

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Alfred University Aetna Student HealthSM 2015-2016 Plan Guide

Medical

alfred.myahpcare.com

This guide gives a general idea of how your Plan offered by Aetna Student Health works. Plus, you'll learn how to get the most out of it.



Alfred
University





Tools to help you get the most out of your plan

Sign up for your members-only website

When you're an Aetna member, you get tools and resources to help you manage your health and your benefits. Plan information and cost-savings tools are in one place — your Aetna Navigator® member website. Sign up at alfred.myahpcare.com.

Meet Ann, your virtual assistant

Ann can help you sign up for Aetna Navigator. She can help you find a doctor, estimate the cost of services, answer questions about claims, order ID cards and more.

Questions? Give us a call.

When you have a question about your plan, Member Services is available 8:30 a.m. to 5:30 p.m. EST, Monday through Friday, for any questions by calling **888-295-0148**.

Finding a network provider is easy

Use the DocFind® online directory. The easy-to-use search tool lets you find the right provider in a snap. Just enter a name, ZIP code, condition, procedure or specialty in the search box. You'll also find maps, directions and more. Try DocFind at alfred.myahpcare.com.

You're mobile — so are we. So use your smartphone when you're on the go

The Aetna Mobile app puts our most popular online features at your fingertips. It's available for iPhone® and Android™ mobile devices. Visit www.aetna.com/mobile.



Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna). Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company.

Your health plan

Your student health plan offered by Alfred University

Check out the Plan Design and Benefits Summary for valuable information such as:

- Your eligibility to join the Plan;
- Whether your dependent(s) can join;
- The coverage periods;
- The premium rates;
- The description of benefits;
- Exclusions; and
- Other important information

The Plan Design and Benefits Summary can be found at **alfred.myahpcare.com**.

How to enroll

Please refer to the Plan Design and Benefits Summary for plan specific enrollment information.

Looking for detailed plan information?

For details like Copays and what's covered, check your Plan Design and Benefits Summary. You'll also find general benefits and exclusions specific to the Plan. You can also see the Certificate of Coverage for a complete description of the benefits and full terms and conditions. If there's any discrepancy between this Plan Guide, the Plan Design and Benefits Summary and the Certificate of Coverage, the Master Policy, Certificate of Coverage and Schedule of Benefits will govern and control the payment of benefits. The Certificate of Coverage can be found at **alfred.myahpcare.com**.

This student comprehensive accident and health plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you'd like a certification of coverage, just call Member Services at **888-295-0148**.

How your plan works

You pick your doctor — no referrals needed

Your Aetna Student Comprehensive Accident and Health Plan allows you to choose where to receive care- from a participating provider¹, or a non-participating provider.

Option 1: Visit Alfred University Wellness Center or a participating provider¹

Participating providers contract with Aetna to offer you rates that are often much lower than their regular fees. This helps you save. Your participating provider will provide care and:

- Get approval from Aetna before giving you certain services;
- File claims for you.

To find a participating provider in the network, use Aetna's online directory, DocFind, at **alfred.myahpcare.com**. You can also request a printed directory. Just call member services at **888-295-0148** and we'll send you a printed directory.

You'll pay less with this participating provider option.

Option 2: Go to a non-participating provider¹

You can visit any licensed provider. Your non-participating provider will provide care; however, you may be responsible to:

- Get approval from Aetna before receiving certain services;
- File your own claims;
- Pay the difference between the amount paid by your Plan and the amount charged by your provider.

This non-participating provider option typically costs you more.

Services Subject to Preauthorization

Preauthorization is required before you receive certain covered services. Participating providers are responsible for requesting preauthorization for in-network services and you are responsible for requesting preauthorization for the out-of-network services listed in the Schedule of Benefits section of the Certificate.

Preauthorization / Notification Procedure.

If you seek coverage for services that require preauthorization, you must call Aetna at the number on your ID card.

You must contact Aetna to request preauthorization as follows:

- At least two (2) weeks prior to a planned admission or surgery when your provider recommends inpatient hospitalization. If that is not possible, then as soon as reasonably possible during regular business hours prior to the admission.
- At least two (2) weeks prior to ambulatory surgery or any ambulatory care procedure when your provider recommends the surgery or procedure be performed in an ambulatory surgical unit of a hospital or in an ambulatory surgical center. Within the first three (3) months of a pregnancy, or as soon as reasonably possible and again within 48 hours after the actual delivery date if your hospital stay is expected to extend beyond 48 hours for a vaginal birth or 96 hours for cesarean birth.
- Before air ambulance services are rendered for a non-emergency condition.

You must contact Aetna to provide notification as follows:

- As soon as reasonably possible when air ambulance services are rendered for an emergency condition.
- If you are hospitalized in cases of an emergency condition, you must call Aetna within 48 hours after your admission or as soon thereafter as reasonably possible.

After receiving a request for approval, Aetna will review the reasons for your planned treatment and determine if benefits are available. Criteria will be based on multiple sources which may include medical policy, clinical guidelines, and pharmacy and therapeutic guidelines.

Please see the Schedule of Benefits section of the Certificate of Coverage for a list of services that require preauthorization.

When does my coverage under the student health plan end?

Coverage under your Plan will automatically be terminated on the first of the following to apply:

1. Premiums are to be paid by you to Aetna annually at the time of application. While each premium is due at the time of application there is a grace period for premium payment. If the premium payment is not received by the end of the grace period, coverage will terminate as follows:
 - a. If you fail to pay the required premium within a 30 day grace period, coverage will terminate retroactively back to the last day for which premiums were paid.
2. The end of the month in which the student ceases to meet the eligibility requirements as defined by the Policyholder. Aetna will provide written notice to the student at least 30 days prior to when the coverage will cease.
3. Upon the student's death, coverage will terminate unless the student has coverage for dependents. If the student has coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.
4. For spouses in cases of divorce, the date of the divorce.
5. For children, until the end of the year in which the child turns 26 years of age.
6. For all other dependents, the end of the year in which the dependent ceases to be eligible.
7. The end of the month during which the student provides written notice to Aetna requesting termination of coverage, or on such later date requested for such termination by the notice.
8. If a student has performed an act that constitutes fraud or made an intentional misrepresentation of material fact in writing on his or her enrollment application, or in order to obtain coverage for a service, coverage will terminate immediately upon written notice of termination delivered by Aetna to the student.
9. The date that the Policyholder's Policy is terminated. If Aetna terminates and/or decides to stop offering a particular class of group policies, without regard to claims experience or health related status, to which the Certificate belongs, Aetna will provide the Policyholder and students at least 90 days' prior written notice.
10. If Aetna elects to terminate or cease offering student accident and health insurance coverage in the State of New York, Aetna will provide written notice to the Policyholder and student at least 180 days prior to when the coverage will cease.
11. The Policyholder has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage.
12. For such other reasons that are acceptable to the superintendent and authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any later amendments or successor provisions, or by any federal regulations or rules that implement the provisions of the Act.

No termination shall prejudice the right to a claim for benefits which arose prior to such termination.

Important information regarding incapacitated dependent children:

Any unmarried dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the New York Mental Hygiene Law), or physical handicap and who became so incapable prior to attainment of the age at which the child's coverage would otherwise terminate and who is chiefly dependent upon you for support and maintenance, will remain covered while your insurance remains in force and your child remains in such condition. You have 31 days from the date of your child's attainment of the termination age to submit an application to request that the child be included in your coverage and proof of the child's incapacity. Aetna has the right to check whether a child is and continues to qualify under this section. Aetna has the right to request and be furnished with such proof as may be needed to determine eligibility status of a prospective or covered student and all other prospective or covered members in relation to eligibility for coverage under the Certificate at any time.

Important note regarding coverage for a newborn infant or newly adopted child:

If a covered student has a newborn or adopted newborn child and Aetna receives notice of such birth within 30 days thereafter, coverage for the student's newborn starts at the moment of birth; otherwise, coverage begins on the date on which Aetna receives notice. Your adopted newborn child will be covered from the moment of birth if you take physical custody of the infant as soon as the infant is released from the hospital after birth and you file a petition pursuant to Section 115-c of the New York Domestic Relations Law within 60 days of the infant's birth; and provided further that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the New York Domestic Relations Law, and consent to the adoption has not been revoked. However, Aetna will not provide hospital benefits for the adopted newborn's initial hospital stay if one of the infant's natural parents has coverage for the newborn's initial hospital stay. If the covered student has individual or individual and spouse coverage, the covered student must also notify Aetna of his or her desire to switch to parent and child/children or family coverage and pay any additional premium within 30 days of the birth or adoption in order for coverage to start at the moment of birth. Otherwise, coverage begins on the date on which Aetna receives notice and the premium payment.

If you need information or have general questions on dependent enrollment, call Member Services at **888-295-0148**.

Important provisions of the student health plan

State mandated benefits

Aetna will pay benefits in accordance with applicable New York State Insurance Law(s).

Recovery of overpayment

On occasion, a payment will be made to you when you are not covered, for a service that is not covered, or which is more than is proper. When this happens, Aetna will explain the problem to you and you must return the amount of the overpayment to Aetna within 60 days after receiving notification from Aetna. However, Aetna shall not initiate overpayment recovery efforts more than 24 months after the original payment was made unless Aetna has a reasonable belief of fraud or other intentional misconduct.

Reimbursement and subrogation

These paragraphs apply when another party (including any insurer) is, or may be found to be, responsible for your injury, illness or other condition and Aetna has provided benefits related to that injury, illness or condition. As permitted by applicable state law, unless preempted by federal law, Aetna may be subrogated to all rights of recovery against any such party (including your own insurance carrier) for the benefits Aetna has provided to you under the Certificate. Subrogation means that Aetna has the right, independently of you, to proceed directly against the other party to recover the benefits that Aetna has provided.

Subject to applicable state law, unless preempted by federal law, Aetna may have a right of reimbursement if you or anyone on your behalf receives payment from any responsible party (including your own insurance carrier) from any settlement, verdict or insurance proceeds, in connection with an injury, illness, or condition for which Aetna provided benefits. Under Section 5-335 of the New York General Obligations Law, Aetna's right of recovery does not apply when a settlement is reached between a plaintiff and defendant, unless a statutory right of reimbursement exists. The law also provides that, when entering into a settlement, it is presumed that you did not take any action against Aetna's rights or violate any contract between you and Aetna. The law presumes that the settlement between you and the responsible party does not include compensation for the cost of health care services for which Aetna provided benefits.

Aetna requests that you notify Aetna within 30 days of the date when any notice is given to any party, including an insurance company or attorney, of your intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or condition sustained by you for which Aetna has provided benefits. You must provide all information requested by Aetna or Aetna's representatives including, but not limited to, completing and submitting any applications or other forms or statements as Aetna may reasonably request.

Extension of Benefits

When your coverage under the Certificate ends, Aetna will provide benefits during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date your coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability.

If your coverage ends because you are no longer a student, we will provide benefits during a period of total disability for up to 90 days from the date your coverage ends for covered services to treat the

injury, sickness, or pregnancy that caused the total disability, unless these services are covered under a group health plan.

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly settle the claim. Aetna will handle this review.

Member Services Representatives are available 8:30 a.m. to 5:30 p.m. EST, Monday through Friday, for any questions by calling **888-295-0148**.

You can send claims to:

Aetna Student Health
PO Box 981106
El Paso, TX 79998

A few things to keep in mind:

1. Bills must be submitted within 120 days from the date of service;
2. Payment for Covered Medical Expenses will be made directly to the hospital or provider you visited, unless bill receipts and proof of payment are submitted;
3. If you have itemized medical bills, submit them with the Aetna Medical claim form. Subsequent medical bills should be mailed promptly to the above address;
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Plan.

When you fill a covered prescription, present your ID card to a Preferred Pharmacy along with any Copay and/or Deductible. The pharmacy will bill Aetna for the cost of the drug plus a dispensing fee. They'll subtract the Copay and/or the Deductible amount from the total.

When you need to fill a prescription and do not have your ID card with you, you can still get your prescription and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You'll be reimbursed for covered medications, minus any applicable Copay and/or Deductible amount. You can refer to the Plan Design and Benefits Summary to find out more about the benefits for prescription drugs.

Financial Sanctions Exclusions

If coverage provided by any insurance policy or administrative services agreement violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Grievances and Appeals

If you are dissatisfied with the service you receive from the Plan or you want to complain about a network provider, you may call the

Member Services telephone number shown on your ID card or write to Aetna at:

Aetna Life Insurance Company
Appeals Resolution Team
PO Box 14464
Lexington, KY 40512

The grievance must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter. You may submit an appeal if Aetna gives notice of an adverse benefit determination. A final adverse benefit determination notice may also provide an option to request an External Review (if available).

For more information about the Grievance and Appeals Procedure or External Review processes, you may call the Member Services telephone number shown on your ID card. A complete description of the Grievance and Appeals Procedure and External Review processes are contained in the Master Policy/Certificate of Coverage issued to Alfred University, and may be viewed online at www.aetnastudenthealth.com.

As a student health plan member, you have access to additional programs too

As a member of the Student Health Plan, you can also take advantage of the following services, discounts, and programs. These are not provided by Aetna and are NOT insurance. You'll be responsible for the full cost of the discounted services. Just be aware that these services, discounts and programs can change without notice. To learn more about these and additional services that are offered to you and search for providers visit the Alfred University page at alfred.myahpcare.com.

Fitness discounts: You can save on gym memberships and name-brand home fitness and nutrition products that support a healthy lifestyle with services provided by GlobalFit®.

Participation is for new gym members only. If you belong to a gym now or belonged recently, call GlobalFit to see if a discount applies.

Natural products and services discounts: You can get discounts on specialty health care products and services through the ChooseHealthy® program and online consultations through Vital Health Network.

The ChooseHealthy program is made available through American Specialty Health Administrators, Inc. (ASH Administrators), a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

Vision discounts: You can save on eye exams, lenses and frames, replacement contact lenses, LASIK surgery and more when you go to a provider participating in the EyeMed Vision Care network. Please reference Plan # 46543 when visiting an EyeMed Vision Care network.

Weight management discounts: You can get discounts on the CalorieKing™ Program and products, Jenny Craig® weight loss programs and Nutrisystem® weight loss meal plans.

Beginning Right® Maternity Program: Make healthy choices for you and your baby. Learn what decisions are good ones. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

Emergency Medical, Security and Travel Assistance Services including Medical, Political and Natural Disaster Evacuation:

On Call International provides emergency medical, security and travel assistance services. Contact On Call International's Global Response Center anytime from anywhere in the world to access services including destination information, medical, dental and pharmacy referrals, legal consultation and referral, emergency cash transfer assistance, baggage delay assistance, bail bond assistance and many other important assistance services.

Services rendered without On Call International's coordination and approval are not covered. No claims for reimbursement will be accepted. If you are able to leave your host country by normal means, On Call International will assist you in rebooking flights or other transportation. Expenses for non-emergency transportation are your responsibility.

On Call International can be reached 24 hours a day at **1-866-525-1956** or collect **1-603-328-1956**.

Aetna's Informed Health® Line²: Call Aetna's toll-free number to talk to registered nurses. They can share information on a range of healthy topics

Call anytime. (United State only). Nurses are available 24-hours a day. To reach a nurse, call **1-800-556-1555**. TDD for hearing and speech-impaired people only: **1-800-270-2386**.

For more information

Call **888-295-0148**
or visit **www.aetnastudenthealth.com**

Notice

Aetna considers non-public personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, Aetna uses personal information internally, shares it with our affiliates, and discloses it to health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request.

By enrolling in the Plan, you permit Aetna to use and disclose this information as described above on behalf of yourself and your Covered Dependents. To obtain a copy of Aetna's Notice of Privacy Practices describing in greater detail Aetna's practices concerning use and disclosure of personal information, please call Member Services at **888-295-0148** or visit **www.aetnastudenthealth.com**.

Administered by:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998

Underwritten by:

Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
Policy No. 474924

¹Participating providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company or their affiliates. Neither Aetna Life Insurance Company nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.

²While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

The discount offers and programs above provide access to discounted prices and are NOT insured benefits. You are responsible for the full cost of the discounted services. Discounts and programs may be offered by vendors who are independent contractors and not employees or agents of Aetna. Aetna may receive a percentage of the fee you pay to a discount vendor. These services, programs or benefits may be offered by vendors who are independent contractors and not employees or agents of Aetna Life Insurance Company or their affiliates.

www.aetnastudenthealth.com