

# 2012-2013

## Student Health Insurance Plan

### University of San Francisco



Your student health insurance coverage, offered by Aetna Student Health\*, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of \$100,000 per Policy Year on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact **(877) 850-6036**.

Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

\* Fully insured Aetna Student Health Insurance Plans are underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies and their applicable affiliated companies.

**Underwritten by:**  
Aetna Life Insurance Company  
(ALIC)

The Aetna logo, consisting of the word 'aetna' in a bold, lowercase, sans-serif font, with a small 'SM' trademark symbol to the upper right.

**Policy Number** 474887

## **WHERE TO FIND HELP**

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In case of an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

### **For questions about:**

- Insurance Benefits
- Enrollment
- Waiver Process
- Claims Processing
- Pre-Certification Requirements

*Please contact:*

Aetna  
PO Box 981106  
El Paso, TX 79998  
**(877) 850-6036**

### **Language and Communication Assistance**

Good communication with University of San Francisco and/or Aetna Student Health and with your providers is important. If English is not your first language, Aetna Student Health provides interpretation services and translation of certain written materials. Please see your school's information at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for more information.

To ask for language services call Aetna Student Health at **(877) 850-6036**.

If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling Aetna Student Health at **(877) 850-6036**.

If you have a preferred language, please notify us of your personal language needs by calling Aetna Student Health at **(877) 850-6036**.

For more help call the CA Department of Insurance at **(800) 927-4357**

### **For questions about:**

- ID Cards

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

### **For lost ID cards, contact:**

Aetna Student Health  
**(877) 850-6036**

### **For questions about:**

- Enrollment Forms
- Waiver Process

*Please contact:*

University of San Francisco Health Promotion Services  
**(415) 422-5797**

### **For questions about:**

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

*Please contact:*

Aetna Pharmacy Management

- **(888) RX AETNA** or **(888)792-3862** (Available 24 Hours)

**For questions about:**

- Provider Listings

*Please contact:*

Aetna Student Health

**(877) 850-6036**

A list of providers can be found at Aetna's **DocFind**<sup>®</sup> Service at either:

**[www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html)** or: **[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)**

**For questions about:**

On Call International 24/7 Emergency Travel Assistance Services

**Please contact:**

On Call International at **(866) 525-1956 (within U.S.)**.

If outside the U.S., call collect by dialing **the U.S. access code** plus **(603) 328-1956**. Please also visit

**[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)** and visit your school-specific site for further information.

**Reader alert:** Capitalized terms have meanings as defined in the definitions section.

## **IMPORTANT NOTE**

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Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to University of San Francisco. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the Health Promotion Services Office, UC 5th floor during normal business hours.

This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.

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## UNIVERSITY OF SAN FRANCISCO STUDENT HEALTH CLINIC

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The Student Health Clinic (SHC) provides acute episodic care rendered by the nurse practitioner and **physician** consultant. The Student Health Clinic is located in St. Mary's Medical Center on 450 Stanyan St. 2 West (second floor). When you need medical care it is recommended that you go to the Student Health Clinic, however, a referral is not needed to see an Aetna provider. The SHC is open Monday – Friday 8:30 a.m. – 5:00 p.m. during the academic year.

Your **covered dependents** are not eligible to use the SHC.

- For more information, call the Student Health Clinic at **(415) 750-4980**. In the event of an emergency, call 911.

## POLICY PERIOD

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**Students:** Coverage for all insured students enrolled for the Fall term, will become effective at 12:01 a.m. on **August 1, 2012**, and will terminate at 11:59 p.m. on **December 31, 2013**.

**Students:** Coverage for all insured students enrolled for the Spring/Summer term, will become effective at 12:01 a.m. on **January 1, 2013**, and will terminate at 11:59 p.m. on **July 31, 2013**.

**Students:** Coverage for all insured students enrolled for the Summer term, will become effective at 12:01 a.m. on **May 9, 2013**, and will terminate at 11:59p.m. on **July 31, 2013**.

**Insured dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured **dependents** terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of **Covered Dependents** see page (30) of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates or the date the **dependent** no longer meets the definition of a **dependent**.

## RATES

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	Fall	Spring	Summer
Student	\$729	\$1,045	\$421
Spouse	\$2,354	\$3,373	\$1,360
Child(ren)	\$657	\$941	\$380

*The rates above include both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as University of San Francisco's administrative fee.*

## UNIVERSITY OF SAN FRANCISCO STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

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This is a brief description of the **Accident** and **Sickness** Medical Expense benefits available for University of San Francisco students and their eligible **dependents**. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the Health Promotion Services Office, UC Fifth Floor during normal business hours.

## STUDENT COVERAGE

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### **ELIGIBILITY**

All undergraduate students registered for nine or more units, graduate students registered for six or more units, all International students on F-1 or J-1 visas, all students on an official medical or academic leave of absence are eligible to participate in the plan.

*International students, visiting scholars, or other students with a current passport or student visa (e.g., F-1, J-1, B-1/B-2 visa), temporarily located outside their home country who has not been granted permanent residency status while engaged in educational activities through their University are required to be insured under the USF insurance policy. Optional Practical Training (OPT) students can also be covered under This Plan.*

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Part-time study, independent study, Internet classes, and television (TV) courses may not fulfill the eligibility requirements that the **Covered Student** actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium. Once the refund is issued the student is no longer covered under the plan.

### **ENROLLMENT**

#### **Undergraduate Students**

All undergraduate students taking nine or more units are automatically enrolled and charged for the Student Health Insurance plan unless proof of comparable coverage is provided by the deadline.

<b>All Students:</b>	<b>Enrollment Deadline Date</b>
<b>Fall</b>	08/31/2012
<b>Spring</b>	<b>02/1/2013</b>

You may waive coverage under the University of San Francisco Student Health Insurance Plan if you provide proof of coverage under an Insurance plan which meets the minimum requirements for coverage in the form of an insurance ID card or a policy statement of coverage (including the name of the insurance provider, policy number and company phone number) and must be for the entire academic year. In order to waive coverage, you must complete a waiver form online by the waiver deadline. To complete an online waiver follow the steps below:

1. Visit **[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)**.
2. Click on "Find Your School."
3. Type in your school name-University of San Francisco.
4. Once at your school's webpage, click on "Waive Insurance."
5. A confirmation e-mail is sent within minutes of waiver completion.

#### **International Students**

All International students are automatically enrolled and charged for the Student Health Insurance plan unless proof of comparable coverage is provided by the deadline.

You may waive coverage under the University of San Francisco Student Health Insurance Plan if you provide proof of coverage under an Insurance plan which meets the minimum requirements for coverage in the form of an insurance ID card and a policy statement of coverage (including the name of the insurance provider, policy number and company phone number) and must be for the entire academic year.

In order to waive you must provide proof of comparable coverage under an American-based plan. International students must waive the University-sponsored Student Health Insurance Plan in person at the Health Promotion Services Office, University Center (UC) Fifth Floor.

### Graduate Students

All graduate students enrolled in six or more units are eligible to enroll for the University of San Francisco Student Health Insurance Plan on a voluntary basis. If coverage is elected you must complete an online Enrollment form. To enroll online follow the steps described below to enroll yourself and your dependents:

1. Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
2. Click on "Find Your School."
3. Type in your school name-University of San Francisco.
4. Once at your school's webpage, click on "Enrollment."
5. A confirmation e-mail is sent within minutes of enrollment completion.

Note: Eligibility as defined by the Brochure and Master Policy is subject to verification by Aetna Student Health through the University.

### WAIVER PROCESS/PROCEDURE

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Eligible students will automatically be enrolled in this plan, unless a completed Waiver Form has been received by the University of San Francisco by the specified deadline dates listed below:

All Students:	Waiver Deadline Date
Fall	08/31/2012
Spring	02/1/2013

**Waiver submissions** may be audited by University of San Francisco, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

### PREMIUM REFUND POLICY

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If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. The Premium Refund Policy also applies to students on medical or academic leave of absence as well as for graduating students. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered **Accident** or **Sickness**).

**Please Note:** Students enrolling in the program must meet and maintain the eligibility requirements as defined in the Brochure and the Master Policy in order to remain a **Covered Student** under the Policy.

To be considered eligible under the Plan, University of San Francisco undergraduate students must be registered in nine or more units and graduate students must be registered in six or more units. All international students on an F-1 or J-1 visa must be registered for at least 1 unit. The eligibility requirements for students do not apply when graduating mid-year or when there is a documented leave of absence.

**Exception:** A **Covered Person** entering the armed forces of any country will not be covered under the Policy as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any **covered dependents** upon written request received by Aetna Student Health within 90 days of withdrawal from school.

## **DEPENDENT COVERAGE**

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### ***ELIGIBILITY***

**Covered Students** may also enroll (1) their lawful spouse, (2) the person identified as a domestic partner in the “Declaration of Domestic Partnership” which is completed and signed by the **Covered Student** and (3) their children under age of 26 years.

If a **dependent** child who is over 18 years of age and enrolled as a full-time student takes a medical leave of absence during the school year, the plan will not terminate for a period of 12 months, or the date on which coverage is planned to terminate, whichever comes first.

### ***ENROLLMENT***

To enroll the eligible **dependent(s)** of a **Covered Student**, please complete an Enrollment Form online at **[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)**.

You may also enroll your dependents online. Follow the steps described on the next page to enroll yourself and your **dependents**:

1. Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
2. Click on “Find Your School.”
3. Type in your school name-University of San Francisco.
4. Once at your school’s webpage, click on “Undergraduate Dependent Enrollment.”
5. A confirmation e-mail is sent within minutes of enrollment completion.

The final enrollment deadline for the Annual Policy is **August 31, 2012**, unless the **dependent** experiences a significant life change that directly affects their insurance coverage (an example of a significant life change would be loss of health coverage under another health plan). **Covered Student** and **dependent** must enroll within **31 days** of a significant life change. The **Covered Student** or **dependent** must pay the additional premium starting from the day of the significant life change. The final enrollment deadline for the Spring/Summer Semester is **February 1, 2013**.

Note: Eligibility as defined by the Brochure and Master Policy is subject to verification by Aetna Student Health through the University.

### ***NEWBORN INFANT AND ADOPTED CHILD COVERAGE***

A child born to a **Covered Person** shall be covered for **Accident, Sickness**, premature birth, medically diagnosed congenital defects, and birth abnormalities for **31 days** from the date of birth. At the end of this **31 day period**, coverage will cease under the University of San Francisco Student Health Insurance Plan. To extend coverage for a newborn past the **31 days**, the **Covered Student** must: 1) enroll the child within **31 days of birth**, and 2) pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a **Covered Student** for **31 days** from the moment of placement provided the child lives in the household of the **Covered Student**, and is **dependent** upon the **Covered Student** for support. To extend coverage for an adopted child past the **31 days**, the **Covered Student** 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.

For information or general questions on **dependent** enrollment, contact Aetna Student Health at, **(877) 850-6036**.

## **PREFERRED PROVIDER NETWORK**

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Aetna Student Health has arranged for you to access a **Preferred Provider Network** in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the University of San Francisco campus.

To maximize your savings and reduce your out-of-pocket expenses, select a **Preferred Provider**. It is to your advantage to use a **Preferred Provider** because savings may be achieved from the **Negotiated Charges** these providers have agreed to accept as payment for their services. **Preferred Providers** are independent contractors, and are neither employees nor agents of University of San Francisco, Aetna Student Health, or Aetna.

You may also obtain information regarding **Preferred Providers** by contacting Aetna Student Health at **(877) 850-6036**, or through the Internet by accessing DocFind at **[www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html)**.

1. Click on “Enter DocFind”
2. Select zip code, city, or county
3. Enter criteria
4. Select Provider Category
5. Select Provider Type
6. Select Plan Type – Student Health Plans
7. Select “Start Search” or “More Options”
8. “More Options” enter criteria and “Search”

*Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliate 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.*

## **PRE-CERTIFICATION PROGRAM**

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**Pre-certification** simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. **Pre-certification** may be done by you, your doctor, a **hospital** administrator, or one of your relatives.

All requests for certification must be obtained by contacting Aetna Student Health at **(877) 850-6036** (attention Managed Care Department).

The following inpatient services require pre-certification:

- All inpatient admissions, including length of stay, to a **hospital**, convalescent facility, **skilled nursing facility**, a facility established primarily for the treatment of substance abuse, or a residential treatment facility.
- All inpatient maternity care, after the initial 48/96 hours.
- All partial hospitalization in a **hospital**, residential treatment facility, or facility established primarily for the treatment of substance abuse

**Pre-Certification does not guarantee the payment of benefits for your inpatient admission.** Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student **Accident** and **Sickness** Plan.

### **Pre-Certification of Non-Emergency Inpatient Admissions, Partial Hospitalization, Identified Outpatient Services and Home Health Services:**

The patient, **Physician** or **hospital** must telephone at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

### **Notification of Emergency Admissions:**

The patient, patient’s representative, **Physician** or **hospital** must telephone within **one (1) business day** following inpatient (or partial hospitalization) admission.

## DESCRIPTION OF BENEFITS\*

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### *Please Note:*

#### **THE UNIVERSITY OF SAN FRANCISCO PLAN MAY NOT COVER ALL OF YOUR HEALTH CARE EXPENSE.**

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the University of San Francisco Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features not included in this brochure may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to University of San Francisco, you may view it at the Health Promotion Services Office, UC 201 during normal business hours or you may contact Aetna Student Health at **(877) 850-6036**.

**This Plan will never pay more than \$100,000 Per Policy. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.**

Subject to the terms of the Policy, benefits are available for you and your dependents only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

All insurance coverage is subject to the terms of the Master Policy and applicable state filings. Under health care reform legislation, student health plans may be required to eliminate or modify certain existing benefit plan provisions, including, but not limited to, exclusions and limitations. Aetna reserves the right to modify its products and services in response to federal and/or state legislation, regulation or requests of government authorities.

\*Benefit descriptions have been added to this brochure to help illustrate new Health Care Reform (HCR) requirements. HCR requirements are currently being filed for support in individual states and will appear in policy contracts and certificates of coverage once approved.

## SUMMARY OF BENEFITS CHART

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### **DEDUCTIBLES**

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **policy year** before benefits are paid. The following **Deductibles** are applied before **Covered Medical Expenses** are payable:

**Covered Person:**                      **Preferred Care: \$200 per Covered Person per Policy Year**  
**Non-Preferred Care:**                **\$1,000 per Covered Person per Policy Year**

### **Waiver of Annual Deductible**

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care **Covered Medical Expenses** (refer to specific benefit types for list of services) rendered as part of the following benefit types: Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Well Woman Preventive Visits (*Office Visits*), Screening & Counseling Services (*Office Visits*), Routine Cancer Screenings (*Outpatient*), Prenatal Care (*Office Visits*), Comprehensive Lactation Support and Counseling Services (*Facility or Office Visits*), Breast Pumps & Supplies, Family Contraceptive Counseling Services (*Office Visits*), Female Voluntary Sterilization (*Inpatient and Outpatient*)

The Policy Year **Deductible** is not applicable to the following **covered expenses**:

- Female Generic Contraceptive Devices
- Female Generic Contraceptive Prescription Drugs
- The Annual Deductible is also waived for

Physician Office Visits, OP Physician Consultations and all Maternity related services (Visits, LABs, XRAYs, etc.)

**COINSURANCE**

**Covered Medical Expenses** are payable at the coinsurance percentage specified below, after any applicable **deductible**, up to a maximum benefit of **\$100,000** per **Policy Year**.

**OUT OF POCKET MAXIMUMS**

Once the Individual or Family **Out-of-Pocket Limit** has been satisfied, **Covered Medical Expenses** will be payable at **100%** for the remainder of the **Policy Year**, up to any benefit maximum that may apply. Coinsurance and the Per **Policy Year Deductible** applies to the **Out-of-Pocket Limit**.

<u>Preferred Care:</u>	Individual <b>Out-of-Pocket:</b>	<b>\$3,000</b>
<u>Non-Preferred Care:</u>	Individual <b>Out-of-Pocket</b>	<b>\$6,000</b>

**All coverage is based on Recognized Charges unless otherwise specified.**

<b>Inpatient Hospitalization Benefits</b>	
Room and Board Expense	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> After a <b>\$500</b> per admission Deductible, <b>50%</b> of the Recognized Charge for a semi-private room.</p>
Intensive Care Room and Board Expense	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> After a <b>\$500</b> per admission Deductible, <b>50%</b> of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Non-Surgical Physicians Visit Expense	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>

<b>Surgical Expense – Inpatient</b>	
Surgical Expense	<p><b>Covered Medical Expenses</b> =for charges for surgical services, performed by a Physician, are payable as follows:</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Anesthesia Expense	<p><b>Covered Medical Expenses</b> for the charges of anesthesia, during a surgical procedure, are payable as follows:</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Assistant Surgeon Expense	<p><b>Covered Medical Expenses</b> for the charges of an assistant surgeon, during a surgical procedure, are payable as follows:</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
<b>Surgical Expense - Outpatient</b>	
Surgical Expense	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Anesthesia Expense	<p><b>Covered Medical Expenses</b> for the charges of anesthesia, during a surgical procedure, are payable as follows:</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Assistant Surgeon Expense	<p><b>Covered Medical Expenses</b> for the charges of an assistant surgeon, during a surgical procedure, are payable as follows:</p> <p><u>Preferred Care</u>:<b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p><u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p>Benefits are limited to a maximum of \$350 per policy year for Non-Preferred Care.</p>

<b>Outpatient Benefits</b>	
<p><b>Covered Medical Expenses</b> include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department Expense	<p><b>Covered Medical Expenses</b> includes treatment rendered in a Hospital Outpatient Department.</p> <p><b>Covered Medical Expenses</b> do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge  <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
Walk-In Clinic Visit Expense	<p><b>Covered Medical Expenses</b> include services rendered in a walk-in clinic.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p>
Emergency Room Visit Expense	<p><b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows:  <u>Preferred Care</u>: After a <b>\$200</b> Copay per visit (waived if admitted), <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: After a <b>\$200</b> Deductible per visit (waived if admitted), <b>80%</b> of the Recognized Charge.</p> <p><i>Please note: this per visit Deductible does not apply towards meeting the annual Deductible.</i></p> <p><b>Important Note:</b>  Please note that as <b>Non-Preferred Care Providers</b> do not have a contract with <b>Aetna</b>, the provider may not accept payment of your cost share (your <b>deductible</b> and <b>coinsurance</b>) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send <b>Aetna</b> the bill at the address listed on the back of your member ID card and <b>Aetna</b> will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</p>

Urgent Care Expenses	<p>Benefits include charges for treatment by an urgent care provider.</p> <p><i>Please note: A covered person <b>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</b> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</i></p> <p><b><u>Urgent Care</u></b> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p><b>Covered Medical Expenses</b> for urgent care treatment are payable as follows: <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
Emergency Medical Services	<p><b>Covered Medical Expenses</b> include 24-hour access for covered persons and providers to obtain timely authorization for medically necessary care in circumstances where the covered person has received emergency services and care is stabilized, but the treating physician has determined that the patient may not be discharged safely. A physician and surgeon will be available for consultation and for resolving disputed requests for authorizations.</p>
Ambulance Expense	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>80%</b> of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p>
Pre-Admission Testing Expense	<p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable same basis as any other condition.</p>
Physician's Office Visits Expense	<p><b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p> <p>This benefit includes visits to specialists.</p>
Laboratory and X-Ray Expense	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>

<p>High Cost Procedures Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> are payable as follows: Covered Medical Expenses include charges incurred by a covered person for High Cost Procedures that are required as a result of <b>injury</b> or <b>sickness</b>. Expenses for High Cost Procedures; which must be provided on an outpatient basis; may be incurred in the following:</p> <ul style="list-style-type: none"> <li>a) A physician’s office; or</li> <li>b) Hospital outpatient department; or emergency room; or</li> <li>c) Clinical laboratory; or</li> <li>d) Radiological facility; or other similar facility; licensed by the applicable state; or the state in which the facility is located.</li> </ul> <p><b>Covered Medical Expenses</b> for High Cost Procedures include charges for the following procedures and services:</p> <ul style="list-style-type: none"> <li>a) C.A.T. Scan;</li> <li>b) Magnetic Resonance Imaging; and</li> <li>c) Contrast Materials for these tests.</li> </ul> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>
<p>Therapy Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for the following types of therapy provided on an outpatient basis:</p> <p>Physical Therapy,</p> <ul style="list-style-type: none"> <li>• Chiropractic Care,</li> <li>• Speech Therapy,</li> <li>• Inhalation Therapy,</li> <li>• Cardiac Rehabilitation, or</li> <li>• Occupational Therapy.</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b>, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b>, only if such therapies are a result of <b>injury</b> or <b>sickness</b>.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the <b>Negotiated Charge</b>.  <u>Non-Preferred Care:</u> <b>50% of the Recognized Charge</b>.</p> <p>Benefits are limited to <b>24</b> visits per <b>Policy Year</b> combined for Physical Therapy, Chiropractic Care and Occupational Therapy, Benefits for <b>Non-Preferred Care</b> are limited to <b>\$25</b> per visit.</p> <p><b>Covered Medical Expenses</b> for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility.  <b>Covered medical expenses</b> also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy.</p> <p>Benefits for these types of therapies are payable for <b>Covered Medical Expenses</b>, on the same basis as any other sickness.</p>

<p>Durable Medical and Surgical Equipment Expense</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of \$1,500 per Policy Year.</p> <p><b>Breast Feeding Durable Medical Equipment</b>  Coverage includes the rental or purchase of breast feeding <b>durable medical equipment</b> for the purpose of lactation support (pumping and storage of breast milk) as follows.</p> <p><u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p><i>Breast Pump</i>  <b>Covered expenses</b> include the following:</p> <ul style="list-style-type: none"> <li>• The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a <b>hospital</b>.</li> <li>• The purchase of: <ul style="list-style-type: none"> <li>- an electric breast pump (non-hospital grade), if requested within 30 days from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth; or</li> <li>- a manual breast pump, if requested within 6-12 months from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth.</li> </ul> </li> <li>• If an electric breast pump was purchased within the previous one period, the purchase of an electric or manual breast pump will <u>not</u> be covered until a five year period has elapsed from the last purchase of an electric pump.</li> </ul> <p><i>Breast Pump Supplies</i>  Coverage is limited to only one purchase per pregnancy in any year where a covered female would not qualify for the purchase of a new pump.</p> <p>Coverage for the purchase of breast pump equipment is limited to one item of equipment, for the same or similar purpose, and the accessories and supplies needed to operate the item. The covered person is responsible for the entire cost of any additional pieces of the same or similar equipment that he or she purchases or rents for personal convenience or mobility.</p> <p><b>Aetna</b> reserves the right to limit the payment of charges up to the most cost efficient and least restrictive level of service or item which can be safely and effectively provided. The decision to rent or purchase is at the discretion of <b>Aetna</b>.</p> <p><b>Limitations:</b>  Unless specified above, not covered under this benefit are charges incurred for:  Services which are covered to any extent under any other part of this Plan.</p>
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<p>Prosthetic Devices Expense</p>	<p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness. Wigs required as a result of chemo or radiation therapy.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet, unless necessary to prevent diabetes.</p> <p><b>Covered Medical expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits will include prosthetic devices to restore a method of speaking for laryngectomy patients.</p>
<p>Physical Therapy Expense</p>	<p><b>Covered Medical Expenses</b> for physical therapy are payable as follows when provided by a licensed physical therapist:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits are limited to A maximum of \$25 per visit, 24 visits per policy year combined with Therapy Expense.</p>
<p>Dental Injury Expense</p>	<p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.</li> <li>• Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> </ul> <p>The treatment must be done in the calendar year of the accident or the next one.  If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> <li>• Are installed due to such injury,</li> </ul> <p><b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul>

<p>Dental Injury Expense <i>continued</i></p>	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>80%</b> of the Actual Charge</p> <p>IMPORTANT: If you opt to receive dental services that are not covered services under this policy, a participating dental provider may charge you his or her usual and customary rate for those services.</p> <p>Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Aetna Student Health at <b>(877) 850-6036</b>. To fully understand your coverage, you may contact the wish to carefully review the master policy document.</p>
<p>Dental Anesthesia Expense</p>	<p><b>Covered Medical Expenses</b> include anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center when medically necessary due to the underlying medical condition of the insured regardless of age or for the following insureds.</p> <ul style="list-style-type: none"> <li>• Enrollees who are under seven (7) years of age or</li> <li>• Enrollees who are developmentally disabled regardless of age.</li> </ul> <p>Covered Medical Expenses payable on the same basis as any other sickness.</p>
<p>Allergy Testing and Treatment Expense</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following</p> <ul style="list-style-type: none"> <li>• Laboratory tests, physician office visits, including visits to administer injections,</li> <li>• Prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and other <b>medically necessary</b> supplies and services,</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the <b>Negotiated Charge</b>.  <u>Non-Preferred Care:</u> <b>50%</b> of the <b>Recognized Charge</b>.</p>
<p>Diagnostic Testing for Learning Disabilities Expense</p>	<p><b>Covered Medical Expenses</b> for diagnostic testing for:</p> <ul style="list-style-type: none"> <li>• Attention deficit disorder, or</li> <li>• Attention deficit hyperactive disorder.</li> <li>• Are payable as follows:</li> </ul> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p> <p>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of This Plan.</p>

<p>Routine Physical Exam Expense</p>	<p>Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.</p> <p>A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:</p> <ul style="list-style-type: none"> <li>• Routine vision and hearing screenings given as part of the routine physical exam.</li> <li>• X-rays, lab, and other tests given in connection with the exam, and</li> <li>• Materials for the administration of immunizations for infectious disease and testing for tuberculosis.</li> </ul> <p><u>Preferred Care:</u> <b>visits</b> are payable at <b>100%</b>.  <u>Preferred Care:</u> <b>immunizations</b> are payable at <b>100%</b>.  <u>Non-Preferred Care:</u> <b>visits</b> are payable at <b>50%</b>.  <u>Non-Preferred Care:</u> <b>immunizations</b> are payable at <b>50%</b>.</p> <p>In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, <b>Covered Medical Expenses</b> include services rendered in conjunction with,</p> <ul style="list-style-type: none"> <li>• Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.</li> <li>• For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:</li> </ul> <p>Screening and counseling services, such as:</p> <ul style="list-style-type: none"> <li>• Interpersonal and domestic violence;</li> <li>• Sexually transmitted diseases; and</li> <li>• Human Immune Deficiency Virus (HIV) infections. <ul style="list-style-type: none"> <li>- Screening for gestational diabetes.</li> <li>- High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years.</li> </ul> </li> <li>• X-rays, lab and other tests given in connection with the exam.</li> <li>• Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.</li> <li>• If the plan includes dependent coverage, for covered newborns, an initial <b>hospital</b> check up.</li> </ul> <p>For a <b>child</b> who is a covered dependent:</p> <ul style="list-style-type: none"> <li>• The physical exam must <b>include at least:</b></li> </ul> <p>A review and written record of the patient's complete medical history,</p> <p>A check of all body systems, and</p> <p>A review and discussion of the exam results with the patient or with the parent or guardian.</p> <p>For all exams given to a covered or a spouse who is a covered dependent, <b>Covered Medical Expenses</b> will <b>not include</b> charges for <b>more than:</b></p> <p>One exam in 12 months in a row.</p>
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<p>Routine Physical Exam Expense <i>continued</i></p>	<p><b>Covered Medical Expenses</b> incurred by a woman, are charges made by a physician for, one annual routine gynecological exam.</p> <p><b>Screening and Counseling Services:</b></p> <p><b>Covered Medical Expenses</b> include charges made by a <b>physician</b> in an individual or group setting for the following:</p> <p><b><i>Obesity</i></b> Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:</p> <ul style="list-style-type: none"> <li>• Preventive counseling visits and/or risk factor reduction intervention;</li> <li>• Medical nutrition therapy;</li> <li>• Nutritional counseling; and</li> <li>• Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.</li> </ul> <p><b><i>Misuse of Alcohol and/or Drugs</i></b> Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.</p> <p><b><i>Use of Tobacco Products</i></b> Screening and counseling services to aid a covered person to stop the use of tobacco products.</p> <p>Coverage includes:</p> <ul style="list-style-type: none"> <li>• Preventive counseling visits;</li> <li>• Treatment visits; and</li> <li>• Class visits;</li> </ul> <p>to aid a covered person to stop the use of tobacco products.</p> <p>Tobacco product means a substance containing tobacco or nicotine including:</p> <ul style="list-style-type: none"> <li>• Cigarettes;</li> <li>• Cigars;</li> <li>• Smoking tobacco;</li> <li>• Snuff;</li> <li>• Smokeless tobacco; and</li> <li>• Candy-like products that contain tobacco.</li> </ul> <p><b>Limitations:</b> Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for: Services which are covered to any extent under any other part of this Plan</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>
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<p>Pediatric Preventive Care Expense</p>	<p><b>Covered Medical Expenses</b> include charges for the comprehensive preventive care of children 16 years of age or younger, consistent with the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.</p> <p><b>Covered Medical Expenses</b> will include periodic health evaluations, immunizations and lab services. Benefits are payable as follows:</p> <p><u>Preferred Care:</u> <b>100%</b> of the <b>Negotiated Charge</b>. <u>Non-Preferred Care:</u> <b>50%</b> of the <b>Recognized Charge</b>.</p>
<p>Well Baby Care Expense</p>	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p><b>Routine preventive and primary care</b> services are services rendered to a covered dependent child, from the date of birth through the attainment of <b>two (2)</b> years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p><b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> <b>100% of the Negotiated Charge</b>. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics, or</p> <p><u>Non-Preferred Care:</u> <b>50% of the Recognized Charge</b>, subject to a maximum of <b>\$XX</b> per visit. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics;</p> <p><b>Covered Medical Expenses</b> include screening for blood lead levels for covered children.</p>
<p>Immunizations Expense</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• Charges incurred by a covered student and dependents for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, and testing for tuberculosis, and</li> <li>• Charges incurred by a covered dependent up to age 19, for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics</li> </ul> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized charge.</p>
<p>Consultant Expense</p>	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant. The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis.</p> <p><b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>

<b>Mental Health Benefits</b>	
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense	<p><b>Covered Medical Expenses</b> for the diagnosis and medically necessary inpatient treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other sickness.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> After a <b>\$500</b> per admission Deductible, <b>50%</b> of the Recognized Charge.</p> <p><b>Clinical Review Services for Minors</b>  If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:</p> <ul style="list-style-type: none"> <li>• Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,</li> <li>• Charges, if any, for services of an interpreter, and</li> <li>• Charges, if any, for services of a patients' rights advocate.</li> </ul>
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense	<p><b>Covered Medical Expenses</b> for the diagnosis and medically necessary outpatient treatment, including prescription drugs, of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>
Mental and Nervous Disorders Inpatient Expense	<p><b>Covered Medical Expenses</b>, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders, are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> After a <b>\$500</b> per admission Deductible, <b>50%</b> of the Recognized Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> <p>Benefits are limited to a maximum of 30 days per policy year.</p> <p><b>Clinical Review Services for Minors</b>  If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as <b>Covered Medical Expenses</b>:</p>

Mental and Nervous Disorders Inpatient Expense <i>continued</i>	<ul style="list-style-type: none"> <li>Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,</li> <li>Charges, if any, for services of an interpreter, and</li> <li>Charges, if any, for services of patients' rights advocate.</li> </ul>
Mental and Nervous Disorders Outpatient Expense	<p><b>Covered Medical Expenses</b>, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges for treatment of mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.</p> <p>Benefits are payable as follows:  <u>Preferred Care</u>: After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of 12 visits per Policy Year.</p>
<b>Alcoholism and Drug Addiction Treatment</b>	
Inpatient Expense	<p><b>Covered Medical Expenses</b> include expenses incurred while confined as a full-time inpatient in a hospital or a facility established primarily for the treatment of alcoholism and drug addiction.</p> <p>Benefits are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: After a <b>\$500</b> per admission Deductible, <b>50%</b> of the Recognized Charge</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> <p>Benefits are limited to a maximum of 30 days per Policy Year does not apply Inpatient Detoxification.</p>
Outpatient Expense	<p><b>Covered Medical Expense</b> includes charges for treatment of alcohol and drug addiction, while the covered person is not confined as a full-time inpatient in a hospital.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of 12 visits per policy year.</p>
Nicotine Treatment Expense	<p><b>Covered Medical Expenses</b> include treatment of nicotine use. Treatment may take place in facilities licensed to provide alcoholism or chemical dependency services.</p> <p>Benefits are payable as follows:  <u>Preferred Care</u>: After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of 12 visits per policy year.</p>

<b>Maternity Benefits</b>	
Maternity Expense	<p><b>Covered Medical Expenses</b> include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending Physician, in consultation with the mother. In such cases, <b>covered medical expenses</b> may include home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness</p>
Well Newborn Nursery Care Expense	<p>Benefits include charges for routine care of a covered person's newborn child as follows:</p> <ul style="list-style-type: none"> <li>• Hospital charges for routine nursery care during the mother's confinement, but for not more than four days [for a normal delivery],</li> <li>• Physician's charges for circumcision, and</li> <li>• Physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge  <u>Non-Preferred Care: 50%</u> of the Recognized Charge</p>
<b>Additional Benefits</b>	
Prescribed Medicine Expense	<p><b>Prescription Drug Benefits*</b> are payable as follows:  <u>Preferred Care Pharmacy: 100%</u> of the <b>Negotiated Charge</b> after the applicable per prescription <b>Copay</b>:  <u>Non-Preferred Care Pharmacy: 50%</u> of the <b>Recognized Charge</b> after the applicable per prescription <b>Deductible</b>:</p> <p>name: <b>\$45 Copay/Deductible</b></p> <p><b>Covered Medical Expenses</b> are payable up to <b>\$100,000</b> per <b>Policy Year</b>.</p> <p>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. <b>Covered Medical Expenses</b> also include prescription smoking cessations aids. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior Authorization may be required for certain Prescription <b>Drugs</b> and some medications may not be covered <b>under</b> this Plan. For assistance and a <b>complete list of excluded medications</b>, or drugs requiring <b>prior authorization</b>, please contact Aetna Pharmacy Management at <b>888 RX-AETNA</b> (available 24 hours).</p> <p>For assistance or <b>for a complete list of excluded medications</b>, or drugs requiring <b>prior authorization</b>, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (available 24 hours).</p>

<p>Prescribed Medicine Expense <i>continued</i></p>	<p><b>Please Note: Covered Medical Expenses</b> for prescribed supplies for the treatment of diabetes will not be subject to the listed per Policy Year Prescription Drug limit.</p> <p>*Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit of this Policy.</p>
<p>Diabetic Testing Supplies Expense</p>	<p><b>Covered Medical Expenses</b> include equipment, supplies and prescription drugs medically necessary to manage and treat diabetes.</p> <p>Diabetic Testing Supplies and Equipment benefits include:</p> <ul style="list-style-type: none"> <li>• Blood glucose monitors and blood glucose testing strips,</li> <li>• Blood glucose monitors designed to assist the visually impaired,</li> <li>• Insulin pumps and all related and necessary supplies,</li> <li>• Ketone urine test strips,</li> <li>• Lancets and lancet puncture devices,</li> <li>• Pen delivery systems for the administration of insulin,</li> <li>• Podiatric devices to prevent or treat diabetes-related complications,</li> <li>• Insulin syringes</li> <li>• Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin</li> <li>• Insulin</li> <li>• Prescriptive medications for the treatment of diabetes</li> <li>• Glucagon</li> </ul> <p><b>Covered Medical Expenses</b> are payable as any other <b>Sickness</b>.</p>
<p>Outpatient Diabetic Self-Management Education Program Expense</p>	<p><b>Covered Medical Expenses</b> for Diabetic Daycare Self-Management Education Programs include:</p> <p>Programs directed and supervised by a licensed physician who is board certified in internal medicine or pediatrics. Diabetic daycare self-management and education programs will be provided by health care professionals including, but not limited to, physicians, registered nurses, registered pharmacists, and registered dieticians who are knowledgeable about the disease process of diabetes and the treatment of diabetic patients.</p> <p>As used in this section, diabetic daycare self-management education programs means instruction which will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy thereby avoiding frequent hospitalizations and complications.</p> <p>These programs do not include programs whose sole or primary purpose is weight reduction.</p> <p><b>Covered Medical Expenses</b> are payable as any other <b>Sickness</b>.</p>
<p>Hypodermic Needles Expense</p>	<p><b>Covered Medical Expenses</b> include expenses incurred by a covered person for hypodermic needles and syringes used in the treatment of diabetes.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other Sickness.</p>

<p>Non-Prescription Enteral Formula Expense</p>	<p>Benefits include charges incurred by a <b>covered person</b> for non-prescription enteral formulas, for which a <b>physician</b> has issued a written order, and are for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> <li>• Crohn’s Disease,</li> <li>• Ulcerative colitis,</li> <li>• Gastroesophageal reflux,</li> <li>• Gastrointestinal motility,</li> <li>• Chronic intestinal pseudoobstruction, and</li> <li>• Inherited diseases of amino acids and organic acids.</li> </ul> <p><b>Covered Medical Expenses</b> for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p> <p><b>Covered Medical Expenses</b> are payable as any other <b>sickness</b>.</p>
<p>Phenylketonuria Services (PKU)</p>	<p>This Plan will provide coverage for expenses incurred by a <b>covered person</b> for:</p> <ul style="list-style-type: none"> <li>• Formulas, and</li> <li>• Special food products for the treatment of phenylketonuria.</li> </ul> <p>“Formula” means an enteral product intended for the dietary treatment of phenylketonuria under the direction of a physician.</p> <p>“Special food product(s)” means a nutritional formula that is: Formulated to have less than 1 gram of protein per serving, and</p> <ul style="list-style-type: none"> <li>• Intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.</li> </ul> <p><b>Covered expenses</b> are payable on the same basis as any other <b>illness</b> but are limited to the extent that the cost of necessary formulas and special food products exceeds the cost of a normal diet.</p>
<p>Temporomandibular Joint Dysfunction Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for treatment of Temporomandibular Joint (TMJ) Dysfunction.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other condition.</p>
<p>Pap Smear Screening Expense</p>	<p><b>Covered Medical Expenses</b> include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA approved human papillomavirus screening test for women age 18 and older.</p> <p>Benefits are payable on the same basis as any other outpatient expense: <u>Preferred Care: 100%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>

<p>Mammogram Expense</p>	<p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided every two years, or more frequently, based on the recommendation of the woman’s <b>physician</b> for women ages 40 to 50, and on an annual basis for women 50 years of age and older.</p> <p>Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> <li>• Prior personal history of breast cancer</li> <li>• Positive Genetic Testings</li> <li>• Family history of breast cancer, or</li> <li>• Other risk factors</li> </ul> <p>Mammogram screenings coverage will include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogenous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any expense.  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Mastectomy and Breast Reconstruction Expense</p>	<p><b>Covered Medical Expenses</b> include a necessary mastectomy or lymph node dissection as well as breast reconstruction after the mastectomy for:</p> <ul style="list-style-type: none"> <li>• Reconstruction of the breast on which a mastectomy has been performed,</li> <li>• Surgery and reconstruction of the other breast to produce a symmetrical appearance,</li> <li>• Prostheses,</li> <li>• Treatment of physical complications of all stages of mastectomy, including lymphedemas, and</li> <li>• Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician.</li> </ul> <p>Benefits are payable as same basis as any other condition.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p> <p>Denial of enrollment or coverage due to family history of breast cancer is prohibited.</p>
<p>Family Planning Expense</p>	<p>For females with reproductive capacity, <b>Covered Medical Expenses</b> include those charges incurred for services and supplies that are provided to prevent pregnancy. All contraceptive methods, services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).</p> <p>Coverage includes counseling services on contraceptive methods provided by a <b>physician</b>, obstetrician or gynecologist. Such counseling services are <b>Covered Medical Expenses</b> when provided in either a group or individual setting.</p> <p>The following contraceptive methods are <b>covered expenses</b> under this benefit:  <i>Voluntary Sterilization</i>  <b>Covered expenses</b> include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.</p>

<p>Family Planning Expense Expense <i>continued</i></p>	<p><b>Covered expenses</b> under this <i>Preventive Care</i> benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.</p> <p><i>Contraceptives</i></p> <p><b>Covered expenses</b> include charges made by a <b>physician</b> or <b>pharmacy</b> for:</p> <ul style="list-style-type: none"> <li>• Female contraceptives that are <b>generic prescription drugs</b>. The prescription must be submitted to the pharmacist for processing. <i>This contraceptives benefit covers only generic prescription drugs.</i></li> <li>• Female contraceptive devices and related services and supplies that are generic prescription devices when prescribed in writing by a <b>physician</b>. <i>This contraceptives benefit covers only those devices that are generic prescription devices.</i></li> <li>• FDA-approved female over-the-counter contraceptive methods that are prescribed by your <b>physician</b>. The <b>prescription</b> must be submitted to the pharmacist for processing. These items are limited to one per day and a 30 day supply per <b>prescription</b>.</li> </ul> <p><b>Limitations:</b></p> <p>Unless specified above, not covered under this benefit are charges for:</p> <ul style="list-style-type: none"> <li>• Services which are covered to any extent under any other part of this Plan;</li> <li>• Services and supplies incurred for an abortion;</li> <li>• Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;</li> <li>• Services which are for the treatment of an identified <b>illness</b> or <b>injury</b>;</li> <li>• Services that are not given by a <b>physician</b> or under his or her direction;</li> <li>• Psychiatric, psychological, personality or emotional testing or exams;</li> <li>• Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;</li> <li>• <u>Male</u> contraceptive methods, sterilization procedures or devices;</li> <li>• The reversal of voluntary sterilization procedures, including any related follow-up care.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Routine Screening for Sexually Transmitted Disease Expense</p>	<p>Benefits include charges for covered persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p><b>Covered Medical Expenses</b> are payable as any other Sickness.</p> <p>Refer to Routine Physical Exam for benefits required by Health Care Reform for Sexually Transmitted Disease testing.</p>

<p>Routine Colorectal Cancer Screening Expense</p>	<p><b>Covered Medical Expenses</b> include charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following:</p> <ul style="list-style-type: none"> <li>• One fecal occult blood test every 12 months in a row</li> <li>• A Sigmoidoscopy at age 50 and every 3 years thereafter</li> <li>• One digital rectal exam every 12 months in a row</li> <li>• A double contrast barium enema, once every 5 years</li> <li>• A colonoscopy age 50 and older every 10 years.</li> <li>• Virtual colonoscopy</li> <li>• Stool DNA</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Benefits include charges incurred by a <b>covered person</b> for the screening of cancer as follows:</p> <ul style="list-style-type: none"> <li>• For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Second Surgical Opinion Expense</p>	<p>Benefits include coverage for expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p><b>Covered Medical Expenses</b> for Surgical Second Opinion Expense are covered as follows:  <u>Preferred Care:</u> After a <b>\$25</b> Copay per visit, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Acupuncture Expense</p>	<p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> 80% of the Negotiated Charge.  <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Benefits are limited to a maximum of \$30 per visit and up to 12 visits per policy year.</p>

<p>Acupuncture in Lieu of Anesthesia Expense</p>	<p><b>Covered Medical Expenses</b> include Acupuncture treatment including the following:</p> <ul style="list-style-type: none"> <li>• Adult postoperative and chemotherapy nausea and vomiting</li> <li>• Nausea of pregnancy</li> <li>• Postoperative dental pain</li> <li>• Fibromyalgia/myofacial pain</li> <li>• Chronic low back pain secondary to osteoarthritis.</li> </ul> <p>The acupuncture must be administered by a health care provider, who is a legally qualified physician, practicing within the scope of their license.</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>
<p>Dermatological Expense</p>	<p>Benefits include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other sickness.</p> <p><b>Covered Medical Expenses</b> do not include treatment for acne, or cosmetic treatment and procedures.</p>
<p>Podiatric Expense</p>	<p>Benefits include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other sickness.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are <b>not Covered Medical Expenses</b>.</p>
<p>Prosthetics and Orthotics Expense</p>	<p><b>Covered Medical Expenses</b> include orthotic and prosthetic devices prescribed by surgeons or doctors of podiatric medicine.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other sickness.</p> <p>Benefits are limited to a maximum of <b>\$1,500</b> per Policy Year.</p>
<p>Special Footwear Expense</p>	<p><b>Covered Medical Expenses</b> include special footwear needed by persons who suffer from foot disfigurement. As used in this section, foot disfigurement shall include, but not be limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, and diabetes, and foot disfigurement caused by accident or developmental disability.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other sickness.</p>

<p>Home Health Care Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <p>The services are furnished by, or under arrangements made by, a licensed home health agency  The services are given under a home care plan. This Plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital [or skilled nursing facility] if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month  Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined  The care starts within 7 days after discharge from a hospital as an inpatient, and  The care is for the same condition that caused the hospital confinement, or one related to it.</p> <p>Home Health Care Services</p> <ul style="list-style-type: none"> <li>• Part-time or intermittent nursing care by: a registered nurse (R. N.), a licensed Practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R. N. are not available,</li> <li>• Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an R.N.,</li> <li>• Physical, occupational. speech therapy, or respiratory therapy,</li> <li>• Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital,</li> <li>• Medical social services by licensed or trained social workers,</li> <li>• Nutritional counseling.</li> </ul> <p><b>Covered Medical Expenses</b> will <b>not</b> include: 1) services by a person who resides in the covered person's home, or is a member of the covered person's immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p>A visit means a maximum of 4 continuous hours of home health service.</p> <p><b>Home Health Care</b> Expense benefits are payable as follows:</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of 100 visits per policy year.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<p>Benefits include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p><b>Covered Medical Expenses</b> are payable same basis as any other condition.</p>

Hospice Expense	<p>Benefits include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Recognized Charge.</p> <p>Benefits are limited to a maximum of \$3,000 lifetime for outpatient services or 30 days lifetime for inpatient services.</p>
Licensed Nurse Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Expenses</b> for a Licensed Nurse are covered as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge.</p>
Skilled Nursing Facility Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• In lieu of confinement in a hospital as a full time inpatient, or</li> <li>• Within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge for the semi-private room rate.  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge for the semi-private room rate.</p> <p>Benefits are limited to a maximum of 100 days per policy year.</p>
Rehabilitation Facility Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are covered as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations  <u>Non-Preferred Care:</u> <b>50%</b> of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>

AIDS Vaccine Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for the materials for the administration of an appropriate and <b>medically necessary</b> AIDS vaccine that has been approved by the federal Food and Drug Administration and is recommended by the United States Public Health Service.</p> <p><u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p><b>Covered Medical Expenses do not</b> include clinical trials relating to an AIDS vaccine or for any AIDS vaccine that has been approved by the federal Food and Drug Administration in the form of an investigational new drug application.</p>
HIV Testing	<p><b>Covered Medical Expenses</b> include HIV testing including testing related to primary diagnosis. Benefits are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Clinical Trial Expense	<p><b>Covered Medical Expenses</b> include the necessary and routine patient care, physician and facility charges incurred by a covered person who is enrolled in a Phase I, Phase II, Phase III or Phase IV Clinical Trial study.</p> <p><i>Please see the definition of Clinical Trials on page 43 for more detailed information on this benefit.</i></p> <p>Charges for Covered Medical Expenses incurred by a covered person for the treatment that is (1) provided in the clinical trial and that is (2) a result of unintended medical complications caused by the treatment provided in the clinical trial are payable on the same basis as any disease or illness covered under this Plan.</p> <p>Any care provided in the clinical trial must be for services that are considered Covered Medical Expenses under this Plan. They must be consistent with all of the terms and conditions of this Plan including but not limited to:</p> <ul style="list-style-type: none"> <li>• Aetna’s Clinical Guidelines and Utilization Review criteria, and</li> <li>• Quality Assurance program.</li> </ul> <p><b>Not covered are:</b></p> <ul style="list-style-type: none"> <li>• Costs of data collection and record-keeping that would not be required but for the clinical trial, and</li> <li>• Any services to clinical trial participants needed solely to satisfy data collection needs of the clinical trial (ex. protocol-induced costs), and</li> <li>• Services and supplies provided “free of charge” by the trial sponsor to the covered person.</li> </ul> <p><b>Covered Medical Expenses</b> are payable same basis as any other sickness.</p>
Osteoporosis Expense	<p><b>Covered Medical Expenses</b> include services related to diagnosis, treatment, and appropriate management of osteoporosis.</p> <p>Benefits will be payable on the same basis as any other condition.</p>

<p>Telemedicine Expense</p>	<p><b>Covered Medical Expenses</b> includes coverage for telemedicine when services are rendered by a health care provider without person-to-person contact with the provider.</p> <p>“Telemedicine” means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes “telemedicine.”</p>
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## **ADDITIONAL SERVICES AND DISCOUNTS**

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As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**Aetna Book<sup>SM</sup> discount program:** Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

**Aetna Fitness<sup>SM</sup> discount program:** Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFit<sup>®</sup>.

**Aetna Hearing<sup>SM</sup> discount program:** Offers members and their families savings on hearing exams, hearing aids and other hearing services. Members can choose between two great offers at no additional premium cost, Hearing Care Solutions and HearPO<sup>®</sup>.

**Aetna Natural Products and Services<sup>SM</sup> discount program:** Access to savings on complementary health care products and services, including online consultations, not traditionally covered by their health benefits plan. All products and services are provided through the ChooseHealthy<sup>®</sup> program\* and Vital Health Network (VHN).

\*The ChooseHealthy program is made available through American Specialty Health Networks, Inc. (ASH Networks) and Healthyroads, Inc. subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

**Aetna Vision<sup>SM</sup> discount program:** Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

**Aetna Weight Management discount program:** Access to discounts on the CalorieKing<sup>®</sup> Program and products, eDiets<sup>®</sup> diet plans and products, Jenny<sup>®</sup> weight loss programs and Nutrisystem<sup>®</sup> weight loss meal plans.

**Oral Health Care discount program:** Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik<sup>®</sup> dental water jets and sonic toothbrushes.

**Zagat<sup>®</sup> discount:** Zagat<sup>®</sup> offers a free 60-day Premium Membership to ZAGAT.com and a discount when you purchase a one-year, full-access ZAGAT.com Premium Membership. With your membership, you can access Zagat's trusted Ratings & Reviews for restaurants worldwide, receive discounts on purchases from the online Zagat Survey Shop and access Zagat Ratings & Reviews on the go with ZAGAT.com from your mobile device.

**At Home Products discount program-** Access to discounts on health care products that members can use in the privacy and comfort of their home.

**Quit Tobacco Cessation Program:** Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

**Beginning Right<sup>®</sup> Maternity Program:** Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

**With our Aetna Advantage<sup>™</sup> Dental** benefits and insurance plan, you select a primary care dentist (PCD) and have most of your preventive and restorative services covered by a copayment or reduced fee for each visit. Enroll online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Price: **\$178** Student only, **\$185** Dependent, **\$279** or more Dependents.

*Aetna Advantage<sup>™</sup> Dental are underwritten by Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Inc. and/or Aetna Life Insurance Company, and in Texas by Aetna Dental Inc., and in Florida by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.*

**Aetna's Informed Health<sup>®</sup> Line\*:**

Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics\*.

The nurses can help you:

- Learn about medical procedures and treatment options.
- Improve how you talk with your doctor and other health care providers.
- Find out how to describe your symptoms better.
- Ask the right questions.
- Tell your doctor about your eating, exercise and lifestyle habits.

Call anytime. (United States 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**.

Or reach them through E-mail.

You can send an e-mail to [IHL2@aetna.com](mailto:IHL2@aetna.com) for links to health information about your questions. Nurses reply within 24 hours. Note: Due to security reasons, the Informed Healthline will not open any attachments sent by e-mail.

Or listen to the Audio Health Library\*\*. It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

\* 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. Information is believed to be accurate as of the production date; however, it is subject to change.

\* Not all topics may be covered expenses under your plan.

Use the Healthwise<sup>®</sup> Knowledgebase to find out more about a health condition you have or medications you take.

It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator<sup>®</sup> member website, at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

*Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discount programs and wellness services are subject to change without notice. Not all programs are available in all states.*

Discount programs and other programs above provide access to discounted prices and are NOT insured benefits.

The member is responsible for the full cost of the discounted services. Discount 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 the discount vendor. These services, programs or benefits may be offered by vendors who are independent contractors and not employees or agents of Chickering Claims Administrators, Inc., Aetna Life Insurance Company or their affiliates.

## GENERAL PROVISIONS

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### STATE MANDATED BENEFITS

This plan will pay benefits in accordance with any applicable California Insurance Law(s).

### RIGHT OF RECOVERY PROVISION

When a **Covered Person's** **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 the **Covered Person** or his legal representative agrees:

- a) To repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the **Covered Person** by or on behalf of the person at fault, to allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna, and
- b) To execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

If a **Covered Person** receives any payment from any potentially responsible party, as a result of an **Injury** or **illness**, Aetna has the right to recover from, and be reimbursed by, the **Covered Person** for all amounts this Plan has paid, and will pay as a result of that **Injury** or **illness**, up to and including the full amount the **Covered Person** receives, from all potentially responsible parties. A "**Covered Person**" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or **Dependent** of any **Covered Person**, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a **Covered Person** or on a **Covered Person's** behalf due to a **Covered Person's** **injuries** or **illness** or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The **Covered Person** shall do nothing to prejudice Aetna's reimbursement rights. The **Covered Person** shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the **Covered Person** to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the **Covered Person**.

The **Covered Person** acknowledges that this Plan's reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the **Covered Person's** damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the **Covered Person**, which is insufficient to make the **Covered Person** whole, or to compensate the **Covered Person** in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the **Covered Person** to pursue the **Covered Person's** damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The **Covered Person** shall be responsible for the payment of all attorney fees for any attorney hired or retained by the **Covered Person** or for the benefit of the **Covered Person**.

The terms of this entire reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the **Covered Person** identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the **Covered Person** and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

#### **NON-DUPLICATION OF BENEFITS**

This provision applies if a **Covered Person**:

- a) Is covered by any other group or blanket health care plan, and
- b) Would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the plan will pay will be reduced by such excess.

#### **EXTENSION OF BENEFITS**

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If a **Covered Person** is totally disabled on the termination date of the Policy, benefits will be extended to provide covered benefits that are necessary to treat medical conditions causing or directly related to the disability as determined by Aetna; and remain in effect until the earlier of the date that:

- The member is no longer totally disabled; or
- The member has exhausted the covered benefits available for treatment of that condition; or
- The member has become eligible for coverage from another health benefit plan which does not exclude coverage for the disabling condition; or
- After a period of 12 months in which benefits under such coverage are provided to the member.

## **TERMINATION OF INSURANCE**

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Benefits are payable under This Plan only for those Covered Expenses incurred while the policy is in effect as to the **Covered Person**. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision.

### **TERMINATION OF STUDENT COVERAGE**

Insurance for a **Covered Student** will end on the first of these to occur:

- a) The date This Plan terminates,
- b) The last day for which any required premium has been paid,
- c) The date on which the **Covered Student** withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
- d) The date the **Covered Student** is no longer in an eligible class.

If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled, and for which premium has been paid.

### **TERMINATION OF DEPENDENT COVERAGE**

Insurance for a **Covered Student's dependent** will end when insurance for the **Covered Student** ends. Before then, coverage will end:

- 1) For a child, on the first premium due date following the child's 26<sup>th</sup> birthday.
  - a) The date the Covered Student fails to pay any required premium.
  - b) For the spouse, the date the marriage ends in divorce or annulment.
  - c) The date dependent coverage is deleted from This Plan.
  - d) For a domestic partner, the earlier to occur of:
    - 2) The date This Plan no longer allows coverage for domestic partners, and
    - 3) The date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
      - b) The date the **dependent** ceases to be in an eligible class.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

### **INCAPACITATED DEPENDENT CHILDREN**

Insurance may be continued for incapacitated **dependent** children who reach the age at which insurance would otherwise cease. The **dependent** child must be chiefly **dependent** for support upon the **Covered Student** and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **Covered Student** within 31 days after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **Covered Student** submits proof to Aetna each year, that the child remains physically or mentally unable to earn his 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 under this provision will end on the earlier of:

- a) The date specified under the provision entitled Termination of **Dependent** Coverage, or
- b) The date the child is no longer incapacitated and dependent on the **Covered Student** for support.

## EXCLUSIONS

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This Plan does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury or as provided elsewhere in this plan.
3. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
4. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
5. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
6. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
7. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
8. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
9. Expense incurred for voluntary or elective abortions.
10. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
11. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
12. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
13. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.
14. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: (a) There are insufficient outcomes data available from controlled clinical trials published in the

peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or (b) If required by the FDA, approval has not been granted for marketing or a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (c) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease if Aetna determines that: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute if Aetna determines that available, scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.

15. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
16. Expenses incurred for breast reduction/mammoplasty.
17. Expenses incurred for gynecomastia (male breasts).
18. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
19. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person's home country; if the covered person's home country has a socialized medicine program
20. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
21. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
22. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B; even though the covered person is eligible; but did not enroll in Part B.
23. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
24. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
25. Expense for incidental surgeries; and standby charges of a physician.
26. Expense incurred as a result of dental treatment; including extraction of wisdom teeth; except for treatment resulting from injury to sound natural teeth; as provided elsewhere in this Policy.
27. Expense for contraceptive methods; devices or aids; and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; unless specifically provided for in this Policy.

28. Expenses incurred for massage therapy. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
29. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
30. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
31. Expenses for routine physical exams; including expenses in connection with well newborn care; routine vision exams; routine dental exams; routine hearing exams; immunizations; or other preventive services and supplies; except to the extent coverage of such exams; immunizations; services; or supplies is specifically provided in the Policy.
32. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending physician; or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must: (a) be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; and (c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any health care provider, or health care facility; or (c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined, or those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a physician's or a dentist's office or other less costly setting.
33. Expenses incurred for the treatment of acne.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

## DEFINITIONS

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### Accident

An occurrence which (a) is unforeseen, (b) is not due to or contributed to by **sickness** or disease of any kind, and (c) causes **injury**.

### Actual Charge

The charge made for a covered service by the provider who furnishes it.

### Aggregate Maximum

The maximum benefit that will be paid under This Plan for all **Covered Medical Expenses** incurred by a **Covered Person** that accumulate in one **Policy Year**.

### Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - **physicians** who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a **R.N.**
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - a **physician** trained in cardiopulmonary resuscitation, and
  - a defibrillator, and
  - a tracheotomy set, and
  - a blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

### Birth Center

A freestanding facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one physician who is a specialist in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to physicians who practice obstetrics and gynecology in an area **hospital**.
- Has at least 2 beds or 2 birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a **R.N.** or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.

- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a hospital in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient and child.

### **Brand Name Prescription Drug or Medicine**

A **prescription drug** which is protected by trademark registration.

### **Clinical Trial**

A patient research study that is designed to evaluate a new medical or drug treatment. Such proposed treatment:

- Must be for a life-threatening condition that will most likely cause death within one year or less despite therapy with currently accepted treatment,
- Must have clinical and pre-clinical data that shows the clinical trial is medically indicated and will likely be more effective for that patient than available non-investigational alternatives, and
- As to experimental or investigational technologies, is likely to be beneficial to the **Covered Person** based upon at least two documents of medical and scientific evidence.
- The clinical trial must meet the following criteria:
- It must be approved by centers or cooperative groups that are funded and sponsored by the National Institutes of Health, the Food and Drug Administration (FDA), the Department of Defense, the Department of Veterans Affairs, the National Cancer Institute (NCI) or other similar national cooperative body, and
- It must have a written protocol that describes a scientifically sound study and have been approved by all relevant Institutional Review Boards (IRB) before participants are enrolled. Aetna reserves the right to request documentation to confirm that the clinical trial meets current standards for scientific merit and has the relevant IRB approval

#### **The Covered Person:**

- Must not be treated “off protocol”, and
- Must actually be enrolled in the clinical trial.

For clinical trials involving experimental or investigational technologies (i.e.drugs, devices and procedures), the treatment or clinical trial must meet all of the following requirements:

- The investigational drug, device, therapy, or procedure, is under current review by the FDA and has an Investigational New Drug number (this does not apply if the investigational study is not required to be conducted under FDA scrutiny), and
- The clinical trial has passed independent scientific scrutiny and has also been approved by an IRB that will oversee the investigation, and
- The clinical trial is sponsored by a national cooperative body (ex. Department of Defense) and conforms to the oversight criteria as defined by that organization for the performance of clinical trials, and
- The clinical trial is not a single institution or investigator study (this does not apply to NCI designated Cancer Center Trials).

### **Coinsurance**

The percentage of **Covered Medical Expenses** payable by Aetna under this **Accident** and **Sickness** Insurance Plan.

### **Complications of Pregnancy**

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- Acute nephritis or nephrosis, or

- Cardiac decompensation or
- Similar conditions as severe as these.
- Not included are (a) false labor, occasional spotting or **physician** prescribed rest during the period of pregnancy, (b) morning **sickness**, (c) hyperemesis gravidarum and preclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

**Complications of Pregnancy** also include:

- Non-elective cesarean section

### **Convalescent Facility**

This is an institution that:

- Is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from disease or **injury**:
  - professional nursing care by a **R.N.**, or by a **L.P.N.** directed by a full-time **R.N.**, and
  - physical restoration services to help patients to meet a goal of self-care in daily living activities.
- Provides 24 hour a day nursing care by licensed nurses directed by a full-time **R.N.**
- Is supervised full-time by a **physician** or **R.N.**
- Keeps a complete medical record on each patient.
- Has a utilization review plan.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of mental disorders.
- Makes charges.

### **Copay**

This is a fee charged to a person for **Covered Medical Expenses**.

For Prescribed Medicines Expense, the **copay** is payable directly to the **pharmacy** for each: **prescription**, kit, or refill, at the time it is dispensed. In no event will the **copay** be greater than the **pharmacy's** charge per: **prescription**, kit, or refill.

### **Covered Dental Expenses**

Those charges for any treatment, service, or supplies, covered by This Plan which are:

- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage,
- And incurred while This Plan is in force as to the **Covered Person**.

### **Covered dependent**

A **Covered Student's dependent** who is insured under This Plan.

### **Covered Medical Expense**

Those charges for any treatment, service or supplies covered by This Plan which are:

- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage, and
- Incurred while This Plan is in force as to the **Covered Person** except with respect to any expenses payable under the Extension of Benefit Provisions.

### **Covered Person**

A **Covered Student** and any **covered dependent** while coverage under This Plan is in effect.

### **Covered Student**

A student of the Policyholder who is insured under This Plan.

### **Deductible**

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **policy year** before benefits are paid.

**Dental consultant**

A **dentist** who has agreed to provide consulting services in connection with the Dental Expense Benefit.

**Dental provider**

This is any **dentist**, group, organization, dental facility, or other institution, or person legally qualified to furnish dental services or supplies.

**Dentist**

A legally qualified **dentist**. Also, a **physician** who is licensed to do the dental work he or she performs.

**Dependent**

(a) the **Covered Student's** spouse residing with the **Covered Student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **Covered Student**, and (c) the **Covered Student's** child under the age of 26 years.

The term "child" includes a **Covered Student's** step-child, adopted child, and a child for whom a petition for adoption is pending.

The term **dependent** does not include a person who is: (a) an eligible student, or (b) a member of the armed forces.

**Designated Care Provider**

A health care provider or **pharmacy**, that is affiliated, and has an agreement with the **School Health Services** to furnish services and supplies at a **negotiated charge**.

**Diabetic Daycare Self-Management Education Programs**

Programs directed and supervised by a licensed physician who is board certified in internal medicine or pediatrics. Diabetic daycare self-management and education programs shall be provided by health care professionals including, but not limited to, physicians, registered nurses, registered pharmacists, and registered dietitians who are knowledgeable about the disease process of diabetes and the treatment of diabetic patients.

As used in this section, diabetic daycare self-management education programs means instruction which will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy thereby avoiding frequent hospitalizations and complications.

These programs do not include programs whose sole or primary purpose is weight reduction.

**Directory**

A listing of **Preferred Care Providers** in the **service area** covered under This Plan, which is given to the Policyholder.

**Durable Medical and Surgical Equipment**

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- Made to withstand prolonged use,
- Made for and mainly used in the treatment of a disease or **injury**,
- Suited for use in the home,
- Not normally of use to person's who do not have a disease or **injury**,
- Not for use in altering air quality or temperature,
- Not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

**Elective Treatment**

Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the **Covered Person's** effective date of coverage. **Elective treatment** includes, but is not limited to:

- Tubal ligation,
- Vasectomy,
- Breast reduction,
- Sexual reassignment surgery,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- Treatment for weight reduction,
- Learning disabilities,
- Treatment of infertility

### **Emergency Admission**

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- Requires confinement right away as a full-time inpatient, and
- If immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - loss of life or limb, or
  - significant impairment to bodily function, or
  - permanent dysfunction of a body part.

### **Emergency Condition**

This is any traumatic **injury** or condition which:

- Occurs unexpectedly,
- Requires immediate diagnosis and treatment, in order to stabilize the condition, and
- Is characterized by symptoms such as severe pain and bleeding.

### **Emergency Medical Condition**

This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

### **Generic Prescription Drug or Medicine**

A **prescription drug** which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

### **Home Health Agency**

- An agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- An agency certified as such under Medicare, or
- An agency approved as such by Aetna.

### **Home health aide**

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by an **RN, LPN, or LVN**, primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

### **Home Health Care**

Health services and supplies provided to a **Covered Person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

**Home Health Care Plan**

A written plan of care established and approved in writing by a **physician**, for continued health care and treatment in a **Covered Person's** home. It must either follow within 24 hours of and be for the same or related cause(s) as a period of **hospital** or skilled nursing confinement, or be in lieu of **hospital** or skilled nursing confinement.

**Hospice**

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal **illness**. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The **hospital** administration must meet the standards of the **National Hospice Organization** and any licensing requirements.

**Hospice benefit period**

A period that begins on the date the attending **physician** certifies that the **Covered Person** is a terminally ill patient who has less than 6 months to live. It ends after 6 months (or such later period for which treatment is certified) or on the death of the patient, if sooner.

**Hospital**

A facility which meets all of these tests:

- It provides in-patient services for the care and treatment of injured and sick people, and
- It provides room and board services and nursing services 24 hours a day, and
- It has established facilities for diagnosis and major surgery, and
- It is run as a **hospital** under the laws of the jurisdiction which it is located.

**Hospital** does not include a place run mainly: (a) for alcoholics or drug addicts, (b) as a convalescent home, or (c) as a nursing or rest home. The term "**hospital**" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the **Covered Person**.

**Hospital Confinement**

A stay of 18 or more hours in a row as a resident bed patient in a **hospital**.

**Injury**

Bodily **injury** caused by an **accident**. This includes related conditions and recurrent symptoms of such **injury**.

**Intensive Care Unit**

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

**Jaw Joint Disorder**

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

**Mail Order Pharmacy**

An establishment where **prescription drugs** are legally dispensed by mail.

**Medically Necessary**

A service or supply that is: necessary, and appropriate, for the diagnosis or treatment of a **sickness**, or **injury**, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered **medically necessary**, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition, and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply,) than any alternative service or supply to meet the above tests.
- In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:
  - Information relating to the affected person's health status,
  - Reports in peer reviewed medical literature,
  - Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
  - Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
  - The opinion of health professionals in the generally recognized health specialty involved, and
  - Any other relevant information brought to Aetna's attention.
- In no event will the following services or supplies be considered to be **medically necessary**:
  - Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
  - Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility, or
  - Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
  - Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a **physician's** or a **dentist's** office, or other less costly setting.

### **Medication Formulary**

A listing of **prescription drugs** which have been evaluated and selected by Aetna clinical pharmacists, for their therapeutic equivalency and efficacy. This listing includes both brand name and **generic prescription drugs**. This listing is subject to periodic review, and modification by Aetna.

### **Member Dental Provider**

Any **dental provider** who has entered in to a written agreement to provide to **Covered Students** the dental care described under the Dental Expense Benefit.

A **Covered Student's member dental provider** is a **member dental provider** currently chosen, in writing by the **Covered Student**, to provide dental care to the **Covered Student**.

A **member dental provider** chosen by a **Covered Student** takes effect as the **Covered Student's member dental provider** on the effective date of that **Covered Student's** coverage.

### **Member Dental Provider Service Area**

The area within a 50 mile radius of the **Covered Student's member dental provider**.

### **Negotiated Charge**

The maximum charge a **Preferred Care Provider** or **Designated Provider** has agreed to make as to any service or supply for the purpose of the benefits under This Plan.

### **Non-Occupational Disease**

A **non-occupational disease** is a disease that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **Covered Student**:

- Is covered under any type of workers' compensation law, and
- Is not covered for that disease under such law.

### **Non-Occupational Injury**

A non-occupational injury is an accidental bodily **injury** that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from an **injury** which does.

### **Non-Preferred Care**

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:

- The service or supply could have been provided by a **Preferred Care Provider**, and
- The provider is of a type that falls into one or more of the categories of providers listed in the **directory**.

### **Non-Preferred Care Provider**

- A **health care provider** that has not contracted to furnish services or supplies at a **negotiated charge**, or
- A **Preferred Care Provider** that is furnishing services or supplies without the referral of a **School Health Services**.

### **Non-Preferred Pharmacy**

A **pharmacy** not party to a contract with Aetna, or a **pharmacy** who is party to such a contract but who does not dispense **prescription drugs** in accordance with its terms.

### **Non-Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that is not a **preferred prescription drug expense**.

### **One Sickness**

A **sickness** and all recurrences and related conditions which are sustained by a **Covered Person**.

### **Orthodontic treatment**

Any

- Medical service or supply, or
- Dental service or supply, furnished to prevent or to diagnose or to correct a misalignment:
  - of the teeth, or
  - of the bite, or
  - of the jaws or jaw joint relationship,
- Whether or not for the purpose of relieving pain.

Not included is:

- The installation of a space maintainer, or
- Surgical procedure to correct malocclusion.

### **Out-of-Area Emergency Dental Care**

**Medically necessary** care or treatment for an **emergency medical condition**, that is rendered outside a 50 mile radius of the **Covered Student's member dental provider**. Such care is subject to specific limitations set forth in This Plan.

**Out-of-Pocket Limit**

The amount that must be paid, by the **Covered Student**, or the **Covered Student** and their **covered dependents**, before **Covered Medical Expenses** will be payable at **100%**, for the remainder of the **Policy Year**. The **Out-of-Pocket Limit** applies only to **Covered Medical Expenses** for **preferred care**, which are payable at a rate greater than **50%**.

The following expenses do not apply toward meeting the **Out-of-Pocket Limit**:

- Copays,
- Expenses that are not Covered Medical Expenses,
- Penalties,
- Expenses for prescription drugs, mental or nervous disorder (except severe mental disorder), substance abuse, - charges for Routine covered services from a Preferred Provider and
- Other expenses not covered by This Plan.

**Partial hospitalization**

Continuous treatment consisting of not less than four hours and not more than twelve hours in any twenty-four hour period under a program based in a **hospital**.

**Pervasive Developmental Disorder**

A neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Pharmacy**

An establishment where **prescription drugs** are legally dispensed.

**Physician**

(a) legally qualified **physician** licensed by the state in which he or she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

**Policy Year**

The period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

**Preferred Care Provider**

A **health care provider** that has contracted to furnish services or supplies for a **negotiated charge**, but only if the provider is, with Aetna's consent, included in the **directory** as a **Preferred Care Provider** for:

- The service or supply involved, and
- The class of **Covered Persons** of which you are member.

**Preferred Pharmacy**

A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under This Plan, but only:

- While the contract remains in effect, and
- While such a **pharmacy** dispenses a **prescription drug**, under the terms of its contract with Aetna.

**Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that:

- Is dispensed by a Preferred Pharmacy, or for an emergency medical condition only, by a non-preferred pharmacy, and
- Is dispensed upon the Prescription of a Prescriber who is:
  - a **Designated Care Provider**, or
  - a **Preferred Care Provider**, or
  - a **Non-Preferred Care Provider**, but only for an **emergency condition**, or

- a **dentist** who is a **Non-Preferred Care Provider**, but only one who is not of a type that falls into one or more of the categories of providers listed in the **directory of Preferred Care Providers**.

**Prescriber**

Any person, while acting within the scope of his or her license, who has the legal authority to write an order for a **prescription drug**.

**Prescription**

An order of a **prescriber** for a **prescription drug**. If it is an oral order, it must be promptly put in writing by the **pharmacy**.

**Prescription Drugs**

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal law, may be dispensed only by **prescription** and which is required to be labeled “Caution: Federal Law prohibits dispensing without **prescription**”,
- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.

**Primary Care Physician**

This is the **Preferred Care Provider** who is:

- Selected by a person from the list of **Primary Care Physicians** in the **directory**,
- Responsible for the person's on-going health care, and
- Shown on Aetna's records as the person's **Primary Care Physician**.

**Recognized Charge**

Only that part of a charge which is recognized is covered. The **recognized charge** for a service or supply is the lowest of:

- The provider's usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply, and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the **recognized charge** percentage made for that service or supply.

In some circumstances, Aetna may have an agreement, either directly or indirectly, through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the **recognized charge** is the rate established in such agreement.

In determining the **recognized charge** for a service or supply that is:

- • Unusual, or
- • Not often provided in the area, or
- • Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity,
- The degree of skill needed,
- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The **recognized charge** in other areas.

**Residential treatment facility**

A treatment center for children and adolescents, which provides residential care and treatment for emotionally disturbed individuals, and is licensed by the department of children and youth services, and is accredited as a residential treatment center by the council on accreditation or the joint commission on accreditation of health organizations.

**Respite care**

Care provided to give temporary relief to the family or other care givers in emergencies and from the daily demands for caring for a terminally ill **Covered Person**.

**Room and Board**

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

**School Health Services**

Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled students and their **dependents**.

**Semi-private Rate**

The charge for **room and board** which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

**Service Area**

The geographic area, as determined by Aetna, in which the **Preferred Care Providers** are located.

**Sickness**

Disease or **illness** including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and **complications** of **pregnancy**. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

**Skilled Nursing Facility**

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- Organized facilities for medical services,
- 24 hours nursing service by RNs,
- A capacity of six or more beds,
- A daily medical records for each patient, and
- A **physician** available at all times.

**Sound Natural Teeth**

Natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. **Sound natural teeth** shall not include capped teeth.

**Surgery Center**

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - **physicians** who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - a **physician** trained in cardiopulmonary resuscitation, and

- a defibrillator, and
- a tracheotomy set, and
- a blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

### **Surgical assistant**

A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a **physician**.

### **Surgical expense**

Charges by a **physician** for:

- A surgical procedure,
- A necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- Usual postoperative treatment.

### **Surgical procedure**

- A cutting procedure,
- Suturing of a wound,
- Treatment of a fracture,
- Reduction of a dislocation,
- Radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- Electrocauterization,
- Diagnostic and therapeutic endoscopic procedures,
- Injection treatment of hemorrhoids and varicose veins,
- An operation by means of laser beam,
- Cryosurgery.

### **Totally Disabled**

Due to disease or **injury**, the **Covered Person** is not able to engage in most of the normal activities of a person of like age and sex in good health.

### **Urgent Admission**

One where the **physician** admits the person to the **hospital** due to:

- The onset of or change in a disease, or
- The diagnosis of a disease, or
- An **injury** caused by an **accident**, which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within 2 weeks from the date the need for the confinement becomes apparent.

### **Urgent Condition**

This means a sudden illness, **injury**, or condition, that:

- Is severe enough to require prompt medical attention to avoid serious deterioration of the **Covered Person's** health,
- Includes a condition which would subject the **Covered Person** to severe pain that could not be adequately managed without urgent care or treatment,
- Does not require the level of care provided in the emergency room of a **hospital**, and
- Requires immediate outpatient medical care that cannot be postponed until the **Covered Person's physician** becomes reasonably available.

## Urgent Care Provider

This is:

- A freestanding medical facility which:
  - Provides unscheduled medical services to treat an **urgent condition** if the **Covered Person's physician** is not reasonably available.
  - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours. .
  - Makes charges. .
  - Is licensed and certified as required by any state or federal law or regulation.
  - Keeps a medical record on each patient.
  - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
  - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
  - Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
  - has contracted with Aetna to provide **urgent care**, and
  - is, with Aetna's consent, included in the Provider **Directory** as a **Preferred Urgent Care Provider**.

**It is not the emergency room or outpatient department of a hospital.**

## Walk-in Clinic

A clinic with a group of **physicians**, which is not affiliated with a **hospital**, that provides: diagnostic services, observation, treatment, and rehabilitation on an outpatient basis.

## CLAIM PROCEDURE

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On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Aetna.

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the **hospital** or **physician** concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the 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 Student **Accident** and **Sickness** Insurance Plan.

## HOW TO APPEAL A CLAIM

In the event a **Covered Person** disagrees with how a claim was processed, he/she may request a review of the decision. The **Covered Person's** requests must be made in writing within one hundred eighty (180) days of receipt of the Explanation of Benefits (EOB). The **Covered Person's** request must include why he/she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, **Physician's** office notes, operative reports, **Physician's** letter of medical necessity, etc.). Please submit all requests to:

Aetna Student Health  
P.O. Box 14464  
Lexington, KY 40512

## APPEALS PROCEDURE

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Aetna has established a procedure for resolving complaints by **Covered Persons**. If you have a complaint, please follow this procedure:

- An Appeal is defined as a written request for review of a decision that has denied in whole or in part, after consideration of any relevant information, a request for: claim payment, certification, eligibility.
- An Appeal must be submitted to Aetna within 60 days of the date Aetna provides notice of denial. The address is shown on your ID card.
- An acknowledgment letter will be sent to you within 5 days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.
- You will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days of the date of Aetna's response letter.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification: indicating that additional time is needed, explaining why such time is needed, and setting a new date for a response. The additional time will not be extended beyond another 30 days.
- In any urgent or emergency situation, the Expedited Appeal procedure may be initiated by a telephone call to Customer Services. The Customer Services telephone number is shown on your ID card. A verbal response to the Appeal will be given to the provider within 2 business days, provided that all necessary information is available. Written notice of the decision will be sent within 2 business days of Aetna's verbal response. If you are dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized.
- Aetna will keep the records of your complaint for 3 years.

## INDEPENDENT/MEDICAL REVIEW PROCESS

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If, after exhausting the internal Appeals Procedure or your grievance remains unresolved after 30 days, you may be eligible to request an Independent Medical Review. A request for an Independent Medical Review must be submitted within 6 months from the date you receive your final determination letter. The final determination letter will instruct you on how to submit a request for an Independent Medical Review.

You are only eligible to request an Independent Medical Review for the following:

- The medical services or treatment were denied either because they were not **medically necessary**, or
- Because the proposed service or treatment is considered experimental or investigational.

For more information on the Independent Medical Review Process, you may call Customer Services at the toll-free number shown on your ID Card.

## PRESCRIPTION DRUG CLAIM PROCEDURE

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When obtaining a covered prescription, please present your ID card to a **Preferred Pharmacy**, along with your applicable **copay**. The **pharmacy** will bill Aetna for the cost of the drug, plus a dispensing fee, less the **copay** amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an **Aetna Preferred Pharmacy**, and be reimbursed by submitting a completed Aetna **Prescription Drug** claim form. You will be reimbursed for covered medications, less your **copay**.

## **WORLDWIDE TRAVEL ASSISTANCE SERVICES**

### **On Call International**

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency medical, travel and security assistance services and other benefits.

A brief description of these benefits is outlined below.

### **Accidental Death and Dismemberment (ADD) Benefits<sup>1</sup>**

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of **Covered Persons**, up to a maximum of **\$10,000**.

**Medical Evacuation and Repatriation (MER) Benefits.** The following benefits are underwritten by United States Fire Insurance Company (USFIC) with medical and travel assistance services provided by On Call. These benefits are designed to assist **Covered Persons** when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Deceased Remains
- Unlimited Family Reunion
- \$2,500 Return of Traveling Companion
- \$2,500 Bereavement Reunion - in the event of a Covered Person's death, On Call will fly a family member to identify the remains and accompany the remains back to the deceased's home country
- \$2,500 Emergency Return Home in the event of death or life-threatening illness of a parent, sibling or spouse

### **Natural Disaster and Political Evacuation Services (NDPE)**

The following benefits are underwritten by United States Fire Insurance Company (USFIC), with security assistance services provided by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a **Covered Person** requires emergency evacuation due to a natural disaster, which makes his/her location Uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point to the nearest safe haven, and then home. Benefits are payable up to \$100,000 per event per person.

**Worldwide Emergency Travel Assistance (WETA) Services.** On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of **Physician**
- Emergency Medical Record Assistance
- Legal Consultation and Referral
- Bail Bonds Assistance

The On Call International Global Response Center can be reached 24 hours a day, 365 days a year.

**The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) or (877) 850-6036.**

**NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call.**

**Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call nor its contracted insurance providers provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.**

**To file a claim for ADD benefits, or to obtain MER, WETA or NDPE benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free at (866) 525-1956 or Collect at (603) 328-1956. All Covered Persons should carry their On Call ID card when traveling.**

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to ADD, MER, WETA and NDPE benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER, WETA or NDPE benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC, VSC or CV. Premiums/fees for benefits/services provided through On Call, USFIC, VSC and CV are included in the Rates outlined in this brochure.

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*These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

### **Got Questions? Get Answers with Aetna's Navigator®**

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized claims and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

#### **By logging into Aetna Navigator, you can:**

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Aetna Student Health Customer Service at your convenience.
- View the latest health information and news, and more!

#### **How do I register?**

- Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)
- Find your school in the School Directory
- Click on Aetna Navigator® Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

#### **Need help with registering onto Aetna Navigator?**

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **(800) 225-3375**.

## NOTICE

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Aetna considers nonpublic 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, we use personal information internally, share it with our affiliates, and disclose 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 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 us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**Administered by:**

Aetna  
PO Box 981106  
El Paso, TX 79998  
**(877) 850-6036**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Underwritten by:**

Aetna Life Insurance Company (ALIC)  
151 Farmington Avenue  
Hartford, CT 06156  
**(860) 273-0123**



**Policy No. 474887**

**The University of San Francisco Student Health Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc.** Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.