The New School
2017-2018 Student Health Insurance Plan Highlights
www.aetnastudenthealth.com
(800) 878-1927

Policy Number: 812804

What is the Plan about?
Aetna Student Health, working with The New School, 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.

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>08/20/17 - 08/19/18</td>
<td>$2,839</td>
</tr>
<tr>
<td>Spring/Summer</td>
<td>01/15/18 - 08/19/18</td>
<td>$1,688</td>
</tr>
</tbody>
</table>

Student Health Services Fee - $370.00 per semester

Learn More!
Read all the Plan documents before deciding whether to enroll. You’ll learn about the full Plan benefits, enrollment and waiver dates, eligibility rules and services that are not covered under the plan. To view online, go to www.universityhealthplans.com and select The New School.

Who is eligible?

Compulsory Students: All degree, diploma, online only, visiting, mobility (study abroad), Maintenance of Status, Lang and Parsons consortium, graduate certificate program, ESL + Certificate Program, and both graduate and undergraduate degree program non-matriculating students are automatically charged the Student Health Services Fee and the Student Health Insurance Fee. Undergraduate students who are registered for six (6) or more credits (except online only), ESL + Certificate Program, and all Parsons Paris students are required to pay the Student Health Services Fee regardless of their place of study (e.g., study abroad, visiting, etc.). Any undergraduate student may waive participation in the Student Health Insurance Plan by demonstrating that they already have comparable health insurance.
Compulsory Students who have comparable coverage under other insurance may waive participation by submitting an online waiver form and demonstrating that they already have comparable coverage. In order to have the Student Health Insurance Fee waived from your student account, you must submit an Online Waiver Form each school year by the posted Waiver Deadline Date.

Optional Students: Undergraduate students who are registered for five (5) or fewer credits, online only students, and all graduate students (except Parsons Paris) may waive participation in Student Health Services and/or the Student Health Insurance Plan by submitting an online waiver form and demonstrating that they already have comparable coverage. In order to have the fee(s) waived from your student account, you must submit an Online Waiver Form each school year by the posted Waiver Deadline Date.

Deadline Dates: Fall: 09/20/17  Spring: 02/14/18
Here's a brief description of the Plan benefits:

<table>
<thead>
<tr>
<th>Plan Maximum</th>
<th>Participating Provider Care</th>
<th>Non-Participating Provider Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Individual Annual Deductible:</td>
<td>$100 Per Individual Per Policy Year (applicable to Participating and Non-participating Care)</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Limit</td>
<td>$2,000 Per Individual</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual:</td>
<td></td>
<td>Per Individual</td>
</tr>
<tr>
<td>Family:</td>
<td>$5,000 Per Family</td>
<td>N/A</td>
</tr>
<tr>
<td>Physician's Office Visit</td>
<td>10% Coinsurance after Policy Year Deductible</td>
<td>$25 Copayment after Policy Year Deductible then you pay 40%</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>10% Coinsurance after Policy Year Deductible</td>
<td>40% Coinsurance after Policy Year Deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>10% Coinsurance after Policy Year Deductible</td>
<td>10% Coinsurance after Policy Year Deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$25 Copay for Generic Drugs</td>
<td>Copayment of 30% of the Allowed Amount per supply</td>
</tr>
<tr>
<td></td>
<td>$40 Copay for Preferred Brand Drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 Copay for Non-Preferred Brand Drugs</td>
<td></td>
</tr>
</tbody>
</table>

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)
- Long Term Care
- Routine Foot Care
- Weight Loss Programs-Exception: Exercise Facilities reimbursed up to Up to $200 per 6 month period.

These are brief highlights of the Student Health Plan. The Plan is available for The New School 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.universityhealthplans.com](http://www.universityhealthplans.com). If there is a difference between this Plan Highlights and the Certificate of Coverage, the Certificate will control the payment of benefits.

The New School 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 1-800-878-1927.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-878-1927. (Spanish)

如欲使用免費語言服務，請致電 1-800-878-1927. (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800-878-1927. (French)

Para ma-access ang mga serbisyo sa wika nang wala kay babayaran, tumawag sa 1-800-878-1927. (Tagalog)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-878-1927 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1927-878-1-800. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-800-878-1927. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800-878-1927. (Italian)

言語サービスを無料でご利用いただくには、1-800-878-1927 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-878-1927 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1927-878-1-800 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-800-878-1927. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-878-1927. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-878-1927. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-878-1927. (Vietnamese)