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/upenn.

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 800-841-5374.

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/upenn.

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.
Your health plan

Your student health insurance plan offered by University of Pennsylvania

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/upenn.

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 www.aetnastudenthealth.com/upenn.

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 800-841-5374.

How your plan works

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

Your 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.

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 Health Plan allows you to choose where to receive care - from a network provider\(^1\), or a provider outside the network.

Option 1: Visit Student Health Service or a network provider\(^1\)

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 services;
- File claims for you.

To find a provider in the network, use Aetna’s online directory, DocFind\(^*\) at www.aetnastudenthealth.com/upenn. You can also request a printed directory. Just call member services at 800-841-5374 and we’ll send you a printed directory.

You’ll pay less with this network option.

Option 2: Go to a provider outside the network\(^1\)

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 services;
- 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 does my coverage under the student health plan end?

You’ll get benefits as long as the Master Policy is active with University of Pennsylvania 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 prorated basis within 90 days of the date you withdraw;
- The date you are no longer in an eligible class (e.g., after graduation, drop in full time credit status, etc). Please refer to the Plan Design and Benefit Summary for more information about eligible individuals under the Plan.

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 University of Pennsylvania.

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 31 days after birth. 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. If your coverage ends during this 31 day period after the newborn’s birth, the newborn’s coverage will end on the same day as your coverage ends. This applies even if the 31 day period has not expired.

Coverage is provided for a child legally placed for adoption with you from the moment of placement, for an initial period of 31 days, 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 ends during this 31 day period after the adopted child’s placement, the adopted child’s coverage will end on the same day as your coverage ends. This applies even if the 31 day period has not expired.

If you need information or have general questions on dependent enrollment, call Member Services at 800-841-5374.

Important provisions of the student health plan

State mandated benefits

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

Rescission of coverage

Aetna may rescind your coverage if you, or the person seeking coverage on your behalf:

• Performs an act, practice or omission that constitutes fraud; or
• Makes an intentional misrepresentation of material fact.

You will be given 30 days advance written notice of any rescission of coverage.

As to medical, pediatric dental, pediatric vision care, and prescription drug coverage only you have the right to an internal appeal with Aetna and/or the right to a third party review conducted by an independent External Review Organization if your coverage under the Policy is rescinded retroactive to its Effective Date.

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.

Reimbursement and subrogation

If a loss or injury sustained by you is caused by the act or omission of a third party, benefits otherwise payable under this Policy for
Covered Medical Expenses under the Plan for such loss or injury will be paid only on the condition that you (or your legally authorized representative if you are legally incapable) shall agree in writing to pay Aetna to the extent that a third party settlement or judgment includes an amount (or portion thereof) previously paid by Aetna for the same medical services or benefits as incurred by you. To provide Aetna a lien, to the extent of such benefits paid. The lien may be filed with the person whose act caused the injuries, his agent, or a court jurisdiction in the matter. “You” includes; for the purposes of this provision; anyone on whose behalf this Plan pays or provides any benefit; including but not limited to the minor child or dependent of any covered student; entitled to receive any benefits from this Plan. Aetna shall exercise such reimbursement rights to the extent permitted by law. You shall do nothing to prejudice Aetna’s reimbursement rights. You shall; when requested; fully cooperate with Aetna’s efforts to recover its benefits paid. It is your duty to notify Aetna within 45 days of the date when any notice is given to any party; including an attorney; of the intention to pursue or investigate a claim; to recover damages; due to injuries sustained by you.

Extension of Benefits
If you are confined to a hospital or under treatment for a covered condition on the date your insurance terminates, expenses incurred during the continuation of that hospital confinement or for the treatment of the covered condition that caused the hospital confinement, shall be considered Covered Medical Expenses. Covered Medical expenses will be payable in accordance with the Master Policy, during the 31 day period following such termination of insurance.

If coverage for a covered person ends while he is totally disabled; benefits will continue to be available for expenses incurred for that covered person; only while the covered person continues to be totally disabled. Benefits will end 3 months from the date coverage ends.

Excess Provision
This Plan is an excess only Plan. As an excess only Plan, this Plan pays its Covered Medical Expenses after any other medical coverage. Benefits payable under this Plan shall be limited to the Plan’s Covered Medical Expense and reduced by the amount paid or payable by any other medical coverage. For more information refer to the Master Policy.

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 800-841-5374.

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 90 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.

Complaints and Appeals
If you are dissatisfied with the service you receive from the Plan or you want to complain about a network care 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 complaint 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 Complaints 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 Complaints and Appeals Procedure and External Review processes are contained in the Master Policy issued to University of Pennsylvania, 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 University of Pennsylvania page at www.aetnastudenthealth.com/upenn.

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 Savings™ 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.
For more information
Call 800-841-5374
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 800-841-5374 or visit www.aetnastudenthealth.com.

Sanctioned Countries:
If coverage provided by this Plan 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.

Medicare Eligibility
You are not eligible for health coverage under this student policy if you have Medicare at the time of enrollment in this student plan. If you obtain Medicare after you enrolled in this student plan, your health coverage under this plan will not end.

As used here, "have Medicare" means that you are entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

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

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

Policy No. 724535
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.

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.

This material is for information only. Health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

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 800-841-5374. 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.

To access language services at no cost to you, call 800-841-5374.

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 800-841-5374. (Polish)
Parlons français. Pour accéder aux services linguistiques gratuits, composez 800-841-5374. (French)
Para acceder a los servicios de idiomas sin costo, llame al 800-841-5374. (Spanish)
如欲使用免費語言服務，請致電 800-841-5374. (Chinese)
Pou jwenn sevis lang gratis, rele 800-841-5374. (French Creole-Haitian)
Para ma-access ang mga serbisyo sa wika, tawag sa 800-841-5374. (Tagalog)
Um auf Sie kostenlose Sprachenleistungen zuzugreifen, rufen Sie 800-841-5374 an. (German)
參加的供應商不能以不同方式對待您。如要獲取這種コミュニケーション、電話にアクセスしてください。 (Japanese)
Pour recevoir les services de langues gratuits, composez 800-841-5374. (French Creole-Haitian)
Para acceder ai servizi linguistici, senza alcun costo per lei, chiamili al numero 800-841-5374. (Italian)
If you need help with translation or other services, please call 800-841-5374. (Korean)
Para acessar os serviços de idiomas sem custo para você, ligue para 800-841-5374. (Portuguese)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 800-841-5374. (Polish)
باستخدام خدمات الإملاء دون تكلفة، الرجاء الاتصال على 800-841-5374. (Arabic)
Можете ли вы обращаться на бесплатные языковые услуги по номеру 800-841-5374? (Ukrainian)
Para acessar os serviços de idiomas sem custo para você, ligue para 800-841-5374. (Portuguese)
Прошу вас позвонить без дополнительной платы 800-841-5374, чтобы получить услуги переводчика. (Russian)
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-841-5374. (Vietnamese)