Indiana University Students/Scholars

Aetna Student HealthSM
2017-2018 Plan Guide

Student Health Insurance Plan

www.aetnastudenthealth.com/iu

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/iu.

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 877-437-6512.

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/iu.

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 Health® 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 for Indiana University Students/Scholars

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/iu.

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/iu.

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 877-437-6512.

How your plan works

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 Bloomington Campus - IUB Student Health Center or Indianapolis Campus - IUPUI Health Services or a network provider¹

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/iu. You can also request a printed directory. Just call member services at 877-437-6512 and we’ll send you a printed directory.

You’ll pay less with this network option.

Option 2: Go to a provider outside the network¹

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 Indiana University Students/Scholars 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 Indiana University Students/Scholars.

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 (including medically diagnosed congenital defects and birth abnormalities), 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 877-437-6512.

Important provisions of the student health plan

State mandated benefits

Aetna will pay benefits in accordance with applicable Indiana 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

When your injury appears to be someone else’s fault, benefits otherwise payable under this Policy for Covered Medical Expenses incurred as a result of that injury will not be paid unless you or your legal representative agrees:
(a) to repay Aetna for such benefits to the extent they are for losses for which compensation is paid to you by or on behalf of the person at fault;
(b) to allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna; and
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 90 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.

Coordination of Benefits

A Coordination of Benefits (COB) provision applies to the Plan when you or your covered dependent has medical and/or dental coverage under more than one Plan.

The Order of Benefit Determination Rules 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. For more information about the Coordination of Benefits procedure, including the Order of Benefits Determination Rules, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits procedure is contained in the Master Policy issued to Indiana University Students/Scholars, and may be viewed online at www.aetnastudenthealth.com.

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 877-437-6512.

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.

Grievances and Appeals

You may submit a grievance if you are dissatisfied with the service you receive from the Plan or you want to complain about a network care provider, or if you receive notice of an adverse benefit determination. A grievance may be submitted by calling or writing Aetna’s Member Services within 30 calendar days of the incident. If you submit a grievance in writing, you must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter.

For more information about the Grievance Review process, you may call the toll-free Member Services telephone number as shown on your ID card and listed on your notice of adverse benefit determination, and you may 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 Grievances and Appeals Procedure or External Grievance Review processes, you may call the Member Services telephone number shown on your ID card. A complete description of the Grievances and Appeals Procedure and External Grievance Review processes are contained in the Master Policy issued to Indiana University Students/Scholars, 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 Indiana University Students/Scholars page at www.aetnastudenthealth.com/iu.

**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.

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.
For more information
Call 877-437-6512
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 laws. 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 877-437-6512 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 only 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.

1Network 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.

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 877-437-6512. 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)

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 877-437-6512.

Para acceder a los servicios de idiomassin costo, llame al 877-437-6512. (Spanish)

#.Aetna Life Insurance Company (Aetna)

Policy No. 812849

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

151 Farmington Avenue
Hartford, CT 06156

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