



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetnastudenthealth.com/> or by calling 1-800-859-8452. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-859-8452 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Plan Year, Olin Health Center: None, In-Network: Individual \$150 / Family \$300. Out-of-Network: Individual \$300 / Family \$600.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency care & prescription drugs; plus in-network office visits & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Olin & In-Network: Individual \$3,000 / Family \$6,000. Out-of-Network: Individual \$6,000 / Family \$12,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-800-859-8452 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral. However we will assign an Olin Health Center physician as priary care. You may change your primary card physician at your discretion.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	MSU Student Health Services at Olin Health Center	What You Will Pay		Limitations, Exceptions, & Other Important Information
			In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit	\$20 <u>copay</u> /visit	30% <u>coinsurance</u>	None
If you visit a health care provider's office or clinic	<u>Specialist</u> visit	\$20 <u>copay</u> /visit	\$20 <u>copay</u> /visit	30% <u>coinsurance</u>	None
If you visit a health care provider's office or clinic	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you have a test	<u>Imaging</u> (CT/PET scans, MRIs)	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition	Generic drugs		<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$10 (retail)	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$10 (retail)	Covers 30 day supply (retail), a 31-90 day supply (retail) available at 2x 30 day copay. Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network.
More information about prescription drug coverage is available at https://www.aetnastudenthealth.com/					

Common Medical Event	Services You May Need	MSU Student Health Services at Olin Health Center	What You Will Pay In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.aetna.com/pharmacy-insurance/individuals-families</p>	Preferred brand drugs		<u>Copay/prescription, deductible doesn't apply:</u> \$20 (retail)	<u>Copay/prescription, deductible doesn't apply:</u> \$20 (retail)	<p>Covers 30 day supply (retail), 31-90 day supply (retail) available at 2x 30 day copay. Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-<u>network</u>.</p> <p>You are required to use generic if available. If brand is chosen, you must pay 100% of the difference between generic and brand.</p>
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.aetna.com/pharmacy-insurance/individuals-families</p>	Non-preferred brand drugs		<u>Copay/prescription, deductible doesn't apply:</u> \$20 (retail)	<u>Copay/prescription, deductible doesn't apply:</u> \$20 (retail)	<p>Covers 30 day supply (retail), 31-90 day supply (retail) available at 2x 30 day copay. Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-<u>network</u>.</p> <p>You are required to use generic if available. If brand is chosen, you must pay 100% of the difference between generic and brand.</p>

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		MSU Student Health Services at Olin Health Center	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.aetna.com/pharmacy-insurance/individuals-families</p>	<u>Specialty drugs</u>		20% copay up to a maximum/prescription: \$200 (preferred), \$300 (non-preferred)	Not covered	First prescription fill at a retail pharmacy or specialty pharmacy. Subsequent fills must be through the Aetna Specialty Pharmacy Network.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you have outpatient surgery	Physician/surgeon fees	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	Not available	10% <u>coinsurance</u> after \$100 copay/visit, <u>deductible</u> doesn't apply	10% <u>coinsurance</u> after \$100 copay/visit, <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.
If you need immediate medical attention	<u>Emergency medical transportation</u>	Not available	10% <u>coinsurance</u> , <u>deductible</u> doesn't apply	10% <u>coinsurance</u> , <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in- <u>network</u> .
If you need immediate medical attention	<u>Urgent care</u>	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	No coverage for non-urgent use.

Common Medical Event	Services You May Need	MSU Student Health Services at Olin Health Center	What You Will Pay		Limitations, Exceptions, & Other Important Information
			In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Pre-authorization</u> required for out-of-network care.
If you have a hospital stay	Physician/surgeon fees	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$10 <u>copay</u> /visit; other outpatient services: Not available	Office: \$10 <u>copay</u> /visit; other outpatient services: 10% <u>coinsurance</u>	Office & other outpatient services: 30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Pre-authorization</u> required for out-of-network care.
If you are pregnant	Office visits	Not available	No charge	30% <u>coinsurance</u>	<p><u>Cost sharing</u> does not apply for <u>preventive services</u>. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). <u>Pre-authorization required</u> for out-of-network care may apply.</p> <p><u>Cost sharing</u> does not apply for <u>preventive services</u>. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). <u>Pre-authorization required</u> for out-of-network care may apply.</p>
If you are pregnant	Childbirth/delivery professional services	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	MSU Student Health Services at Olin Health Center	What You Will Pay		Limitations, Exceptions, & Other Important Information
			In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Childbirth/delivery facility services	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). <u>Pre-authorization</u> required for out-of-network care may apply.
If you need help recovering or have other special health needs	<u>Home health care</u>	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	\$10 <u>copay</u> /visit Physical Therapy only	10% <u>coinsurance</u> after \$10 <u>copay</u> /visit	30% <u>coinsurance</u>	Includes Physical, Occupational & Speech Therapy.
If you need help recovering or have other special health needs	<u>Habilitation services</u>	\$10 <u>copay</u> /visit Physical Therapy only	10% <u>coinsurance</u> after \$10 <u>copay</u> /visit	30% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Skilled nursing care</u>	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Pre-authorization</u> required for out-of-network care.
If you need help recovering or have other special health needs	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
If you need help recovering or have other special health needs	<u>Hospice services</u>	Not available	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Pre-authorization</u> required for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		MSU Student Health Services at Olin Health Center	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not available	No charge	0% <u>coinsurance deductible</u> doesn't apply	1 routine eye exam/plan year to age 19
If your child needs dental or eye care	Children's glasses	Not available	No charge	0% <u>coinsurance deductible</u> doesn't apply	1 pair of glasses or lenses/ <u>plan</u> year.
If your child needs dental or eye care	Children's dental check-up	Not available	No charge	20% <u>coinsurance</u>	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care – 30 visits/plan year.
- Infertility treatment - For more information & exceptions, see policy document using summary box link on page 1 or call the number on your ID card.
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Michigan Department of Insurance and Financial Services (DIFS), (877) 999-6442 (Toll-free), (517) 284-8800 (Local), <https://www.michigan.gov/difs/consumers/complaint>.

- For more information on your rights to continue coverage, contact the [plan](#) at 1-800-859-8452.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-800-859-8452.
- Michigan Department of Insurance and Financial Services (DIFS), (877) 999-6442 (Toll-free), (517) 284-8800 (Local), <https://www.michigan.gov/difs/consumers/complaint>.
- Additionally, a consumer assistance program can help you file your [appeal](#). Contact Michigan Department of Insurance and Financial Services HICAP, 530 W. Allegan Street, 7th Floor, Lansing, MI 48933, (877) 999-6442, <http://www.michigan.gov/HICAP>, DIFS-HICAP@Michigan.gov

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the Minimum Value Standards, you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$150
- Specialist copayment \$10
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$150
<u>Copayments</u>	\$20
<u>Coinsurance</u>	\$1,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,330

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$150
- Specialist copayment \$10
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$150
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$770

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$150
- Specialist copayment \$10
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$150
<u>Copayments</u>	\$60
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$410

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 866-393-0002.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide 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 the number on your ID card.

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: P.O. 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).

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Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่ายโปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.

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