This booklet 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.
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 http://www.aetnastudenthealth.com/emory.

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 877-261-8403.

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 http://www.aetnastudenthealth.com/emory.

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.

The Emory University Emory University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc.
Aetna Student Health℠ is the brand name for products and services provided by Aetna Life Insurance Company (Aetna) and CCA and their applicable affiliated companies (Aetna).
Your health plan

Your student health plan offered by Emory 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 http://www.aetnastudenthealth.com/emory.

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 Master Policy 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 Master Policy, the Master Policy will govern and control the payment of benefits. The Master Policy can be found at http://www.aetnastudenthealth.com/emory.

This student 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 877-261-8403.

How your plan works

Emory University Student Health and Counseling Services will act as your Primary Care Provider (PCP) — referrals may be needed

You and your covered spouse’s or domestic partner’s health care needs are best managed under one health system. Because Aetna wants you to get the best care possible, Aetna will pay your covered benefits when you get a referral for your care. A referral generally is not required in the following circumstances:

• Treatment is for an Emergency Medical Condition (a referral from Emory University Student Health and Counseling Services may be necessary for follow-up care);
• You or your covered spouse or domestic partner are more than 50 miles miles away from the campus;
• Emory University Student Health and Counseling Services is closed;
• When you get service at another facility during break or vacation periods;
• Medical care received when you are no longer able to use Emory University Student Health and Counseling Services due to a change in your student status;
• Maternity care and OB/GYN care; or
• Preventive/Routine Services.

PLEASE NOTE: Your Plan may require a referral for additional treatments - please refer to your Plan Design and Benefits Summary for additional information.

Eligible students who do enroll may also cover their eligible dependents. Dependent eligibility and coverage period must be concurrent with the insured student’s. Eligible dependents are defined as, the spouse or domestic partner (as defined below) residing with the covered student and children under 26 years of age.

Your Aetna Student Health Plan allows you to choose where to receive care- from a network provider1, or a provider outside the network.

Option 1: Visit Emory University Student Health and Counseling Services or a network provider2

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

• Get approval from Aetna before giving you certain services3;
• File claims for you.

To find a provider in the network, use Aetna’s online directory, DocFind, at http://www.aetnastudenthealth.com/emory. You can also request a printed directory. Just call member services at 877-261-8403 and we’ll send you a printed directory.

You’ll pay less with this network option.

Option 2: Go to a provider outside the network2

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

• Get approval from Aetna before receiving certain services3;
• File your own claims;

Pay the difference between the amount paid by your Plan and the amount charged by your provider.

This out-of-network option typically costs you more.

When you are in need of treatment that requires an overnight stay in a hospital

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Call to get information on pre-certification or to pre-certify at 877-261-8403.

• If you do not get pre-certification for non-emergency inpatient admissions, or give notification for emergency admissions, your covered medical expenses will be subject to a $200 per admission Deductible per admission Deductible.
• If you do not get pre-certification for partial hospitalizations, your covered medical expenses will be subject to a $200 per admission Deductible per admission Deductible. 
You’ll need pre-certification for the following inpatient and outpatient services or supplies:
• All inpatient admissions, including length of stay, to a hospital, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility;
• All inpatient maternity care, after the initial 48 hours for a vaginal delivery or 96 hours for a cesarean section;
• All partial hospitalization in a hospital, residential treatment facility, or facility established primarily for the treatment of substance abuse.

Pre-certification DOES NOT guarantee the payment of benefits for your inpatient admission
Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Master Policy. Also you can view eligibility, notification guidelines, and benefit coverage.

Pre-certification of non-emergency inpatient admissions and partial hospitalization
Non-emergency admissions must be requested at least three business days prior to the planned admission or prior to the date the services are scheduled to begin.

Pre-certification of emergency inpatient admissions
Emergency admissions must be requested within twenty-four hours after the admission.

When does my coverage under the student health plan end?
You’ll get benefits as long as the Master Policy is active with Emory University and you are in an eligible class. You’ll also need to be sure your premiums are paid. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision described in this guide. To review coverage periods, premium rates and any applicable deadlines, please refer to the Plan Design and Benefits Summary.

Know when your coverage ends
Your student coverage will end when one of the following happens:
• The date the Plan year ends;
• The last day for which any required premium has been paid;
• The day you withdraw from school because you enter the armed forces for any country. Your premiums will be refunded on a pro-rated basis within 90 days of the date you withdraw;
• When you are no longer an eligible student.

If you withdraw from school for any reason other than joining the armed forces, Aetna won’t refund your premium. Instead, you’ll continue to be insured until your coverage period runs out for which premium has been paid. You will be insured for the coverage period for which you are enrolled, and for which premium has been paid. Please refer to the Plan Design and Benefits Summary for more information regarding eligibility, coverage dates, premium rates and applicable deadlines.

Know when your dependent’s coverage ends
Your dependent’s coverage will end when your coverage ends. Before then, your dependent’s coverage will end:
(a)For your child, on the last day of the coverage period following your child’s 26th birthday;
(b)The date you fail to pay any required premium;
(c)For your spouse, the date your marriage ends in divorce or annulment;
(d)The date the dependent coverage is no longer offered under the Plan;
(e)For your domestic partner*, the earlier to occur of:
• The date this Plan no longer allows coverage for domestic partners, and
• The date your domestic partnership ends. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to Emory University.

If your Plan coverage ends early for any reason, it won’t affect any claims made before the coverage ends.

Important information regarding incapacitated dependent children:
Your disabled dependent children may be able to have their insurance coverage extended past the age when coverage would regularly end. The dependent child must mostly rely on you for support and be unable to take care of themselves because of mental or physical handicap.

You’ll need to send us proof of the child’s disability and inability to care for themselves. You have 31 days after the date that the coverage would normally end. Your child will be considered a covered dependent, so long as you submit proof to Aetna each year that the child remains physically or mentally unable to earn his/her own living. The premium due for the child’s insurance will be the same as for a child who is not so incapacitated.

The child’s insurance will end on the earlier of:
(a)The date specified under the provision entitled Termination of Dependent Coverage found in the Master Policy, or
(b)The date the child is no longer disabled and dependent on you for support.

Important note regarding coverage for a newborn infant or newly adopted child:
A child born to an individual enrolled for coverage in the Plan shall be covered for preventive care; injury; sickness; premature birth; and medically diagnosed congenital defects; and birth abnormalities from the moment of birth for an initial period of 31 days. At the end of this 31 day period, coverage will cease under the Plan. To extend coverage for a newborn beyond 31 days, you
must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with you for 31 days from the moment of placement provided the child lives in your household, and is dependent upon you for support. To extend coverage for your adopted child past the 31 days, you must: 1) enroll the child within 31 days of placement of such child; and 2) pay any additional premium, if necessary, starting from the date of placement.

If your coverage is terminated, the newborn or adopted child's coverage will also be terminated.

If you need information or have general questions on dependent enrollment, just call Member Services at 877-261-8403.

Important provisions of the student health plan

State mandated benefits
Aetna will pay benefits in accordance with applicable Georgia State Insurance Law(s).

Recovery of overpayment
If Aetna pays more than the benefit amount based on the guidelines of the contract with your school, Aetna has the right:
• to require the return of the overpayment on request;
• to reduce by the amount of the overpayment, any future benefit payment made to or on behalf of you or another person in your family.

Such right does not affect any other right of recovery Aetna may have with respect to such overpayment.

Right of Recovery
As used herein, the term “Third Party”, means any party that is, or may be, or is claimed to be responsible for injuries or illness to a Covered Person. Such injuries or illness are referred to as “Third Party Injuries.” “Third Party” includes any party responsible for payment of expenses associated with the care of treatment of Third Party injuries.

If the Covered Person has a claim for damages or a right to recover damages from a Third Party or parties for an illness or injury for which benefits are payable under this plan, Aetna may have a right for recovery. Aetna’s right of recovery shall be limited to the recovery of any benefits paid for identical Covered Medical Expenses under this Plan, but shall not include non-medical items. Money received for future medical care or pain and suffering may not be recovered. Aetna’s right of recovery may include compromise settlements. The Covered Person’s attorney must inform Aetna of any legal action or settlement agreement at least ten days prior to settlement or trial. Aetna will then notify the Covered Person of the amount it seeks to recover for covered benefits paid. Aetna’s recovery may be reduced by the pro-rata share of the Covered Person’s attorney’s fees and expenses of litigation.

Coordination of Benefits
Benefits Subject To This Provision: This Coordination of Benefits (COB) provision applies to This Plan when a covered student or the covered dependent has medical coverage under more than one Plan. “Plan” and “This Plan” are defined herein.

The Order of Benefit Determination Rules below determines which plan will pay as the primary plan. The primary plan pays first; without regard to the possibility that another plan may cover some expenses. A secondary plan pays after the primary plan; and may reduce the benefits it pays; so that payments from all group plans do not exceed 100% of the total allowable expense.

Extension of Benefits
If you are confined to a hospital on the date your insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be considered Covered Medical Expenses. Covered Medical expenses will be payable in accordance with the Master Policy, during the 90 day period following such termination of insurance.

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 877-261-8403.

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.
Foreign Claims

Your plan may reimburse you for services provided when care is rendered outside of the United States, subject to the terms of the Master Policy.

Whenever coverage provided by any insurance policy is in violation of any U.S., U.N. or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the U.S. Treasury’s website at: www.treasury.gov/resource_center/sanctions.

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 Emory University page at http://www.aetnastudenthealth.com/emory.

Fitness discounts: You can save on gym memberships⁶ and name-brand home fitness and nutrition products that support a healthy lifestyle with services provided by GlobalFit®.

⁶Participation 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® program² and online consultations through Vital Health Network.

²The 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.

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

Quit Tobacco Cessation Program: Say good-bye to tobacco and hello to a healthier future! You’ll get personal attention in a one on one session or online group from Aetna health professionals that can help find what works for you.

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® Line*: Call Aetna’s toll-free number to talk to registered nurses. They can share information on a range of healthy topics.

Call anytime. (United States 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.
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 Chickering Claims Administrators, Inc., Aetna Life Insurance Company or their affiliates.
For more information

Call 877-261-8403
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 877-261-8403 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. 812808

1Network providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. 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.

2Remember: in case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

3In Texas, this approval is known as "pre-service utilization review" and is not "verification" as defined by Texas law.

4While 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.

5Not all topics may be covered medical expenses under your Plan.

6Not all plans may cover domestic partners—please refer to the Plan Design and Benefits Summary information for more details.

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