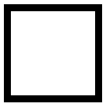
Consumer's Right to Know About Health Plans in Rhode Island



Aetna Life Insurance Company (Aetna)
Aetna Student Health*
January 1, 2012

***The Aetna Student Health plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.**

Consumer Disclosure

Safe and Healthy Lives In Safe and Healthy Communities

Consumer Disclosure

CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

Knowing how Health Plans work helps you to be a better consumer. This Health Plan is regulated by the Rhode Island Department of Health and is required by law to disclose the information contained in this document, routinely, to all prospective subscribers and to current subscribers upon request. Official Plan Documents give complete information about this Health Plan, in sample or final form, and are available upon request. Health Plans must also provide a comprehensive list of all participating providers, updated annually.

This Consumer Disclosure has been reviewed and approved for single service Health Plans by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill, Providence, RI 02908-5097, Phone: 401 222-6015.

Q **Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

A

Aetna Student Health
1 Charles Park
Cambridge, MA 02142
Member Services:
Phone: 617-218-8400
Toll Free: 800-966-7772
Fax: 860-907-4650
Para contractor a un representante que hable Espanol, llame a:
Nombre del Represtante de Plan: 800-966-7772

Q How does the Health Plan review and approve covered services? A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision.

A

The plan only pays for covered medical expenses that are medically necessary and are not considered experimental or investigational. Some expenses may require prior authorization by the Plan before they will be covered. All inpatient services extending beyond the initial certification period require concurrent review, (assesses the need for continued stay, level of care and quality of care). All expenses not requiring precertification are reviewed retrospectively, (post-service review). The criteria for medically necessity determinations of service or supply include, but are not limited to: appropriateness for diagnosis, care or treatment; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations (including scientific data); meeting generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care or treatment; the setting or technical skills to safely and adequately provide the services or supplies. Written policies and criteria are available from the Member Services Representative.

Q What if I have an emergency? An emergency is a problem that needs to be seen by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

A

If you need emergency care, you are covered 24 hours a day, 7 days a week, anywhere in the world. Covered benefits do not include routine care, elective treatment, and non-emergency treatment in hospital emergency room.

Q What if I refuse referral to a participating provider? When a specific covered service is recommended, Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Health Plan must tell you effect if will have on payment.

A

As a PPO member, you also have the option of obtaining nonreferred care from participating and nonparticipating providers (including primary care physicians), subject to the Plan's copayments, deductibles, coinsurance and benefit maximums. However, if your plan requires a referral for certain services and the referral is not obtained before the service is provided, coverage may be denied or limited; or a copay/deductible may apply, or the level of coinsurance may be reduced.

Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion? In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

A

Aetna does not require that you obtain a second opinion before it will pay for covered services. However, some plans may include a benefit for second surgical opinion. If you elect to obtain a second opinion and obtain any referral required by the Plan, Aetna will pay a portion of the charge for the physician services as well as any x-ray and laboratory tests, subject to the Plan's copayments, deductibles, coinsurance and benefit maximums, but only if the surgical procedure is covered under the plan.

Q How does the Health Plan make sure that my personal health information is protected and kept confidential? In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

A

Disclosure of personal health information cannot be made to others without your authorization. However, disclosure may be made without consent where it is necessary for the conduct of Aetna's business, to regulators of Aetna's business when required by law, or to law enforcement authorities when needed to prevent or prosecute fraud or other illegal activities. Such disclosure cannot be contrary to any state or federal law which applies. The actions of Aetna's own confidentiality requirement are contained in it's Code of Conduct. In addition, all providers must agree to comply with all applicable state and federal laws regarding confidentiality of patient information and keep member information confidential.

Q How am I protected from discrimination? You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

A

Aetna Student Health's plans do not discriminate against members or prospective members due to age, sex, religion, race, ethic origin, disability, occupational status, or any other characteristic protected by state or federal law.

Q If I refuse treatment, will it affect my future treatment? A Health Plan must tell you what effect it will have on future coverage if you refuse to be treated for any condition.

A

If you refuse treatment it will not affect coverage for any future treatment you may receive.

Q How does the health plan pay providers? Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

A

For student health plans, Rhode Island participating providers are paid on a negotiated fee for service arrangement.

Q How is coverage renewed or canceled?

A

Aetna Student Health plans for the next school year may include some plan revisions including changes to out-of-pocket costs. Your coverage may be canceled only as allowed by law, e.g. for non-payment of premiums.

Q If I am covered by two or more health plans, what should I do? If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

A

If you are covered by two or more health plans, benefits under the other plans may be taken into consideration when determining the benefits payable under an Aetna Student Health plan. This may mean a reduction in benefits under the Aetna Student Health plan. You must inform Aetna Student Health of the other coverage(s) that your have so that it can be determined whether or not and to what extent the Aetna Student Health plan can coordinate benefits with the other plan(s).

COVERED SERVICES AT-A-GLANCE

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Type of Service (Not All Services are Listed Call plan or check Official Plan Documents for Details	Is Prior Authorization Required *(Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay? Call plan or check Official Plan Documents for exact Plan Amounts	What Other Limitations Apply? Call plan or check Official Plan Documents for exact Plan Limitations	If I Choose a Non-Participating Provider Will the Service be Covered?
Alcoholism	Yes	None - 50% of the negotiated charge after copay/deductible Maximum copay/deductible: $0 - $50	Maximum inpatient number of confinements for detoxification per Policy Year: 3 Maximum number of inpatient days per confinement for detoxification per Policy Yr: 7 Coverage includes medically necessary treatment of substance dependency and substance abuse which is ordered as a condition of sentencing by any court in the state of Rhode Island.	Yes, 0%- 50% of the reasonable charge after the deductible.
Ambulance	No	None - 50% of the negotiated charge after copay/deductible Maximum copay/deductible: $0 - $50	Maximum Benefit per Trip:$50 Maximum Benefit per sickness or injury:$300 Maximum Benefit per Policy Year:$500	Yes, 0% - 50% of the reasonable charge after the deductible.
Autism Spectrum Disorder (effective January 2012)	None	None - 50% of the negotiated charge after copay/deductible Copay/deductible same as those for other illnesses and conditions covered under the plan,	Benefits include coverage for applied behavior analysis, physical therapy, speech therapy and occupational therapy services. Maximum benefit for applied behavior analysis limited to $32,000 per person per year. Benefits continue until the covered individual reaches age 15. Coverage for physical therapy, speech therapy, and occupational therapy are covered to the extent such services are a covered benefit for other diseases and conditions under the policy. Coverage for autism spectrum disorder services may include provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusion. However, they can be no more extensive than coverage provided for	Yes, 0% - 50% of the reasonable charge after the deductible.

			other conditions or illnesses.	
Bone Marrow Transplant Antigen Testing	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$100	Maximum of one testing per lifetime	Yes, 0% - 50% of the reasonable charge after the deductible.

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Medical PPO
Aetna Student Health Plans

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Cancer Therapy Treatment	No	Office copay: None - $25 Inpatient: None - 20% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$25	Coverage limited to new cancer therapies in accordance with Rhode Island mandate.	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).
Colorectal Cancer Screening	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$100	Coverage will be provided for an non-symptomatic person in accordance with the current American Cancer Society guidelines.	Yes, 0% - 50% of the reasonable charge after the deductible.
Dental Care	No	Office copay: $0 - $25	Coverage is limited to dental treatment, services and supplies needed for repair of injury to sound natural teeth No other coverage for dental services. Maximum Benefit:$500	Yes, 0% - 50% of the reasonable charge after the deductible.
Diabetic Equipment and Supplies	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$50	No	Yes, 0% - 50% of the reasonable charge after the deductible.
Diabetic Self-Management Education	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$50	No	Yes, 0% - 50% of the reasonable charge after the deductible.

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Diagnostic X-rays, Imaging and Laboratory Tests	No	Visit copay: $0- $25. Facility: None - 50% of the negotiated charge after copay/deductible.	Maximum number of visits per condition: 1 Maximum number of visits per Policy Year:1 - 25 Maximum Benefit Per Condition: $100	Yes, 0% - 50% of the reasonable charge after the deductible.
Durable Medical and Surgical Equipment	No	None - 50% of the negotiated charge after copay/deductible. Copay/deductible: $0 - $50 per sickness or injury	Rental or initial purchase at the plan's discretion. Maximum benefit per Policy Year: $200	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).
Early Intervention Services	No	100% of Negotiated Charge Copay/Deductible: None	Coverage is for covered dependents from birth until age three (3). Maximum benefit: $5,000 per covered dependent child per Policy Year. Not subject to deductibles and coinsurance. Coverage payments do not apply to any annual or lifetime maximum benefit contained in the policy.	Yes
Emergency Room Visit	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$100	Maximum Benefit : $500 per condition	Yes, 0% - 50% of the reasonable charge after the deductible.

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Enteral Formulas	NO	None - 50% of the negotiated charge after copay/deductible. Copay/Deductibles are the same as those imposed for prescription formulas or nutritional aids covered under the plan.	Coverage is limited to $2,500 per covered person per policy year.	Yes, 0% - 50% of the reasonable charge after the deductible.
Hearing Aids	Yes	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$100	Maximum benefit: $1.500 per individual hearing aid, per ear, every 3 years for anyone under the age of 19, and $700 per individual hearing aid, per ear, every 3 years for anyone age 19 and over.	Yes, 0% - 50% of the reasonable charge after the deductible.
Home Health Care	Yes	None - 50% of the negotiated charge after copay/deductible Copay/Deductible: $0 - $50 per Policy Year	Maximum physician home or office visits each month: 6 Maximum nursing visits per week: 3 Maximum hours of home health aide services per week: 20	Yes, 0% - 50% of the reasonable charge after the deductible Prior authorization penalty applies, (up to $500).
Hospice Care	Yes	None - 50% of the negotiated charge	Covered at the semi-private rate. 20 day maximum. Maximum number of inpatient confinement days: 20 Maximum number of days Respite Care per 30-day period: 5	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).

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Hospital Expense and Miscellaneous Hospital Expense	Yes	None - 50% of the negotiated charge after copay/deductible. Copay/deductible: $0 - $200 per sickness or injury	Covered at the semi-private rate. Daily room & board maximum: $250/day Maximum number of days confinement: 365 Maximum miscellaneous hospital expense: $1,000 per condition Room & Board intensive care maximum: $10,000 per Policy Year	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).
Infertility Expense	Yes	None - 50% of the negotiated charge after copay/deductible. Copay/deductible: $0 - $200 per visit	Limited to medically necessary diagnosis and treatment of infertility for women between the ages of 25 and 42. Maximum benefit is limited to one hundred thousand dollars ($100,000) per lifetime.	Yes, 0% - 50% of the reasonable charge after the deductible Prior authorization penalty applies, (up to $500).
Lead Poisoning Screening	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$50	Limited to lead poisoning screening, lead screening related services and diagnostic evaluation for lead poisoning for children under 6 years of age.	Yes, 0% - 50% of the reasonable charge after the deductible.
Lyme Disease	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$50		Yes, 0% - 50% of the reasonable charge after the deductible.

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Mammogram	No	None - 50% of the negotiated charge after copay/deductible Copay/Deductible per visit: $0 -$50	Baseline mammogram for women age 35 to 39; mammogram every 2 years for women age 40 to 49; mammogram every 5 years for women age 50 and over. Maximum of two (2) screenings per policy year when recommended by physician for women treated for breast cancer in last 5 years or who are at high risk of developing breast cancer.	Yes, 0% - 50% of the reasonable charge after the deductible.
Mastectomy Treatment (1.reconstruction of the breast on which the mastectomy has been performed; 2. surgery & reconstruction of the other breast to produce a symmetrical appearance; and 3. prostheses and treatment of physical complications, including lymphademas, at all stages of mastectomy)	No	Payable on the same basis as the any other sickness.	Payable on the same basis as any other sickness.	Yes - Payable on the same basis as any other sickness.
Maternity (Includes coverage for services of midwives practicing within scope of their license when such services are covered under the plan when provided by any other licensed health care provider.)	Yes	Payable on the same basis as any other sickness	Covered at the semi-private rate. Maximum stay: 48 hours inpatient care following vaginal delivery and 96 hours inpatient care following cesarean delivery for mother and newborn child. .	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).

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Type of Service (Not All Services are Listed Call plan or check Official Plan Documents for Details	Is Prior Authorization Required *(Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay? Call plan or check Official Plan Documents for exact Plan Amounts	What Other Limitations Apply? Call plan or check Official Plan Documents for exact Plan Limitations	If I Choose a Non-Participating Provider Will the Service be Covered?
Mental Health and Substance Abuse, Inpatient and Outpatient	Yes	Payable on the same basis as any other sickness	Payable on the same basis as any other sickness except as follows: Maximum number of outpatient visits in any policy year: 30 (not including outpatient medication visits) Maximum outpatient services for outpatient substance abuse: 30 hours per policy year. Maximum community residential care services in any policy year: 30 hours Maximum detoxification benefits: 5 detoxification occurrences or 30 days in any policy year, whichever comes first.	Yes, Payable on the same basis as any other sickness. Prior authorization penalty applies, (up to $500).
Newborn Screening Tests	No	None - 50% of the negotiated charge after copay/deductible. Copay/deductible per visit: $0 - $50		Yes, 0% - 50% of the reasonable charge after the deductible.
Non-Prescription Enteral Formulas	No	Payable on the same basis as prescription formulas or nutritional aids.	Requires written prescription from physician. Must be medically necessary. Maximum benefit: $2.500 per covered person per Policy Year.	Yes - Same cost sharing as those required for prescription formulas or nutritional aids.

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Type of Service (Not All Services are Listed Call plan or check Official Plan Documents for Details	Is Prior Authorization Required *(Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay? Call plan or check Official Plan Documents for exact Plan Amounts	What Other Limitations Apply? Call plan or check Official Plan Documents for exact Plan Limitations	If I Choose a Non-Participating Provider Will the Service be Covered?
Pap Smear Screening	No	None - 50% of the negotiated charge after copay/deductible Copay/deductible per visit: $0 - $25	Maximum benefit: one screening every 3 years for women age 20 to 40, or more often if sexually active. Includes women under age 20 if sexually active. One screening every year for women age 40 and over. One screening every 6 months for women with previously diagnosed uterine cancer.	Yes, 0% - 50% of the reasonable charge after the deductible.
Pediatric Preventive Care	No	None - 50% of the negotiated charge after copay/deductible Copay/deductible per visit: $0 - $25	Limited to covered dependent children from the moment of birth to age seventeen (17)	Yes, 0% - 50% of the reasonable charge after the deductible.
Reconstructive Breast Surgery	No	Payable on the same basis as any other sickness	Payable on the same basis as any other sickness	Yes, Payable on the same basis as any other sickness
Prostate Cancer Screening	No	None - 50% of the negotiated charge after copay/deductible Copay/deductible per visit: $0 - $25		Yes, 0% - 50% of the reasonable charge after the deductible.
Physician Office Visits	No	None - 50% of the negotiated charge after copay/deductible Office copay: $0 - $25	Maximum number of visits per Policy Year: 25 Maximum number of visits per condition: 1 Number of visits to which copay applies: 1 Maximum benefit per visit: $25 Maximum benefit per condition: $1,500	Yes, 0% - 50% of the reasonable charge after the deductible.

Podiatric Care	No	None - 50% of the negotiated charge after copay/deductible Office copay: $0 - $25	No coverage for routine foot care, including reduction on nails, calluses or corns. Maximum benefit per Policy Year: $500	Yes, 0% - 50% of the reasonable charge after the deductible.

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Prescription Drugs	Yes	Copayment: Generic: $30 - $50 Brand: $50 - $70 Formulary/Generic: 40% of negotiated rate Formulary/Brand Name: 40% of negotiated rate Non-formulary/Generic: 50% of negotiated rate Non-formulary/Brand Name: 50% of negotiated rate	Prior authorization required for certain outpatient prescription drugs. Limited to a 30 day supply from drugs received from a community pharmacy. Limited to a 90 day supply from drugs received from a mail order pharmacy. Maximum benefit per Policy Year: $200 Maximum benefit per sickness or injury: $100 Plans will include coverage for off label use of drugs for treatment of cancer. If plan includes coverage for prescription drugs, prescription drug coverage will include approved contraceptive drugs and devices.	Yes, 0% - 50% of the reasonable charge after the deductible.
Prosthetics	Yes	None - 50% of the negotiated charge after copay/deductible copay/deductible: $0 - $50	May be required to obtain orthotic or prosthetic devices that are provided by a vendor and orthotic and prosthetic services licensed in RI.	Yes, 0% - 50% of the reasonable charge after the deductible.
Rehabilitation Facility (PR/OT/Speech Therapy)	Yes (inpatient) No (outpatient)	None - 50% of the negotiated charge after copay/deductible. Copay/Deductible per day of confinement: $0 - $25	Covered at the semi-private rate. Maximum number of days of confinement per Policy Year: 50	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).

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Scalp Hair Prosthesis	Yes	Payable on the same basis as any other prosthesis	Covered only if plan covers other prostheses. Coverage for scalp hair prosthesis only for hair loss due to cancer or leukemia treatment. Maximum benefit: $350 per policy year, exclusive of any deductible.	Yes, Payable on the same basis as any other prosthesis.
Skilled Nursing Facility	Yes	None - 50% of the negotiated charge after copay/deductible Copay/deductible per visit: $0 - $25	Covered at the semi-private rate. Maximum number of days of confinement per sickness or injury: 10 Daily Room & Board maximum: $75	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).
Surgery, Outpatient	Yes	None - 50% of the negotiated charge after copay/deductible. Copay/deductible: $0 - $25	Maximum benefit per policy year: $1,000	Yes, 0% - 50% of the reasonable charge after the deductible. Prior authorization penalty applies, (up to $500).
Tobacco Cessation Treatment	Yes	Payable on the same basis as any other physician services and prescription drug coverage on the plan.	**Smoking Cessation Treatment** Covered medical expenses include charges made for smoking cessation treatment covered on the same basis as any other medical expense. Smoking cessation treatment includes the tobacco dependence treatments identified as effective in the most recent clinical practice	Yes - Payable on the same basis as any other physician services and prescription drug coverage on the plan.

			guideline published by the United States Department of Health and Human Services for treating tobacco use and dependence. Treatment includes outpatient counseling benefits for smoking cessation. When the prescription drug benefit is part of a medical plan, coverage includes the use of all over-the-counter (OTC) smoking cessation medications and prescription U.S. Food and Drug Administration (FDA) approved smoking cessation medications when used in accordance with FDA approval including nicotine replacement therapy. Nicotine replacement therapy includes but is not limited to nicotine gum, patches, lozenges, nasal spray, and inhalers.	