

# Aetna Student Health<sup>SM</sup> Vital Savings<sup>SM</sup> on Dental

## No-hassle, no-insurance dental option

Here's a way to access care that might not be part of your health insurance plan.

Vital Savings on Dental is a discount program. Not insurance. So, it's easy to use. In most instances, students can save 15 to 50 percent on many dental services.\*

## No monthly premium

No referrals, claims forms, deductibles or copays either.

You only need to pay a small annual fee to join (under \$30).\*\*

You get a Vital Savings on Dental discount card that you can use as often as you'd like.

## A discount card on dental care

Just show your discount card anytime you visit dentists in the Aetna Dental Access<sup>®</sup> network. These network dentists have agreed to charge significantly discounted prices on many services, including:

- Oral exams, X-rays, teeth cleaning and whitening
- Fillings and crowns
- Root canals, extractions, braces and more

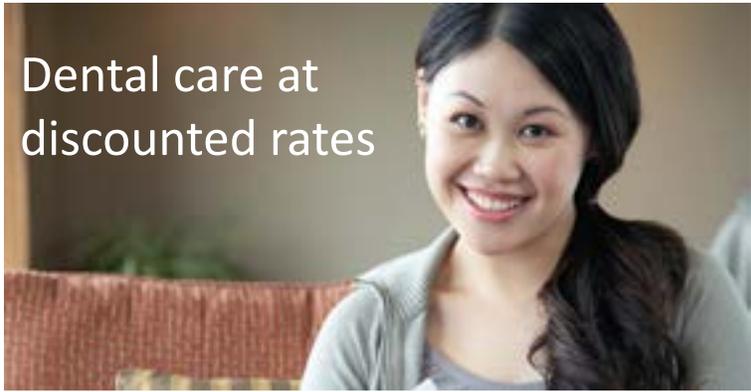
Simply pay the discounted rate directly to the provider.

## Other student discount perks

You can also use your Vital Savings on Dental discount card to save money on:

- Prescription eyeglasses and contacts
- Gym memberships
- Massages, chiropractic care and more

Just visit network discount providers and vendors to take advantage of the discounted rates.



Dental care at  
discounted rates

## Finding network providers and more

All Aetna Student Health members have access to our customized online tools.

## Through your Aetna Navigator<sup>®</sup> member website, you can:

- Search for Aetna Dental Access network dentists in your area
- Look up information on other discounts available, and who in your area provides them
- Replace your discount card
- See the estimated costs of dental procedures in your area

If you're looking for information on conditions and treatments, there's our Simple Steps To Better Dental Health<sup>®</sup> website. Complete with interactive tools, articles and an "Ask the Dentist" feature.

Check it out at [www.simplestepsdental.com](http://www.simplestepsdental.com).

Find out more. Visit

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

\*Actual costs and savings may vary by provider, service and geographic location.

\*\*Per student cost. Family fee is also available.

**The Vital Savings by Aetna<sup>®</sup> 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. Oklahoma form numbers for discount programs are: GR-96402-02 04-09.

**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.**

Vital Savings by Aetna is not available in Vermont or Montana. Vital Savings by Aetna provides participants with access to a network of independent practicing providers. The availability of a particular provider cannot be guaranteed and provider network composition is subject to change. Aetna does not provide dental, medical, vision or other health care/treatment and is not responsible for outcomes. All care is the responsibility of the treating provider, in consultation with the participant. Selection of a program provider is also the responsibility of the participant and is not based on any representations by Aetna. Program providers are solely responsible for the products and services they provide. Aetna does not endorse any vendors, products or services associated with this program. The non-dental discounts are rate-access programs. Aetna does not recommend the self-management of health problems, nor do we promote any particular form of medical treatment. Aetna may receive a percentage of the fee members pay to the discount vendor. This material is for information only. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

### WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

# 17-18 Aetna Student Health<sup>SM</sup> Vital Savings on Dental - Enrollment Form

<b>STUDENT'S NAME</b>	LAST / SURNAME		
	FIRST NAME	MIDDLE INITIAL	
STUDENT I.D. #	DATE OF BIRTH (Month, Day, Year)	Please check appropriate box(es): <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/DOMESTIC PARTNER	
U.S. MAILING ADDRESS (Use school address if none)	STREET	APARTMENT #	
CITY		STATE	ZIP
PHONE #	EMAIL ADDRESS (REQUIRED)		

**PLEASE LIST DEPENDENTS THAT YOU WISH TO ENROLL IN THE DENTAL DISCOUNT PLAN BELOW. DEPENDENT ENROLLMENT IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED.**

LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
SPOUSE/DOMESTIC PARTNER:			<input type="checkbox"/> Female <input type="checkbox"/> Male	
CHILD:			<input type="checkbox"/> Female <input type="checkbox"/> Male	
CHILD:			<input type="checkbox"/> Female <input type="checkbox"/> Male	

DENTAL DISCOUNT PROGRAM COST				
TERMS OF COVERAGE	Student only	NOTE: Dependent costs are in addition to the student premium.	Spouse only	Per child only
<b>ANNUAL: 9/1/2017 - 8/31/2018</b>	\$29		\$22	\$22

*Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to Wells Fargo Student Insurance.*

PAYMENT METHOD (Remit in US Funds Only) • <span style="color: red;">Note: Payment is non-refundable</span>	
<input type="checkbox"/> <b>Check/Money Order</b> – MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance	<i>You may also purchase at: <a href="https://studentinsurance.wellsfargo.com">https://studentinsurance.wellsfargo.com</a></i>
<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Credit Card Account Number:	Expires (month, year):
Cardholder's Name:	
(Enter/Print Cardholder's name exactly as it appears on card.)	
<b>Enroll by phone (800) 853-5899, or send enrollment form, dependent documentation, and payment by mail or fax to:</b> Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670    • Fax (877) 612-7966	

### ENROLLEE TERMS AND CONDITIONS

By signing this enrollment form, I acknowledge that I have read, understand and agree (on my own behalf and that of my enrolled dependents) to adhere to the following terms and conditions. Failure to adhere to these terms and conditions (including, but not limited to, failure to make payments to dental providers in a timely manner) may result in immediate termination of my participation in the Vital Savings by Aetna<sup>SM</sup> dental program (the "Program").

I understand that the Program provides enrollees (and their enrolled dependents) ("Enrollees") access to a network of participating dentists who are independent practicing dentists. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Life Insurance Company and/or its parents, subsidiaries or affiliates ("Aetna"). The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Aetna does not provide medical or dental care/treatment and is not responsible for outcomes. All dental care is the responsibility of the treating dentist, in consultation with the Enrollee. Selection of a dentist is also the responsibility of the Enrollee and is not based on any representations by Aetna.

I understand that dentists participating in the Program network have agreed to make certain dental services and supplies available to Enrollees on a "Reduced Fee Service" basis. The term "Reduced Fee Service" means a dental service that is available to an Enrollee at a discount from fees normally charged by the dental provider and for which the Enrollee is solely financially responsible. I understand that all payments to dental providers are due and payable at the time of service, unless another payment arrangement is mutually agreed upon between the Enrollee and the treating dental provider. Enrollees shall be subject to the treating dental provider's late payment and other office policies.

**I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT THE PROGRAM IS NOT AN INSURANCE PLAN. There are no benefits payable to Enrollees, nor does Aetna compensate dentists for services they may render to Enrollees.** Aetna is not an insurer, guarantor or underwriter of any services provided under the Program or of any payments to providers. Enrollees arrange for needed dental care directly with the network dentist. Payment for dental care is also arranged between the Enrollee and the network dentist. Enrollees are responsible for the entire cost of the dental care and Aetna shall in no event be liable for any payment to a provider accessed under the Program or for the refusal of a provider to accept the Reduced Fee Service rates.

In order to access Reduced Fee Services, an Enrollee must present his/her Program Identification Card to the network dentist's office at the time of his/her appointment. An Enrollee's participation in the Program may be terminated immediately in the event that he/she provides access to his/her Program Identification Card (or otherwise provides unauthorized access to the Program) to any ineligible individual.

Aetna may, from time to time, and in its sole discretion, provide Enrollees with access to additional programs that offer access to non-dental services at discounted or special rates. Any such programs are offered by independently contracted vendors/providers who are not employees or agents of Aetna or its affiliates. Aetna does not endorse any such products or services and the vendors/providers of such products/services are solely responsible for the products/services they provide. Vendors/providers included in such programs are not reviewed or credentialed by Aetna.

In addition to the terms and conditions set forth herein, Enrollees shall be responsible for adhering to all additional terms and conditions imposed by their program sponsor related to participation in the Program. In the event of a conflict between such program sponsor terms and conditions and those contained herein, the terms and conditions of this Enrollee Terms and Conditions shall govern.

The Program is offered by Aetna Life Insurance Company. The Program may not now, or in the future, be available in all states and Aetna reserves the right to terminate the Program in its entirety or in any state(s) or other geographic location(s) without prior notice to Enrollees.

**The Enrollee's signature on this Form serves as acknowledgement that the Enrollee has read, understands and agrees to these terms and conditions.**

**SIGNATURE OF STUDENT** \_\_\_\_\_

**DATE** \_\_\_\_\_