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University of Missouri - Columbia

2020 - 2021 Visiting Scholar Health Insurance Plan Highlights



www.aetnastudenthealth.com

(877) 375-7905

Policy Number: 890430

What is the Plan about?

Aetna Student Health, working with University of Missouri - Columbia 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.

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 and select your school.

How much does it cost?

Coverage Period	Rate
Monthly Cost	\$186.00
Scholars who enter the U.S.A. after the 15th of the month are eligible for a half-monthly rate. Coverage will be effective the day the Scholar enters the U.S.A. This option is only available in the first month of coverage based on initial effective date.	\$93.00

The rates include both premiums for the student/scholar health plan underwritten by Aetna Life Insurance Company, as well as University of Missouri - Columbia's administrative fee.

Who is eligible?

All non-immigrant international scholars holding J-1 documents from the University are eligible for this coverage.

Dependents eligible for coverage include a Spouse residing with the insured student and Children under 26 years of age, regardless of whether or not they are married, a full or part-time student, or dependent upon the parent for financial support.

Here's a brief description of the Plan benefits:

	Preferred Provider	Non-Preferred Provider
Plan Maximum	Unlimited	
Annual Deductible	\$400 Per Individual Per Policy Year	\$800 Per Individual Per Policy Year
Annual Out-of-Pocket Limit		
Individual:	\$7,500 Per Policy Year	N/A
Family:	\$12,700 Per Policy Year	N/A
Physician's Office Visit	80% coinsurance after a \$20 copay	50% coinsurance
Inpatient Hospitalization	80% coinsurance after a \$200 Copay Per Admission	50% coinsurance
Emergency Room	80% coinsurance after \$100 copay (waived if admitted)	80% coinsurance after \$100 copay (waived if admitted)
Prescription Drugs	Prescriptions paid at 100% of the Negotiated Charge with the following copays: \$15 Copay for Generic Drugs \$40 Copay for Preferred Brand Drugs \$65 Copay for Non-Preferred Brand Drugs \$100 Copay for Specialty Drugs	Non-Preferred prescriptions paid at 100% of the Recognized Charge with the following copays: \$15 Copay for Generic Drugs \$40 Copay for Preferred Brand Drugs \$65 Copay for Non-Preferred Brand Drugs \$100 Copay for Specialty Drugs

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)
- Acupuncture (except when used in lieu of other anesthesia)
- Long Term Care
- Infertility Treatment (Except for charges made by a physician to diagnose and surgically treat the underlying medical cause.)
- Routine Foot Care
- Routine eye care (Adult)
- Weight Loss Programs

These are brief highlights of the Student Health Plan. The Plan is available for University of Missouri – Columbia students and their eligible dependents. 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 University of Missouri – Columbia 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).

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 (877) 375-7905.

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, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call (877) 375-7905.

Para acceder a los servicios de idiomas sin costo, llame al (877) 375-7905. (Spanish)

如欲使用免費語言服務，請致電 (877) 375-7905。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le (877) 375-7905. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa (877) 375-7905. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie (877) 375-7905 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم (877) 375-7905. (Arabic)

Pou jwenn sèvis lang gratis, rele (877) 375-7905. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero (877) 375-7905. (Italian)

言語サービスを無料でご利用いただくには、(877) 375-7905 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 (877) 375-7905 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره (877) 375-7905 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1(877) 375-7905. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para (877) 375-7905. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону (877) 375-7905. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số (877) 375-7905. (Vietnamese)