

# Vanderbilt University

Degree and non-degree seeking students (excluding DUS and Consortium students) enrolled in 4+ credit hours, a 0-credit research/dissertation course, or any other course that is considered to equate to full-time enrollment are automatically enrolled in SHIP and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.



VANDERBILT  UNIVERSITY

Administered by Academic HealthPlans



Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost

Access to a 24/7 Nurse Line

Dental and Vision Discount Program

Telehealth through AcademicLiveCare

Academic Emergency Services\*

\*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.

# Vanderbilt University 2021-2022

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO**.

## BENEFIT MAXIMUMS & DEDUCTIBLES

	STUDENT HEALTH CENTER	SELECT CARE PROVIDER	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited			
<b>Deductible</b> per Insured Person, per Policy Year	N/A	\$ 250	\$ 250	\$ 500
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	N/A	\$ 5,000 (combined)		\$ 10,000
<b>Family Out-of-Pocket Maximum</b> all Insureds in a Family, per Policy Year	N/A	\$ 10,000 (combined)		\$ 20,000

## BENEFITS *(Deductible applies unless otherwise stated below)*

STUDENT HEALTH CENTER <i>Payments are based on the Negotiated Charge</i>	SELECT CARE PROVIDER <i>Payments are based on the Negotiated Charge</i>	IN-NETWORK PROVIDER <i>Payments are based on the Negotiated Charge</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on the Recognized Charge</i>
<b>Hospital Room and Board Expense</b>			
N/A	90%	80%	60%
<b>Inpatient/Outpatient Surgery</b>			
N/A	90%	80%	60%
<b>Physician, Specialist</b> , including Consultants Office Visits			
100%	100% after a \$25 Copayment (deductible waived)	100% after a \$25 Copayment (deductible waived)	60%
<b>Diagnostic Testing</b>			
N/A	90%	80%	60%
<b>Hospital Emergency Room</b> (deductible waived)			
N/A	90% after a \$100 Copayment	90% after a \$100 Copayment	90% after a \$100 Copayment
<b>Urgent Care</b>			
N/A	90%	80%	60%
<b>Preventive Services</b> For more information, please visit <a href="https://www.healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>			
100% (deductible waived)	100% (deductible waived)	100% (deductible waived)	60%
<b>Prescription Drugs</b> , including specialty drugs			
N/A	100% after a Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$75 Copayment	100% after a Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$75 Copayment	Not covered

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 policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [vanderbilt.myahpcare.com](https://vanderbilt.myahpcare.com).