George Washington University
2018-2019 Voluntary Student Health Insurance Plan Highlights
www.aetnastudenthealth.com
(800) 213-0579

Policy Number: 474952

What is the Plan about?
Aetna Student Health, working with George Washington University offers a student-focused health insurance plan that covers students at school and at home. You get access to Aetna's nationwide network of participating doctors, hospitals, pharmacies and specialists throughout the country.

Learn More!
Read all the Plan documents before deciding whether to enroll. You'll learn about the full Plan benefits, what things are not covered, enrollment and waiver dates, and eligibility rules. To view online, go to www.aetnastudenthealth.com and select your school.

How much does it cost?

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Coverage Dates</th>
<th>Student Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>8/12/18-8/11/19</td>
<td>$4,103</td>
</tr>
</tbody>
</table>

Coverage for your eligible dependents is also available- please refer to the full eligibility/enrollment details.

Who is eligible?
All full-time undergraduate students who are registered for 9 or more credits are required to have adequate health insurance. Any full-time, undergraduate student may waive participation in the Student Health Insurance Plan by demonstrating that they already have comparable health insurance by submitting a waiver each year by the posted Waiver Deadline Date. The Waiver form and online enrollment form can be found at www.aetnastudenthealth.com/georgewash

Deadline Date:
Fall: 9/30/18
Here’s a brief description of the Plan benefits:

<table>
<thead>
<tr>
<th></th>
<th>Preferred Provider</th>
<th>Non-Preferred Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$300 Per Policy Year</td>
<td>$3,000 Per Policy Year</td>
</tr>
<tr>
<td><strong>Individual:</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Family:</strong></td>
<td>$6,350 Per Individual</td>
<td>$15,000 Per Individual</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Limit</strong></td>
<td>$12,700 Per Family</td>
<td>$30,000 Per Family</td>
</tr>
<tr>
<td><strong>Physician’s Office Visit</strong></td>
<td>80% Negotiated Charge</td>
<td>60% Recognized Charge</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>80% Negotiated Charge</td>
<td>60% Recognized Charge</td>
</tr>
<tr>
<td><strong>Emergency Room</strong>*</td>
<td>80% Negotiated Charge after $100 copay</td>
<td>*Same as Preferred Care</td>
</tr>
<tr>
<td></td>
<td>(* See plan documents for complete details)</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Prescriptions paid at 100% of the Negotiated Charge with the following copays:</td>
<td>Non-Preferred prescriptions paid at 40% of the Recognized Charge</td>
</tr>
<tr>
<td></td>
<td>$25 Copay for Generic Drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$35 Copay for Preferred Brand Drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$70 Copay for Non-Preferred Brand Drugs</td>
<td></td>
</tr>
</tbody>
</table>

Here are brief highlights of the Student Health Plan. The Plan is available for George Washington University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.
The George Washington University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM 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 [insert phone number].

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.

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 1-800-###-####.
Para acceder a los servicios de idiomas sin costo, llame al 1-800-###-####. (Spanish)

如欲使用免費語言服務，請致電 1-800-###-####。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1 800 ###-####-. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-###-####-. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-###-#### an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم ####-800-1. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-800-###-####-. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800-###-####-. (Italian)

言語サービスを無料でご利用いただくには、1-800-###-#### までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-###-#### 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره ####-800-1 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-800-###-####-. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-###-####-. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-###-####-. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-###-####-. (Vietnamese)