

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



The Pennsylvania State University **Aetna Student HealthSM** **2015-2016 Plan Guide**

University Park

<https://www.aetnastudenthealth.com/schools/pennstate>

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.



PENNSTATE





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 <https://www.aetnastudenthealth.com/schools/pennstate>.

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.

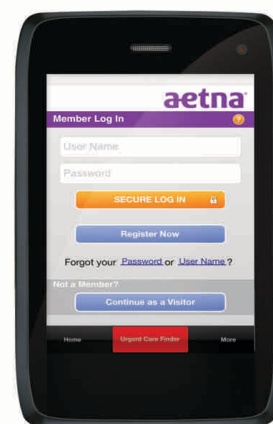
When you have a question about your plan, Member Services is available 8:30 a.m. to 5:30 p.m. EST, Monday through Friday, for any questions by calling **855-546-5412**.

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 <https://www.aetnastudenthealth.com/schools/pennstate>.

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.

Your health plan

Your student health plan offered by The Pennsylvania State 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 <https://www.aetnastudenthealth.com/schools/pennstate>.

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

<https://www.aetnastudenthealth.com/schools/pennstate>.

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 **855-546-5412**.

How your plan works

University Health Services 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. A referral generally is not required in the following circumstances:

- Treatment for an Emergency Medical Condition.
- Obstetric and gynecological treatment.
- Pediatric care.
- You are more than 25 miles away from University Health Services.
- University Health Services is closed.

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 and/or child(ren) is/are not eligible to use the services of University Health Services and is; 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 provider¹, or a provider outside the network.

Option 1: Visit University Health 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

<https://www.aetnastudenthealth.com/schools/pennstate>. You can also request a printed directory. Just call member services at **855-546-5412** 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, certain tests, procedures, outpatient surgery, therapies and equipment, and prescribed medication

Your Plan requires pre-certification for certain services, such as inpatient stays, certain tests, procedures, outpatient surgery, therapies and equipment, and prescribed medications. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for coverage under your Plan for a medical procedure or service. For preferred care and designated care, the preferred care or designated care provider is responsible for obtaining pre-certification. Since precertification is the preferred care or designated care provider's responsibility, there is no additional out-of-pocket cost to you as a result of a designated care provider's or a preferred care provider's failure to precertify services. For non-preferred care, you are responsible for obtaining pre-certification which can be initiated by you, a member of your family, a hospital staff member or the attending physician. The precertification process can be initiated by calling Aetna at the telephone number listed on your ID card.

- **If you do not secure pre-certification** for the below listed inpatient and outpatient covered medical services and supplies

obtained from a non-preferred provider your covered medical expenses will be subject to a \$500 per service, treatment, procedure, visit, or supply benefit reduction.

Pre-certification for the following inpatient and outpatient services or supplies is needed:

- All inpatient maternity and newborn care, after the initial 48 hours for a vaginal delivery or 96 hours for a cesarean section;
- Ambulance (emergency transportation by airplane);
- Autologous chondrocyte implantation, Carticel®;
- Bariatric surgery (bariatric surgery is not covered under the Policy unless specifically described in the Policy.);
- BRCA genetic testing;
- Cardiac rhythm implantable devices;
- Cochlear device and/or implantation;
- Dental implants and oral appliances;
- Dorsal column (lumbar) neurostimulators: trial or implantation;
- Drugs and Medical Injectables;
- Electric or motorized wheelchairs and scooters;
- Gender Reassignment (Sex Change) Surgery;
- Home health care related services (ie. private duty nursing);
- Hyperbaric oxygen therapy;
- Infertility treatment (Comprehensive and ART infertility treatment is not covered under the plan unless specifically described in the Policy.)
- Inpatient Confinements (surgical and non-surgical); **hospital, skilled nursing facility, rehabilitation facility, residential treatment facility** for **mental disorders** and **substance abuse, hospice** care;
- Inpatient **mental disorders** treatment;
- Inpatient **substance abuse** treatment;
- Kidney dialysis;
- Knee surgery;
- Limb Prosthetics;
- **Non-Preferred Care** freestanding ambulatory surgical facility services when referred by a **Preferred Care Provider**;
- Oncotype DX;
- Orthognatic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint;
- Osseointegrated implant;
- Osteochondral allograft/knee;
- Outpatient back surgery not performed in a **physician's** office;
- Pediatric Congenital Heart Surgery;
- Pre-implantation genetic testing;
- Procedures that may be considered **cosmetic**. **Cosmetic** services and supplies are not covered under the plan unless specifically described in the Policy;
- Proton beam radiotherapy;
- Referral or use of **Non-Preferred Care Providers** for non-emergency services, unless the covered person understands and consents to the use of a **Non-Preferred Care Provider** under their under **Non-Preferred Care** benefits when available in their plan;
- Spinal Procedures;

- Transplant Services;
- Uvulopalatopharyngoplasty, including laser-assisted procedures; and
- Ventricular assist devices.

Pre-certification DOES NOT guarantee the payment of benefits for your inpatient stays, certain tests, procedures, outpatient surgeries, therapies and equipment, and prescribed medications

Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Master Policy. The Master Policy also includes information regarding your eligibility criteria, notification guidelines, and benefit coverage.

Pre-certification of non-emergency admissions

Non-emergency admissions must be requested at least **fifteen (15) days** prior to the date they are scheduled to be admitted.

Pre-certification of emergency admissions

Emergency admissions must be requested within **twenty-four (24) hours** or as soon as reasonably possible after the admission.

Pre-certification of urgent admissions

Urgent admissions must be requested before you are scheduled to be admitted.

Pre-certification of outpatient non-emergency medical services

Outpatient non-emergency medical services must be requested within **fifteen (15) day** before the outpatient services, treatments, procedures, visits or supplies are provided or scheduled.

Pre-certification of prenatal care and delivery

Prenatal care medical services must be requested as soon as possible after the attending physician confirms pregnancy. Delivery medical services, which exceed the first 48 hours after delivery for a routine delivery and 96 hours for a cesarean delivery, must be requested within **twenty-four (24) hours** of the birth or as soon thereafter as possible.

Please see the "Precertification" provision in the Master Policy for a list of services under the Plan that require precertification. Please see the Schedule of Benefits for any penalty or benefit reduction that may apply to your coverage when precertification is not obtained for the listed services or supplies when received from a non-preferred care provider.

When does my coverage under the student health plan end?

You'll get benefits as long as the Master Policy is active with The Pennsylvania State 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;
- The date you are no longer in an eligible class (e.g., after graduation). 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 The Pennsylvania State 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 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, just call Member Services at **855-546-5412**.

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 right of recovery provision

If a loss or injury sustained by a covered person 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 the covered person (or his or her legally authorized representative if the person is legally incapable) shall agree in writing: * To pay Aetna to the extent that a third party settlement or judgement includes an amount (or portion thereof) previously paid by Aetna for the same medical services or benefits as incurred by the covered person. * 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. A "covered person" 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 person; entitled to receive any benefits from this Plan. Aetna shall exercise such reimbursement rights to the extent permitted by law. The covered person shall do nothing to prejudice Aetna's reimbursement rights. The covered person shall; when requested; fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the covered person 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 the covered person.

Coordination of Benefits

A Coordination of Benefits (COB) provision applies to the Plan when you or your covered dependents 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 The Pennsylvania State University, and may be viewed online at www.aetnastudenthealth.com.

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.

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 **855-546-5412**.

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 preferred 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 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 The Pennsylvania State University page at <https://www.aetnastudenthealth.com/schools/pennstate>.

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.

For more information

Call **855-546-5412**
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 **855-546-5412** 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. 846513

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.

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.

www.aetnastudenthealth.com