

# Menio College Student Health Insurance Plan (SHIP) 2023-2024

#### Questions

Eligibility & Enrollment Academic Health Insurance Services (800) 537-1777

#### **Benefits**

Aetna Customer Service (855) 236-2138

### **Insurance ID Card**

Download your ID card from aetnastudenthealth.com. You can also download your temporary insurance ID card by going to menlo.mycare26.com.

Carry your ID card with you at all times!

# **More Information**

For more information, please visit menlo.mycare26.com

# Eligibility

Menlo College requires that all full time, registered, degree-seeking students carry a specific level of health insurance. Students who have comparable coverage, meeting all Menlo College requirements, may waive coverage during the school's open waiver period at the beginning of the fall semester. All other full time students will be required to enroll in the plan. Please note: International students may not waive out of the plan. (Students will receive an email from AHP to activate their Care26 accounts. Once they have done this, students will be able to opt-out or enroll in coverage.)

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes.

The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

#### **Aetna Network**

This plan utilizes the Aetna Open Choice PPO Network. To learn more about the network or to find a provider, view the Aetna DocFind<sup>®</sup> online provider directory by visiting **aetnastudenthealth.com**.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Negotiated Charge (NC) when you use Aetna Open Choice PPO providers, and 60% of the Recognized Charge when you use Non-Preferred Providers, after deductible.

If there are any discrepancies between this document and the Plan Design and Benefits Summary, the Plan Design and Benefits Summary will govern.

# **Getting Care**

To locate a primary care physician or provider in the **Aetna Open Choice PPO Network**, visit **aetnastudenthealth.com** or call (855) 236-2138.

# **Prescription Drugs**

Always use an **Aetna** pharmacy. To locate a pharmacy, visit **aetnastudenthealth.com** or call (855) 236-2138.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Design and Benefits Summary. The final Plan Design and Benefits Summary may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Design and Benefits Summary is accessible upon approval at menlo.mycare26.com.

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for Student Health Insurance Plans. CA License #0H64806

# **RATES & IMPORTANT DATES**

RATES INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	STUDENT
Annual 08/01/2023 to 07/31/2024 Waiver Deadline: 09/08/2023	\$2,906
Fall 08/01/2023 to 01/22/2024 Waiver Deadline: 09/08/2023	N/A
Spring/Summer 01/23/2024 to 07/31/2024 Waiver Deadline: 01/31/2024	N/A

# BENEFITS

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	AETNA OPEN CHOICE PPO PREFERRED PROVIDER YOU WILL PAY:	NON-PREFERRED PROVIDER YOU WILL PAY AT LEAST <sup>1</sup>
Deductible	\$100 per Person, per Policy Year	\$300 per Person, per Policy Year
Office Visit	\$20 Copay per visit, then the plan pays 100% of NC (Deductible waived)	40% Coinsurance per visit
Urgent Care	\$20 Copay per visit, then the plan pays 100% of NC	40% Coinsurance per visit
Emergency Room	\$200 Copay per visit (Copay waived if admitted)	Paid the same as In-Network coverage
Prescription Drugs <sup>2</sup>	\$15 Copay Generic \$30 Copay Preferred Brand \$50 Copay Non-Preferred Brand \$100 Copay Specialty Drugs (Deductible waived)	40% of the Recognized Charge (Deductible waived)
Out-of-Pocket Maximum	\$6,350 per Person, per Policy Year	No maximum

<sup>1</sup>Using out-of-network providers may cost you more money! Coinsurance is payable for Recognized Charge, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than Recognized Charge and you will be responsible for these excess amounts over the listed coinsurance.

<sup>2</sup> For prescriptions filled at an out-of-network pharmacy, you must pay for the prescription in full and submit a claim for reimbursement.

# What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*