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.
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 www.aetnastudenthealth.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 877-373-0741.

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 www.aetnastudenthealth.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. Self insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company.
Your health plan

Your student health insurance plan offered by Stony Brook 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 www.aetnastudenthealth.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 Master Policy, Certificate of Coverage and Schedule of Benefits, 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 www.aetnastudenthealth.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 877-373-0741.

How your plan works

Student Health Service will act as your Primary Care Provider (PCP) — referrals may be needed

You do need a referral from Student Health Service before receiving care from a participating provider. If you do obtain a referral, your cost-sharing may be lower (please see the Schedule of Benefits section of the Certificate of Coverage).

A referral is not required in the following circumstances:
Primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, treatment of Acute gynecologic conditions, or for any care related to a pregnancy from a qualified participating provider of such services;
Emergency services;
Pre-hospital emergency medical services and emergency ambulance transportation;
When Student Health Service is closed;
When outside of the twenty-five (25) mile radius of the Student Health Service.

PLEASE NOTE: Your Plan may not require a referral for additional treatments – please refer to your Plan Design and Benefits Summary for additional information.

Your covered spouse/domestic partner or child(ren) are not eligible to use the services of Student Health Service and are therefore not subject to the referral requirements and penalties.

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 Student Health Service or a participating provider

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 www.aetnastudenthealth.com. You can also request a printed directory. Just call member services at 877-373-0741 and we’ll send you a printed directory.

You’ll pay less with this participating provider option.

Option 2: Go to a non-participating provider

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.

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:
• The Student has failed to pay Premiums within thirty (30) days of when Premiums are due. Coverage will terminate as of the last day for which Premiums were paid.

• 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 thirty (30) days prior to when the coverage will cease.

• 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.

• For spouses in cases of divorce, the date of the divorce.

• For children, until the end of the year in which the child turns twenty-six (26) years of age.

• For all other dependents, the end of the year in which the dependent ceases to be eligible.

• 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.

• If a student or the student’s dependent has performed an act that constitutes fraud or the student has 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 and/or the Student’s Dependent, as applicable.

• The date that the Policyholder’s Policy is terminated. If Aetna terminates and/or decides to stop offering a particular class of policies, without regard to claims experience or health related status, to which the Certificate belongs, Aetna will provide the Policyholder and students at least ninety (90) days’ prior written notice.

• 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 one hundred eighty (180) days prior to when the coverage will cease.

• 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.

• 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 thirty (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 sixty (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 or his or her desire to switch to parent and child/children or family coverage and pay any additional premium within thirty (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 provided that You pay any additional Premium when due.

If you need information or have general questions on dependent enrollment, call Member Services at 877-373-0741.

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 sixty (60) days after receiving notification from Aetna. However, Aetna shall not initiate overpayment recovery efforts more than twenty-four (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 thirty (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.

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 877-373-0741.

You can send claims to:

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

A few things to keep in mind:

1. Bills must be submitted within one hundred twenty (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.

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 Stony Brook 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 Stony Brook University page at www.aetnastudenthealth.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® 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 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.

**Vital SavingsSM on Dental:** is a dental discount program helping you save. You only need to pay a small annual fee to join (under $30).® So, it’s easy to use. In most instances, students can save 15 to 50 percent on many dental services.***

*Per student cost. Family fee also available.
**Actual costs and savings may vary by provider, service and geographic location.

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. 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.
For more information
Call 877-373-0741
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 Care 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 877-373-0741 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)
Hartford, CT 06156
Policy No. 890444

Underwritten by:
Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156

Policy No. 890444

Network 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.

While 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 Vital Savings by Aetna® program (the “Program”) is not insurance. This Program does not meet the Minimum Creditable Coverage requirements in Massachusetts. The Program provides members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under The Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna may receive a percentage of the fee you pay to the discount vendor. The Discount Medical Plan Organization is Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-238-4825.

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 877-373-0741. 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,
Aetna Student Health
P.O. Box 14462, Lexington, KY 40512

Fax: 859-425-3379 (CA HMO customers: PO Box 24030 Fresno, CA 93779
1-868-262-7705, 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].

To access language services at no cost to you, call 877-373-0741.
Para acceder a los servicios de idiomas sin costo, llame al 877-373-0741. (Spanish)
如欲使用免費語言服務, 請致電 877-373-0741. (Chinese)
Afin d’accéder aux services langagiers sans frais, composez le 877-373-0741. (French)
Para más acceso a servicios gratuitos, llame al 877-373-0741. (Tagalog)
Um auf für Sie kostenlose Sprachenleistungen zugreifen, rufen Sie 877-373-0741 an. (German)
Pour accéder à des services linguistiques, sans aucun coût pour les frais, composez le numéro 877-373-0741. (Italian)
말을 번역하거나 다른 언어로 제공하는 데 도움이 필요한 경우에는, 877-373-0741에 문의해 주세요. (Japanese)
로⁺ 언어 서비스를 이용하려면 877-373-0741로 전화해 주십시오. (Korean)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 877-373-0741. (Polish)
Para acessar os serviços de idiomas sem custo para você, ligue para 877-373-0741. (Portuguese)
Để thông dịch miễn phí, hãy gọi điện cho số 877-373-0741. (Vietnamese)

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