

California State University – Long Beach



2025-2026 Student Health Insurance Plan Highlights

www.aetnastudenthealth.com

(877) 480-4161

What is the Plan about?

Aetna Student Health, working with CSU – Long Beach 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.

Policy Number: 252644

Disclaimer: *These rates and benefits are pending approval by the California Department of Insurance and can change. If they change, we will update this information.*

Who is eligible?

- › All registered International students or scholars enrolled on the main campus are required to purchase this insurance plan, as well as OPT, American Language Institute/ALI and Study Abroad at the Beach students.
- › A person who is an immigrant, permanent resident alien or U.S. Citizen is not eligible for coverage.
- › Students must actively attend classes on campus for the first 45 consecutive days after the effective date, except for school authorized breaks.
- › A once per lifetime medical withdrawal exception may be granted to students on school-approved medical leave during the first 31 days of coverage.
- › All refund requests must be sent to the University who will confirm non-student status with JCB, and submit the refund request on behalf of the student. Only refunds submitted by the University before the refund deadline will be considered. Credit card refunds must be requested and processed within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a \$35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. Pro-rated/partial refunds are not allowed. NOTE: You can check to see if your refund has been processed by logging in to your JCB account.
- › Coverage for dependents (spouse/children) is not available under this plan.

Here's a brief description of the Plan benefits:

In-network Coverage

Out-of-network Coverage

Plan Maximum	In-network Coverage	Out-of-network Coverage
Annual Deductible	\$150 Per Policy Year	\$150 Per Policy Year
Maximum Out-of-Pocket Limit	\$6,850 Per Policy Year	\$6,850 Per Policy Year
Physician's Office Visit	\$25 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit In-Network Deductible is waived	50% (of the recognized charge) per visit
Inpatient Hospitalization Emergency Room	90% (of the negotiated charge) per admission \$150 copayment then the plan pays 90% (of the balance of the negotiated charge) per visit	50% (of the recognized charge) per visit Paid the same as in-network coverage
Prescription Drugs <small>Your cost-share may not exceed \$250 for each 30-day supply of an individual prescription. This does not include any policy year deductible.</small>	Prescriptions paid at 100% of the Negotiated Charge with the following copayments (including specialty drugs): \$10 Copay for Generic prescription drugs \$25 Copay for Preferred brand-name drugs \$50 Copay for Non-preferred brand-name drugs	Non-Preferred prescriptions paid at 100% of the Recognized Charge with the following copayments (including specialty drugs): \$10 Copay for Generic prescription drugs \$25 Copay for Preferred brand-name drugs \$50 Copay for Non-preferred brand-name drugs

Services Your Plan Generally Does NOT Cover (Check your policy or Plan document for more information and a list of any other excluded services.)

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| <ul style="list-style-type: none"> • Infertility Treatment Except for charges made by a physician to diagnose and surgically treat the underlying medical cause • Routine Foot Care | <ul style="list-style-type: none"> • Cosmetic Surgery • Dental Care (Adult) • Long Term Care | <ul style="list-style-type: none"> • Fitness • Exercise Program • Weight Loss Programs |
|---|---|---|

These are brief highlights of the Student Health Plan. The Plan is available for CSU – Long Beach students. 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. If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

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The CSU – Long Beach Student Health Insurance Plan is insured by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its affiliates (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 877-480-4161.

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).

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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 1-800-###-####. (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 1-800-###-#### 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)

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