

2012 – 2013



Stony Brook
University

Stony Brook University **Student Health Insurance Plan (SHIP)**

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 condition 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) 373-0741. 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)

Policy No. 890444

aetnaSM

WHERE TO FIND HELP

In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call Stony Brook Student Health Services at **(631) 632-6740**.

For questions about:

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

Please contact:

Aetna Student Health
PO Box 981106
El Paso, TX 79998
(877) 373-0741

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) 373-0741

For questions about:

- Enrollment Forms
- Waiver Process
- Student Health Services Referrals

Please contact:

Student Health Insurance Office
at **(631) 632-6054**

For questions about:

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs

Please contact:

Aetna Student Health
(877) 373-0741

For questions about:

- Provider Listings

Please contact:

Aetna Student Health
(877) 373-0741

A complete list of providers can be found at Aetna's **DocFind**[®] Service at: **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** and visit your school-specific site for further information.

Other Important Numbers:

- SBU Student Health Services (SHS): **(631) 632-6740**
- SBU Counseling Center: **(631) 632-6720**
- SBU Emergency (when Student Health Center is Closed): **(631) 632-3333**
- SBU Ambulance (on-campus): **(631) 632-8888**
- Off-campus Police: **911**
- SBU On-campus Police: **333**
- Stony Brook Fire Dept.: **(631) 751-3434**
- Poison Control: **(631) 542-2323**
- Response Hotline (Crisis Counseling): **(631) 751-5000**

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

IMPORTANT NOTE

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 Stony Brook University. 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 University's Student Health Insurance Office during 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.

TABLE OF CONTENTS

Student Health Services.....	5
Policy Period	6
Rates	6
Student Coverage – Eligibility.....	7
Waiver Process/Procedure.....	7
Refund Policy	7
Dependent Coverage – Eligibility	8
Continuously Insured.....	8
Preferred Provider Network	9
Student Health Services Referrals	9
Pre-Certification Program	10
Pre-Existing Conditions.....	10
Summary of Benefits	12
Deductibles.....	12
In-Patient Hospitalization Benefits.....	13
Surgical Benefits	13
Outpatient Benefits.....	14
Treatment of Mental and Nervous Disorders	22
Substance Abuse Benefits	23
Maternity Benefits	24
Additional Benefits.....	25
Additional Services and Discounts	33
General Provisions	35
Extension of Benefits	36
Termination of Insurance.....	36
Exclusions	37
Definitions	35
Claim Procedure	50
Prescription Drug Claim Procedure.....	53
Worldwide Travel Assistance Services	54
Accidental Death & Dismemberment	54
Aetna Navigator	55

STUDENT HEALTH SERVICES

Student Health Services

The Student Health Services (SHS) at Stony Brook University is your on-campus source for meeting your **primary health care** needs. For students enrolled in the Student Health Insurance Plan most services at Student Health Services are covered at **100%**. Our staff of **physicians, physician** assistants, nurse practitioners, nurses, social workers, laboratory technologists, and technical and administrative staff are dedicated to our mission of providing students with quality medical care, and the services necessary to optimize preventative health and wellness. We encourage you to take some time to explore our website and discover those rich resources available to you. To your good health!

SHS is located in the West Campus Student Health Center, and offers comprehensive and cost-effective health services for both medical and psychosocial health problems. Services include: a **pharmacy**, laboratory, a social worker, gynecological services (Women's Clinic), a dermatology clinic, a self-care center cold clinic. All registered students are eligible for medical care.

Hours of Operation:

Medical Clinic

Monday – Friday: 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 5:00 p.m. (open late on Tuesday until 7:00 p.m.)

Gynecology Clinic

Monday – Friday: 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 3:30 p.m. (open late on Tuesday until 7:00 p.m.)

Medical Clinic Summer and intersession hours:

Monday – Friday: 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 4:00 p.m.

Gynecology Clinic Summer and intersession hours:

Monday – Friday: 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 3:30 p.m.

For additional information call (631) 632-6740, or visit the Student Health Services website:

<http://www.studentaffairs.stonybrook.edu/shs/>

Pharmacy and Self-Care Center

The Student Health Service **Pharmacy** is staffed by a full-time pharmacist. Prescriptions are filled, at substantial savings, for registered students who have paid the Infirmary fee. The **pharmacy** will only fill prescriptions written by Student Health Service providers. The Student Health Services **Pharmacy** is located in the Infirmary Building on the 1st floor.

Hours of Operation:

Fall/Spring Semester

Monday – Friday: 8:00 a.m. – 12:00 p.m.

1:00 p.m. – 5:00 p.m.

Summer and Intersession

Monday – Friday: 8:00 a.m. – 4:00 p.m.

For more information call the Pharmacy at **(631) 632-6804**.

POLICY PERIOD

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 a.m. on **August 16, 2012**, and will terminate at 11:59 p.m. on **January 15, 2013**.
2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:00 a.m. on **January 16, 2013**, and will terminate at 11:59 p.m. on **August 15, 2013**.
3. **New Summer Semester students:** Coverage for most insured students who are newly enrolled in programs starting in the Summer Semester (not in Summer Sessions I and II), will become effective at 12:01 a.m. on **May 16, 2013**, and will terminate at 11:59 p.m. on **August 15, 2013**.
4. **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 pages 30 of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

RATES

Premium Cost Basic Plan			
	Fall 8/16/12-1/15/13	Spring 1/16/13- 8/15/13	Summer 5/16/13-8/15/13
Student	\$682	\$942	\$409
Spouse/Domestic Partner	\$2,053	\$2,863	\$1,232
Child(ren)	\$1,030	\$1,436	\$625

Premium Cost Clinical Related Injury Plan (<i>Stony Brook University requires purchase of this rider for all medical, dental, SHTM and nursing students enrolled in the Basic Plan</i>)	
	Annual* 8/16/12-8/15/13
Student	\$36

* The cost of this rider is \$36 per year, regardless of the individual's effective date.

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

STONY BROOK UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the **Accident** and **Sickness** Medical Expense benefits available for Stony Brook University 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 University's Student Health Insurance Office during business hours.

STUDENT COVERAGE

ELIGIBILITY

Participation in Stony Brook University's Student Health Insurance Plan is required for all full-time matriculated students, for all nursing students, and for professional health sciences students, who will be automatically enrolled in the Student Health Insurance Plan, and the premium for the Plan will be added to your tuition bill.

Part Time Student Coverage

Some part-time students may be eligible to enroll. To do so, please contact the West Campus Student Health Insurance Office (SHO-RSHIP@notes.cc.sunysb.edu) no later than **September 15, 2012**. For newly enrolled Spring 2013 Students and their dependents the Spring Semester enrollment deadline is **February 15, 2013**. For newly enrolled Summer 2013 students and their dependents the Summer Semester enrollment deadline is **May 15, 2013**.

WAIVER PROCESS/PROCEDURE

Eligible students will automatically be enrolled in this plan. If you have alternate coverage and wish to waive coverage under the SHIP, you must submit a waiver. To do so you must go to your SOLAR account Home Page and look for "Campus Financial Services" on the menu bar. You then look for "Health Insurance Waivers" and follow the instructions. Waivers for the 2012-2013 academic year will be accepted online until the following deadlines below:

Category	Waiver Deadline Date
Fall Semester	9/15/12
Spring Semester	2/15/13

The Summer Semester deadline, for students whose first semester is the Summer, is 14 days after classes begin. Coverage cannot be waived after a deadline and you will be responsible for the cost of the Plan.

Waiver submissions may be audited by Stony Brook University, Aetna Student Health, and/or their contractors or representatives at any time during the school year. 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.

REFUND POLICY

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. After 31 days, you will be covered for the full period for which you have paid the premium, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered **Accident** or **Sickness**).

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

ELIGIBILITY

Covered students may also enroll their spouse, domestic partner, and dependent children under age 26.

ENROLLMENT

To enroll the eligible dependent(s) of a **covered student** in the Fall Semester, please contact the West Campus Student Health Insurance Office for an enrollment form and any necessary questionnaires not later than **September 15, 2012**. For newly enrolled Spring Students and their dependents the Spring Semester enrollment form deadline is **February 15, 2013**. For newly enrolled Summer students and their dependents the Summer Semester enrollment form deadline is **May 15, 2013**.

Please note: Dependents must be enrolled either:

- within 31 days from the date of birth of a newborn child OR
- within 31 days of adoption of a child OR
- within 31 days of the marriage date of the insured student

If the above enrollment dates are missed, then enrollments of dependents may be made **ONLY** during the open enrollment period at the start of each semester. Coverage is **NOT** retroactive.

NEWBORN INFANT AND ADOPTED CHILD COVERAGE

A child born to a **Covered Person** shall be covered for **Accident, Sickness**, and congenital defects, for 31 days from the date of birth. At the end of this 31 day period, coverage will cease under the Stony Brook University 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.

Please note: Previously Covered Persons must re-enroll for dependent coverage by September 15, 2012 for the Fall Semester, and by February 15, 2013 for the Spring Semester, in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, a condition existing during such a break which is a Pre-Existing Condition will not be payable. See Continuously Insured Section of this Brochure.

For information or general questions on dependent enrollment, contact Aetna Student Health at, **(877) 373-0741**.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Plan or other policies will be covered for any **Pre-Existing Condition**, which manifests itself while **continuously insured**, except for expenses payable under prior policies in the absence of this Plan. Previously **Covered Persons** must re-enroll for coverage, including dependent coverage, by **September 15, 2012**, for the Fall Semester, and by **February 15, 2013**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the **Pre-Existing Conditions** Limitation will apply.

PREFERRED PROVIDER NETWORK

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 Stony Brook University 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.

You may obtain information regarding **Preferred Providers** by contacting Aetna Student Health at **(877) 373-0741**, or through the Internet by accessing DocFind at 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 affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.*

STUDENT HEALTH SERVICES REFERRALS

Students’ health care needs can best be satisfied when an organized system of health care providers at The Stony Brook University Student Health Service manages the treatment. If you are enrolled in the Student Health Insurance Plan, it is to your advantage to **always** first seek treatment at the **West Campus Student Health Service (SHS) unless you have a life-threatening medical condition. By starting at the Health Service you will reduce your out-of-pocket expenses.**

For Students, the per-condition deductible will be reduced for **Preferred Care** from **\$400 to \$200** when care is initiated at the SHS, and outside care is referred by a SHS clinician. **Referrals are not required to seek care from providers outside of SHS. Referrals cannot be given after care is rendered by outside providers.**

Referrals for each new medical condition must be issued for each policy year. **The University recommends you always visit the Health Service first for any new medical issues.** A referral is not necessary to reduce the deductible under the following conditions:

- The treatment of an Emergency Medical Condition. However, the student must return to Student Health Services for necessary follow up care.
- When SHS is closed.
- Treatment rendered at SHS Counseling Center;
- Gynecological and Obstetrical Services, including maternity.
- Medical care received when more than 50 miles away from campus.
- Medical care that is obtained when a student is no longer eligible to use the SHC, due to a change in student status.
- Treatment for Physical therapy.

The Student Health Center is not available to **covered dependents**. Dependents should choose a **Primary Care Provider** from the Aetna Network, but the plan deductible cannot be reduced.

PRE-CERTIFICATION PROGRAM

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) 373-0741** (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.

PRE-EXISTING CONDITIONS/CONTINUOUSLY INSURED PROVISIONS

Dependents: **Pre-Existing Conditions** will apply to **covered dependents** of **covered students** who elect coverage more than 31 days after the date such person becomes eligible for coverage under the Plan.

Students: **Pre-Existing Conditions** are covered.

Pre-existing Condition

A **pre-existing condition** is an **injury** or disease that was present before a **Covered Person's** first day of coverage under a group health insurance plan. If a **Covered Person** received medical advice, treatment or services for that **injury** or disease, or a **Covered Person** took **prescription drugs** or medicines for that **injury** or disease during the **6 months** prior to a **Covered Person's** first day of coverage, that **injury** or disease will be considered a **pre-existing condition**.

Limitation

This pre-existing limitation does not apply to Covered Persons under age 19.

Expenses incurred by a dependent of a **covered student** as a result of a **Pre-Existing Condition** will not be considered covered expenses unless no charges are incurred or treatment rendered for the condition for a period of 6 months while covered under this Plan, or, the **Covered Person** has been covered under this Plan for 12 consecutive months, whichever happens first.

Pre-existing limitation for pregnancy is 10 months from the date of enrollment.

Continuously Insured

A dependent has been continuously insured if a dependent (i) had "creditable health insurance coverage" (including but not limited to: COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this plan; **and** (ii) the creditable coverage ended within 63 days of the date a **Covered Person** enrolled under this plan. If both of these tests are met, then the pre-existing limitation period under this plan will be reduced (and possibly eliminated altogether) by the number of days of a **Covered Person's** prior creditable coverage. The dependent will be asked to provide evidence of his/her prior creditable coverage.

Once a break of more than 63 days in your continuous coverage occurs, the definition of **Pre-Existing Conditions** will apply. Any limitation as to a **pre-existing condition** will not apply in the case of a newborn enrolled within 31 days of the date of birth or a child who is adopted or placed for adoption before attaining 18 years of age and enrolled within 31 days of adoption or placement for adoption.

As used above: “creditable coverage” means a person’s prior medical coverage as defined in the New York Insurance Law section 3232

DESCRIPTION OF BENEFITS*

Please note:

The Stony Brook Student Health Insurance Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Stony Brook Student Health Insurance 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 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 Stony Brook University, you may view it at the Student Health Insurance Office or you may contact Aetna Student Health at (877) 373-0741.

This Plan will never pay more than \$100,000 per condition per Policy Year. 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.

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.

CLINICAL RELATED INJURY PLAN

All undergraduate medical, dental, SHTM, and nursing students, and all graduate medical, dental, SHTM and nursing students will be required to enroll in the “Clinical Related Injury” plan.

For all undergraduate medical, dental, SHTM and nursing students, and all graduate medical, dental, SHTM and nursing students:

Clinical Related Injury

Covered Medical Expenses for the **covered student** include expenses incurred for those charges related to a **Clinical Related Injury**.

Covered Medical Expenses for the donor who is the source of the **Clinical Related Injury** are limited to those charges related to laboratory tests to assist with the diagnosis of the **covered person**.

Covered Medical Expenses are payable at **100%** of the **Negotiated Charge** or **Recognized Charge**.

Your benefit maximum under this Plan is increased to **\$250,000** per **incident** per lifetime for **Clinical Related Injuries**. **Clinical Related Injury:** This is any **Incident** which exposes a **Covered Person** acting as a student in a clinical capacity, at the time of the **Incident**, to **injury** or **sickness** that requires testing and/or treatment. **Incidents** include, but are not limited to needle sticks, unprotected exposure to blood and body fluid, and unprotected exposure to highly contagious pathogens.

SUMMARY OF BENEFITS CHART

Subject to the terms of the Policy, benefits are available for you and your eligible 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.

DEDUCTIBLES

The following Deductibles are applied before **Covered Medical Expenses** are payable:

For all Students and Covered Dependents

Preferred Care: **\$400** per **Condition** per **Policy Year***

Non-Preferred Care: **\$500** per **Condition** per **Policy Year***

*Plan **Deductible** will be decreased to **\$200** for students only in the following circumstances:

- 1) if treatment is rendered or referred by SHS;
- 2) if treatment is rendered at SHS Counseling Center;
- 3) if SHS is closed and the **covered student** has an emergency medical condition that must be addressed immediately.

At no time can a referral from Student Health Services be provided after care has been received from an outside provider. In these situations, the full annual deductible will apply.

Per visit or admission deductibles do not apply towards satisfying the plan Deductible.

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

In addition to state and federal requirements for waiver of the Annual Deductible, this plan will waive the Annual Deductible for: Non-Surgical Physicians Expense, Ambulance Expense, Physician's Office Visit Expense, Walk-In Clinic Visit Expense, Laboratory Expense, Treatment of Mental and Nervous Disorders (*Inpatient and Outpatient*), Alcoholism and Drug Addiction Treatment Expense (*Outpatient*), Prescribed Medicines Expense, and Elective Abortion Expense.

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 condition 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.

Preferred Care Out-of-Pocket: **\$3,000** per **Covered Person**

Non-Preferred Care Out-of-Pocket: **\$6,000** per **Covered Person**

All coverage is based on Recognized Charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Room and Board Expense	<p>Covered Medical Expenses are payable as follows:</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge for a semi-private room.</p>
Intensive Care Room and Board Expense	<p>Covered Medical Expenses are payable as follows:</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p>Covered Medical Expenses include, among others, expenses incurred during a hospital confinement for anesthesia and operating room, laboratory tests and x-rays, oxygen tent, drugs, medicines, and dressings.</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>
Non-Surgical Physicians Expense	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care:</u> After a \$25 copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$25 per visit deductible, 100% of the Recognized Charge.</p>
Surgical Expense - Inpatient	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Surgical Expense - Outpatient	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>

Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% 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> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>
<p>Outpatient Benefits Covered Medical Expenses 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>Covered Medical Expenses includes treatment rendered in a Hospital Outpatient Department.</p> <p>Covered Medical Expenses 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>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>
Walk-in Clinic Visit Expense	<p>Covered Medical Expenses include services rendered in a walk-in clinic.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> After a \$35 copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% of the Recognized Charge</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care:</u> After a \$100 copay per visit (waived if admitted), 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$100 per visit deductible (waived if admitted), 80% of the Recognized Charge.</p> <p>Important Note: Please note that as Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) 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 Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</p>

<p>Urgent Care Expense</p>	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call for ambulance and medical assistance.</p> <p>Urgent Care Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care:</u> After a \$35 copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% 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>
<p>Ambulance Expense</p>	<p>Covered Medical Expenses are payable as follows: 100% 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>
<p>Pre-Admission Testing Expense</p>	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable same basis as any other condition.</p>
<p>Physician's Office Visit Expense</p>	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$35 copay per visit, 100% of the Negotiated Charge <u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% of the Recognized Charge.</p> <p>This benefit includes visits to specialists.</p>
<p>Laboratory and X-ray Expense</p>	<p>Covered Medical Expenses are payable as follows for laboratory expenses: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p> <p>Covered Medical Expenses are payable as follows for x-ray expenses: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
	<p>Covered Medical Expenses include charges incurred by a covered person for High Cost Procedures that are required as a result of injury or sickness. Covered Medical Expenses for High Cost Procedures must be provided on an outpatient basis and are payable on the same basis as any other sickness. Expenses for High Cost Procedures may be incurred in the following:</p> <ul style="list-style-type: none"> • A physician's office; or • Hospital outpatient department; or emergency room; or • Clinical laboratory; or • Radiological facility; or other similar facility; licensed by the applicable state; or the state in which the facility is located. <p>Covered Medical Expenses for High Cost Procedures include charges for the following procedures; and services:</p> <ul style="list-style-type: none"> • C.A.T. Scan; • Magnetic Resonance Imaging

<p>High Cost Procedures Exp. (continued)</p>	<p>Covered Medical Expenses 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>Therapy Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Physical Therapy, • Chiropractic Care, • Cardiac Rehabilitation, or • Occupational Therapy. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$35 Copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$35 per visit Deductible, 70% of the Recognized Charge.</p> <p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Speech Therapy <p>Covered Medical Expenses 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>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.</p>
<p>Chemotherapy Expense</p>	<p>Covered Medical Expenses for chemotherapy, including oral chemotherapy and 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. Covered medical expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Such expenses are payable as follows:</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
<p>Durable Medical and Surgical Equipment Expense</p>	<p>Covered Medical Expenses 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 \$1,000 per policy year for orthotic devices.</p> <p>Breast Feeding Durable Medical Equipment Coverage includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support (pumping and storage of breast milk) as follows.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 70% of the Recognized Charge.</p> <p><i>Breast Pump</i> Covered expenses include the following:</p> <ul style="list-style-type: none"> • The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a hospital. • The purchase of: <ul style="list-style-type: none"> - 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

<p>Durable Medical and Surgical Equipment Expense <i>(continued)</i></p>	<p>of the birth; or</p> <ul style="list-style-type: none"> - 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. • 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. <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>Aetna 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 Aetna.</p> <p>Limitations Unless specified above, not covered under this benefit are charges incurred for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan.
<p>Prosthetic Devices Expense</p>	<p>Benefits include charges for artificial limbs or eyes, wigs required as a result of chemo or radiation therapy, and other non-dental prosthetic devices as a result of an accident or sickness.</p> <p>Covered Medical Expenses do not include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p>Covered Medical expenses 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>Physical Therapy Expense</p>	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist.</p> <p><u>Preferred Care</u>: After a \$35 copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$35 per visit deductible, 70% of the Recognized Charge.</p>
<p>Dental Injury Expense</p>	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • 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. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or

<p>Dental Injury Expense (continued)</p>	<ul style="list-style-type: none"> • In-mouth appliances, are installed due to such injury, Covered Medical Expenses include only charges for: The first denture or fixed bridgework to replace lost teeth, The first crown needed to repair each damaged tooth, and An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. • Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth. <p>Covered Medical Expenses are payable as follows: 80% of the Actual Charge.</p>
<p>Allergy Testing Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for diagnostic testing of allergies. Covered Medical Expenses include; but are not limited to; charges for the following:</p> <ul style="list-style-type: none"> • laboratory tests; • physician office visits; • prescribed medications for testing of the allergy; including any equipment used in the administration of prescribed medication; and • other medically necessary supplies and services. <p>No benefits are payable under this Policy for the treatment of allergies.</p> <p>Covered Medical Expenses are payable same basis as any other condition.</p>
<p>Diagnostic Testing For Learning Disabilities Expense</p>	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder, or • attention deficit hyperactive disorder. <p>Covered Medical Expenses are payable as follows for laboratory expenses: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p> <p>Covered Medical Expenses are payable as follows for x-ray expenses: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% 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>Musculoskeletal/ Chiropractic Therapy Expense</p>	<p>Covered Medical Expenses include charges for Musculoskeletal Therapy provided on an outpatient basis.</p> <p>For purposes of this benefit, “Musculoskeletal Therapy” means the diagnosis, and treatment, by manual or mechanical means, of the musculoskeletal structure, due to lack of normal nerve, muscle, and /or joint function.</p> <p>Benefits for chiropractic care will be paid on the same basis as those payable for care or services provided by other health professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments.</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"> • Routine vision and hearing screenings given as part of the routine physical exam, • X-rays, lab, and other tests given in connection with the exam, and • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. <p><u>Preferred Care visits</u> are payable as follows: 100% of the Negotiated Charge. <u>Preferred Care immunizations</u> are payable at 100% of the Negotiated Charge.</p> <p><u>Non-Preferred Care visits</u> are payable as follows: After a \$35 per visit deductible, 70% of the Recognized Charge. <u>Non-Preferred Care immunizations</u> are payable at 70% of the Recognized Charge.</p> <p>In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with,</p> <ul style="list-style-type: none"> • 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. • 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: <ul style="list-style-type: none"> - Screening and counseling services, such as: <ul style="list-style-type: none"> Interpersonal and domestic violence; Sexually transmitted diseases; and Human Immune Deficiency Virus (HIV) infections. - Screening for gestational diabetes. - High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years. • X-rays, lab and other tests given in connection with the exam. • 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. • If the plan includes dependent coverage, for covered newborns, an initial hospital check up. <p>For a child who is a covered dependent:</p> <ul style="list-style-type: none"> • The physical exam must include at least: <ul style="list-style-type: none"> - A review and written record of the patient’s complete medical history, - A check of all body systems, and - A review and discussion of the exam results with the patient or with the parent or guardian.

- For all exams given to covered dependent **under age 2**, **Covered Medical Expenses** will **not include** charges for the following:
 - **More than** 6 exams performed during the first year of the child's life,
 - **More than** 2 exams performed during the second year of the child's life.

- For all exams given to a covered dependent from **age 2 and over**, **Covered Medical Expenses** will **not include** charges for **more than** one exam in 12 months in a row.

For all exams given to a covered student or a spouse who is a covered dependent, **Covered Medical Expenses** will **not include** charges for **more than**:

- One exam in 12 months in a row.

Covered Medical Expenses incurred by a woman, are charges made by a physician for, one annual routine gynecological exam.

Screening and Counseling Services

Covered Medical Expenses include charges made by a **physician** in an individual or group setting for the following:

Obesity

Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:

- Preventive counseling visits and/or risk factor reduction intervention;
- Medical nutrition therapy;
- Nutritional counseling; and
- Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.

Misuse of Alcohol and/or Drugs

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.

Use of Tobacco Products

Screening and counseling services to aid a covered person to stop the use of tobacco products.

Coverage includes:

- Preventive counseling visits;
 - Treatment visits; and
 - Class visits;
- to aid a covered person to stop the use of tobacco products.

Tobacco product means a substance containing tobacco or nicotine including:

- cigarettes;
- cigars;
- smoking tobacco;
- snuff;
- smokeless tobacco; and
- candy-like products that contain tobacco.

Limitation

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

Preferred Care: **100%** of the Negotiated Charge.

Non-Preferred Care: **70%** of the Recognized Charge.

Well Baby Care Expense	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p>Routine preventive and primary care services are services rendered to a covered dependent child, from the date of birth through the attainment of two (2) 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>Covered Medical Expenses are payable as follows</p> <p><u>Preferred Care:</u></p> <ul style="list-style-type: none"> • 100% of the Negotiated Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <p><u>Non-Preferred Care:</u></p> <ul style="list-style-type: none"> • After a \$35 per visit deductible, 70% of the Recognized Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.
Immunizations Expense	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and medically necessary immunizations, and testing for tuberculosis, and • charges incurred by a covered dependent up to age 19, for the materials for the administration of appropriate and medically necessary immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <p><u>Preferred Care:</u> 100% of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% of the Recognized Charge.</p> <p>Covered Medical Expenses do not include a physician's office visit in connection with immunization or testing for tuberculosis.</p>
Consultant Expense	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist. The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis.</p> <p>Benefits are payable as follows:</p> <p><u>Preferred Care:</u> After a \$35 copay per visit, 100% of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% of the Recognized Charge.</p>

TREATMENT OF MENTAL AND NERVOUS DISORDERS

Biologically based Mental Illness and for Children with Serious Emotional Disturbances

“Biologically Based Mental Illness” means a mental, nervous or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive-compulsive disorder, bulimia and anorexia.

“Children with Serious Emotional Disturbances” means: persons under the age of eighteen years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

- Serious suicidal symptoms or other life-threatening self-destructive behaviors,
- Significant psychotic symptoms (hallucinations, delusion, bizarre behaviors),
- Behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage, or
- Behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

Inpatient

Covered Medical Expenses include expenses incurred by a **covered person** while confined as a full-time inpatient in a **hospital** or **residential treatment facility** for the treatment of Biologically based Mental Illness or Children with Serious Emotional Disturbances. These expenses are covered on the same basis as inpatient treatment for any **sickness**.

Includes the charges made for treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization or intensive outpatient treatment may be exchanged for 1 day of full hospitalization.

Outpatient

Covered Medical Expenses include expenses while a **covered person** is not confined as a full-time inpatient in a **hospital**, for the treatment of Biologically based Mental Illness or Children with Serious Emotional Disturbances. These expenses are payable as follows:

Preferred Care: After a **\$15** Copay per visit, **100%** of the Negotiated Charge.

Non-Preferred Care: After a **\$15** per visit Deductible, **70%** of the Recognized Charge.

Not Covered are Charges for Services:

- While incarcerated, confined or committed to a local correctional facility or a prison, or a custodial facility for youth.
- Provided solely because such services are ordered by a court.
- Deemed to be cosmetic in nature.

<p>Other than Biologically based Mental Illness and Children with Serious Emotional Disturbances</p>	<p>Inpatient Benefits Covered Medical Expenses include expenses incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of Mental Illness other than Biologically based Mental Illness or Children with Serious Emotional Disturbances.</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Includes the charges made for treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization or intensive outpatient treatment may be exchanged for 1 day of full hospitalization</p> <p>Outpatient Treatment Covered Medical Expenses include expenses while a covered person is not confined as a full-time inpatient in a hospital, for the treatment of Mental Illness other than Biologically based Mental Illness or Children with Serious Emotional Disturbances.</p> <p><u>Preferred Care:</u> After a \$15 Copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$15 per visit Deductible, 70% of the Recognized Charge.</p> <p>Outpatient treatment is covered up to a maximum of a maximum of 20 visits per policy year.</p> <p>Not Covered are Charges for Services:</p> <ul style="list-style-type: none"> • While incarcerated, confined or committed to a local correctional facility or a prison, or a custodial facility for youth. • Provided solely because such services are ordered by a court. • Deemed to be cosmetic in nature.
--	--

<p>Alcoholism And Drug Addiction Treatment Expense</p>	
<p>Inpatient Expense</p>	<p>Covered Medical Expenses include the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment.</p> <p>Covered Medical Expenses 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 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 will include 7 inpatient days for detoxification in any policy year and 30 inpatient days for rehabilitation in any policy year.</p>
<p>Outpatient Expense</p>	<p>Covered Medical Expenses for outpatient diagnosis and treatment of a substance abuse condition are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p> <p>Benefits are limited to 60 visits per Policy Year, 20 of which may be used for family counseling.</p>

Maternity Benefits

Maternity Expense

Covered Medical Expenses 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.

Any decision to shorten such minimum coverages shall be made by the attending Physician, in consultation with the mother. In such cases, **covered medical expenses** may include at least one home care visit. This home care visit may be requested at any time within 48 hours of the time of a vaginal delivery, or within 96 hours of a delivery, and shall be delivered within 24 hours after discharge, or 24 hours of the mother's request, whichever is later. The home care visit will not be subject to any deductible, copay or insurance.

Covered Medical Expenses for maternity care also include:

- Parent education
- Assistance and training in breast or bottle feeding and,
- The performance of any necessary maternal and newborn clinical assessments

A referral is not required for this benefit.

Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.

Covered Medical Expenses include services of a licensed midwife unless those services duplicate the services already provided by the covered person's physician.

During the initial 48 or 96 hours, no pre-certification is required for the mother, or her newly born child. Pre-certification is required, after the 48, or 96 hours.

Covered Medical Expenses include coverage for blood lead testing for prenatal/maternity care.

Prenatal Care

Prenatal care will be covered for services received by a pregnant female in a **physician's**, obstetrician's, or gynecologist's office but only to the extent described below.

Coverage for prenatal care under this benefit is limited to pregnancy-related **physician** office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

Comprehensive Lactation Support and Counseling Services

Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the postpartum period by a certified lactation support provider. The "postpartum period" means the 60 day period directly following the child's date of birth. **Covered expenses** incurred during the post partum period also include the rental or purchase of breast feeding equipment as described below.

Lactation support and lactation counseling services are **covered expenses** when provided in either a group or individual setting.

Covered Medical Expenses for Prenatal Care and Comprehensive Lactation Support and Counseling Services are payable as follows:

Preferred Care: **100%** of the Negotiated Charge.

Non-Preferred Care: Payable as any other sickness.

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"> • hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery, • physician's charges for circumcision, and • physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Additional Benefits	
Prescribed Medicines Expense	<p>Prescription Drug Benefits* are payable as follows:</p> <p><u>Preferred Care:</u> 100% of Negotiated Rate following a \$20 Copay for each 30-day Prescription if dispensed by SHS. <u>Non-Preferred Care:</u> 100% of Recognized Charge, (which may be less than the billed charge) following a \$30 Copay for each 30-day Generic Prescription Drug or each 30-day Brand-Name Prescription Drug dispensed at all other Pharmacies.</p> <p>Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Pharmacy outside of the SHS Pharmacy.</p> <p>Prescription claims from a pharmacy outside the Student Health Service will be considered at 100% of the Recognized Charge. The Recognized Charge is primarily based on the Average Wholesale Price.</p> <p>Covered Medical Expenses are payable up to a maximum of \$100,000 per Policy Year.</p> <p>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. Covered Medical Expenses also include prescription smoking cessations aids.</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. (<i>This is only a partial list</i>).</p> <p>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com.</p> <p>*Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit of this Policy.</p> <p>Please Note: Covered Medical Expenses for prescribed supplies for the treatment of diabetes will not be subject to the listed per Policy Year Prescription Drug limit.</p>
Diabetic Treatment and Supplies Expenses	<p>Covered Medical Expenses include expenses incurred in connection with the treatment of diabetes, including diabetic testing supplies and equipment, including:</p> <ul style="list-style-type: none"> • Blood glucose monitors (including monitors for the legally blind), data management systems, test strips, insulin injecting aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances, insulin infusion devices and oral agents for controlling blood sugar. <p>Benefits are payable on the same basis as any Sickness.</p>

<p>Outpatient Diabetic Self-Management Education Program Expense</p>	<p>Covered Medical Expenses will include training designed to instruct a person in the self-management of diabetes. It may include training in self-care or diet. Such education may be provided in a group setting, and when medically necessary, diabetic self-management education shall also include home visits.</p> <p>Benefits for Self-Management Education and Home Health Care are payable on the same basis as any Sickness.</p>
<p>Non-Prescription Enteral Formula Expense</p>	<p>Benefits include charges incurred by a covered person for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> • Crohn’s Disease, • ulcerative colitis, • gastroesophageal reflux, • gastrointestinal motility, • chronic intestinal pseudoobstruction, and • inherited diseases of amino acids and organic acids. <p>Covered Medical Expenses for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p> <p>Covered Medical Expenses 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>Modified solid food products (MFSP) that are low in protein are covered up to \$2,500 per Covered Person, per Policy Year.</p>
<p>Temporomandibular Joint Dysfunction Expense</p>	<p>Covered Medical Expenses include charges incurred, by a covered person, for non-surgical treatment of Temporomandibular Joint (TMJ) Dysfunction, when the TMJ disorder is medical in origin.</p> <p>Benefits are payable on the same basis as any other sickness.</p>
<p>Pap Smear Screening Expense</p>	<p>Covered Medical Expenses include one annual routine pap smear screening for women age 18 and older.</p> <p>Benefits are payable on the same basis as any Sickness. <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-preferred Care:</u> 100% of the Recognized Charge.</p>
<p>Mammogram Expense</p>	<p>Covered Medical Expenses include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> • Prior personal history of breast cancer • Positive Genetic Testings • Family history of breast cancer, or • Other risk factors <p>Mammogram screenings coverage must also 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>Benefits are payable on the same basis as any Sickness. <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-preferred Care:</u> 70% of the Recognized Charge.</p>

Breast Cancer Treatment Expense	<p>Covered Medical Expenses include inpatient hospital care for lymph node dissection or lumpectomy for the treatment of breast cancer, or a mastectomy covered by the policy.</p> <p>Benefits are payable on the same basis as any other sickness.</p>
Reconstructive Surgery As Result of Mastectomy Expense	<p>Covered Medical Expenses will include expenses incurred for:</p> <ul style="list-style-type: none"> • all stages of reconstruction of the breast on which a mastectomy has been performed; and • surgery and reconstruction of the other breast to produce a symmetrical appearance. <p>Benefits are payable on the same basis as any Sickness.</p>
Elective Abortion Expense	<p>If, as a result of pregnancy having its inception during the Policy Year, a covered person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p>Covered Medical Expenses for Elective Abortion Expense are covered as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-preferred Care:</u> 100% of the Recognized Charge.</p> <p>This benefit is in lieu of any other Policy benefits.</p> <p>Benefits are limited to a maximum of \$800 per policy year.</p>
Family Planning Expense	<p>For females with reproductive capacity, Covered Medical Expenses 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 physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting.</p> <p>The following contraceptive methods are covered expenses under this benefit:</p> <p><i>Voluntary Sterilization</i> Covered expenses 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>Covered expenses 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> Covered expenses include charges made by a physician or pharmacy for:</p> <ul style="list-style-type: none"> • Female contraceptives that are generic prescription drugs. The prescription must be submitted to the pharmacist for processing. <i>This contraceptives benefit covers only generic prescription drugs.</i> • Female contraceptive devices and related services and supplies that are generic prescription devices when prescribed in writing by a physician. <i>This contraceptives benefit covers only those devices that are generic prescription devices.</i> • FDA-approved female over-the-counter contraceptive methods that are prescribed by your physician. The prescription must be submitted to the pharmacist for processing. These items are limited to one per day and a 30 day supply per prescription.

	<p>Limitations Unless specified above, not covered under this benefit are charges for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan; • Services and supplies incurred for an abortion; • Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care; • Services which are for the treatment of an identified illness or injury; • Services that are not given by a physician or under his or her direction; • Psychiatric, psychological, personality or emotional testing or exams; • Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA; • <u>Male</u> contraceptive methods, sterilization procedures or devices; • The reversal of voluntary sterilization procedures, including any related follow-up care. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 70% of the Recognized Charge.</p> <p>Important note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.</p>
Chlamydia Screening Test Expense	<p>Covered Medical Expenses include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> • Women who are: <ul style="list-style-type: none"> - under the age of 20 if they are sexually active, and - at least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. <p>Benefits are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p>
Routine Screening For Sexually Transmitted Disease Expense	<p>Covered Medical Expenses include charges incurred; by a covered person; for annual routine screening for sexually transmitted diseases. The screening must occur at School Health Services.</p> <p>As used above; “routine screening for sexually transmitted disease” means any laboratory test that specifically detects for infection; by one or more agents of:</p> <ul style="list-style-type: none"> • gonorrhea; • syphilis; • hepatitis; • HIV; and • genital herpes; and <p>which test is approved for such purposes by the FDA.</p> <p>Benefits will be paid; for routine screening; for sexually transmitted disease expenses; incurred by covered persons who are at least 18 years old; and who are sexually active.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p>

<p>Routine Colorectal Cancer Screening Expense</p>	<p>Covered Medical Expenses 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"> • One fecal occult blood test every 12 months in a row • A Sigmoidoscopy at age 50 and every 3 years thereafter • One digital rectal exam every 12 months in a row • A double contrast barium enema, once every 5 years • A colonoscopy, once every 10 years • Virtual colonoscopy • Stool DNA. <p>Benefits are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 70% of the Recognized Charge.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges incurred for the screening of cancer, as follows:</p> <ul style="list-style-type: none"> • For a males age 40 and over, with a family history of prostate cancer or other prostate cancer risk factors, Standard Diagnostic Testing once each Policy Year. • for a males age 50 or over, who is asymptomatic, Standard Diagnostic Testing once each Policy Year. <p>For a male, any age, with a prior history of prostate cancer, Standard Diagnostic Testing as recommended, by the covered person’s physician.</p> <p>Standard Diagnostic Testing includes, but is not limited to:</p> <ul style="list-style-type: none"> • a digital rectal examination, and • a prostate-specific antigen test. <p>Benefits are payable on the same basis as any Sickness.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p> <p>Benefits are limited to prostatecancer_maximum.</p>
<p>Second Opinion For Cancer Treatment Expense</p>	<p>Covered Medical Expenses include a second opinion consultation by a specialist for the diagnosis or recommended treatment of cancer. The specialist must be board certified in the medical field relating to the diagnosis.</p> <p>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>If the covered person does not obtain a referral from a Preferred Care provider for Non-Preferred Care, the level of coinsurance for Non-Preferred Care may be reduced. With a referral, benefits will be payable at the same level for a Non-Preferred Care as it would be for Preferred Care.</p> <p>Benefits are payable on the same basis as any Sickness.</p>

<p>Second Surgical Opinion Expense</p>	<p>Covered Medical Expenses will include 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>Benefits are payable as follows: <u>Preferred Care:</u> After a \$35 copay per visit, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$35 per visit deductible, 70% of the Recognized Charge.</p>
<p>Acupuncture In Lieu Of Anesthesia Expense</p>	<p>Covered Medical Expenses 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. <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
<p>Dermatological Expense</p>	<p>Covered Medical Expenses 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>Benefits are payable same basis as any other condition.</p> <p>Covered Medical Expenses do not include cosmetic treatment and procedures.</p>
<p>Podiatric Expense</p>	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable same basis as any other condition.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>
<p>Hypodermic Needles Expense</p>	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable same basis as any Sickness.</p>
<p>Home Health Care Expense</p>	<p>Covered Medical Expenses 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.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized Charge.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<p>Covered Medical Expenses include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Benefits are payable same basis as any other condition.</p>

Hospice Expense	<p>Covered Medical Expenses include charges incurred by a covered person for hospice care provided for a terminally ill covered person during a hospice benefit period. Hospice Care Expenses are the recognized charges made by a hospice for the following services or supplies: charges for inpatient care; charges for drugs and medicines; charges for part-time nursing by an RN; LPN; or LVN; charges for physical and respiratory therapy in the home; charges for the use of medical equipment; charges for visits by licensed or trained social workers; psychologists or counselors; charges for bereavement counseling of the covered person's immediate family prior to; and within 3 months after; the covered person's death; and charges for respite care for up to 5 days in any 30 day period.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 100% of the Recognized Charge.</p>
Licensed Nurse Expense	<p>Benefits 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>Covered Expenses for a Licensed Nurse are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
Skilled Nursing Facility Expense	<p>Covered Medical Expenses include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care</u>: 50% of the Recognized Charge for the semi-private room rate.</p>
Rehabilitation Facility Expense	<p>Covered Medical Expenses 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>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations <u>Non-Preferred Care</u>: 50% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>

<p>Bone Density Screening Expense</p>	<p>Covered Medical Expenses include bone mineral density measurements or tests. Benefits will be paid for expenses incurred by a covered person for a bone density screening upon the recommendation of the covered person’s physician for:</p> <ul style="list-style-type: none"> • an individual previously diagnosed as having osteoporosis or having a family history of osteoporosis, or • an individual with symptoms or conditions indicative of the presence, or the significant risk of osteoporosis, or • an individual on a prescribed drug regimen posing a significant risk of osteoporosis, or • an individual with lifestyle factors to such a degree as posing a significant risk of osteoporosis, or • with such age, gender, and/or physiological characteristics which pose a significant risk for osteoporosis. <p>Benefits will also include drugs and devices approved by the FDA or generic equivalents as approved substitutes for the treatment of osteoporosis.</p> <p>Benefits are payable on the same basis as any Sickness.</p>
---------------------------------------	---

ADDITIONAL SERVICES AND DISCOUNTS

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. Please note that these programs are subject to change. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com.

Aetna BookSM discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

Aetna FitnessSM 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 GlobalFitTM.

Aetna HearingSM discount program: Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing* on over 1000 models from seven leading manufacturers.

**Competitor copy required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local provider quotes only will be matched, no internet quotes*

Aetna Natural Products and ServicesSM discount program: Access to reduced rates on services from participating providers for acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, access to discounts on over-the-counter vitamins, herbal and nutritional supplements and natural products. All products and services are provided through American Specialty Health Incorporated (ASH) and its subsidiaries.

Aetna VisionSM 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 ManagementSM discount program: Access to discounts on eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and products, and Nutrisystem[®] 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[®] dental water jets and sonic toothbrushes.

Zagat discounts: Discount off a one-year online membership to ZAGAT.com, with access to ratings and reviews of over 40,000 restaurants, hotels and more in hundreds of cities worldwide.

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

Aetna Specialty Pharmacy: Provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. Custom compounded doses and forms are also available. For additional information please go to www.AetnaSpecialtyRx.com.

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[®] 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.

Vital Savings by Aetna[®] on Pharmacy is a discount program helping you and your dependents lower your prescription drug costs. Present your card to participating pharmacies and receive a discount at the time of purchase, no claims to file. Enroll online at www.aetnastudenthealth.com.

Price: \$25 Student only
 \$44 Student + 1 dependent
 \$63 Student + 2 or more dependents.

Vital Savings by Aetna® on Dental* is a dental discount program helping you and your dependents save. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces). No claims to file. Enroll online at www.aetnastudenthealth.com.

Price: \$25 Student only
 \$44 Student + 1 dependent
 \$63 Student + 2 or more dependents.

**Actual costs and savings vary by provider and geographic area.*

Vital Savings by Aetna® on Pharmacy and Dental* is a discount program helping you and your dependents save on prescription drug costs and a wide array of dental services. Enroll online at www.aetnastudenthealth.com. Save time and money on enrollment fees by joining both programs in one step. In most instances, for dental, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces). No claims to file.

**Actual costs and savings vary by provider and geographic area.*

Price: \$40 Student only
 \$70 Student + 1 dependent
 \$100 Student + 2 or more dependents.

The Vital Savings by Aetna® program (the “Program”) is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-BeVital, is the Discount Medical Plan Organization.

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.

Aetna’s Informed Health® Line*:

Call toll free **1-800-556-1555** 24 hours a day, 7 days a week.

Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:

- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time

When you call our Informed Health Line, you can talk directly to a registered nurse. Our nurses can discuss a wide variety of health and wellness topics.

** 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.*

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.

** Not all topics in the audio health service are covered expenses under your plan.*

Use the **Healthwise® 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® member website, at www.aetnastudenthealth.com.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

The Plan will pay benefits in accordance with any applicable New York State Insurance Law(s).

SUBROGATION/REIMBURSEMENT RIGHT OF RECOVERY PROVISION

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a **Covered Person** has against any party potentially responsible for making any payment to a **Covered Person**, due to a **Covered Person's Injuries** or **illness**, to the full extent of benefits provided, or to be provided by Aetna. In addition, 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 subrogation and 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 subrogation and 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 subrogation and 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.

COORDINATION OF BENEFITS

If the **Covered Person** is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the **Covered Person** under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

EXTENSION OF BENEFITS

If Basic **Sickness** Expense coverage for a **covered person** ends while he is **totally disabled**, benefits will continue to be available for expenses incurred for that person only while the **covered person** continues to be **totally disabled**. Benefits will end three months from the date coverage ends. Benefits will continue to be available for a **covered person** who incurs medical expenses directly relating to a pregnancy that began before coverage under this Plan ceased. Such benefits will be covered only for the period of that pregnancy.

If a **covered person** is confined to a **hospital** on the date his or her Basic **Sickness** Expense coverage terminates, charges incurred during the continuation of that **hospital** confinement or for that treatment of the covered condition shall also be included in the term "Expense", but only while they are incurred during the 90 day period following such termination of insurance.

TERMINATION OF INSURANCE

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:

- the date this Plan terminates,
- the last day for which any required premium has been paid,
- 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,
- 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:

- For a child, on the last day of the Policy Period following the child's 26th birthday.
 - The date the **covered student** fails to pay any required premium.
 - For the spouse, the date the marriage ends in divorce or annulment.
 - The date **dependent** coverage is deleted from This Plan.
- For a domestic partner, the earlier to occur of:
 - the date This Plan no longer allows coverage for domestic partners, and
 - 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.
 - 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.

EXCLUSIONS

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 (unless medically necessary); 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 injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self defense so long as they are not taken against persons who are trying to restore law and order.
- 4) Aviation. This does not apply if a person is a fare paying passenger or a scheduled charter flight operated by a scheduled airline.
- 5) Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are provided under any Workers' Compensation or Occupational Disease Law.
- 6) 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.
- 7) Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
- 8) Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
- 9) 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, except to the extent needed to (a) improve the function of a part of the body that is not a tooth or structure that supports the teeth and (b) is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes; or (c) as direct result of disease or surgery performed to treat a disease or injury. This exclusion does not apply to reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. (d) Repair of 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 next calendar year.
- 10) 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.
- 11) Expense incurred as a result of commission of a felony.
- 12) Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
- 13) Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
- 14) Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.

- 15) 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 healthcare provider, or healthcare 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 (d) 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.
- 16) Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (collegiate or intercollegiate club sports or intramurals are not excluded).
- 17) Expense incurred by a covered person for services performed within the covered person's home country (other than the United States, Canada, or Mexico) if the covered person's home country has a socialized medicine program.
- 18) Expense incurred for custodial care, except as medically necessary. 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, by whom they are recommended, or by whom or by which they are performed.
- 19) Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
- 20) 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 (a) if 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 (c) a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (d) 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. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment

investigational new drug (IND), or Group treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; or (c) Are recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following reference compendia: The American Medical Association Drug Evaluations, The American Hospital Formulary Service Drug Information, The United States Pharmacopeia Drug Information; or (d) Recommended by review article or editorial comment in a major peer reviewed professional journal; or (e) If Aetna determines that available; scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.

- 21) Expense incurred for acupuncture unless services are rendered for anesthetic purposes.
- 22) Expense incurred for alternative holistic medicine and/or therapy, including but not limited to yoga and hypnotherapy.
- 23) Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary because the covered person is diabetic or suffers from circulatory problems.
- 24) 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. The Policy will only pay for those losses which are not payable under the automobile medical payment insurance Policy.
- 25) Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
- 26) Expense incurred for hearing aids, the fitting or prescription of hearing aids.
- 27) Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.
- 28) 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.
- 29) Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
- 30) 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.
- 31) Expense for incidental surgeries and standby charges of a physician.
- 32) 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.
- 33) 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.
- 34) Expenses incurred for massage therapy.
- 35) 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.
- 36) 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.

- 37) Expenses for treatment of injury or sickness to the extent payment is made as a judgment or settlement by any person deemed responsible for the injury or sickness (or their Insurers).
- 38) Expenses arising from a Pre-Existing Condition 12 months or less from the covered person's enrollment date (applies to dependents only).

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

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.

Adverse Benefit Determination

A denial, reduction, termination of, or failure to provide or make payment (in whole or in part) for a service, supply or benefit because it is determined to be experimental or investigational or not medically necessary or appropriate. Such **adverse benefit determination** may be based on:

- Your eligibility for coverage;
- Plan limitations or exclusions;
- The results of any Utilization Review activities (determination as to whether or not an admission, extension of stay, or other health care service or supply is **medically necessary**, based on the information provided).

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.

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 missed abortion, 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, and
- termination of an ectopic pregnancy, and
- spontaneous termination when a live birth is not possible. (This does not include voluntary abortion).

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 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.

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 whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption

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

Designated Care

Care provided by a **Designated Care Provider** upon referral from the **School Health Services**.

Designated Care Provider

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

Diabetic Self-Management Education

Training designed to instruct a person in the self-management of diabetes. It may include training in self-care or diet. If a **physician**, nurse practitioner or clinical nurse specialist diagnoses diabetes, or diagnoses a significant change in the person's diabetic symptoms, or condition that requires a change in the person's self-management of the disease or determines that a person who is a diabetic needs re-education, or refresher education, this diabetic self-management education may be provided by the **physician** or other licensed health care provider legally qualified by the State of New York to provide diabetic management education, or their staff, as part of an office visit for diabetes diagnosis or treatment; or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician; or other licensed health care provider legally qualified by the State of New York to provide diabetic management education. When diabetic self-management education is provided by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon referral by a physician, such education may be provided in a group setting. When **medically necessary**, diabetic self-management education shall also include home visits.

Directory

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

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,
- 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,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

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 medical or behavioral condition which:

- requires confinement right away as a full-time inpatient; and
- manifests itself by symptoms of sufficient severity, including severe pain, that if immediate medical attention was not given could, as determined by a prudent lay person possessing an average knowledge of medicine and health, reasonably be expected to result in:
 - placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy;
 - serious impairment to such person's bodily functions;
 - serious dysfunction of any bodily organ or part of such person; or
 - serious disfigurement of such person.

Emergency Medical Condition

A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

- 1) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy;
- 2) serious impairment to such person's bodily functions;
- 3) serious dysfunction of any bodily organ or part of such person; or
- 4) serious disfigurement of such person.

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.

Grievance

A request for review of a determination, other than a determination meeting the definition of **adverse benefit determination**.

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 R.N., L.P.N., or L.V.N., primarily to 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**. 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 facility**, and the services must be furnished by, or under arrangements made by, a licensed home health agency.

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 follow within 7 days of discharge and be for the same or related cause(s) as a period of hospital or skilled nursing confinement. The **physician** must examine the **covered person** at least once a month, and the physician must renew the written plan every 60 days.

Home Health Care Services

- 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,
- 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.,
- Physical, occupational. speech therapy, or respiratory therapy,
- 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,
- Medical social services by licensed or trained social workers,
- Nutritional counseling.

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 case 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 documented inpatient stay in a **hospital** as a resident bed patient.

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**.

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. A service or supply will not be considered as **medically necessary** if:

- It is provided only as a convenience to the **covered person** or provider; or
- it is not the appropriate treatment for the **covered person's** diagnosis or symptoms; or
- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular **physician** may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply medically necessary.

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.

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-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**.

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**:

- **deductibles**,
- **copays**,
- expenses that are not **Covered Medical Expenses**,
- penalties,
- expenses for prescription drugs, 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**.

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.

Pre-Existing Condition

Any **injury, sickness**, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the **covered person's** enrollment date.

For purposes of this definition, "enrollment date" means the covered person's effective date of insurance or, if earlier, the first day of any applicable waiting period.

Preferred Care

Care provided by:

- a **covered person's primary care physician**, or a **preferred care provider** on the referral of the **primary care physician**.

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**.

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.

For purposes of this definition, a **Primary Care Physician** also includes the **School Health Services**.

Rare Disease

A life threatening or disabling condition or disease that: (1)(a) is currently or has been subject to a research study by the National Institutes of Health Rare Diseases Clinical Research Network; or (b) affects fewer than 200,000 United States residents per year; and (2) for which there does not exist a standard health service or procedure covered by the plan that is more clinically beneficial than the requested health service or treatment.

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 R.N.s,
- 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.

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.

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 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.

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.

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

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.

Please send claims to:
Aetna Student Health
PO Box 981106
El Paso, TX 79998

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** 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

Or call in the appeal to Customer Service using the toll-free telephone number shown on the member ID card.

INTERNAL APPEALS PROCEDURE

Aetna has established a procedure for resolving appeals by **covered persons**. If the **covered person** has an appeal; please follow this procedure:

- An Appeal is defined as an oral or written request to Aetna to reconsider an **adverse benefit determination**.

First Level Appeals Procedure

- An Appeal must be submitted to Aetna within 180 days of the date Aetna provides notice of denial. The Aetna address is on the **covered person's** ID card. The Appeal may be submitted by the **covered person**; or by a representative; designated by the **covered person**.
- The **covered person** may submit an oral grievance in connection with:
 - A denial of; or failure to pay for; a referral; or
 - A determination as to whether a benefit is covered under this Plan; by calling Member Services. Aetna's Member Services telephone number is on the **covered person's** ID card. If the **covered person** is required to leave a recorded message; the **covered person's** message will be acknowledged within one business day after the call was recorded.
- An acknowledgment letter will be sent to the **covered person** within 1 day of Aetna's receipt of an oral Appeal; and 5 days of Aetna's receipt of a written 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.
- The **covered person** 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; 45 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 response will be sent within 30 days from the date of Aetna's first response letter.

In any urgent or emergency situation; the Expedited Appeal procedure may be initiated by a telephone call to Member Services. Aetna's Member Services telephone number is on the **covered person's** ID card. A verbal response to the Appeal will be given to the **covered person** and **covered person's** provider within 2 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.

Second Level Appeals Procedure

If the **covered person** is dissatisfied with Aetna's grievance determination; the **covered person**; or a representative designated by the **covered person**; may submit a written appeal within 60 business days after receipt of such determination.

- An acknowledgement letter will be sent to the **covered person** within 15 days of Aetna's receipt of the written 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.
- Aetna's final response for an urgent or emergency situation will be sent within 2 business days. For all other situations; a response will be sent within 30 business days from the date of Aetna's receipt of all necessary information.

If additional time is needed to resolve an Appeal; except in an urgent or emergency situation; 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.

The **covered person** must exhaust the Internal Appeals Procedure before requesting an External Appeal. However; the **covered person** is not required to exhaust the Internal Appeals Procedure prior to requesting an External Appeal; if the **covered person** and Aetna have agreed that the matter may proceed directly to an External Appeal.

Aetna will keep the records of the **covered person's** complaint for 7 years.

RIGHT TO AN EXTERNAL APPEAL

Under certain circumstances; the **covered person** has a right to an external appeal of a denial of coverage. Specifically; if Aetna has denied coverage on the basis that the service is not necessary; or is an experimental or investigational treatment; the **covered person** may appeal that decision to an External Appeal Agent; an independent entity certified by the State; to conduct such appeals.

RIGHT TO APPEAL A DETERMINATION THAT A SERVICE IS NOT NECESSARY

If Aetna has denied coverage on the basis that the service is not necessary; the **covered person** may appeal to an External Appeal Agent; if the **covered person** satisfies the following criteria listed below:

- The service; procedure; or treatment; must otherwise be a **Covered Medical Expense** under this Plan; and
- The **covered person** must have received a final adverse determination through the first level of Aetna's internal review process; and Aetna must have upheld the denial; or the **covered person** and Aetna must agree in writing; to waive any internal appeal.

RIGHT TO APPEAL A DETERMINATION THAT A SERVICE IS EXPERIMENTAL OR INVESTIGATIONAL

If the **covered person** has been denied coverage on the basis that the service is an experimental or investigational treatment; the **covered person** must satisfy the following criteria:

- The service must otherwise be a **Covered Medical Expense** under this Plan; and
- The **covered person** must have received a final adverse determination through the first level of Aetna's internal appeal process; and Aetna must have upheld the denial; or the **covered person** and Aetna must agree in writing to waive any internal appeal.

In addition; the **covered person's** attending **physician** must certify that the **covered person** has a life-threatening or disabling condition or disease. A "life-threatening condition or disease" is one which; according to the current diagnosis of the attending **physician**; has a high probability of death. A "disabling condition or disease" is any medically determinable physical or medical impairment that can be expected to result in death; or that has lasted; or can be expected to last; for a continuous period of not less than 12 months; which renders the **covered person** unable to engage in any substantial gainful activities. In the case of a dependent child under the age of 18; a "disabling condition or disease" is any medically determinable physical or mental impairment of comparable severity.

The **covered person's** attending physician must also certify that the life-threatening or disabling condition or disease is one for which standard health services are ineffective, or medically inappropriate, or one for which there does not exist a more beneficial standard service or procedure covered under This Plan, or one for which there exists a clinical trial (as defined by law) or **rare disease**. In the case of a **rare disease**, the attending **physician** may not be the treating **physician**.

In addition, the **covered person's** attending physician must have recommended at least one of the following:

- A service, procedure or treatment that 2 documents from available medical and scientific evidence indicate is likely to be more beneficial to the **covered person** than any standard Covered Medical Expense (only certain documents will be considered in support of this recommendation – the **covered person's** attending physician should contact the State in order to obtain current information as to what documents will be considered acceptable) or in the case of a **rare disease**, based on the **physician's** certification and such other evidence as you, your designee of the attending **physician** may present; or
- A clinical trial for which the **covered person** is eligible (only certain clinical trials can be considered).

For the purposes of this section, the **covered person's** attending **physician** must be a licensed, board certified, or board eligible **physician**, qualified to practice in the area appropriate to treat the **covered person's** life-threatening or disabling condition or disease. In the case of a **rare disease**, the attending **physician** may not be the treating **physician**.

THE EXTERNAL APPEAL PROCESS

If, through the Aetna's internal appeal process; the **covered person** has received a final adverse determination upholding a denial of coverage on the basis that the service is not necessary; or is an experimental or investigational treatment; the **covered person** has 45 days from receipt of such notice to file a written request for an external appeal. If the **covered person** and Aetna have agreed to waive any internal appeal; the **covered person** has 45 days from the receipt of such waiver to file a written request for an external appeal. Aetna will provide an external appeal application with the final adverse determination issued through the Aetna's internal appeal process or its written waiver of an internal appeal.

The **covered person** may also request an external appeal application from the New York State Department of Insurance at **(800) 400-8882**. The completed application must be submitted to the New York State Department of Insurance at the address listed in the application. If the **covered person** satisfies the criteria for an external appeal; the State will forward the request to a certified External Appeal Agent.

The **covered person** will have the opportunity to submit additional documentation with the request. If the External Appeal Agent determines that the information the **covered person** submit represents a material change from the information on which Aetna based its denial; the External Appeal Agent will share this information with Aetna in order for it to exercise its right to reconsider its decision. If Aetna chooses to exercise this right; Aetna will have 3 business days to amend or confirm its decision. Please note that in the case of an expedited appeal (described below); Aetna does not have a right to reconsider its decision.

In general; the External Appeal Agent must make a decision within 30 days of receipt of the completed application. The External Appeal Agent may request additional information from the **covered person**; the **covered person's** physician or Aetna. If the External Appeal Agent requests additional information; it will have 5 additional business days to make its decision. The External Appeal Agent must notify the **covered person** in writing of its decision within 2 business days.

If the **covered person's** attending physician certifies that a delay in providing the service that has been denied poses an imminent or serious threat to the **covered person's** health; the **covered person** may request an expedited external appeal. In that case; the External Appeal Agent must make a decision within 3 days of receipt of the completed application. Immediately after reaching a decision; the External Appeal Agent must try to notify the **covered person** and Aetna by telephone or facsimile of that decision. The External Appeal Agent must also notify the **covered person** in writing of its decision.

If the External Appeal Agent overturns Aetna's decision that a service is not necessary; or approves coverage of an experimental or investigational treatment; Aetna will provide coverage subject to the other terms and conditions of this Plan. If the External Appeal Agent approves coverage of an experimental or investigational treatment that is part of a clinical trial; Aetna will only cover the costs of services required to provide treatment to the **covered person** according to the design of the trial. Aetna shall not be responsible for the costs of investigational drugs or devices; the costs of non-health care

services; the costs of managing research; or costs which would not be covered under this Plan for non-experimental or non-investigational treatments provided in such clinical trial.

The External Appeal Agent's decision is binding on both the **covered person** and Aetna. The External Appeal Agent's decision is admissible in any court proceeding.

RESPONSIBILITIES

It is the **covered person's** responsibility to initiate the external appeals process. The **covered person** may initiate the external appeal process by filing a completed application with the New York State Department of Insurance. If the requested service has already been provided to the **covered person**; the **covered person's** attending **physician** may file an expedited appeal application on the **covered person's** behalf; but only if the **covered person** has consented to this in writing.

Under New York State law; the **covered person's** completed request for appeal must be filed within 45 days of either the date upon which the **covered person** receives written notification from Aetna that it has upheld a denial of coverage; or the date upon which the **covered person** receives a written waiver of any internal appeal. Aetna has no authority to grant an extension of this deadline.

COVERED SERVICES AND EXCLUSIONS

In general; this Plan does not cover experimental or investigational treatments. However; this Plan shall cover an experimental or investigational treatment approved by an External Appeal Agent in accordance with this section. If the External Appeal Agent approves coverage of an experimental or investigational treatment that is part of a clinical trial; Aetna will only cover the costs of services required to provide treatment to **the covered person**; according to the design of the trial. Aetna shall not be responsible for the costs of investigational drugs or devices; the costs of non-health care services; the costs of managing research; or costs which would not be covered under this Plan for non-experimental or non-investigational treatments provided in such clinical trial.

PRESCRIPTION DRUG CLAIM PROCEDURE

You may obtain your Prescription from a **Pharmacy** and be reimbursed by submitting a completed Aetna claim form. You will be reimbursed for covered medications at the **Recognized Charge** allowance, less any applicable **Deductible**, directly by Aetna. You will be responsible for any amount in excess of the **Recognized Charge**.

Claim forms and claims status information can be obtained by contacting Aetna Student Health at **(877) 373-0741** or at **www.aetnastudenthealth.com**.

When submitting a claim, please include all Prescription receipts, indicate that you attend Stony Brook University, and include your name, address, and student identification number.

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

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 or (877) 373-0741.

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, or VSC. Premiums/fees for benefits/services provided through On Call, USFIC, and VSC are included in the Rates outlined in this brochure.

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

AETNA NAVIGATOR®

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:

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

How do I register?

- Go to **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

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.

Administered by:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(877) 373-0741
www.aetnastudenthealth.com

Underwritten by:

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

Policy No.890444

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

The Aetna logo consists of the word "aetna" in a bold, lowercase, sans-serif font, followed by a small "SM" trademark symbol.