As a USC student, you have enough to think about. Isn’t it nice to know you don’t have to worry about health insurance too? That’s because USC provides a health insurance plan specifically designed for students like you. The USC Student Health Insurance Plan, the only student health plan endorsed by the University, works in conjunction with the Student Health Center. It enhances your health care program by providing comprehensive medical coverage beyond what is available at the Student Health Center—including medical emergencies, hospitalizations and prescriptions not available through the Student Health Center.

This Acrobat PDF document will help you understand the USC Student Health Insurance Plan. It works much like a Web page. To begin, click on the blue button called "What You First Need to Know." Then, explore the other areas that explain the Plan benefits, how the Plan works, and how you can get the maximum benefits.

Your student health insurance coverage, offered by Aetna Student Health, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of $750,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart. If you have any questions or concerns about this notice, contact the Student Health Insurance Coordinator at (213) 740-0551. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.
What You First Need to Know

- Find out new changes to the USC Student Health Insurance Plan in What’s New for 2012–2013.
- Most students are automatically enrolled in the USC Student Health Insurance Plan. Are you one of them?
- Want to enroll your spouse* or child in a plan through Aetna Student Health?
- The University requires that all students have health insurance. Don’t think you need the USC Student Health Insurance Plan? You should read this section first to find out if you’re eligible--- and what you need to do---to waive coverage.
What’s New for 2012–2013

Preventive Care Now Covered at 100%

- The Plan covers preventive care benefits 100% when you use in-network providers (USC Care providers or Aetna network providers). Preventive care includes annual physical exams, well-woman exams, and many tests and screenings. Certain non-prescription drug contraceptive devices, such as I.U.D.s, are also covered 100%. For more details about preventive care coverage, see the preventive care guidelines.

Mandatory Generic Drugs

- To receive prescription drug benefits, you must use generic drugs if available, unless your doctor has written “Dispensed as Written” on your prescription. Generics contain the same active ingredients, are just as effective and cost 30–80 percent less than their brand name counterparts. When your doctor prescribes a medication for you, remind him or her that your medical insurance plan has a managed generic provision requiring you to use generic drugs, when available.

And Remember...

- The health center on your campus is where you receive your primary health care. When you’re given a referral from your doctor at the health center, your benefit for covered expenses is:
  - 90% coverage at USC Care providers,
  - 80% coverage at Aetna network providers.

- Please refer to your plan description for any specific benefit information, exclusions or exceptions, or contact Aetna Student Health at 1-877-626-2299.

Waiver requests must be made online. If you meet the criteria for automatic enrollment and have health insurance that meets USC waiver requirements, you may be able to waive coverage in the USC Student Health Insurance Plan. To request a waiver, log in to your OASIS account and click on “Student Health Insurance,” which is listed under “Other Services.” You may access this site during our online waiver period — July 9, 2012 – September 14, 2012.

At USC we know that, because of recent health care reform, many students can remain on their parent’s medical insurance plan until they turn 26. The USC Student Health Insurance Plan is simply another option available to you and your parents to compare coverage, costs, and benefits. However, if you decide to remain on your parent’s plan, be sure your parent’s plan meets the minimum waiver requirements.

Once enrolled, you will receive a plastic I.D. card in the mail directly from Aetna Student Health. If you do not receive your I.D. card by October 12, 2012, call Aetna Student Health at 1-877-626-2299.
Who’s Automatically Enrolled?

The University of Southern California requires that all students have comprehensive health insurance. If you are already covered under a comprehensive health insurance policy, you may elect to waive coverage. Otherwise:

- All students taking 6 units or more are automatically enrolled in the USC Student Health Insurance Plan. The cost is automatically added to your student account with the University. Please pay the clerk in the main Cashier’s Office.

- All international students and Health Sciences Campus students are automatically enrolled, even if they are taking less than 6 units.

- Because the USC Student Health Insurance Plan works in conjunction with the Student Health Centers, all students enrolled in the Plan are also required to pay the Student Health Center fee. This fee covers medical care provided at the Student Health Centers, and is in addition to your health insurance premium. The Student Health Center fee is automatically added to your student account with the University.
Who's Automatically Enrolled? (continued)

If you need medical care before you receive your permanent I.D. card (you should receive your I.D. card in late September for Fall or late January if you’re enrolling for Spring/Summer only), you can present a temporary I.D. card to your medical provider. Temporary I.D. cards are available at the Student Health Insurance Office. You can also download a temporary I.D. card from the Aetna Navigator® website, once you’ve registered on the site. See the Aetna Navigator flyer for more information.

Dependents enrolled in the separate dependents’ insurance plan are not allowed to use the Student Health Centers.

IMPORTANT — If you drop classes before the drop/add date and this results in your enrollment in less than 6 units, your insurance coverage may be removed. You must contact the insurance office on your campus immediately if you wish to remain insured by the USC Student Health Insurance Plan for the semester.
University of Southern California

USC Student Health Insurance Plan

What's New for 2012–2013
Who's Automatically Enrolled?
Graduate Assistants
Who's Not Automatically Enrolled?
How to Enroll Yourself
Enrolling Dependents
When Coverage Begins and Ends
Waiving Coverage
Cost of Coverage

What You First Need to Know

Welcome > What You First Need to Know > Who's Automatically Enrolled? (continued) > Graduate Assistants

Graduate Assistants

If you are a Graduate Assistant with a .25 award or higher, your USC Student Health Insurance Plan fee and USC Student Health Center fee may be paid as part of your Graduate Assistant award.

Your assistantship award must show in the Student Financial Detail System. More information is available in your award packet or through your academic department.

Deadline to enroll in the Student Health Insurance Plan:

Fall: September 14, 2012
Spring/Summer: February 1, 2013

It is your responsibility to ensure that the Student Health Insurance Coordinator receives your enrollment information before the deadline date. You may actively enroll yourself in this plan to receive your id card early. Please refer to How to Enroll Yourself on page 8.
Who’s Not Automatically Enrolled?

Not everyone is automatically enrolled in the USC Student Health Insurance Plan. Those who must actively enroll are:

- **Students taking less than 6 units**
  However, ALL international students and ALL Health Science Campus students ARE automatically enrolled, regardless of the number of units they are taking.

- **See “How to Enroll Yourself”** if you are not automatically enrolled in the Plan and you want to purchase the USC Student Health Insurance Plan for yourself, or if you want to actively enroll yourself in this plan so that you can receive your I.D. card earlier.

- **Dependents of students**
  A separate medical plan for dependents is offered directly by Aetna Student Health.

- **See “Enrolling Dependents”** to learn how to enroll your Dependents, as well as who qualifies as a Dependent.
How to Enroll Yourself

If you are not automatically enrolled in the Plan,* and you wish to purchase the USC Student Health Insurance Plan for yourself at the beginning of a new semester, you must enroll online:

- First, log in to your OASIS account.
- Next, click on Student Health Insurance, which is listed as the last item under “other services” in OASIS. This will bring you to the Aetna Student Health online enrollment system where you will follow the instructions to complete your online enrollment.
- You may print out a copy of the completed enrollment request confirmation for your records.

**Note:** The Enrollment Form is not proof of coverage, and should not be used as such. If you need medical care before receiving a permanent I.D. card from Aetna Student Health, you should use a temporary paper I.D. card available from the Student Health Insurance Office; you can also download a temporary I.D. card from the Aetna Navigator website.

- The cost of coverage will be added to your student account with the University. Please pay the clerk in the main Cashier’s Office.

* Even if you ARE enrolled automatically in the plan, you can still go online and enroll early after July 9, 2012. Actively enrolling online early ensures you will receive your insurance I.D. card early and be recognized as eligible on day one of the coverage period. Fall coverage will still begin on August 20, 2012.

Deadline to enroll in the USC Student Health Insurance Plan:

Fall: September 14, 2012

Spring/Summer: February 1, 2013
Enrolling Dependents

Dependents of students cannot enroll in the *USC Student Health Insurance Plan*. For an additional fee, eligible dependents can enroll in a separate PPO plan offered by Aetna Student Health.

To enroll your dependents go online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), choose University of Southern California as your school, and follow the instructions for enrolling your dependents.

Or, if you actively enroll yourself in the Plan by following the previous enrollment instructions, at the end of your enrollment you will be given the option to enroll your dependents online as well.
Dependent Eligibility

If you want to enroll your Dependents in the Plan, first make sure they are eligible. Eligible Dependents include:

- Insured Student’s Spouse residing with the Insured Student.
- Insured Student’s children up to age 26 years
  - A child’s coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.
- Insured Student’s Mutually Financial Dependent residing with the Insured Student (please obtain an affidavit from the Student Health Insurance Coordinator on your campus).

To be an eligible Dependent, the person cannot be:

- Another student who is eligible for the USC Student Health Insurance Plan.
- On active duty in the Armed Forces of any country.
Change in Dependent Eligibility Status

If you are enrolled in the USC Student Health Insurance Plan and you acquire a new Dependent during the semester (for example, through marriage, birth or adoption), you may enroll them before the next semester. To enroll your new Dependent, contact Aetna Student Health at 1-877-626-2299 within 31 days of the qualifying event (the date of the wedding, or the birth or adoption of your child).

You must show proof of your change, such as a marriage certificate.
When Coverage Begins and Ends

The Fall coverage dates are:
August 20, 2012 through January 13, 2013

The Spring/Summer coverage dates are:
January 14, 2013 through August 18, 2013
Waiving Coverage

If you qualify for automatic enrollment in the USC Student Health Insurance Plan, you may waive coverage only if you show proof that you have other adequate health insurance which meets the University’s requirements. Your plan must:

- Have effective dates covering the entire semester:
  - Fall 2012—August 20, 2012 through January 13, 2013
  - Spring/Summer 2013—January 14, 2013 through August 18, 2013
- Cover you for the entire coverage period (dates listed above).
- A minimum of $500,000 lifetime aggregate coverage (no per incident maximums).
- Cover preventive care services at 100%.
- No major exclusions – must include pharmacy coverage, mental health coverage that meets coinsurance requirements, and maternity coverage (female students).
- A policy year deductible of $2,500 or less. Maximum total expense (deductible plus out-of-pocket maximum) cannot exceed $7,500.
- A minimum of 70% coinsurance payable by the insurance plan to providers in the Los Angeles area. Emergency/urgent care only is not accepted for waiver.
- Verifiable proof of coverage with student’s name (ID card, insurance policy or letter from insurance carrier – copy provided).
- Effective dates covering the entire period for which I am requesting a waiver.
- Plan document(s) in English, with currency amounts converted to U.S. dollars, and an insurance company contact phone # in the U.S.
Waiving Coverage (continued)

All Fall students planning to waive coverage for the Fall semester or full academic year must do the following:

■ All requests for waiver must be completed online.

■ Before you begin the request for waiver process, please make sure you have your current insurance card with you as you will need information off this card to submit a request for waiver.

■ If you are planning to waive the annual USC student insurance coverage, you will begin by logging in to your OASIS account. Click on Student Health Insurance, which is listed as the last item under “other services” in OASIS. This will bring you to the Aetna Student Health online waiver system where you will follow the instructions to complete your online request for waiver.

■ You must waive coverage and provide proof of adequate coverage before the Fall deadline date.

If you waive coverage for the entire academic year in the Fall, we may contact you in the Spring to again provide adequate proof of coverage.

If your coverage from your other health insurance plan ends—even in the middle of the semester—you may be eligible to purchase coverage through the USC Student Health Insurance Plan. Contact the Student Health Insurance Coordinator on your campus for more information.

Students who transfer to USC in the Spring and would like to request a waiver for the remainder of the school year may do so online beginning December 1, 2012. Deadline to request a Spring/Summer insurance waiver is February 1, 2013.
Deadline to Waive Coverage

Waivers are accepted until the deadline date (shown below).

The deadline dates to waive coverage are:

- **Fall**: September 14, 2012
- **Spring/Summer**: February 1, 2013
The cost of coverage for the *USC Student Health Insurance Plan* is automatically added to your student account with the University. Please pay the clerk in the main Cashier’s Office.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2012 Cost per Semester</th>
<th>Spring/Summer 2013 Cost per Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$516</td>
<td>$772</td>
</tr>
</tbody>
</table>

Coverage for spring and summer is only available combined and cannot be purchased separately.

Dependent coverage is paid directly to Aetna Student Health and will not be added to your fee bill. Please contact Aetna Student Health at 1-877-626-2299 for dependent coverage details and costs. To enroll your dependents, go online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), choose University of Southern California as your school, and follow the instructions for enrolling your dependents. If you choose to actively enroll yourself online, you may also enroll your dependents at that time.
Student Health Center Fee (not insurance fee)

The Student Health Center fee is automatically added to your student account with the University. Please pay the clerk in the main Cashier’s Office.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2012</th>
<th>Spring 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$253</td>
<td>$253</td>
</tr>
</tbody>
</table>

Summer health center fees are assessed only if you attend summer school.

If you are taking 6 or more units at the University Park Campus, you will be paying a mandatory student health fee that covers basic services at our Student Health and Counseling Centers. The health fee does NOT cover services provided outside the health center. For that reason, supplemental health insurance is required of all students.
Need medical care for the first time this semester? Go to the Student Health Center on your campus.

Do you know what to do if you have a Medical Emergency?
The Student Health Centers

The USC Student Health Insurance Plan works in conjunction with the Student Health Centers. Because they work together:

You must first visit the Student Health Center on your campus for non-emergency medical care. If you are enrolled in the USC Student Health Insurance Plan, you must also pay the Student Health Center fee.

The Student Health Centers provide primary care only; they do not provide all specialty health care services, or even an overnight stay. The USC Student Health Insurance Plan will pay a percentage of most referred medical services or emergency services not provided at the Student Health Centers.
If You Are a Student on the University Park Campus

If you are a student registered on the University Park Campus, you must use the University Park Campus Student Health Center, located at 849 West 34th Street, at the corner of 34th and Hoover Streets (see map)

Its normal hours* of operation are:

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays, Tuesdays, Thursdays</td>
<td>8:30 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>9:30 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Fridays</td>
<td>9:30 a.m. to 4:30 p.m.</td>
</tr>
</tbody>
</table>
| Saturdays and Sundays**     | 10:00 a.m. to 2:00 p.m.
|                            | (urgent care visits only) |
| University Holidays         | closed                |

The Health Center closes at 5:00 p.m. during University recess periods. Hours are subject to change and may vary during special periods each semester. Check with the Health Center for details.

** For Summer Hours and special holiday weekend closures, please see the UPHC "Hours" page.

Medical Services

The University Park Campus Student Health Center provides primary and some specialty care services only; it does not provide extensive health care services, including overnight stays. If you require further treatment, a health care professional at the Student Health Center will give you a referral. For urgent medical care when the University Park Student Health Center is closed, contact the USC Department of Public Safety at (213) 740-6000. They will assist you and, if necessary, place you in contact with a Student Health Services’ on-call physician.

Counseling Services

For short-term individual and group counseling, you can go to the Counseling Center. If you require further treatment, they will give you a referral. The Counseling Center is in the YWCA on the corner of Watt Way and 36th Place. Call (213) 740-7711 to make an appointment.
If You Are a Student on the Health Sciences Campus

If you are a student registered on the Health Sciences Campus, you must use the Eric Cohen Student Health Center, located at 1510 San Pablo Street, Suite 104 (see map).

Its normal hours of operation are:

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays, Tuesdays, and Fridays</td>
<td>7:00 a.m. to 5:00 p.m.</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>9:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Thursdays</td>
<td>10:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Saturdays, Sundays and University holidays</td>
<td>closed</td>
</tr>
</tbody>
</table>

The Eric Cohen Student Health Center provides primary care services only; it does not provide extensive health care services, including overnight stays.

Physicians are on-call for urgent care after regular hours and can be reached at (323) 442-5631.

For counseling services, please call the Student Health Center at (323) 442-5631 to make an appointment. If you require further treatment, a health care professional at the Student Health Center will give you a referral.
In the Event of an Emergency

The USC Department of Public Safety at (213) 740-4321 is available for emergencies on campus and for areas immediately surrounding the campus. For off-campus emergencies, call 911 or visit the nearest emergency facility.

A Medical Emergency means the unexpected onset of an injury or sickness that requires immediate or urgent medical attention that, if not provided, could result in a loss of life or serious permanent damage to a limb or organ, or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

The USC Department of Public Safety also has a non-emergency line, (213) 740-6000. An operator will assist you and, if necessary, put you in contact with the physician on-call for your campus.
When You Need Care **Beyond** the Student Health Center

The Plan is easy to use, because it is the only plan designed to work with the USC Student Health Centers. This Plan requires that you visit the Student Health Center on your campus when you first need primary medical care. If it is determined that you need additional medical care beyond the services of the Student Health Center, you will be given a referral. Preventive care services, such as an annual physical exam, do not require a referral.

It is important to follow the steps outlined in “**Using the USC Student Health Insurance Plan with the Student Health Centers**” when you seek medical care so that you receive the maximum benefits (and pay the least amount of money).
Using the **USC Student Health Insurance Plan** with the Student Health Centers

1. When you need medical care, go to your Student Health Center first. If you attend classes on the University Park Campus, you should use the University Park Student Health Center. If you are registered in a school on the Health Sciences Campus, you should use the Eric Cohen Student Health Center.

   Remember, dependents enrolled in the separate PPO Plan are not allowed to use the Student Health Centers.
2. If you need care beyond what the Student Health Center offers, they will refer you to a USC In-Network Doctor, Hospital or other Provider.

Your level of benefits depends on which provider you use. You will receive the highest level (and pay the least) when you use USC In-Network Providers. USC Providers in the Network have agreed to charge lower, negotiated rates, so you pay less.

A referral does not automatically mean that the referred provider is in the Network or that they will receive payment automatically from the insurance company. Although the Student Health Center should refer you to an In-Network Provider, it is your responsibility to make sure that the provider is part of the USC network. Otherwise, you will pay more. See “If You Need to See a Specialist” for more information.

Except for preventive care services, such as an annual physical exam, you may not receive care from any provider outside the Student Health Center without a referral from the Student Health Center. If you receive care without a referral—regardless of whether it is an In-Network or a Non-Network Provider—your expenses will not be covered. The only exceptions are preventive care services and emergency room care—however, follow-up care must be completed at the Student Health Center on your campus.

Note: Except for preventive care benefits, you will not be eligible to receive benefits through the USC Student Health Insurance Plan for services you could have received at the Student Health Center.
3. Pick up a claim form at the Student Health Center or print one from your computer. Take this form with you to your referral appointment.

**Note:** Pre-certification from Managed Care is required prior to any hospital admission, surgery or certain other procedures. To obtain pre-certification, call Managed Care at 1-877-626-2299. Failure to comply will result in a $500 charge, or, if not Medically Necessary, a denial of your claim.
4. **File the claim** by sending your completed [claim form](#) to [Aetna Student Health](#). You may file it yourself or your provider may file the claim for you. In any case, you are responsible for making sure the claim is filed within 90 days from the date you receive medical care. If, within 15 months from the date of service, the claims administrator does not receive an itemized bill or claim form, or they do not receive a response to any of their written inquiries addressed to you or your provider, the case will be closed and the claim will not be eligible for consideration (except in cases of lack of legal capacity).

If you owe any money for the services after your benefits are paid, your provider will usually notify you. If you pay the provider for your visit, you must send proof of payment, along with the itemized bill and a completed claim form to [Aetna Student Health](#). You will be reimbursed for any expenses that are eligible for reimbursement under the Plan.

You must file a separate claim form each time you make a claim for payment or reimbursement.

See “**Your Medical Benefits**” for details about [Deductibles](#), general levels of payment, and [Out-of-Pocket Maximums](#). For details about the benefits for specific types of treatment, see the [Summary of Benefits Chart](#).
Your Medical Benefits

The Student Health Center is where you first receive your primary medical care. Once you’ve seen a medical professional at the Student Health Center and it is determined that you require additional medical care, you will be given a referral. The Student Health Center will make every attempt to refer you to a USC In-Network Provider; however, it is your responsibility to verify that the Doctor you’ve been referred to is actually in the USC network.

The USC Student Health Insurance Plan covers you for eligible medical services you receive beyond the primary care given by the Student Health Center.

- “If You Need to See a Specialist” section explains the advantages available to you when you go to a USC In-Network Provider or Prudent Buyer Provider, and the disadvantages to going to a Non-Network Provider.

- There are certain procedures you must follow If You Need to Be Hospitalized.

- The Summary of Benefits Chart lists specific types of medical benefits, the portion of costs the USC Student Health Insurance Plan pays for these services and your out-of-pocket costs.
If You Need to See a Specialist

When you are referred for medical services outside the Student Health Center, you can choose to receive medical care from USC In-Network Providers, Prudent Buyer In-Network Providers or Non-Network Providers. The University encourages you to use USC In-Network Providers because you will receive greater benefits (pay less) than if you use other providers.

Using a USC In-Network Provider

USC In-Network Providers are Doctors, Hospitals and other healthcare providers who have contracted to provide specific medical care at negotiated prices. When you visit a USC In-Network Provider, the Plan pays 90% of the Preferred Allowance of the eligible Expense (you pay the other 10%), after you have met the $350 Deductible.

The Student Health Center will make every effort to refer you to a USC In-Network Provider, but it is your responsibility to verify that the provider is actually in the network.

Using an Aetna Student Health Prudent Buyer Provider

If you are referred to a specialist who is a member of the Aetna Student Health Prudent Buyer network, your eligible expenses are covered at 80% of the Preferred Allowance, after you have met the $350 Deductible.

Once you reach the Out-of-Pocket Maximum of $3,500 for USC or Prudent Buyer In-Network Expenses, the Plan will pay 100% of the Preferred Allowance for the rest of the policy year.
Using a Non-Network Provider

If you choose to use a Non-Network Provider, you are required to pay the first $700 of your Expenses, called the Deductible. Once you have satisfied the Deductible each policy year, the Plan will pay 50% of the Reasonable and Customary Expense incurred for eligible Expenses. In addition, you are responsible to pay any amount over the Reasonable and Customary Expense.

Once you have reached the Out-of-Pocket Maximum of $7,000, the Plan will pay 100% of Reasonable and Customary Expenses per Insured Person for the rest of the policy year.

Using USC In-Network Providers will help keep your out-of-pocket costs low. You’ll pay more when you use Non-Network Providers.
If You Need to Be Hospitalized

The USC Student Health Insurance Plan covers you when you need to be hospitalized, whether for Medical Emergency or other Medically Necessary services covered by the Plan. However, in order for you to be covered while hospitalized, you must obtain pre-certification from Managed Care at 1-877-626-2299.

If you do not request pre-certification from Managed Care at least three working days prior to a scheduled hospital admission, or within 24 hours of an emergency hospitalization, you may be charged $500 or, if the reason for being hospitalized was not Medically Necessary, your claim may be denied.

When you receive care at a USC In-Network Hospital, eligible expenses are covered at 90%. Eligible expenses incurred with all other Aetna Student Health network providers are covered at 80%. In order to receive the highest benefit level, make sure you use an In-Network Hospital. In-Network Hospitals include:

- USC University Hospital
- Children’s Hospital
- USC/Norris Cancer Hospital
- BHC Alhambra Hospital (for Mental Health/Substance Abuse treatment only)
**Prescription Drug Benefits**

When you enroll in the *USC Student Health Insurance Plan*, you automatically receive a prescription drug benefit. There is a separate $50 prescription drug annual deductible. You must first meet the deductible before the plan pays prescription drug benefits.

You have three options for filling prescriptions:

<table>
<thead>
<tr>
<th>When You Go to:</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>The USC Pharmacy on your campus</td>
<td>10% of the cost of the prescription after the deductible ($15 minimum copay for generic drugs; $25 minimum copay for brand-name drugs)</td>
</tr>
<tr>
<td>Aetna Pharmacy Network</td>
<td>10% of the cost of the prescription after the deductible ($15 minimum copay for generic drugs; $25 minimum copay for brand-name drugs)</td>
</tr>
<tr>
<td>A Non-Participating Pharmacy</td>
<td>10% of the cost of the prescription after the deductible ($15 minimum copay for generic drugs; $25 minimum copay for brand-name drugs)</td>
</tr>
</tbody>
</table>

To receive prescription drug benefits, you must use generic drugs if available, unless your doctor has written “Dispensed as Written” on your prescription. When your doctor prescribes a medication for you, remind him or her that your medical insurance plan has a managed generic provision requiring you to use generic drugs, when available.

When you fill a prescription at a USC pharmacy or at a non-USC participating pharmacy, you do not have to file claims—you simply pay the coinsurance (or minimum copay) after you have met the $50 deductible. When you get a prescription filled at a non-participating pharmacy, you first must pay the full cost, then submit a completed claim form to Aetna Student Health for reimbursement within 90 days of the date of purchase.

You will not receive a separate prescription drug I.D. card. Make sure you take your Aetna Student Health Insurance I.D. card with you when you fill a prescription.
Mental Health/Substance Abuse Benefits

The USC Student Health Insurance Plan covers you for inpatient and outpatient mental health and substance abuse treatment. Like all Plan provisions, if you obtain treatment from In-Network Providers you will receive higher benefits; if you go to a Non-Network Provider you will receive a lower level of coverage.

There is a policy year maximum of 30 days for inpatient treatment and 25 visits for outpatient treatment for both In-Network and Non-Network coverage.

The above maximums do not apply to the following mental health diagnoses: schizophrenia; schizoaffective disorder; bipolar disorder (manic-depressive illness); major depressive disorders; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa; and severe emotional disturbances of a child, as identified in the most recent edition of DSM and meeting the criteria of California law. If you or your covered Dependent is diagnosed with any of these mental health conditions, you will be covered to the same extent as any other covered medical condition.
Mental Health/Substance Abuse Benefits (continued)

Inpatient mental health and substance abuse benefits are paid after you meet the annual Deductible at 90% of the Preferred Allowance (you pay the other 10%). You must receive treatment from either USC University Hospital or BHC Alhambra Hospital to receive In-Network coverage.

Outpatient mental health and substance abuse benefits received from a USC University provider or a non-USC participating provider (with a special referral) are paid at 90% of the Preferred Allowance, up to a maximum copay of $30 per visit, deductible is waived.

Inpatient mental health and substance abuse benefits are paid after you meet the annual Deductible at 50% of the Reasonable and Customary Expenses (you pay the other 50%). Outpatient mental health and substance abuse benefits are paid after the annual Deductible at 50% of Reasonable and Customary Expenses.
Summary of Benefits Charts

- Medical Benefit Chart for Students on Campus
- Medical Benefit Chart for Students Studying Overseas
- Medical Benefit Chart for Satellite Campus Students
- Medical Benefit Chart for Dependent PPO Plan
- Voluntary Student Dental Plan
If You Have a Medical Emergency

If you have a Medical Emergency you should go directly to the nearest emergency room. The USC Student Health Insurance Plan will pay 90% of the Reasonable and Customary Expenses (you pay the other 10%) for a Medical Emergency. If your condition is not a Medical Emergency, you will be covered at 50% of Reasonable and Customary Expenses (you pay the other 50%). After your emergency room visit, you must follow up with your primary care clinician at the Student Health Center for aftercare. Referrals are required for any further treatment outside the Student Health Center.

If you are admitted as an inpatient, you, your provider or someone close to you must obtain Pre-certification from Managed Care within 24 hours of admission. It is your responsibility to make sure Managed Care is notified by calling 1-877-626-2299.
Your Vision Benefits

EyeMed Vision Care is your provider for quality eye care services. EyeMed Vision Care’s network consists of private practicing optometrists, ophthalmologists, opticians and the nation’s leading optical retailer, LensCrafters®.

Receiving your vision benefit is as easy as visiting your EyeMed Provider. To find an EyeMed provider before you receive your I.D. card, go to www.enrollwitheyemed.com.


A complete description of your vision care benefit is detailed in the Benefit Description & Exclusions Chart.
### Preferred Vision Plan

#### Benefit Description & Exclusions

<table>
<thead>
<tr>
<th>Service at EyeMed Provider*</th>
<th>Student Cost</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with Dilation</td>
<td>$0 copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any available frame at provider location</td>
<td>$50 copay, $100 allowance; 80% of balance over $100</td>
<td>Every 24 months</td>
</tr>
<tr>
<td>Standard Plastic Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$35 copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$55 copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$90 copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Standard Progressives</td>
<td>$120 copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Contact Lenses (materials only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 copay, $100 allowance; 15% off balance over $100</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Disposables</td>
<td>$0 copay, $100 allowance; plus balance over $100</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

* Reimbursements for out-of-network services also available. See your EyeMed schedule of benefits for details.
### Preferred Vision Plan

**Benefit Description & Exclusions (continued)**

<table>
<thead>
<tr>
<th>Service at EyeMed Provider*</th>
<th>Student Cost</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lens Options (added to the base price of the lens)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Polycarbonate</td>
<td>$40</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Standard Scratch-Resistance</td>
<td>$15</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Standard Anti-Reflective</td>
<td>$45</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

All other items eligible but not specified for discount beyond plan coverage receive a 20% discount excluding:

- Doctor’s professional services
- Out-of-network providers
- Frequent replacement and disposable contact lens purchases

This plan cannot be combined with any other discounts, coupons, insurance plans, or promotional offers.
Benefits If You Are Studying Abroad in a USC-Sponsored Overseas Program

If you are studying overseas through a USC-sponsored program, the University requires that you have adequate insurance.

If you are insured through the USC Student Health Insurance Plan (this means you have not waived coverage from the Plan), you will have all of the benefits of the USC Student Health Insurance Plan, plus:

- $150 deductible for eligible medical expenses while overseas up to $50,000
- International SOS Global Assistance
- And all of the other benefits as outlined in the Summary of Benefits Chart for Students Studying Overseas.

If you are not covered through the USC Student Health Insurance Plan and you are studying overseas through a USC-sponsored program, you will be charged for the USC Health Insurance Plan for Students Studying Overseas. Review the Summary of Benefits Chart for Students Studying Overseas for an overview of what’s covered while you’re studying abroad.

As a student studying abroad, always carry your USC I.D. card and your International SOS I.D. card in case you have a medical emergency or need urgent care.
Additional Plan Details

Going into the hospital? Having surgery? You must obtain Pre-Certification Authorization to be eligible for claim payment consideration for these and certain other procedures listed here.

If you are insured with another health insurance plan in addition to the USC Student Health Insurance Plan, your USC insurance is considered secondary. “Excess Provision” explains how both plans work together.

If you disagree with a claim payment decision, find out what you must do to appeal a claim decision.

“Subrogation” explains the rights of the insurance company if you receive benefit payments from more than one source.
**Pre-certification Requirement**

Pre-certification by Managed Care is required for all hospitalizations, surgery and the procedures listed below. Coordination with Managed Care is also required for home health care and hospice care.

Pre-certification authorization does not guarantee benefits. You must, however, obtain pre-certification as described below to be eligible for claim payment consideration:

- Within 24 hours after an emergency hospitalization
- At least three working days before a scheduled:
  - hospitalization (medical, mental health, substance abuse)
  - inpatient surgery
  - outpatient surgery
  - purchase or rental of durable medical equipment over $500
  - home health treatment
  - hospice services
  - inpatient transfers
  - transplants
  - physical therapy
  - skilled nursing
Pre-certification Requirement (continued)

To obtain pre-certification, you must:

Telephone Managed Care at 1-877-626-2299. Be prepared to advise Managed Care of the service or procedure anticipated, the name and telephone number of the attending physician, and the scheduled date for the procedure or admission.

Keep a written record of the name of your Managed Care caseworker, the date you spoke to your caseworker, and the Case Number assigned to you.

If you do not notify Managed Care, or Managed Care does not approve your admission, and you still go into the hospital, a $500 penalty will be applied. In addition, if the care you receive is not medically necessary, your claim could be denied.
**Excess Provision**

No benefit under this Policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance; or (2) under an automobile insurance policy. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.
**Appealing a Claim Decision**

If you disagree with a claim payment decision, you have the right to file an appeal. The process to file an appeal is simple:

1. If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information, which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

2. To file your appeal call the Aetna Student Health Customer Service number at 1-877-626-2299. Tell the Customer Service Representative that you want to file a claim appeal. The Representative will take your information over the phone.

3. After the appeal is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.
**Subrogation**

**Right to Subrogation:** If, after payments have been made under this Plan, any person has the right to recover damages from a responsible third party, Aetna Student Health’s right will be subrogated to that person’s right to recover. The Insured Person will do whatever is necessary to enable Aetna Student Health to exercise their right and will do nothing after Loss to prejudice it. If Aetna Student Health is precluded from exercising their Right to Subrogation, they may exercise their Right to Reimbursement.

**Right to Reimbursement:** If benefits are paid under this Plan and any person recovers from a responsible third party by settlement, judgment or otherwise, Aetna Student Health has a right to recover from that person an amount equal to the amount paid by Aetna Student Health. However, Aetna Student Health will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

**Limitation to our Recovery Rights:** Aetna Student Health may exercise their Right to Subrogation against responsible third parties unless Aetna Student Health is precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by contract or operation of law. If Aetna Student Health is precluded from exercising their Right to Subrogation, they may exercise their Right to Reimbursement.

In exercising their Right to Subrogation, Aetna Student Health will not seek to recover more than what was paid under the Plan. In exercising their Right to Reimbursement, Aetna Student Health will not seek to recover more than the amount recovered from a responsible third party.
Definitions

Some terms featured throughout this document are used in a specific context. These definitions may help you better understand the context in which these terms are used.

Copayment means the specified dollar amount an Insured Person must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

Covered Charge or Expense means those charges for any treatment, services or supplies that are: (a) for In-Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Covered Percentage means that part of the Covered Charge that is payable by the Plan after the Deductible or Copayment has been met.

Deductible means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

Doctor as used in this document means:

- A legally qualified physician licensed by the state in which he or she practices; or
- A practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; or
- A certified nurse midwife while acting within the scope of that certification.
Hospital means a facility which meets all of these tests:

- It provides inpatient services for the care and treatment of injured and sick people;
- It provides room and board services and nursing services 24 hours a day;
- It has established facilities for diagnosis and major surgery;
- It is supervised by a Doctor;
- It is run as a Hospital under the laws of jurisdiction in which it is located.

Hospital does not include a place run mainly:

- For alcoholics or drug addicts;
- As a convalescent home;
- As a nursing or rest home;
- As a hospice facility.

In-Network Providers are Doctors, Hospitals and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

Injury means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student under this plan.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Plan.

Lifetime Aggregate Maximum means the total amount of benefits payable for all Injuries and Sicknesses combined under this Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

Loss means medical expense covered by this Plan as a result of injury or sickness as defined in this section.
Using the USC Student Health Insurance Plan with the Student Health Centers
Your Medical Benefits
Your Vision Benefits
Benefits If You Are Studying Abroad in a USC-Sponsored Overseas Program
Additional Plan Details
Definitions

Medical Emergency means the unexpected onset of an injury or sickness which requires immediate or urgent medical attention that, if not provided, could result in a loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A medical emergency does not include elective or routine care.

Medically Necessary means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered “needed” if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

Mutually Financial Dependent means a Dependent that meets the criteria of the Mutual Financial Dependency Affidavit which can be obtained from the Student Health Insurance Coordinator on your campus.

Non-Network Providers have not agreed to any pre-arranged fee schedules.

Out-of-Pocket Maximum means the maximum dollar amount an Insured Person is responsible to pay during a Policy Year. After an Insured Person has reached the Out-of-Pocket Maximum, We cover most benefits at 100% for the remainder of the Policy Year. Some benefits, however, will always remain payable at the percentage shown in the Plan Summary Benefits Chart. The out-of-pocket maximum is met by accumulated copayments only. Penalties and amounts above the Reasonable and Customary Expense do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown in the Plan Summary Benefit Chart.

Preferred Allowance means the amount an In-Network Provider will accept as payment in full for Covered Charges.
**Out-of-Pocket Maximum** means the maximum dollar amount an Insured Person is responsible to pay during a Policy Year. After an Insured Person has reached the Out-of-Pocket Maximum, We cover most benefits at 100% for the remainder of the Policy Year. Some benefits, however, will always remain payable at the percentage shown in the Plan Summary Benefits Chart. The out-of-pocket maximum is met by accumulated copayments only. Penalties and amounts above the Reasonable and Customary Expense do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown in the Plan Summary Benefit Chart.

**Preferred Allowance** means the amount an In-Network Provider will accept as payment in full for Covered Charges.

**Policy Year** means the dates of coverage within a 12-month period. The USC Plan Year begins in the fall of each year. The 2011-2012 Plan Year begins on August 15, 2011 and ends on August 19, 2012.

You must be actively enrolled in the Plan for dates of coverage to be valid.

- The Fall coverage dates are:  
  **August 15, 2011 through January 8, 2012**

- The Spring/Summer coverage dates are:  
  **January 9, 2012 through August 19, 2012**

**Reasonable and Customary Expenses** are fees and prices that are generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.
Policy Year means the dates of coverage within a 12-month period. The USC Plan Year begins in the fall of each year. The 2012–2013 Plan Year begins on August 20, 2012 and ends on August 18, 2013.

You must be actively enrolled in the Plan for dates of coverage to be valid.

The Fall coverage dates are:
August 20, 2011 through January 13, 2013

The Spring/Summer coverage dates are:
January 14, 2013 through August 18, 2013

Reasonable and Customary Expenses are fees and prices that are generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Referral means a document containing a recommendation by the Student Health Center allowing you to receive medical care from an In-Network Medical Provider or facility, outside the Student Health Center.

The document lists the medical provider or facility you are being referred to, the type of medically necessary care, evaluation or treatment sought, and the number of necessary visits or procedures to be performed. Be sure to bring this document with you to your referral appointment.

Except for certain specific exceptions, if you receive care without a referral, your expenses will not be covered.

Sickness means illness or disease which is the sole cause of the loss. Sickness includes normal and complications of pregnancy. All sicknesses due to the same or related cause are considered one Sickness.

USC Student Health Insurance Plan Network means the group of Doctors, Hospitals or other health care providers belonging to the USC Student Health Insurance Plan Network. This group of providers has agreed to offer services at lower, negotiated rates.

We, Us and Our mean Aetna Student Health.

You and Your mean the Insured Student.
USC Student Health Insurance Plan

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Using the Student Health Insurance Plan
Directory

Directory

University of Southern California

A convenient reference for important phone numbers & addresses.
## University Park Campus

**University Park Student Health Center**  
849 West 34th Street  
Los Angeles, CA 90089-0311  
(213) 740-WELL [9355]

**Student Health Insurance Coordinator**  
Student Health Insurance Office (view [map](#))  
649 West 34th Street  
Parking Structure D  
Los Angeles, CA 90089-1624  
(213) 740-0551  
Fax (213) 740-9229

**Same-Day Appointments**  
(213) 740-APPT [2778]

**Counseling Center**  
YWCA, Watt Way at 36th Place  
(213) 740-7711

**Pharmacy—Student Union**  
3601 Trousdale Parkway  
Los Angeles, CA 90089  
(213) 740-DRUG [3784]

### The Student Health Center’s normal hours* of operation are:

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays, Tuesdays, Thursdays</td>
<td>8:30 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>9:30 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Fridays</td>
<td>9:30 a.m. to 4:30 p.m.</td>
</tr>
<tr>
<td>Saturdays and Sundays**</td>
<td>10:00 a.m. to 2:00 p.m.</td>
</tr>
<tr>
<td>(urgent visits only)</td>
<td></td>
</tr>
<tr>
<td>University Holidays</td>
<td>closed</td>
</tr>
</tbody>
</table>

* The Health Center closes at 5:00 p.m. during University recess periods. Hours are subject to change and may vary during special periods each semester. Check with the Health Center for details.

** For Summer Hours, please see the UPHC “Hours” page.
Health Sciences Campus

(see map)

<table>
<thead>
<tr>
<th>Health Sciences Campus</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Cohen Student Health Center</td>
<td>(323) 442-5631</td>
</tr>
<tr>
<td>1510 San Pablo Street, Suite 104</td>
<td>Appt. (323) 442-5631</td>
</tr>
<tr>
<td>Los Angeles, CA 90033</td>
<td>Fax (323) 442-6029</td>
</tr>
</tbody>
</table>

| Pharmacy—USC Medical Plaza                   | (323) 442-5770      |
| 1510 San Pablo Street, #144                   |                      |
| Los Angeles, CA 90033                         |                      |

The Eric Cohen Student Health Center’s normal hours of operation are:

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays, Tuesdays, and Fridays</td>
<td>7:00 a.m. to 5:00 p.m.</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>9:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Thursdays</td>
<td>10:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>Saturdays, Sundays and University holidays</td>
<td>closed</td>
</tr>
</tbody>
</table>
USC In-Network Hospitals

**USC University Hospital**
(323) 442-8500  
Richard K. Eamer Medical Plaza  
1500 San Pablo Street  
Los Angeles, CA 90033  
[www.uscuh.com](http://www.uscuh.com)

**Children’s Hospital**
(323) 660-2450  
4650 Sunset Boulevard  
Los Angeles, CA 90027  
[www.chla.org](http://www.chla.org)

**USC/Norris Comprehensive Cancer Center and Hospital**
1-800-USC-CARE  
1441 Eastlake Avenue  
Los Angeles, CA 90033  
[http://ccnt.hsc.usc.edu](http://ccnt.hsc.usc.edu)

**BHC Alhambra Hospital↑**
1-800-235-5570  
4619 N. Rosemead Boulevard  
Rosemead, CA 91770  
[www.psylusions.com/l](http://www.psylusions.com/l)

↑ You must use this hospital for mental health and substance abuse services


**After Hours**

University Park Campus
(213) 740-9355, press "0"

Health Sciences Campus
(323) 442-5631
USC Dept. of Public Safety

Emergencies
(213) 740-4321

Non-emergencies
(213) 740-6000
Administrative Carriers

Aetna Student Health Customer Service
(For Medical Eligibility & Claims)
1-877-626-2299

For Medical Claims
Aetna Student Health
PO Box 981106
El Paso, TX. 79998
www.aetnastudenthealth.com

For Prescription Drug Claims
Aetna Pharmacy Management 1-800-238-6279

Managed Care
(For Pre-certification)
1-877-626-2299

EyeMed Vision Care
(Vision Plan)
1-866-723-0596
www.enrollwitheyemed.com/access (before you receive your I.D. card)
www.eyemedvisioncare.com (after you receive your I.D. card)
Maps

University Park Campus map shows where the University Park Student Health Center and the University Park Campus pharmacy are located.

Health Sciences Campus map shows where the Eric Cohen Student Health Center, the USC University Hospital and the pharmacy are located.

Student Health Insurance Office map shows where the office is located on the University Park Campus.
Welcome > Directory > University Park Campus

Quick Clicks
- Student Health Center Location and Hours
- Verify an Aetna Provider (referral required)
- Filing a Claim

University Park Campus

Maps
- University Park Campus
- Health Sciences Campus
- USC In-Network Hospitals
- After Hours
- USC Dept. of Public Safety
- Administrative Carriers
Welcome > Directory > Student Health Insurance Office

Quick Clicks
- Student Health Center Location and Hours
- Verify an Aetna Provider (referral required)
- Filing a Claim
The following forms are available for you to print out and fill in by hand.

- If you paid for any medical expenses, you must submit a Claim Form. Otherwise, you will not be reimbursed. If your Medical Provider is to be paid directly by the insurance company, he or she will not receive payment until you submit a claim.

- If you plan to waive coverage of the USC Student Health Insurance Plan, use the Waiver Worksheet to ensure you have all the information you need to complete the online waiver request.

Clicking on one of the forms will open a new browser window. To return to the USC Student Health Insurance Plan document, close the active browser window containing the form.
Aetna Navigator®
Member Website

Your Secure Member Website
As a Student Health Insurance member, you have access to Aetna Navigator®, your secure member website, complete with personalized claims and health information.

You can take full advantage of our website to complete a variety of self-service transactions online.

Want to change a primary care physician and/or dentist?

Need to check the status of a claim?

You can do it all online — 24 hours a day, 7 days a week — from wherever you have Internet access.

Start with Aetna Navigator® Health Information Guide to find information on your health care, treatment options, cost of services, and health content.

Aetna Navigator helps you make the most of your health benefits plan. You can:
- Review who is covered under your plan.
- Request, view and print member ID cards.
- View Claim Explanation of Benefits.
- Look up costs and other health-related information before you seek care and to better plan your expenses.
- Research the price of a brand name drug and learn if there are generic alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Customer Service.
- View the latest health information, news, and more!

Discount Programs Available
As an Aetna Navigator member, students have access to these programs:

Aetna Fitness™ Discount Program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFit™.

Aetna Book™ Discount Program: Access to a 10% discount on any book or DVD purchase from the MayoClinic.com Bookstore.

Aetna Hearing™ Discount Program: Access to discounts on hearing devices and hearing exams from HearPO®. Average savings on hearing aids is 25%.

Aetna Natural Products and Services™ Discount Program: Access to reduced rates on services from participating providers for acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, access to discounts on over-the-counter vitamins, herbal and nutritional supplements and natural products.

All products and services are provided through American Specialty Health Incorporated (ASH) and its subsidiaries.

Aetna Vision™ Discount Program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight Management™ Discount Program: Access to discounts on Jenny Craig® weight loss programs and products. Also, access to a 30% discount on monthly eDiet membership dues. eDiet is an online diet, fitness and healthy living website.

Oral Health Care Discount Program: Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik® dental water jets and sonic toothbrushes.

Zagat Discounts: Access to a 30% discount on a one-year online subscription fee to Zagat.com. The Zagat website provides access to over 40,000 restaurants, nightspots, hotels and attractions around the world.

Register Today!
Registering for Aetna Navigator is quick and easy. Here’s how:
- Go to www.aetnastudenthealth.com
- Click on “Students.”
- Click on “Find Your School” and enter your school name.
- Click on “For Members,” then on the “Aetna Navigator® Member Website.”
- To Register – Click on “Register for Aetna Navigator.”
- To Learn More – Click on “Take a Tour…”

Select a user name, password and security phrase.

Once your registration is complete, your user name and password will give you access to all the features of Aetna Navigator. You will receive a confirmation postcard via the U.S. Postal Service at the address we have on file. You can find help with questions about registration, security and software by clicking on “About Registration” at the top of the online registration form. Personal registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at 1-800-225-3375.