

Aetna Life Insurance Company

Aetna Student Health

Emory University
2018 - 2019 Continuation Plan Enrollment Form
International & PA Allied Health Students and Dependents
In order to enroll you must complete steps 1 through 5!

as long as they were enrolled in Emory Student Health Insurance Plan for the previous academic term. Newborn children born after the termination date of the 2017/2018 Plan are not eligible for Continuation Coverage. Students eligible for the 2018/2019 Emory Student Health Insurance Plan are not eligible to purchase this Continuation Option. **To enroll, complete the enrollment form and remit the appropriate premium prior to the stated deadline date. Coverage will be in effect the day after the termination date of your Emory Student Health Insurance to insure continuous coverage. Application and premium received after deadline date will not be accepted and premium will be refunded.**

Coverage may be purchased for a three (3) month Period of Coverage. The period of coverage must be selected, and the total premium must be paid, at the time of enrollment. **The Emory University Student Health Insurance Policy is not renewable. However, you may re-enroll for the next policy year if you are eligible at that time. All enrollments are final. Once an application has been received, coverage cannot be cancelled and no refunds are available.** Once an election of coverage is made, a later application requesting an increase or a decrease of the initially elected coverage period will not be processed, even if received prior to the deadline.

ELIGIBILITY FOR CARE AT EMORY STUDENT HEALTH SERVICES

Students who graduated from Emory University are allowed to receive care at Student Health Services on a fee-for-service basis. Therefore, eligibility for care is as follows:

Graduated May 2018 (NOT enrolled during Summer or returning in the fall), eligibility ends May 17, 2018
 Graduated May or August 2018 (but remain enrolled during Summer), eligibility ends August 14, 2018

Students who purchase the Continuation Plan for a period of time that exceeds their eligibility at Student Health Services should receive their primary care at another Emory Core or Aetna PPO primary care provider. A referral is not necessary to receive this care.

DESCRIPTION OF BENEFITS

The Emory University Continuation Coverage is the same as the 2018-2019 Emory Student Health Insurance Plan. Please see the Emory Student Health Insurance Plan Design and Summary of Benefits on-line at www.aetnastudenthealth.com. Click on "Find your School" and enter #686178 as your Policy Number for a description of benefits, definitions, limitations and exclusions of the Plan for 2018-2019. For a complete description, please refer to the Master Policy.

The payment of the balance of any Copays, Deductibles, Coinsurance amounts, and any charges beyond the allowed Reasonable Charges and any medical expenses not covered are the responsibility of the Covered Person.

I have carefully read the Emory Continuation Information and elect to enroll as indicated. I permit Emory University to provide Aetna Student Health with my enrollment status for purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that the student is not eligible; the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility. I understand that I am under no obligation to purchase the Continuation Plan.

It is the student's responsibility for timely renewal payments.

5. Do we have your permission to communicate electronically with you regarding this enrollment form and this Student and dependent Health Insurance Plan? **Yes** _____ **No** _____

Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company. Self-insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Signature: _____

Date: _____

MAIL TO: AETNA STUDENT HEALTH BENEFIT P.O. BOX 14388 LEXINGTON, KY 40512
OR
FAX: 859-425-5200

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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 the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

(Arabic) للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية.

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)