

## The Claremont Colleges

### Student Health Insurance Plan (SHIP)

Welcome to the 2019–2020 Student Health Insurance Plan (SHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. The plan described in this Snapshot is awaiting approval by the state insurance department. If changes are made as a result of the approval process, a revised Snapshot will be posted. Note that this plan is rated a GOLD level plan, as per the Affordable Care Act.

You can find all plan materials, including the Plan Design and Benefits Summary, at [www.4studenthealth.com](http://www.4studenthealth.com) (select your College from the drop-down list).

For questions about enrollment or waivers, contact Relation Insurance Services at **(800) 537-1777**. For questions about benefits or claims, please call Aetna Customer Service at **(877) 480-4161**.

#### Referral Requirement

A Student Health Services (SHS) referral is required for non-emergency care within a 25-mile radius from campus, unless SHS is closed or for certain preventive care. See [www.4studenthealth.com](http://www.4studenthealth.com) for further details.

#### Insurance ID Card

Download your insurance ID card by visiting [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**Carry your ID card with you at all times!** You will need your card when you visit the doctor's office, urgent care, hospital, or pharmacy.

#### Aetna Network

**NOTE: Aetna network providers MUST be used at all times, except for emergency services (emergency room, ambulance). There is no coverage for out-of-network services.**

This plan utilizes the Aetna Elect Choice EPO Preferred Provider Network. To learn more about the network or to find a provider, view the Aetna DocFind® online provider directory by visiting:

[www.aetna.com/docfind/custom/studenthealth](http://www.aetna.com/docfind/custom/studenthealth).

#### Rates and Important Dates

Rates include medical insurance premium and administrative fees.

	Annual 08/30/2019* to 08/29/2020	Fall 08/30/2019* to 01/03/2020	Spring/Summer 01/04/2020 to 08/29/2020	Summer 05/13/2020 to 08/29/2020
<b>Undergraduate Student</b>	\$ 2,551.00	\$ 892.00	\$ 1,669.00	\$ 767.00
<b>Spouse/ Domestic Partner</b>	\$ 2,551.00	\$ 892.00	\$ 1,669.00	\$ 767.00
<b>One Child</b>	\$ 2,551.00	\$ 892.00	\$ 1,669.00	\$ 767.00
<b>Two or More Children</b>	\$ 5,102.00	\$ 1,784.00	\$ 3,338.00	\$ 1,534.00

\* Coverage for new students will be effective 08/01/2019.

For more information, including eligibility and waiver requirements, please select your College from the drop-down list located on our website at [www.4studenthealth.com](http://www.4studenthealth.com).

#### Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	Student Health Services (SHS)	Aetna Preferred Provider	Non-Preferred Provider
<b>Deductible</b>	Waived	\$500 per person, per policy year†	Not covered
<b>Covered Percentage</b>	100% for covered services	80% of the negotiated charge, after deductible	Not covered
<b>Office Visit Copay</b>	None	\$20 per visit	Not covered
<b>Urgent Care Copay</b>	None	\$20 per visit	Not covered
<b>Emergency Room Copay</b>	N/A	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
<b>Prescription Drug Copays</b>	N/A	\$20 generic/ \$40 formulary brand/ \$60 non-formulary brand	Not covered
<b>Out-of-Pocket Maximum</b>	\$7,350 per person (\$14,700 per family) per policy year		

† Deductible waived if referred by SHS or if SHS is closed.

**THE AETNA NAME AND LOGO ARE REGISTERED TRADEMARKS.**

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**(Arabic)**

الرقم على الاتصال الرجاء تكلفة، أي دون اللغوية الخدمة على للحصول  
(877) 480-4161 +1

**(Chinese-S)**

如果您说中文，您可以免费获得语言援助服务。请致电  
+1 (877) 480-4161。

**(Chinese-T)**

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電  
+1 (877) 480-4161。

**(French)**

Si vous parlez français, des services d'aide linguistique vous sont  
proposés gratuitement. Appelez le +1 (877) 480-4161.

**(French Creole-Haitian)**

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

**(German)**

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung. Rufnummer  
+1 (877) 480-4161.

**(Italian)**

In caso la lingua parlata sia l'italiano, sono disponibili servizi di  
assistenza linguistica gratuiti. Chiamare il numero  
+1 (877) 480-4161.

**(Japanese)**

日本語を話される場合、無料の言語支援をご利用いただけます。  
+1 (877) 480-4161 まで、お電話にてご連絡ください。

**(Korean)**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실  
수 있습니다. +1 (877) 480-4161 번으로 전화해 주십시오.

**(Persian-Farsi)**

اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
+1 (877) 480-4161 تماس بگیرید.

**(Polish)**

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy  
językowej. Zadzwoń pod numer +1 (877) 480-4161.

**(Portuguese)**

Se fala português, encontram-se disponíveis serviços linguísticos,  
grátis. Ligue para +1 (877) 480-4161.

**(Russian)**

Если вы говорите на русском языке, то вам доступны бесплатные  
услуги перевода. Звоните +1 (877) 480-4161.

**(Spanish)**

Si habla español, tiene a su disposición servicios gratuitos de  
asistencia lingüística. Llame al +1 (877) 480-4161.

**(Tagalog)**

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

**(Vietnamese)**

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí  
dành cho bạn. Gọi số +1 (877) 480-4161.