

There's a lot to be concerned about when you have a child going away to school. When it comes to their health care, we can help.

Students insured under HMO, PPO, and EPO group member plans are **always covered for urgent or emergency care**, **including mental health services**. They should go directly to the nearest hospital or urgent care center, or call 911. They do not need authorization for urgent or emergency care.

Coverage for PPO group members*

Students ages 17 to 25 and enrolled on a parent's HAP PPO plan will be covered for non emergency care outside of HAP's network through the Aetna national PPO network at the in-network benefit level. To view providers, visit: aetna.com/asa.

Coverage for HMO and EPO group members*

HAP's HMO and EPO plans cover students ages 17 to 25 under our Students Away at School program.** It provides medical services to them anywhere in the U.S.

- Prior authorization: With prior authorization, these students have expanded coverage that includes services that are normally not covered out of their network.
- **Authorizations:** For covered services outside of HAP's service area, authorizations are needed when students are away at school. These include the following:
 - Nonemergency and minor illness or injury and these related services:
 - Follow-up visits
 - Outpatient imaging and lab tests
 - Short-term physical therapy for rehabilitation
 - Durable medical equipment (if included in your specific health plan)
 - Routine allergy injections, flu shots and immunizations
 - Required maintenance visits for chronic conditions (for example, asthma or acne)
 - Office visit to get a birth control prescription
 - Prescription drugs (according to your health plan)

^{*}Students Away at School Program doesn't cover dependent children who live with a custodial parent, outside of our service area.

^{**}Some colleges or universities require a waiver letter for a student to opt out or waive coverage under their school's student insurance plan. Your school may allow you to waive their coverage if you provide details about what is covered by your health plan. If you require a waiver letter, please call the Customer Service number on the back of your ID card.

To obtain authorization for treatment or services, the student should contact a HAP Students Away coordinator by calling (248) 557-6271 (TTY: 711) or email us at StudentAway@hap.org. For behavioral health concerns such as depression, anxiety, ADD or ADHD, call (800) 444-5755.

24/7 Telehealth

Getting care online has never been easier for your student. HAP has partnered with Amwell® to provide members with telehealth services.

Licensed and board-certified doctors are available 24/7 for live, online visits via mobile phone, tablet or computer to treat nonemergency illnesses such as colds, flu, headache, rashes, sinus infections and pinkeye. Visit hap.org/telehealth for more information.

Services they should get at home

While at school, students are only covered for certain services. That's why it's important to take care of their other medical needs while they're at home.

They must get these routine services at a doctor or facility in HAP's service area. Otherwise, they won't be covered.

- Complete physical examinations including gynecology exams.
- All elective surgery or hospitalizations.
- Eye examination (e.g., eyeglasses, contact lenses).
- OB-GYN services for pregnancy.
- Doctor office visits.
- Long-term physical or occupational therapy.
- Treatment for complex or chronic medical conditions. This includes, but is not limited to, radiation therapy, chemotherapy, stem cell transplants, organ transplants and extensive evaluations for diagnosis purposes. A chronic condition has a long duration or recurs frequently.
- Testing for tuberculosis.
- · Vaccinations required by your school or only for travel purposes.
- Sports medicine services.
- Nonemergency dermatology services.

Get more information

If you have questions about the Students Away at School program, visit hap.org/studentsaway. Or call us at (248) 557-6271 (TTY: 711).

HAP and its subsidiaries do 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.