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# University of California, Santa Barbara

## 2017 - 2018 Gaucho Health Insurance Plan Highlights (855) 821-9712

### What is the Plan about?

Aetna Student Health, working with UC Santa Barbara offers a student-focused health insurance plan that covers students at school, at home and while traveling\* or studying abroad.

Your Student Health Insurance Plan offers you access to:

- Primary Care Services for students provided at UCSB Student Health at no additional cost include: medical & urgent care visits, advice nurse consultations, preventive physical exams, well woman exams, travel and nutrition visits, immunizations, laboratory testing and x-rays.
- All off-campus services within 50 mile radius of the Student Health Service require a referral from Student Health Service.
- An award-winning online secure member website, Aetna Navigator®.
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.
- Copay for pharmacy at in-network pharmacies with an unlimited maximum. Out-of-network pharmacy services covered at 50%.
- Dental insurance plan and Vision insurance plan included. Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for more details.

### Learn More!

Read all the Plan documents before deciding whether to enroll.  
 View online at [www.aetnastudenthealth.com/ucsantabarbara](http://www.aetnastudenthealth.com/ucsantabarbara).

### How much does it cost?

Coverage Period	Coverage Dates	Student Rate
Fall	09/24/2017 – 01/07/2018	\$1,108
Winter	01/08/2018 – 04/01/2018	\$1,108
Spring/Summer	04/02/2018 – 09/22/2018	\$1,108

The rates above include both premiums for the UCSB GHI Medical Plan, as well as University of California, Santa Barbara's administrative fee. Coverage for your eligible dependents is also available- please refer to the full eligibility/enrollment details on [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

### Who is eligible?

**All registered students** at UCSB are automatically eligible and are enrolled in the Gaucho Health Insurance Plan and charged a health insurance premium on their registration bill unless they have an approved waiver due to having equivalent insurance.

**How to Enroll** Registered students are automatically enrolled in the plan and assessed the premium quarterly. Voluntary enrollments and Dependents & Spouse/Domestic Partners should visit [www.aetnastudenthealth.com/ucsantabarbara](http://www.aetnastudenthealth.com/ucsantabarbara) to enroll by October 24, 2017 for Fall quarter.

**On an Approved Leave of Absence?** To enroll, please visit [www.aetnastudenthealth.com/ucsantabarbara](http://www.aetnastudenthealth.com/ucsantabarbara) to enroll by October 24, 2017 for Fall quarter.

### Waiver

**Deadline Dates:** Fall: 09/01/2017 Winter: 12/01/2017 Spring: 03/01/2018

*\*Aetna cannot pay for health care services provided in a country under sanction by the U.S. unless permitted under an Office of Foreign Asset Control (OFAC) license.*

**Here's a brief description:****MEDICAL PLAN BENEFITS**

Important Note: Services provided for students at UCSB Student Health are paid at 100% with no copay except for prescriptions copays at the campus pharmacy; vision, dental & physical therapy; and co-insurance for medical procedures and supplies.

**Preferred Provider****Non-Preferred Provider**

<b>Plan Maximum</b>	Unlimited	Unlimited
<b>Annual Deductible</b>	\$400 Per Policy Year	\$1,200 Per Policy Year
<b>Referrals</b>	Referrals required for all off-campus services within a 50-mile radius of campus.	
<b>Individual Out-of-Pocket Limit</b>	\$6,600 per Policy Year	
<b>Physician's Office Visit</b>	100% after \$25 copay	50% of the Recognized Charge
<b>Behavioral Health Office Visit</b>	100% after \$15 copay (Copay does not apply to visits 1-3)	50% of the Recognized Charge
<b>Inpatient Hospitalization</b>	80% after \$500 per admission copay	50% of the Recognized Charge after \$500 per admission deductible
<b>Emergency Room</b>	100% after \$200 copay (waived if admitted)	100% after \$200 deductible (waived if admitted)
<b>Urgent Care Visit</b>	100% after \$25 copay	50% of the Recognized Charge
<b>Lab and X-Ray</b>	80%	50% of the Recognized Charge
<b>Prescription Drugs</b>	Prescriptions paid at 100% of the Negotiated Charge with the following copays: \$10 Copay for Generic Drugs \$35 Copay for Preferred Brand Drugs \$50 Copay for Non-Preferred Brand Drugs	Non-Preferred prescriptions paid at 50% of the Recognized Charge with the following copays: \$10 Copay for Generic Drugs \$35 Copay for Preferred Brand Drugs \$50 Copay for Non-Preferred Brand Drugs

**DENTAL PLAN BENEFITS**

<b>Annual Deductible</b>	\$25	\$25
<b>Policy Year Benefit Maximum</b>	\$1,200	\$700
<b>Preventive Service Covered Percent</b>	100%	70% of the Recognized Charge
<b>Basic Service Covered Percent</b>	80%	50% of the Recognized Charge
<b>Major Service Covered Percent</b>	50%	50% of the Recognized Charge

**VISION PLAN BENEFITS**

<b>Fundus Photography Benefit</b>	Up to \$39	N/A
<b>Exam with Dilation as Necessary</b>	\$10 copay	\$49
<b>Exam Options:</b>	Up to \$55	
<b>Standard Contact Lens Fit and Follow Up</b>	\$10% off Retail Price	N/A
<b>Premium Contact Lens Fit and Follow-Up</b>		
<b>Frequency:</b>		
<b>Exam, Lenses or Contact Lenses, Frames</b>	Once every 12 months	

For full medical, dental and vision details please visit [www.aetnastudenthealth.com/ucsantabarbara](http://www.aetnastudenthealth.com/ucsantabarbara) or Student Health Service Insurance website at <http://studenthealth.sa.ucsb.edu/gaUCHO-health-insurance>.

The University of California, Santa Barbara Gaucho Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> 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 1-855-821-9712.

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](mailto: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 1-855-821-9712.

Para acceder a los servicios de idiomas sin costo, llame al 1-855-821-9712. (Spanish)

如欲使用免費語言服務，請致電 1-855-821-9712。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-855-821-9712. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-855-821-9712. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-855-821-9712 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-855-821-9712. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-855-821-9712. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-855-821-9712. (Italian)

言語サービスを無料でご利用いただくには、1-855-821-9712 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-855-821-9712 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-855-821-9712 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-855-821-9712. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-855-821-9712. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-855-821-9712. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-855-821-9712. (Vietnamese)