FAQ-Aetna Student Health-Ans

What are the rates for the 2014 – 2015 plan?

The rates for 2014/2015 with a $6,000 maximum out of pocket are –

<table>
<thead>
<tr>
<th></th>
<th>Annual 8/1 Start</th>
<th>Spring-Summer 1/1/15 – 8/14/15</th>
<th>Summer 5/15/15 – 8/14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,313</td>
<td>$1,432</td>
<td>$583</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,785</td>
<td>$3,582</td>
<td>$1,458</td>
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<tr>
<td>Child</td>
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<td>$2,149</td>
<td>$875</td>
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<tr>
<td>Children</td>
<td>$4,512</td>
<td>$2,794</td>
<td>$1,137</td>
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</tbody>
</table>

The fall only rate for Aetna plan is $881.00
(Annual Enrollment Deadline: September 15, 2014)

What are the rates for the 2015 – 2016 plan?

The rates for 2015/2016 are as of May 7, 2015.
(may be subject to change)

<table>
<thead>
<tr>
<th></th>
<th>Early Start 8/1/15 – 8/1/16</th>
<th>Annual 8/15/15 – 8/14/16</th>
<th>Spring-Summer Rate 01/15 – 8/14/16</th>
<th>Summer Session Rate* 5/15/16 – 8/14/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,402</td>
<td>$2,313</td>
<td>$1,432</td>
<td>$583</td>
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<tr>
<td>Spouse</td>
<td>$2,402</td>
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<td>$1,432</td>
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<tr>
<td>Child</td>
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<tr>
<td>Children</td>
<td>$4,804</td>
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<td>$1,166</td>
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</table>

The fall only rate for Aetna plan is $881.00

How do I waive out of the school-sponsored insurance plan?

By September 15, please go to aetnastudenthealth.com
You must submit proof of a comparable insurance plan with an American-based insurance company each school year. The criteria would be:
Lifetime Max unlimited
Deductible of $500 or LESS
Covers Inpatient care with no daily limits
Covers Outpatient care with no daily limits
Covers Prescriptions or Has Pharmacy Benefits
Covers pre-existing conditions.
American Based Company

What are the options for spouses of students?
Student spouses can purchase the same insurance plan provided to the students at a higher cost. For detailed information on the plan, see the Aetna Student Health Plan Summary
For pricing information, please see the 2014-2015-rates page

What is their policy on Pre-Existing conditions?
If you have had continuous health insurance coverage for more than 12 months prior to joining the Aetna plan, the condition is not considered pre-existing. The pre-existing period is 12 months. Any coverage you had within 12 months prior to joining Aetna will be applied to that 12 month period in order to reduce your pre-existing period. It does not apply to International Students.

Does Aetna have a 3-month supply mail plan?
NO

What is the term of the plan?
- Annual – August 15 to the following August 14
- Spring/Summer January 1 through August 14
- Summer May 15 through August 14

What are the costs of prescriptions?
There are co-pays when your prescriptions are filled at the UHS Pharmacy in St. Liam Hall. The co-pays are $5, $15 and $25.
Off Campus, you pay 20%, 40% or 100% of the prescription depending on the type of medication.

Do you offer a dental plan?
Yes. Aetna offers “Vital Savings by Aetna on Dental”. You pay the premium amount directly to Aetna. This is a separate cost outside of the health insurance premium.

When can a person buy the dental plan?
You will be able to enroll in the dental plan as early as July 15th. However your benefits do not become effective until September 1. You can only enroll in the dental plan during the enrollment periods.

Is there a way to see what the vision plan or discount plan will cover and the cost associated with it?
There is no cost for the Vision discount plan. It is already included in the premium package. It is a discount plan, so charges are reduced when you use the preferred providers.
If we go to Health Services, do we have to pay 20% plus deductible?
No – the medical care is reimbursed 100% at Health Services, according to plan policy, however, prescription co-pays are charged. Only Notre Dame students can access medical care, dependents on the plan may use the pharmacy.

If Health Services refers a student to a specialist, do we have to pay 20% of the costs?
Yes. You have a $500 deductible for off campus services. You will need to meet the deductible first and then the charges will be reimbursed at 80% for in network providers and 60% for out of network providers.

Do we have to pay our percentage amount (co-insurance) at the time of service to off campus providers?
Not necessarily. Most providers will file your claim with the insurance company first and then send you a bill with what you owe after the insurance company paid the provider.

How will this plan help with alternative medicine (massage therapy, chiropractic services, acupuncture...?)
Medically necessary chiropractic services are covered under the policy. If services are for maintenance therapy or non-medically necessary services by a chiropractor, acupuncturist or massage therapist, they are not covered under the insurance plan. However there is a discount program through Aetna that allows patients to seek this care at discounted prices. This is included in the plan at no extra cost. More information will be available once we receive it.

How does the deductible work?
The deductible is $500 annually per person per school year.

Do prescription co-pays apply to the $500 deductible?
The prescription co-pays from the student health center pharmacy DO NOT apply to the deductible.

Does Aetna Student Health cover contraceptive medications?
The University of Notre Dame honors the moral teachings of the Catholic Church. Therefore, for example, University Health Services may prescribe contraceptive medications to treat approved medical conditions, but not to prevent pregnancy. To comply with federal law, Aetna Student Health provides coverage for additional women’s health products or procedures that the University objects to based on its religious beliefs. This coverage is separate from Notre Dame. Students enrolled in Aetna Student Health may call Aetna customer service at 877-378-9492 for more information. Students not covered by Aetna Student Health should check with their own insurance plans regarding federally-mandated women’s health coverage.
Is maternity treated same as any other illness?
Yes. The $500 deductible applies and the reimbursement rate is 80% in network and 60% out of network.

Why are the family plans so expensive?
The cost is high due to “Adverse Selection” which means the majority of dependents who are purchasing the plan are typically those who are ill/sick or foresee using the benefits that are at a higher cost than the premium charged.

What subsidies are available for Graduate students?
All full-time, fully-funded grad students ($12,500 for Master’s / $18,900 for PhD over 9 months) enrolled in University health insurance receive a subsidy from the Graduate School that covers 100% of the premium. (Annual premium charge: $2,313; Grad School subsidy: $2,313). Those who have other insurance and successfully waive-out of the University health plan will receive a $200 credit on their student account.

Subsidies or credits will not be applied until early October, once all waive-outs have been processed. Please DO NOT PANIC if your student account shows that you have insurance balance due for 2015-16. The Office of Student Accounts knows the subsidy or credit is forthcoming, and does not expect you to pay health insurance charges before this.