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# Golden West College

## 2022-2023 Student Health Insurance Plan Highlights

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

(877) 480-4161



### Policy Number: 686179

#### What is the Plan about?

Aetna Student Health, working with Golden West College, 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](http://www.aetnastudenthealth.com).

#### How much does it cost?

##### International Program Students

| Coverage Period   | Coverage Dates    | Student    |
|-------------------|-------------------|------------|
| Fall              | 8/12/22 - 1/11/23 | \$782.07   |
| Spring/<br>Summer | 1/12/23 - 8/11/23 | \$1,083.93 |

##### OPT International Program

| Coverage Period | Coverage Dates     | Student  |
|-----------------|--------------------|----------|
| Q1              | 8/12/22 - 11/11/22 | \$470.34 |
| Q2              | 11/12/22 - 2/11/23 | \$470.34 |

**Here's a brief description of the Plan benefits:**

|                                   | <b>In-Network Provider</b>                                                                                                                                                                        | <b>Out-of-Network Provider</b>                                           |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Plan Maximum</b>               | Unlimited                                                                                                                                                                                         | Unlimited                                                                |
| <b>Annual Deductible</b>          |                                                                                                                                                                                                   |                                                                          |
| <b>Individual:</b>                | N/A                                                                                                                                                                                               | N/A                                                                      |
| <b>Annual Out-of-Pocket Limit</b> |                                                                                                                                                                                                   |                                                                          |
| <b>Individual:</b>                | \$2,500 Per Individual                                                                                                                                                                            | \$2,500 Per Individual                                                   |
| <b>Physician's Office Visit</b>   | 100% (of the Negotiated Charge) after \$20 copay                                                                                                                                                  | 80% (of the recognized charge)                                           |
| <b>Inpatient Hospitalization</b>  | 100% (of the Negotiated Charge) after \$100 copay                                                                                                                                                 | 80% (of the recognized charge)                                           |
| <b>Emergency Room</b>             | 100% (of the Negotiated Charge) after \$100 copay                                                                                                                                                 | Paid the same as in-network coverage                                     |
| <b>Prescription Drugs</b>         | Prescriptions paid at 100% (of the Negotiated Charge) per supply after the following copays:<br>Preferred Generics: \$20<br>Preferred Brand-Name: \$50<br>Non-Preferred Generics/Brand-Name: \$75 | 80% (of the recognized charge) but will be no more than \$250 per supply |

**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 Golden West College 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](http://www.aetnastudenthealth.com). If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The Golden West College 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).

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](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 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**).

## አማርኛ/Amharic

ልብ ይበሉ: አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ የትርጉም ድጋፍ ሰጪ ድርጅቶች፣ ያለምንም ክፍያ እርስዎን ለማገልገል ተዘጋጅተዋል። የሚከተለው ቁጥር ላይ ይደውሉ **1-877-480-4161** (መስማት ለተሳናቸው: **711**).

## العربية/Arabic

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

## Bàsòò Wùdù/Bassa

Dè dè nià kè dyédé gbo: ɔ jǔ kè m̄ dyi Bàsòò-wùdù-po-nyò jǔ ni, niì à wuɖu kà kò dò po-poò bɛ̀ m̄ gbo kpáa. Ɖà **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 ارایه 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 ભાષાકીય સહાયતા સેવા તમને નિ:શુલ્ક ઉપલબ્ધ છે. કોલ કરો **1-877-480-4161** (TTY: **711**).

## Kreyòl Ayisyen/Haitian Creole

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-480-4161** (TTY: **711**).

## Igbo

Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Ọrụ 1-877-480-4161 (TTY: 711).

## 한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-877-480-4161(TTY: 711)번으로 전화해 주십시오.

## Português/Portuguese

Atenção: a ajuda está disponível em português por meio do número 1-877-480-4161 (TTY: 711). Estes serviços são oferecidos gratuitamente.

## Русский/Russian

Внимание: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Звоните по телефону 1-877-480-4161 (TTY: 711).

## Tagalog

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-480-4161 (TTY: 711).

## اردو/Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت دستیاب ہیں۔ 1-877-480-4161 (TTY: 711) پر کال کریں۔

## Tiếng Việt/Vietnamese

Lưu ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 1-877-480-4161 (TTY: 711).

## Yorùbá/Yoruba

Àkíyèsí: Bí o bá nsọ èdè Yorùbá, ìrànlọ́wọ́ lórí èdè, lófẹ́ẹ̀, wà fún ọ. Pe 1-877-480-4161 (TTY: 711).