



STUDENT MEDICAL INSURANCE PLAN OPTIONS FOR 2009-2010



Student Medical Insurance Plan	Student Basic Plan <i>Student Annual Premium*: \$1,517</i>		Student Plus Plan <i>Student Annual Premium*: \$2,067</i>	
	Preferred Care	Non-Preferred Care	Preferred Care	Non-Preferred Care
Policy Year Maximum <i>(per condition per Policy Year)</i>	\$500,000		\$500,000	
Policy Year Deductible	None	\$250	None	\$250
Out-of-pocket <i>(does not include Deductible or Copays)</i>	\$2,500	\$2,500	N/A	\$2,500
Hospital <i>(1 Copay per admission)</i>	\$100 Copay, then 80%	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Surgical	\$75 Copay, then 80%	60% after Deductible	\$50 Copay, then 100%	80% after Deductible
Office visit <i>(36 visit limit per condition per Policy Year)</i>	\$25 Copay, then 100%	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Emergency Room <i>(Copay waived if admitted or with SHS referral)</i>	\$100 Copay, then 80%	\$100 Deductible, then 80%	\$75 Copay, then 100%	\$75 Deductible, then 100%
Ambulance	80%	80%	100%	100%
Physical Therapy; Chiropractic	\$25 Copay, then 100%	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Inpatient mental health <i>(1 Copay per admission)</i>	\$100 Copay, then 80%	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Outpatient mental health <i>(36 visit limit per condition ppy)</i>	\$10 Copay, then 100%	80% after Deductible	\$10 Copay, then 100%	80% after Deductible
Routine Physical Exams	Women's Health Only <i>(1 per policy year):</i> \$25 Copay, then 100% 80% after Deductible Men's Health: SHS Only <i>(1 per college career; 1 per policy year if age 40+)</i>		\$15 Copay, then 100%	80% after Deductible
Routine Labs	<i>Routine Pap Only:</i> 80%	80% after Deductible	100%	80% after Deductible
	<i>Routine Mammo Only:</i> 80%	60% after Deductible	<i>Pap Smear & Mammo; PSA; Serum Cholesterol/HDL; Tuberculin (PDD) Testing (Tine or Intradermal Mantoux skin test);* Lead Screening; HIV Testing; STDs</i>	
Routine Immunizations	\$25 Copay, then 100%	80% after Deductible	100%	80% after Deductible
	<i>Flu, Tetanus, HPV</i>		<i>Influenza vaccine (Flu); Pneumococcal vaccine; Meningococcal vaccine; Hepatitis A & B vaccine; Lyme disease; Foreign travel (e.g., cholera, Japanese B encephalitis, rabies, typhoid, yellow fever, etc.); Pneumococcal conjugate vaccine (Prevnar, Prevenar)</i>	
Miscellaneous <i>(includes birth control, x-ray, lab, DME, etc.)</i>	80%	60% after Deductible	100%	80% after Deductible
Prescription Drugs <i>(including Mail Order; 2x Copays)</i>	\$5 Generic/ \$30 Brand	80%	\$5 Generic/ \$30 Brand	80%
	<i>\$2,000 maximum (combined in- and out-of-network)</i>		<i>To the Policy Year Maximum</i>	

*The student rate above include both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$194 for the Basic Plan and \$211 for the Plus Plan.

Note: Rate shown is based on a policy coverage period of 08/23/09 through 08/22/10.

Boston University Medical Campus Students ONLY: No referral is required; however, Students are eligible for services provided by Student Health Services on Commonwealth Avenue.

The Boston University Student Medical Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Boston University Student Medical Insurance Plan for Students and Dependents Brochure carefully before deciding whether this plan is right for you. While this document and the Boston University Student Medical Insurance Plan for Students and Dependents Brochure tell you about some of the important features of the plan, other features may be important to you and some further limit what the plan will pay. If you want to look at the full plan description, which is contained in the Master Policy issued to Boston University, you may view it at Student Health Services or the Office of Risk Management or you may contact us at (800) 966-7772. This plan will never pay more than \$500,000 per condition in a coverage year. Additional plan maximums may also apply. Some illnesses and injuries may cost more to treat and health care providers may bill you for what the plan does not cover.

The Boston University Student Medical Insurance Plan for Students and Dependents is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies. This material is for information only.



BOSTON UNIVERSITY STUDENT HEALTH PLAN OPTIONS FOR 2008-2009



	Student Health Services	Student Complete Plan <i>Student Annual Premium: \$1,466</i>		Student Plus Plan <i>Student Annual Premium: \$1,997</i>	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Policy Year Maximum	None	\$250,000		\$250,000	
Policy Year Deductible	None	None	\$250	None	\$250
Out-of-pocket <i>(does not include deductible or Copays)</i>	None	\$2,500	\$2,500	N/A	\$2,500
Hospital		\$100 Copay, then 80%	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Surgical	100% <i>(check for details of types of procedures)</i>	\$75 Copay, then 80%	60% after Deductible	\$50 Copay, then 100%	80% after Deductible
Office visit <i>(30 visit limit per condition)</i>	100% (no maximum)	\$25 Copay, then 100%	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Emergency Room <i>(Copay waived if admitted)</i>		\$100 Copay, then 80%	\$100 Deductible, then 80%	\$75 Copay, then 100%	\$75 Deductible, then 100%
Physical Therapy <i>(30 visit limit per condition)</i>		\$25 Copay, then 100% <i>(\$15 Copay for Sergeants Clinics)</i>	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Inpatient mental health		\$100 Copay, then 80%	60% after Deductible	\$100 Copay, then 100%	80% after Deductible
Outpatient mental health <i>(30 visit limit per condition)</i>	100% <i>(Short-term care, no maximum)</i>	\$100 Copay, then 100%	80% after Deductible	\$10 Copay, then 100%	80% after Deductible
Women's health <i>(physical exam; no referral required)</i>	100%	\$25 Copay, then 100%	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Men's health <i>(physical exam)</i>	100%	Covered at SHS Only <i>(one per college career)</i>	Not Covered	\$15 Copay, then 100% <i>(no referral required)</i>	80% after Deductible
Miscellaneous <i>(includes birth control, x-ray, lab, DME, etc.)</i>	DME, labs 100%	80%	60% after Deductible	100%	80% after Deductible
Flu, Tetanus, HPV Immunizations	100%	\$25 Copay, then 100%	80% after Deductible	\$25 Copay, then 100%	80% after Deductible
Infertility		Covered	Covered	Covered	Covered
Chiropractic <i>(30 visit limit per condition)</i>	\$25 Copay, then 100% (no maximum)	\$25 Copay, then 100%	80% after Deductible	\$15 Copay, then 100%	80% after Deductible
Prescription Drugs <i>(including Mail Order; 2x Copays)</i>		\$5 / \$25 generic/brand	80%	\$5 / \$25 generic/brand	80%
		\$2,000 maximum (combined in- and out-of-network)		No maximum	

The Plan provides for the Medically Necessary Reasonable Charge (RC) incurred by a Covered Person for loss due to a covered Injury or Sickness. If a Covered Person receives care from a Preferred Provider, any eligible expenses will be paid at the Preferred Provider level of benefits. Unless noted reduced or lower benefits will be provided when a Non-Preferred (Out-of-Network) provider is used.

PLEASE REMEMBER THAT THIS SUMMARY IS ONLY A GENERAL OUTLINE OF THE STUDENT HEALTH INSURANCE PLAN. REFER TO THE PLAN POLICY FOR COMPLETE DETAILS, LIMITATIONS & EXCLUSIONS. IF ANY DISCREPANCY EXISTS BETWEEN THIS FLYER AND THE POLICY, THE MASTER POLICY WILL GOVERN AND CONTROL THE PAYMENT OF BENEFITS.

This information 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 or programs and does not constitute a contract.