fitness Exercise Program
- Weight Loss Programs

**Refunds**

All refund requests must be sent to the University who will confirm nonstudent status with JCB, and submit the refund request on behalf of the student. Only refunds submitted by the University before the refund deadline will be considered. Credit card refunds must be requested within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a $35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. Pro-rated/partial refunds are not allowed.

**NOTE:** You can check to see if your return has been processed by logging in to your JCB account.
These are brief highlights of the Student Health Plan. The Plan is available for San Jose State University students. 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. If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The San Jose State University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

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 1-866-378-0178.

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.

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 and their affiliates (Aetna).

Attention: If you speak English, language assistance service, free of charge, are available to you. Call 1-877-480-4161 (TTY: 711).

Español/Spanish
Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-480-4161 (TTY: 711).

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العربية/Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-877-480-4161 (رقم الهاتف النصي: 711).

Ɓàsɔ̀ ɗù-wù/Ɓàssɔ̀ à wutù-ɗù-ɗà Bassa
Dè de nià ke dyédé gbo: Ì jù ké m dyì Basɔ̀-wùjù-pɔ-nyɔ̀ jù ni, nii à wuqù kà kò ṣò pò-pò bè m gbo kpáa. Đà 1-877-480-4161 (TTY: 711).

中文/Chinese
注意：如果您说中文，我们可为您提供免费的语言协助服务。请致电 1-877-480-4161 (TTY: 711)。

فارسی/Farsi
توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارائه میگردد، با شماره 1-877-480-4161 (TTY: 711) تماس بگیرید.

Français/French
Attention : Si vous parlez français, vous pouvez disposer d’une assistance gratuite dans votre langue en composant le 1-877-480-4161 (TTY: 711).

ગુજરાતી/Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાની સહાયતા સેવા તમને લિખણું ઉપલબ્ધ છે. કોલ કરો 1-877-480-4161 (TTY: 711).

Kreyòl Ayisyen/Haitian Creole

Igbo

한국어/Korean


Português/Portuguese


Русский/Russian


Tagalog


اردو/Urdu


Tiếng Việt/Vietnamese


Yorùbá/Yoruba