

It's Time to Make an Important Choice:

Enroll or Waive July 9 - August 26

We created our student benefit plans with you in mind...to meet your unique health care needs as a Caltech student.

- The plans provide coverage for all types of care — routine, urgent and emergency — while on campus and at home.
- You can receive care from the best local doctors and health care providers near campus as well as a large national network of top-quality doctors. You're even covered when travelling abroad.
- The plans are designed to keep your costs as predictable and low as possible when you receive care...so you're protected from unexpectedly high expenses if you become sick or injured.

But you have a choice. If you have other qualifying insurance, you can choose to waive the Caltech plans. If you want to waive for the 2012-2013 academic year, **you must do so by August 26, 2012.**

You Must Take Action!

Each summer, **you must make the choice to enroll in or waive** the Student Health Insurance Plan and the Student Dental Insurance Plan.

Even if you are a returning student, you must make new choices for the upcoming academic year.

As you consider your options, keep in mind:

- You may waive the Student Health Insurance Plan only if you have other insurance that meets Caltech's waiver requirements (see enclosed).
- You may waive the Student Dental Insurance Plan only if you have other dental insurance (there are no other specific requirements).
- **If you don't make a choice by August 26, 2012**, you'll be automatically enrolled in the Caltech plans for the entire academic year. The applicable costs will be charged to your bursar's account, and you cannot waive unless you experience a special enrollment event (e.g., marriage or birth).

Remember...the Student Health Center is always available to you, even if you waive.

Medical Plan Updates

These updates become effective in the Medical Plan beginning September 1, 2012:

- In compliance with the Affordable Care Act (ACA), the Plan will pay 100% — with no deductible, coinsurance or limits — for:
 - Preventive care, including annual exams and routine screenings.
 - Women's health benefits, including preventive exams and generic contraceptives.
- The emergency room copayment will increase from \$50 to \$150.
- The annual premium will increase due in part to the ACA changes described above. In addition, as more students waive out of the plan, the number of participants is shrinking, which is driving up average claims costs...and the premium.

The Benefits Committee, which includes undergraduate and graduate student representatives, considered making certain plan changes to mitigate the premium increase. Ultimately, they decided it was better to maintain the current benefits and out-of-pocket costs.

Actions Required! What You Need to Do

- Read the enclosed information.
- Decide if you want to enroll in or waive the Caltech benefit plans.
- Enroll or waive **by August 26** (see the enclosed instructions).

If You Don't Waive by August 26

- You'll be automatically enrolled in the student benefit plans for the entire academic year.
- After August 26, you cannot waive unless you experience a special enrollment event (e.g., marriage or birth).

What about Dental?

There are no benefit changes, but we'd like to remind you:

- The plan name is Delta Dental PPO.
- Go to a Delta Dental PPO dentist for care. Otherwise, you'll pay a lot more out of your own pocket. You can find a Delta Dental PPO dentist at caltechdental.inshealth.com.
- Throw away your old Delta Dental HMO ID card. If you try to use the old card, your dentist will tell you that your plan is terminated.
- You don't need an ID card to receive dental care in the current plan, the Delta Dental PPO. If you want one anyway, you can print one online at caltechdental.inshealth.com.

Waiving? Consider These Tips

The Caltech Student Health Insurance Plan is designed to make it as easy as possible for you to get the care you need while you are away from home. If you waive the plan and rely on your own insurance, receiving care might be a challenge. The following tips can make it easier:

- Bring your insurance card to Caltech and carry it with you at all times.
- Some health care providers require payment at the time care is rendered. You'll need to have a credit card for those situations.
- It's up to you to find local providers for care not available through the Caltech Student Health Center. Get a list of local providers who participate in the plan's network — physician, pharmacy, mental health counselor, hospital, etc. At the very least, you should know how to find local plan providers online or by calling the plan's customer service number.
- Learn about how the other insurance works: What payment is required at the time care is received? Is there a deductible? Will claims need to be submitted? Are there coverage limits?
- Make sure you have all the necessary contact information in the event of illness or injury, so you can contact the insurance company.

Preparing for an unexpected illness or injury will make it easier for you to get the care you need...and could save you from unnecessary expenses.

Health Insurance Terms

Coinsurance: The way an insurance plan shares costs with you. For example, when you receive care, the medical Plan pays 80% coinsurance for eligible in-network services, and you pay 20% coinsurance.

Copayment or Copay*: A flat-dollar amount you pay every time for certain services such as physician office visits. Copayments do not count toward the deductible or the out-of-pocket maximum.

Deductible: The amount you must pay for eligible services before the Plan begins paying anything for the policy year. The deductible does not count toward the out-of-pocket maximum.

In-Network: Doctors and other health care providers who agree to charge plan members a lower, negotiated cost for health care services.

Out-of-Pocket Cost: What you pay when you receive care, including copayments, amounts you pay toward the deductible and your share of the coinsurance.

Out-of-Pocket Maximum*: The amount you must pay through coinsurance before the plan pays 100% of the cost for your eligible services for the rest of the policy year. In other words, once you reach the out-of-pocket maximum, the plan pays 100% of your eligible costs excluding copayments.

Premium Cost: The amount you pay for coverage. The premium cost is charged to your bursar's account.

**These terms are applicable in the Medical Plan only.*

Do the Math!

Here's a simple way to calculate your potential **in-network** out-of-pockets costs in the Caltech Student Health Insurance Plan. Keep in mind that this doesn't include the premium amount you pay to purchase coverage.

$$\begin{array}{r} \text{Copayments} \\ + \text{Annual Deductible of \$150} \\ + 20\% \text{ Coinsurance up to \$1,000} \\ \hline = \text{Your Total Annual Out-of-Pocket Costs} \\ \text{for Eligible In-Network Health Care Expenses} \end{array}$$

So, if you have a serious illness or injury and use in-network providers, the most you'll pay is \$1,150 plus copayments and your coinsurance share for prescription drugs.

For complete plan details, including out-of-network coverage, see the Caltech Student Health Insurance plan brochure at www.aetnastudenthealth.com.

For additional information about the Student Benefit Plans, see the enclosed Medical and Dental Highlights.

Enrollment/Waiver Guide for Student Benefits

Instructions on How to Make Your Choice

When you're ready to make your Medical and Dental choices, please follow the instructions below. Remember, the deadline is **August 26, 2012**.

If you do not enroll or waive by August 26, you automatically will be enrolled in the Student Health Insurance Plan and the Student Dental Insurance Plan, and you will be charged the applicable premiums.

After August 26, **you cannot change your selection during the academic year unless you contact the Benefits Office within 31 days of a special enrollment event** (such as marriage or birth).

Medical

1. Go to **www.aetnastudenthealth.com**
2. Under the Get Started box, type **Caltech**, select California Institute of Technology, and hit **enter**
3. Click **Medical Plan Enroll/Waive for the 2012-2013 Caltech Student Health Insurance Plan**
4. **Follow the online instructions to:**
 - **Enroll** yourself in the Student Plan.*
 - OR
 - **Waive** if you have other health insurance that meets Caltech's waiver requirements
5. **Print a copy of the Confirmation page** for your records
6. If you enroll, **you'll receive a medical plan ID card** in the mail by the end of September

If you'd like to enroll your eligible dependents, go to <http://www.aetnastudenthealth.com/school/caltech> and click **Dependent: Enroll.*

To Find a Doctor

To find a participating doctor or other health care provider, go to <http://aetnastudenthealth.com> and click Find a Doctor.

Dental

1. Go to **https://caltechdental.inshealth.com**
2. On the right, under **Log in to**, enter your:
 - **Caltech Student ID**
 - **Last name**, and
 - **Date of birth**.
3. **Follow the online instructions to:**
 - **Enroll** yourself (and your dependents) in the Student Plan
 - OR
 - **Waive** if you have other dental insurance (there are no other specific waiver requirements for dental)
4. **Print a copy of the Confirmation page** for your records
5. While on the Confirmation page, you may want to **print a dental ID card** — but you don't need an ID card to receive care. Your dentist's office can look up your dental plan information for you without an ID card. Refer to the Student Dental Highlights for details

To Find a Dentist

To find a participating dentist, go to caltechdental.inshealth.com and search the Delta Dental **PPO** network. You should verify your dentist's participation in the Delta Dental PPO network *before* each dental appointment. Simply asking if a dentist "accepts Delta Dental" does not guarantee he or she is a PPO dentist. Ask specifically if he or she is a contracted Delta Dental **PPO** dentist.

Can't log on?

If you have trouble logging on even after you enter your correct student ID and date of birth, please call the Caltech Registrar's Office at (626) 395-6297 to confirm that your correct information is on file.

Student Medical Highlights

Your health and well being are important to your academic success. That's why Caltech provides the Student Health Insurance Plan. The Plan pays benefits for covered health care services you receive at school, at home, and while traveling or studying abroad.



Caltech Student Benefits for
2012-2013

Have questions? Need help? Contact us at
hrbenefits@caltech.edu

What Is the Student Health Insurance Plan?

The Student Health Insurance Plan pays for covered health care services that are not provided through the Student Health and Counseling Center — for example, for an unexpected serious illness or injury that requires hospitalization or specialist care. It is a Preferred Provider Organization (PPO) plan provided through Aetna Student Health.

What does the Plan include?

- Coverage for medical and mental health conditions
- Travel assistance services and worldwide medical coverage while traveling or studying abroad
- Access to Discounts for eye exams, eyeglasses and contacts

How does the Plan work?

- You may receive care from any doctor or hospital.
- For each routine office visit with a physician in Aetna's PPO network, the plan pays 100%. Any non-routine care, such as lab work or x-rays, is subject to the deductible and coinsurance.
- The Plan pays 80% for covered prescription drugs at Aetna PPO pharmacies (no deductible).
- Once you reach the deductible and then the out-of-pocket maximum, the Plan pays 100% for eligible services for the rest of the policy year (excluding copayments and the 20% coinsurance for retail prescription drug expenses).

What is a copay?

A copay — or copayment — is the flat-dollar amount you pay every time for certain services such as physician office visits. Copayments do not count toward the deductible or the out-of-pocket maximum.

What is a deductible?

A deductible is the amount you pay for eligible services before the Plan begins paying anything for the policy year.

What is an out-of-pocket maximum?

The out-of-pocket maximum is the amount you pay — excluding the deductible, copays and prescription drug expenses — before the Plan pays 100% for covered services for the rest of the policy year. Once you reach the out-of-pocket maximum, you continue to pay copays and prescription drug expenses.

How do I enroll in the Plan?

You can enroll during the Enrollment/Waiver Period (July 9 – August 26, 2012) at www.aetnastudenthealth.com.

What if I don't want to enroll in the Plan?

You can waive if you have other insurance that meets the waiver requirements at www.aetnastudenthealth.com. You must make your waiver election by August 26, 2012.

What if I don't make an enrollment/waiver choice?

You will automatically be enrolled in the Plan for the entire academic year, and you won't be able to waive unless you experience a qualified life event such as marriage or birth.

When does Plan coverage begin and end?

For each academic term during which you are a registered student, coverage begins on the first day of the Insurance Term and ends on the last day of the Insurance Term (as long as you are enrolled in the Plan for any part of the Term). The Insurance Terms are: Term 1: September 1 – December 31; Term 2: January 1 – April 30; Term 3: May 1 – August 31.

How much does the Plan cost in 2012-2013?

For undergraduate students, the Plan premium is \$977 per Insurance Term (\$2,931 total for all three Terms).

For graduate students, the premium is subsidized as part of the graduate student financial arrangement, so the graduate student cost is \$166 per Term (\$498 total for all three Terms).

If you are enrolled in the Plan for any part of the Term, your coverage and the full cost apply for the entire Term.

Can I enroll my dependents?

For an additional charge, you may also enroll your spouse and eligible dependent children in the Plan. For details, please visit www.aetnastudenthealth.com.

Can I purchase a higher aggregate maximum?

The aggregate benefit maximum — the most the Plan pays per condition, per policy year — is \$250,000. You can purchase a higher aggregate benefit maximum of \$500,000 per condition, per policy year for an additional \$132 per academic year.

Where can I find more information about the Plan?

Visit www.aetnastudenthealth.com or call (877) 261-8414.

How can I find Aetna PPO preferred providers?

Visit www.aetnastudenthealth.com and select "Find a Doctor".

How does coverage work while traveling abroad?

Refer to the Travel Abroad Medical Highlights at www.aetnastudenthealth.com.

What if I need dental care?

Dental is a separate plan. For details, refer to the *Dental Highlights* or visit <https://caltechdental.inshealth.com>.

The Caltech Student Health Insurance Plan is underwritten by Aetna Life Insurance Company 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. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

2012-2013 Student Health Insurance Plan Summary

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 group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. 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 aggregate maximum of \$250,000 per condition, per policy year for the basic plan and \$500,000 per condition, per policy year for the supplemental plan 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 included inside this Plan summary. If you have any questions or concerns about this notice, contact (877) 261-8414. 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.

Customer Service	www.aetnastudenthealth.com	(877) 261-8414
	When You Use Aetna PPO Providers (Preferred, In-Network)	When You Use Non-Aetna PPO Providers (Non-Preferred, Out-of-Network)
Aggregate Benefit Maximum — the most the Plan pays	\$250,000 per condition, per policy year (you may buy a higher maximum, \$500,000 per condition, per policy year, for an additional \$132 per academic year)	
Deductible — the amount you pay before the Plan provides coverage (excludes copays and prescription drugs)	\$150 per person per policy year	\$500 per person per policy year
Out of Pocket Maximum — once your coinsurance share reaches this amount, the Plan pays 100% for the rest of the policy year (excludes deductible, copays and prescription drugs)	\$1,000 per person per policy year	\$5,000 per person per policy year
PREVENTIVE CARE BENEFITS		
Annual Physical Exam and HPV Immunization Expenses	100%	60%
INPATIENT BENEFITS		
Hospital Room and Board Expenses	80%* of the negotiated charge	60%* of the reasonable charge
Physician's Hospital Visit Expenses (for non-surgical services of attending physician or a consulting physician)	80%* of the negotiated charge	60%* of the reasonable charge
SURGICAL (INPATIENT AND OUTPATIENT) BENEFITS		
Surgical Expenses	80%* of the negotiated charge	60%* of the reasonable charge
Anesthetist Expense & Assistant Surgeon Expenses	80%* of the negotiated charge	60%* of the reasonable charge
OUTPATIENT BENEFITS		
Physician's Office Visit Expenses	80% of the negotiated rate after \$15 copay per visit (no deductible)**	60%* of the reasonable charge
Emergency Care Expenses	80%* of the negotiated charge after a \$150 copay	80%* of the reasonable charge after a \$150 copay
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Outpatient Mental Health/ Substance Abuse Expenses (treatment by licensed or accredited health service organization or hospital or licensed practitioner)	No copay for first 25 visits* You pay a \$15 copay per visit for visits 26 – 36* (no visit limit or copay for severe mental illness)	60%* of the reasonable charge up to 36 visits (no visit limit for copay for serious mental illness)
Inpatient Mental Health/Substance Abuse 30 combined visit maximum per policy year (no visit limit for severe condition)	80%* of the negotiated charge	60%* of the reasonable charge
ADDITIONAL BENEFITS		
Prescription Drug Expenses — Retail	80% of the negotiated charge (30-day supply)	80% of the reasonable charge (30-day supply)
Prescription Drug Expenses — Mail Order	100% after \$12 generic/\$20 brand copay (90-day supply)	

*Once you reach the annual out-of-pocket maximum, the plan pays 100% for these expenses (excluding copayments and co-insurance).

** Any extra care, such as lab work or x-rays, is subject to the deductible and coinsurance.

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

This plan will not pay more than the overall lifetime maximum benefit of \$250,000 for basic plan and \$500,000 for supplemental plan during the plan year. Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover. Please read the California Institute of Technology brochure located at Benefits Office carefully before enrolling. While this document and the California Institute of Technology describe important features of the plan, there may be other specifics of the plan that are important to you and some 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 the school, you may view it at Benefits Office or contact us at (877)261-8414.

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Student Dental Highlights

Because the Student Health Insurance Plan does not cover dental care, we offer a separate Student Dental Insurance Plan. Coverage includes routine dental exams and cleanings as well as non-routine care, such as oral surgery and crowns. The Plan is offered through Delta Dental and features a large national network of dental care providers.



What Is the Student Dental Insurance Plan?

The Caltech Student Dental Insurance Plan is a Preferred Provider Organization (PPO) plan through Delta Dental.

What does the Plan include?

- Coverage for routine preventive dental care, such as cleanings and exams once every six months
- Coverage for non-routine dental care, such as crowns and root canals
- Accidental dental injury benefits

How does the Plan work?

- You may receive care from any dentist in the Delta Dental PPO network. You do not need to select a primary dentist.
- The Plan pays 100% for diagnostic and preventive care, including oral exams and cleanings.
- After you meet a deductible, the Plan pays 50-80% for other covered dental care up to an annual benefits maximum. Coverage is based on the negotiated fee — called the “allowed amount” that all PPO dentists agree to charge Delta Dental members.

Are all Delta Dental dentists in the PPO network?

No. Some Delta Dental dentists are *not* in the Delta Dental PPO network. When seeking care, make sure your dentist is in the **PPO** network; otherwise, your care will be considered out-of-network. The PPO network is quite large and includes dentists in many locations throughout the country.

How can I find a plan dentist?

Visit caltechdental.inshealth.com. Be sure to search the Delta Dental **PPO** network.

How do I enroll in the Plan?

You can enroll during the Enrollment/Waiver Period — July 9 through August 26, 2012 — at caltechdental.inshealth.com.

What if I don't want to enroll in the Plan?

You can waive your participation in the Student Plan if you have other dental insurance. The other insurance does not have to meet any specific waiver criteria.

What if I don't make an enrollment/waiver choice?

You'll automatically be enrolled in the Plan for the entire school year.

Do I need a dental ID card?

No. When you receive dental care, just provide your name, date of birth and student ID number. If you want an ID card anyway, the best way is to print one from the Enrollment Confirmation Page when you enroll online. Once the enrollment site is closed, you can go to caltechdental.inshealth.com and select *How to print an ID card*.

Can I use my old Delta Dental HMO ID card?

No. If you try to use your old HMO card, your dentist will tell you that your plan has been terminated. Instead, simply provide the dentist's office with your name, date of birth, and social security or enrollee ID number. Or print a new card as explained in the answer above.

When does Dental coverage begin and end?

Coverage is effective September 1, 2012 through August 31, 2013.

Can I enroll my dependents?

For an additional charge, you may also enroll your spouse and eligible dependent children. See the cost information below.

How much does the Plan cost in 2012-2013?

2012-2013 Annual Dental Premium	
Student	\$102
Student + 1 Dependent	\$156
Student + 2 or More Dependents	\$403

The full amount will be billed to your student account in the fall. There is no cancellation refund.

Where can I find more information about the Plan?

The second page of this Dental Highlights includes a summary of Plan benefits. For additional information, please visit caltechdental.inshealth.com or call (800) 765-6003.

Student Dental Insurance Plan Summary

2012-2013

This is a brief summary of benefits. Please refer to the evidence of coverage (EOC) for the limitations and exclusions of these documents. The EOC is available at caltechdental.inshealth.com.

The Plan is provided by Delta Dental of California.

The policy year is September 1, 2012 through August 31, 2013.

Customer Service	(800) 765-6003 caltechdental.inshealth.com
Plan Benefits	
	When You Use Delta Dental PPO Dentists (In-Network)
Deductible — the amount you must pay each policy year before the Plan begins to provide coverage	\$50 per person per policy year \$100 per family per policy year
Benefits Maximum — the most the Plan pays each policy year	\$1,500 per person per policy year
Diagnostic and Preventive Benefits oral examinations cleanings (prophylaxis) x-rays examinations of tissue biopsy fluoride treatment space maintainers specialist consultation	Plan pays 100% of PPO dentist's allowed fee* There is no deductible for these services
Basic Benefits oral surgery (extractions) fillings root canals periodontic (gum) treatment sealant tissue removal (biopsy)	After deductible, Plan pays 80% of PPO dentist's allowed fee*
Crowns, Jackets and Other Cast Restorations crowns Inlays onlays	After deductible, Plan pays 50% of PPO dentist's allowed fee*
Prosthodontic Benefits bridges partial dentures full dentures implants	After deductible, Plan pays 50% of PPO dentist's allowed fee*
Orthodontic Benefits (adults and dependent children)	After deductible, Plan pays 50% up to \$1,000 per person per lifetime

*The allowed fee is the contracted amount that PPO dentists agree to charge PPO members.

Note regarding out-of-network coverage: There is limited coverage when you visit a provider who is not in the PPO network. Diagnostic, preventive, and basic services are paid at 50%. Crowns, casts and prosthodontic services are paid at 40%. Payment for services is based on the PPO dentists allowed fee only. You are responsible for the difference between the PPO dentists allowed fee and what the out-of-network provider charges. This can result in significant out-of-pocket costs.

Also, it is important to keep in mind that not all Delta Dental dentists participate in the Delta Dental PPO. To receive in-network benefits, make sure your dentist is in the Delta Dental **PPO** network.

Two Separate Choices

Please keep in mind that the choice you make for the Student Health Insurance Plan does not automatically carry over to the Student Dental Insurance Plan. You must make **two separate choices** — one for Medical and one for Dental. Also, you can enroll in Dental even if you waive Medical.

Waiver Requirements for Student Medical

You can waive enrollment in the Caltech Student Health Insurance Plan only if you have comparable health insurance that meets the minimum requirements described below.

Even if you waive coverage, you can still use the Caltech Student Health Center.

If you meet the requirements and wish to waive, you must make your choice online at www.aetnastudenthealth.com.

Once you waive, you cannot enroll in the Caltech Student Health Insurance Plan during the academic year unless you lose eligibility for the other insurance.

Also, if for any reason you use any benefits of the Caltech Student Health Insurance Plan during the first term, you cannot waive coverage. You will be deemed to be enrolled in the Plan and charged the appropriate fee.

Minimum Requirements for Waiving

To be eligible for the waiver, **you must be able to answer yes** to each of the following criteria regarding your other health insurance:

- My plan covers inpatient and outpatient medical care within 10 miles of the campus area, including routine, urgent and emergency care. (Emergency only coverage does **not** satisfy this requirement).
- My plan offers a maximum of at least \$250,000 in coverage per accident or illness.
- My insurance plan deductible does not exceed \$2,750 per policy year.
- My out of pocket expenses cannot exceed \$8,000 per policy year.
- My plan provides coverage for prescription drugs.
- My plan covers inpatient and outpatient mental health care within 10 miles of the campus area (emergency only coverage does not satisfy this requirement).
- My plan provides coverage throughout the entire academic year.
- My plan provides coverage for pre-existing conditions.
- My plan is provided by an insurance company based in the United States.
- I understand that I am legally responsible for all medical expenses I incur and that Caltech will not be responsible for any of my medical expenses, even if I am referred by a Caltech Student Health Center Clinician.

You should also make sure that the plan's network includes a good selection of in-network health care providers — including specialists — near campus.

Important Note For Students Who Have a J1 Visa

International students must have health insurance that meets federal regulations for foreign student visa requirements.

- *If you enroll in the Caltech Student Health Insurance Plan*, the Caltech Plan meets and exceeds the visa requirements for health insurance.
- *If you waive the Caltech Plan*, your other health insurance must meet Caltech's waiver requirements **and** the visa requirements. For additional information, please visit www.aetnastudenthealth.com (Tools and Tips for International Students).