

Quality health plans & benefits  
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# University of California, Santa Barbara

## Aetna Student Health<sup>SM</sup> 2016-2017 Plan Guide

PPO

<https://www.aetnastudenthealth.com/UCSantaBarbara>

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 <https://www.aetnastudenthealth.com/UCSantaBarbara>.

### 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 **855-821-9712**.

### 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/UCSantaBarbara>.

**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](http://www.aetna.com/mobile).



Aetna Student Health<sup>SM</sup> 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 University of California, Santa Barbara

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/UCSantaBarbara>.

## 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/UCSantaBarbara>.

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 **855-821-9712**.

## How your plan works

### UCSB Student Health 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 is for an Emergency Medical Condition (a referral from UCSB Student Health Service may be necessary for follow-up care);
- You are more than 50 miles away from the campus;
- UCSB Student Health Service is closed;
- When you get service at another facility during break or vacation periods;
- Medical care received when you are no longer able to use UCSB Student Health Service due to a change in your student status;
- Maternity care and OB/GYN care; or
- Preventive/Routine Services.

**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 UCSB Student Health and therefore; are 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<sup>1</sup>, or a provider outside the network.

#### Option 1: Visit UCSB Student Health or a network provider<sup>1</sup>

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<sup>®</sup> at

<https://www.aetnastudenthealth.com/UCSantaBarbara>. You can also request a printed directory. Just call member services at **855-821-9712** 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<sup>1</sup>

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 California, Santa Barbara 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:

- For your child, on the last day of the coverage period following your child's 26th birthday;
- The date you fail to pay any required premium;
- For your spouse, the date your marriage ends in divorce or annulment;
- The date the dependent coverage is no longer offered under the Plan;
- 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 California, Santa Barbara.

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:

- The date specified under the provision entitled Termination of Dependent Coverage found in the Master Policy, or
- 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 **855-821-9712**.

# Important provisions of the student health plan

## State mandated benefits

Aetna will pay benefits in accordance with applicable California 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.

## Third party liability and right of reimbursement and subrogation

When your injury appears to be someone else's fault, benefits otherwise payable under the 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

(c) to execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

## Extension of Benefits

If your coverage ends while you are totally disabled; benefits will continue to be available for expenses incurred for you; only while you continue to be totally disabled. Benefits will end twelve months from the date coverage ends.

If you are confined to a hospital or under treatment for a covered condition on the date your coverage terminates; charges incurred during the continuation of that hospital confinement or for that treatment of the covered condition shall also be included in the term "Expense"; but only while they are incurred during the 90 day period following such termination of insurance.

## 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 Master Policy issued to University of California, Santa Barbara, and may be viewed online at [www.aetnastudenthealth.com](http://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 **855-821-9712**.

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 California, Santa Barbara, and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

### **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**.



## For more information

Call 855-821-9712

or visit [www.aetnastudenthealth.com](http://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 855-821-9712 or visit [www.aetnastudenthealth.com](http://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.

### 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>.

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. 846573

<sup>1</sup>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.

<sup>2</sup>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.

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.

PLEASE NOTE THAT WE HAVE NOT YET RECEIVED APPROVAL FROM THE CALIFORNIA INSURANCE DEPARTMENT FOR THE 2016 BENEFITS DESCRIBED IN THIS PLAN GUIDE. AS PART OF THE APPROVAL PROCESS, THE DEPARTMENT MAY REQUIRE US TO MAKE CHANGES TO THE BENEFITS. IF THAT HAPPENS, WE WILL PROVIDE YOU WITH AN UPDATED PLAN GUIDE.

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)