

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



Virginia Tech Aetna Student HealthSM 2016-2017 Plan Guide

Student Health Insurance Plan

<http://www.aetnastudenthealth.com/vatech>

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 <http://www.aetnastudenthealth.com/vatech>.

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 **866-577-7027**.

Finding a network provider is easy

Use the DocFind® online directory. The easy-to-use search tool lets you find the right provider in a snap. Just enter a name, ZIP code, condition, procedure or specialty in the search box. You'll also find maps, directions and more. Try DocFind® at <http://www.aetnastudenthealth.com/vatech>.

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 Virginia Tech

Check out the Plan Design and Benefits Summary for valuable information such as:

- Your eligibility to join the Plan;
- Whether your dependent(s) can join;
- The coverage periods;
- The premium rates;
- The description of benefits;
- Exclusions; and
- Other important information

The Plan Design and Benefits Summary can be found at <http://www.aetnastudenthealth.com/vatech>.

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 Policy, Certificate of Coverage and Schedule of Benefits 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 Certificate of Coverage and Schedule of Benefits, the Certificate of Coverage and Schedule of Benefits will govern and control the payment of benefits. The Certificate of Coverage and Schedule of Benefits can be found at <http://www.aetnastudenthealth.com/vatech>.

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 **866-577-7027**.

How your plan works

Schiffert Health Center 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 may pay more for your covered benefits when you get a referral for your care.

In certain situations where you require ongoing care from a specialist, you may receive a standing referral to such specialist. You may also receive a standing referral if:

- You have an ongoing "special condition", meaning a condition or disease that is (i) life-threatening, degenerative, or disabling and (ii) requires specialized medical care over a prolonged period of time, and after consulting with your physician they select a specialist who is responsible for and capable of providing and coordinating your primary and specialty care. During the treatment period authorized by the referral, such specialist shall be permitted to treat you without a further referral from your physician, and authorize such referrals, procedures, tests and other medical services related to the special condition as your physician would otherwise be permitted to provide or authorize under your Plan; or
- You have been diagnosed with cancer and have selected a specialist who is board-certified in pain management or oncology and who is authorized to provide pain management services that are covered under your Plan.

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 Schiffert Health Center and are; therefore not eligible for referral incentives.

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

Option 1: Visit Schiffert Health Center 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 <http://www.aetnastudenthealth.com/vatech>. You can also request a printed directory. Just call member services at **866-577-7027** and we'll send you a printed directory.

You'll pay less with this network option.

Option 2: Go to a non-preferred provider¹

You can visit any licensed provider. Your non-preferred 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-preferred option typically costs you more.

When does my coverage under the student health plan end?

You'll get benefits as long as the Certificate of Coverage is active with Virginia Tech 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 you make any required premium contribution;
- 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. 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) For your spouse, the date your marriage ends in divorce or annulment;
- (c) The date the dependent coverage is no longer offered under the Plan;
- (d) 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 Virginia Tech.

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 60 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 Certificate of Coverage, 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 60 days after birth. At the end of this 60 day period, coverage will cease under the Plan. To extend coverage for a newborn beyond 60 days, you must: 1) notify Aetna (or its agent) of the birth; and 2) pay any additional premium required for the child's insurance within the 60 day period. If your coverage ends during this 60 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 60 day period has not expired.

Coverage is provided for a child legally placed for adoption or foster care with you from the moment of placement, for an initial period of 60 days. To extend coverage past the 60 days, you must: 1) notify Aetna (or its agent) of the placement of such child; and 2) pay any additional premium required for the child's insurance within the 60 day period.

If you need information or have general questions on dependent enrollment, call Member Services at **866-577-7027**.

Important provisions of the student health plan

State mandated benefits

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

Recovery of overpayment

If Aetna pays more than the benefit amount based on the guidelines of the contract with your school, Aetna has the right to require the return of the overpayment on request.

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

Coordination of Benefits

A Coordination of Benefits (COB) provision applies to the Plan when you or your covered dependent have 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 Certificate of Coverage issued to Virginia Tech, 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 **866-577-7027**.

You can send claims to:

Aetna Student Health
PO Box 981106
El Paso, TX 79998

A few things to keep in mind:

1. Written notice of claim must be given to Aetna within 20 days after a covered medical expense is incurred, or as soon as reasonably possible. Notice given by or for the Policyholder to Aetna at Hartford, Connecticut, or to an authorized Aetna agent identifying the Policyholder, will be considered notice.
2. You are required to submit a claim form to Aetna in writing. Claim forms will be furnished to you by Aetna within 15 days of notification of the claim. If Aetna fails to provide a claim form within 15 days of the notification of a claim, proof of loss will be met by giving Aetna a written statement of nature and extent of the loss within the time limit stated in the below paragraph.
3. If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Aetna within 90 days after the end of each period for which Aetna is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, Aetna shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.
4. 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 (For ambulance services, Aetna will reimburse the provider directly, when Aetna is presented with an assignment of benefits by the provider);
5. 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 Certificate of Coverage issued to Virginia Tech, 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 Virginia Tech page at <http://www.aetnastudenthealth.com/vatech>.

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® Line²: 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 **866-577-7027**

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 **866-577-7027** or visit www.aetnastudenthealth.com.

Notice of Non-Discrimination:

Aetna Life Insurance Company does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan including enrollment and benefit determinations.

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

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:

A person eligible for Medicare at the time of enrollment under this Plan is not eligible for medical expense coverage and prescribed medicines expense coverage.

If a covered person becomes eligible for Medicare after he or she is enrolled in this plan, such Medicare eligibility will not result in the termination of medical expense coverage and prescribed medicines expense coverage under the plan.

As used within this provision, persons are "eligible for Medicare" if they 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. 474968

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.

www.aetnastudenthealth.com