

**2009 - 2010**

**Indiana University**

**Student Health Insurance Plan Brochure**

*For Indiana University Student Academic  
Appointees and Fellowship Recipients*



**Underwritten by:**

Aetna Life Insurance Company (ALIC)

Policy Number 812849

## **WHERE TO FIND HELP**

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

### **For questions about:**

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

*Please contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 437-6512**

### **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) 437-6512**

### **For questions about:**

- Enrollment Forms
- Premium Submission

*Please contact:*

Campus Student Insurance Coordinator  
**(812) 856-4650**  
[studenhc@indiana.edu](mailto:studenhc@indiana.edu)

### **For Questions at IUB About:**

- Campus Health

*Please contact:*

Indiana University Health Center  
600 N. Jordan Avenue at Tenth Street  
**(812) 855-4011**

### **For Questions at IUPUI About:**

- Campus Health

*Please contact:*

IUPUI Student Health Services  
1140 West Michigan Street  
Coleman Hall (1<sup>st</sup> Floor)  
**(317) 274-8214**

**For questions about:**

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

*Please contact:*

Aetna Pharmacy Management  
**(800) 238-6279** (Available 24 hours)

**For questions about:**

- Provider Listings

*Please contact:*

Aetna Student Health  
**(877) 437-6512**

A complete list of providers can be found at the University Health Services Office, or you can use Aetna's **DocFind**<sup>®</sup> Service at either [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html) or [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**For questions about:**

- On Call International 24/7 Emergency Travel Assistance Services

*Please contact:*

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

If outside the U.S., call collect by dialing **the U.S. access code** plus **(603) 328-1956**. Please also visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and visit your school-specific site for further information.

## **IMPORTANT NOTE**

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Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Indiana 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.

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**INDIANA UNIVERSITY  
STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

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This is a brief description of the Accident and Sickness Medical Expense benefits available for Indiana 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.

**UTILIZING UNIVERSITY HEALTH CENTERS**

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Your health care needs may best be satisfied in a convenient, cost-effective manner by the health care providers at one of the Indiana University Health Centers. Plan Deductibles are waived for services rendered at the IUB Health Center and IUPUI Health Services. The health centers provide care for acute illnesses and certain ongoing conditions, such as asthma, as well as contraceptive counseling and immunizations. A referral is not required to be seen at the health centers. However, appointments are preferred, and can be made by calling the number located below. You may be required to pay the charge for all services received at the time of care, and will be given a bill to submit to your insurance company for possible reimbursement if necessary.

***BLOOMINGTON CAMPUS – IU HEALTH CENTER***

If you are insured under the Student Health Insurance Plan, you can minimize your out-of-pocket expenses by utilizing the IU Health Center. You are not required to pay the annual Deductible or coinsurance for clinic visits in the IU Health Center. However, you may be required to pay certain charges for ancillary testing (e.g., lab test, X-ray). The IU Health Center, located at the corner of Tenth and Jordan (diagonally across from the Main Library), offers a wide range of services to IU students, spouses, and eligible dependents (twelve years old and up). Minor dependents are not eligible to utilize the Health Center because there are no facilities for pediatric patients.

The Health Center is open from 8 a.m. to 4:30 p.m. Monday through Friday, with limited hours during the holidays and semester breaks. Appointments can be made up to one week in advance for general medical care and up to two weeks in advance for the Women’s Clinic. If you fail to cancel appointments at least two hours in advance, you will be charged a fee. If you fail to cancel a Counseling and Psychological Service (CAPS) appointment at least 24 hours in advance, you will also be charged a fee. The intent of these fees is to ensure access to students who need care, and you will be reminded of these fees when the appointment is made. The fee will not be waived except for emergencies. The number to dial to either make or cancel an appointment is **(812) 855-7688**. A walk-in clinic service is available for students who have urgent medical needs, although the walk-in clinic may also be used when appointment times are filled.

**IU Health Center**

600 N. Jordan Avenue at Tenth Street

**Phone Numbers:**

Information	<b>(812) 855-4011</b>
Medical Questions	<b>(812) 855-5001</b>
Appointments	<b>(812) 855-7688</b>
Cancellations	<b>(812) 855-9805</b>
Billing and Registration	<b>(812) 855-4030</b>
Sexual Assault Crisis Service, 24-hour hotline	<b>(812) 855-8900</b>
Counseling and Psychological Services	<b>(812) 855-5711</b>

***INDIANAPOLIS CAMPUS – IUPUI HEALTH SERVICES***

For clinic visits at IUPUI Health Services, you are not required to pay the annual Deductible or coinsurance. You may be required to pay certain charges for ancillary testing (e.g., lab test, X-ray). You will be required to pay the charges for all services received at the time of service, and will be given a bill to submit to your insurance company for possible reimbursement. IUPUI Health Services provides health services to IU students and their spouses. Minor dependents are not eligible to be seen as there are no facilities for pediatric patients.

IUPUI Health Services  
Coleman Hall (1<sup>st</sup> Floor)  
1140 West Michigan Street

**Phone Number:**

Student Appointments (317) 274-8214

**Hours:**

Monday	7:30 a.m. to 5:00 p.m.
Tuesday	7:30 a.m. to 5:00 p.m.
Wednesday	7:30 a.m. to 5:00 p.m.
Thursday	9:00 a.m. to 5:00 p.m.
Friday	7:30 a.m. to 5:00 p.m.

## **PREFERRED PROVIDER NETWORK**

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Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Indiana 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. Preferred Providers are independent contractors, and are neither employees nor agents of Indiana University, Aetna Student Health, or Aetna.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at (877) 437-6512, or through the Internet by accessing **DocFind**<sup>®</sup> at [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html).

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

*\*Preferred Providers are independent contractors and are neither employees nor agents of Indiana University, Aetna Student Health, or Aetna.*

## **STUDENT COVERAGE**

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### **ELIGIBILITY**

All Student Academic Appointees (SAAs) appointed with 37.5% FTE or above for the corresponding semester, Fall and/or Spring, and all Fellowship recipients with an award of \$3,262 or more per semester are automatically enrolled in this Insurance Plan which is fully subsidized by the University or external funding agency. All Graduate students on an academic appointment at or above 37.5% FTE must enroll in six credit hours or G901 each semester on appointment (summer excluded). Fellowship recipients must be enrolled full time. A full-time course load is defined by each school, but will in no case be less than six credit hours per semester.

Participation in the Student Health Insurance Plan is mandatory for Indiana University Student Academic Appointees and Fellowship Recipients, unless proof of comparable coverage is presented, and a waiver is filed by the waiver deadline. The waiver deadlines are listed on page 7.

## WAIVER PROCESS/PROCEDURE

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Waiver of this coverage will be authorized if the student presents evidence of other health insurance coverage under a plan which provides benefits equivalent to this Plan. Students must present the evidence of coverage and complete a waiver form and return it to the office indicated below by the waiver deadline dates shown below. The waiver form can be found online at [http://www.indiana.edu/~vpfaa/download/health\\_waiver.pdf](http://www.indiana.edu/~vpfaa/download/health_waiver.pdf).

**Please Note:** SAAs and Fellowship Participants must complete a waiver form for each enrollment period (Fall and Spring/Summer).

### WAIVER DEADLINE DATES

Fall Semester: **September 30, 2009**  
Spring/Summer Semester: **January 29, 2010**

### WAIVER SUBMISSION

Campus	Student Type	Office
Bloomington	SAAs/Fellowship	Academic Policies & Services – Bryan 016
Indianapolis	SAAs/Fellowship	Dean of Faculties Office – A0 126
South Bend	SAAs/Fellowship	Career & Graduate School Planning and Placement

## DEPENDENT COVERAGE

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### ELIGIBILITY

If you are covered by the Student Health Insurance Plan for Indiana University Student Academic Appointees and Fellowship Recipients you may also enroll your spouse/same-sex domestic partner (residing with the insured student) and financially dependent children under the age of 24. A financially dependent child shall include (1) a son or daughter of the subscriber less than age 24 regardless of support and (2) a stepchild, child subject to legal guardianship, grandchild, or other blood relative less than age 24 who depends on the subscriber for more than 50% of the individual's support.

**Please Note:** If you wish to enroll your same-sex domestic partner, please contact the Campus Student Insurance Coordinator at (812)856-4650 for more information or to obtain enrollment forms.

### ENROLLMENT

To enroll the dependent(s) of covered Student Academic Appointees and Fellowship Recipients, please complete the Enrollment Form available online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Click on "Find Your School" and select **Indiana University**. A specific period of time will be allowed at the beginning of each year for enrolling in the Plan. The completed Dependent Enrollment Form should be submitted directly to Aetna Student Health.

**Annual Policy/Fall Semester:** If the Dependent Enrollment Form is submitted before **September 15, 2009** coverage will be backdated to the beginning of the Policy Period. If the Enrollment Form is submitted after **September 15, 2009**, it will not be accepted in the absence of a significant life change, and the dependent will have to wait until the next open enrollment period to apply. The completed Dependent Enrollment Form and premium should be submitted directly to Aetna Student Health.

**Spring Semester:** Dependents will have an additional open enrollment period. If the completed Enrollment Form is submitted before **January 31, 2010**, coverage will be backdated to the beginning of the Policy Period. If the completed Enrollment Form is submitted after **January 31, 2010**, it will not be accepted in the absence of a significant life change, and the student will have to wait until the next open enrollment period to apply. The completed Dependent Enrollment Form and premium should be submitted directly to Aetna Student Health.

**Mid-Year Enrollment:** You may enroll your eligible dependents after the deadline date only if there has been a significant life change (i.e., marriage, birth, loss of prior coverage, arrival in the United States). If the completed Enrollment Form is submitted within 30 days of the qualifying event, coverage will be backdated to the date of the qualifying event. If the completed Enrollment Form is submitted after the 30 days of the qualifying event, it will not be accepted, and the dependent(s) will have to wait until the next annual open enrollment period to enroll. The completed Enrollment Form and premium should be submitted directly to Aetna Student Health along with required documentation.

#### ***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 Indiana 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.

For information or general questions on dependent enrollment, contact Aetna Student Health at **(877) 437-6512**.

#### **POLICY PERIOD**

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1. **Students:** Coverage for all insured students enrolled for the Fall and Spring Semester, will become effective on **August 15, 2009**, and will terminate on **August 14, 2010**.
2. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective on **August 15, 2009**, and will terminate on **December 31, 2009**.
3. **New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester, will become effective on **January 01, 2010**, and will terminate on **August 14, 2010**.
4. **Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

## PREMIUM RATES

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Premium Cost			
	Student* (Medical Only)	Spouse (Medical Only)	Child(ren) (Medical Only)
Annual	\$1,829	\$4,370	\$3,316
Fall	\$695	\$1,665	\$1,255
Spring/Summer	\$1,134	\$2,704	\$2,060

*\*Qualifying SAAs and Fellowship Recipients will automatically be enrolled in the mandatory Plan which is fully subsidized by the University or an external granting agency and includes the premiums for both the medical and dental coverage. Information on enrolling dependents can be found at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).*

## PREMIUM REFUND POLICY

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If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This Refund Policy will not apply if you withdraw due to a covered accident or sickness.)

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.

## PRE-CERTIFICATION PROGRAM

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Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(877) 437-6512** (attention Managed Care Department).

- All inpatient admissions, including length of stay, must be certified by contacting Aetna Student Health.
- If you do not secure pre-certification for non-emergency inpatient admissions or provide notification for emergency admissions, your **Covered Medical Expenses** will be subject to a \$200 per admission Deductible. (This is separate from the annual Plan Deductible.)
- The patient, Physician or hospital must telephone at least **three business days** prior to the planned admission or prior to the date the services are scheduled to begin.

***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.

***NOTIFICATION OF EMERGENCY ADMISSIONS***

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

Aetna Student Health  
P.O. Box 15708  
Attention: Managed Care Dept.  
Boston, MA 02215-0014  
**(877) 437-6512**  
Hours: Monday through Friday, 8:30 a.m. to 5:30 p.m. (ET)

***PRE-EXISTING CONDITIONS/  
CONTINUOUSLY INSURED PROVISIONS***

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***PRE-EXISTING CONDITION***

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

***LIMITATION***

Expenses incurred by a Covered Person as a result of a pre-existing condition will not be considered **Covered Medical Expenses** unless no charges are incurred, or treatment rendered, for the condition for a period of **six months** under the Policy, or, the Covered Person has been covered under the Policy for **twelve consecutive months**, whichever occurs first.

***SPECIAL RULES FOR PRE-EXISTING CONDITIONS***

If a Covered Person had creditable coverage and such coverage terminated within **63 days** prior to the date he/she enrolled (or was enrolled) for coverage in the Policy, then any limitation as to a pre-existing condition under this Policy will not apply for that person. "Creditable coverage" is a person's prior medical coverage as defined in HIPAA (Health Insurance Portability and Accountability Act of 1996). Such coverage includes coverage issued on a group or individual basis, Medicare, Medicaid, military-sponsored health care, a program of the Indiana Health Service, a state health benefits risk pool, the Federal Employee's Health Benefit Plan (FEHBP), a public health plan as defined in the regulations, and any health benefit plan under Section 5(e) of the Peace Corps Act.

***CONTINUOUSLY INSURED***

Persons who have remained Continuously Insured under the Policy and other prior health insurance policies will be covered for any pre-existing condition that manifests itself while Continuously Insured, except for expenses payable under prior policies in the absence of this Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year.

Once a break in continuous coverage occurs for more than **63 days**, the definition of pre-existing conditions will apply.

## DESCRIPTION OF BENEFITS

**Please Note: The Indiana University 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 Indiana University Student Health Insurance Plan Brochure carefully. 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 Indiana University, you may view it at the Student Health Insurance Office or you may contact Aetna Student Health at (877) 437-6512.**

**This Plan will never pay more than \$250,000 per condition, per lifetime, per student and \$100,000 per condition, per lifetime, per dependent. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.**

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

## SUMMARY OF BENEFITS CHART

<b>Student Aggregate Maximum:</b> \$250,000 per condition, per lifetime.	
<b>Dependent Aggregate Maximum:</b> \$100,000 per condition, per lifetime.	
<b>ANNUAL PLAN DEDUCTIBLES</b>	
<u>Preferred Care:</u> \$350 per Covered Person, per Policy Year.	
<u>Non-Preferred Care:</u> \$1,050 per Covered Person, per Policy Year.	
<i>(Does not apply to care rendered at any of the IU Health Centers.)</i>	
<b>OUT OF POCKET MAXIMUMS</b>	
Once the Individual or Family <b>Out-of-Pocket Limit</b> has been satisfied, <b>Covered Medical Expenses</b> will be payable at <b>100%</b> for the remainder of the Policy Year, up to any benefit maximum that may apply.	
<u>Preferred Care</u> Individual Out-of-Pocket:	<b>\$1,000</b>
<u>Preferred Care</u> Family Out-of-Pocket:	<b>\$2,000</b>
<u>Non-Preferred Care</u> Individual Out-of-Pocket:	<b>\$5,000</b>
<u>Non-Preferred Care</u> Family Out-of-Pocket:	<b>\$10,000</b>

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

<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	<b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> After a \$200 per admission Copay, <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge for a semi-private room. Benefits are limited to <b>\$1,200</b> Aggregate Maximum per day.
Intensive Care Unit Expenses	<b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> After a \$200 per Admission Copay, <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay. Benefits are limited to <b>\$1,200</b> maximum per day.

Miscellaneous Hospital Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge. Benefits are limited to <b>\$1,200</b> maximum per day.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
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<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Expenses	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> per inpatient surgical procedure Copay, or <b>\$50</b> per outpatient surgical procedure Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Anesthetist Expenses	<p><b>Covered Medical Expenses</b> for the charges of an anesthetist and an assistant surgeon, during a surgical procedure, are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Assistant Surgeon Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>50%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Outpatient Hospital Services for Surgery Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Ambulatory Surgical Expenses	<p><b>Covered Medical Expenses</b> for outpatient surgery performed in an ambulatory surgical center are payable as follows:  <u>Preferred Care:</u> After a <b>\$50</b> per surgical procedure Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within <b>48 hours</b> after the surgery.</p>

<b>Outpatient Benefits</b>	
<p><b>Covered Medical Expenses</b> include but are not limited to: Physician’s office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department Walk-in Clinic Visit Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment in a hospital are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>

Emergency Room Expenses	<p><b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows:</p> <p><u>Preferred Care</u>: After a <b>\$50</b> per visit Copay (waived if admitted), <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: After a <b>\$50</b> per visit Deductible (waived if admitted), <b>100%</b> of the Reasonable Charge.</p>
Urgent Care Expenses	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p><b>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 911 (or the local equivalent) for ambulance and medical assistance.</b></p> <p><b><u>Urgent Care</u></b> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p><b>Covered Medical Expenses</b> for urgent care treatment are payable as follows:</p> <p><u>Preferred Care</u>: After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p> <p>When travel to a Preferred Care Provider for treatment of an urgent condition is not feasible, a Covered Person may call Aetna to request authorization to see a Non-Preferred urgent care provider so that such treatment may be paid at the Preferred level of benefits. If it is not feasible to request authorization prior to treatment, then it should be done as soon as possible after treatment but not later than:</p> <ul style="list-style-type: none"> <li>• the next day during normal business hours, or</li> <li>• if the Covered Person is confined in a hospital directly after receiving urgent care, not later than <b>48 hours</b> following the start of the confinement unless it is not possible for the Covered Person to request authorization within that time. In that case, it must be done as soon as reasonably possible.</li> </ul> <p>However:</p> <ul style="list-style-type: none"> <li>• if the treatment is received, or</li> <li>• the confinement occurs,</li> </ul> <p>on a Friday or Saturday, authorization must be requested within <b>72 hours</b> following treatment or the start of the confinement.</p> <p>If the Covered Person does not request authorization from Aetna to see a Non-Preferred urgent care provider, charges incurred for urgent care will be paid at the Non-Preferred covered percentage after the Non-Preferred Deductible.</p> <p>The Covered Person should contact their primary care physician after medical care is provided to treat an urgent condition.</p>
Ambulance Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>100%</b> of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered accident or sickness.</p> <p>Benefits are limited to a maximum of <b>\$1,500</b> per trip for ground transportation, and <b>\$1,500</b> per trip for transportation by air.</p>

Pre-Admission Testing Expenses	<p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other expense.</p> <p><i>Please see the Definition of Pre-Admission Testing on page 42 for more detailed information on this benefit.</i></p>
Physician's Office Visits	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Laboratory Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
X-ray Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$20</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
High Cost Procedures Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person are payable as follows:  <u>Preferred Care:</u> After a <b>\$20</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over <b>\$200</b>.</p> <p><i>Please see the Definition of High Cost Procedures on page 38 for more detailed information on this benefit.</i></p>
Chemotherapy Expenses	<p><b>Covered Medical Expenses</b> for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility.</p> <p><b>Covered Medical Expenses</b> 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:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Durable Medical Equipment Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Prosthetic Devices Expenses	<p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>

<p>Outpatient Physical Therapy Expenses</p>	<p><b>Covered Medical Expenses</b> for physical therapy are payable as follows when provided by a licensed physical therapist and only when physical therapy begins within six months of the onset of symptoms:  <u>Preferred Care:</u> After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
<p>Therapy Expenses</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Chiropractic Care;</li> <li>• Speech Therapy;</li> <li>• Inhalation Therapy; or</li> <li>• Occupational Therapy.</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b>, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b>, only if such therapies are a result of <b>injury</b> or <b>sickness</b>.</p> <p><b>Covered Medical Expenses</b> also include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Radiation therapy;</li> <li>• Chemotherapy; including anti-nausea drugs used in conjunction with the chemotherapy;</li> <li>• Dialysis; and</li> <li>• Respiratory therapy.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
<p>Dental Injury Expenses</p>	<p><b>Covered Medical Expenses</b> are payable at <b>100%</b> of the Actual Charge for the treatment of an Injury to sound, natural teeth.</p>
<p>Allergy Testing and Treatment Expenses</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>• laboratory tests,</li> <li>• physician office visits, including visits to administer injections,</li> <li>• prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and</li> <li>• other medically necessary supplies and services.</li> </ul> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other expense.</p>

<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expenses</p>	<p><b>Covered Medical Expenses</b> for diagnostic testing for:</p> <ul style="list-style-type: none"> <li>• Attention Deficit Disorder, or</li> <li>• Attention Deficit Hyperactive Disorder, or</li> <li>• Dyslexia.</li> </ul> <p>are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable 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 Policy.</p> <p>Benefits are limited to diagnostic testing covered only; treatment is not a covered benefit.</p>
<p>Routine Physical Exam Expenses</p>	<p>Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.</p> <p>A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:</p> <ul style="list-style-type: none"> <li>• X-rays, lab, and other tests given in connection with the exam, and</li> <li>• Materials for the administration of immunizations for infectious disease and testing for Tuberculosis.</li> </ul> <p><u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p>For all exams given to a covered student or a spouse who is a covered dependent, <b>Covered Medical Expenses</b> will <u>not include</u> charges for <b>more than</b>:</p> <ul style="list-style-type: none"> <li>• One exam in 24 months in a row, if the person is under age 65, and</li> <li>• One exam in twelve months in a row, if the person is age 65 or over.</li> </ul> <p>Also included as <b>Covered Medical Expenses</b> are charges made by a physician for one annual routine gynecological exam.</p> <p>Benefits are limited to the <b>\$300</b> per Policy Year routine care maximum.</p>
<p>Well Baby Care Expenses</p>	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p><b>Routine preventive and primary care</b> services are services rendered to a covered dependent child, from the date of birth through the attainment of <b>two years</b> 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>Newborn examination coverage will include for the detection of the following disorders: Phenylketonuria, Hypothyroidism, Hemoglobinopathies, including sickle cell anemia, Galactosemia, Maple Syrup urine disease, Homocystinuria, Inborn errors of metabolism that result in mental retardation and that are designated by the state department, congenital adrenal hyperplasia, biotinidase deficiency, Disorders detected by tandem mass spectrometry or other technologies with the same or greater detection capabilities as tandem mass spectrometry, if the</p>

	<p>state department determines that the technology is available for use by a designated laboratory.</p> <p>Newborn testing will also include testing for Human Immunodeficiency Virus (HIV) or antibody or antigen to HIV. Newborn coverage will also include a physiologic hearing screening examination at the earliest feasible time for the detection of hearing impairments.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p>Benefits are limited to the <b>\$300</b> per Policy Year routine care maximum.</p> <p>Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p>
<p>Immunizations Expenses</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, and testing for Tuberculosis, and</li> <li>• charges incurred by a covered dependent up to age 26, for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</li> </ul> <p><u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p>Benefits can be subject to the <b>\$300</b> per Policy Year Routine Care Maximum.</p> <p><b>Covered Medical Expenses do not include</b> a physician's office visit in connection with immunization or testing for Tuberculosis.</p>
<p>Consultant or Specialist Expenses</p>	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant or specialist, when referred by the School Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p><b>Covered Medical Expenses</b> are covered as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>

<b>Mental Health Benefits</b>	
<p>Mental and Emotional Disorders Inpatient Expenses</p>	<p><b>Covered Medical Expenses</b> for the treatment of a mental health condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows:  <u>Preferred Care:</u> After a <b>\$200</b> per admission Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge subject to a maximum of <b>\$1,200</b> per day, for any one or related mental health condition.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>

Mental and Emotional Disorders Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health condition are payable as follows:</p> <p><u>Preferred Care:</u> After a <b>\$15</b> Copay, <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p>Charges for marriage and family therapies are not <b>Covered Medical Expenses</b>.</p>
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<b>Substance Abuse Benefits</b>	
Inpatient Expenses	<p><b>Covered Medical Expenses</b> for the treatment of a substance abuse condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> After a <b>\$200</b> per admission Copay, <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge, benefits are limited to <b>\$1,200</b> per day.</p>
Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a substance abuse condition are payable as follows:</p> <p><u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>

<b>Maternity Benefits</b>	
Maternity Expenses	<p><b>Covered Medical Expenses</b> include inpatient care of the Covered Person and any newborn child for a minimum of <b>48 hours</b> after a vaginal delivery and for a minimum of <b>96 hours</b> after a cesarean delivery.</p> <p>If a person is discharged earlier, benefits will be payable for one at-home post-delivery care visit by a health care provider. The at-home post-delivery care visit shall be conducted not later than <b>48 hours</b> following the discharge of the woman and her newborn child from a licensed hospital. However, at the mother's discretion, the visit may occur at the facility of the provider subject to the terms of the policy or group contract.</p> <p>As used in this benefit, “at-home post-delivery care” refers to health care provided to a woman at her residence by a physician, registered nurse, or advance practice nurse, whose scope of practice includes providing postpartum care in the area of maternal and child health care. The health care services provided must include, at a minimum:</p> <ul style="list-style-type: none"> <li>• parent education;</li> <li>• assistance and training in breast or bottle feeding; and</li> <li>• performance of any maternal and neonatal test routinely performed during the usual course of inpatient care for the woman or her newborn child, including the collections of an adequate sample for the hereditary and metabolic newborn screening.</li> </ul> <p><b>Covered Medical Expenses</b> for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p>
Well Newborn Nursery Care Expenses	<p>Benefits include charges for routine care of a Covered Person’s newborn child as follows:</p> <ul style="list-style-type: none"> <li>• hospital charges for routine nursery care during the mother’s confinement, but for not more than four days for a normal delivery,</li> <li>• physician’s charges for circumcision, and</li> <li>• physician’s charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day.</li> </ul>

	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge, subject to a <b>\$1,200</b> maximum per day.</p>
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<b>Additional Benefits</b>	
<p>Prescription Drug Benefit Expenses</p> <p><i>(Prescriptions filled at the Indiana University Health Center are covered at 100% with a \$10 Copay; contraceptives are covered at the IU Health Center.)</i></p>	<p>Prescription Drug Benefits are payable as follows:  <u>Indiana University Health Center:</u> <b>100%</b> after a <b>\$10</b> Copay.  <b>Please Note:</b> Contraceptives are only covered at the Health Centers.</p> <p><u>Preferred Care Pharmacy:</u> After a <b>\$10</b> Copay, per Generic or <b>\$20</b> Copay, per Brand Prescription Drug, <b>100%</b> of the Negotiated Charge.</p> <p>Covered prescription expenses are payable up to a maximum of <b>\$5,000</b> 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. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior Authorization is required for certain Prescription Drugs, including Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a <b>30-day</b> supply. <i>(This is only a partial list.)</i></p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera (see Allergy Testing and Treatment coverage), inhalers, all acne medications, 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>For assistance or for a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (available 24 hours).</p> <p><b>Aetna Specialty Pharmacy</b> 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 <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p> <p><b>Aetna<sub>Rx</sub> Home Delivery<sup>®</sup></b> is the prescription mail service for Aetna pharmacy benefit members. You can order your maintenance medications through Aetna<sub>Rx</sub> Home Delivery. Maintenance medications treat chronic conditions such as arthritis, asthma, diabetes, high cholesterol, heart conditions, hypertension and others.</p> <p>Aetna<sub>Rx</sub> Home Delivery offers you:</p> <ul style="list-style-type: none"> <li>• <b>Savings</b> - You can save money by using Aetna Rx Home Delivery, and standard shipping is always free.</li> <li>• <b>Privacy</b> - Confidential shipping of your prescriptions right to your home, workplace or any other location you choose.</li> <li>• <b>Convenience</b> - Reorder only once every three months.</li> <li>• <b>Peace of mind</b> - Registered pharmacists check orders for accuracy and are available 24 hours a day, seven days a week in case of emergency.</li> </ul> <p>Please see the order form on your Student Connection website for more information and to enroll.</p>

<p>Diabetic Treatment, Supplies and Outpatient Self-Management Expenses</p>	<p><b>Covered Medical Expenses</b> includes expenses incurred for the diagnosis and treatment of diabetes, including those for drugs and diabetic supplies, equipment and an outpatient diabetic self-management education program prescribed as part of a treatment plan. Benefits are payable on the same basis as any other sickness.</p> <p>Charges for a diabetic self-management education program are covered but only if:</p> <ul style="list-style-type: none"> <li>• the training is medically necessary, ordered in writing by physician or podiatrist, and provided by a health care professional who is licensed, registered, or certified, and has specialized training in the management of diabetes;</li> <li>• the Covered Person is a diabetic who is covered under this Policy and is not confined in a hospital or skilled nursing facility as a full-time inpatient; or</li> <li>• the person is covered under this Policy and cares for or helps care for a diabetic who is covered under this Policy and is not confined in a hospital or skilled nursing facility as a full-time inpatient.</li> </ul> <p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• One visit after receiving a diagnosis that represents a significant change in the insured’s symptoms or condition.</li> <li>• One visit for re-education or refresher training.</li> </ul> <p>Not covered are:</p> <ul style="list-style-type: none"> <li>• Program expenses incurred for a diabetic education program whose only purpose is weight control.</li> <li>• Program expenses incurred for a diabetic education program that is available to the public at no cost.</li> </ul> <p><i>Please see the definition on page 36 of this Brochure for more information on Diabetic Self-Management Education Courses.</i></p> <p><u>Preferred Care</u>: After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p>
<p>Hypodermic Needles Expenses</p>	<p><b>Covered Medical Expenses</b> for hypodermic needles and syringes used in the treatment of diabetes are payable on the same basis as any other sickness:</p> <p><u>Preferred Care</u>: After a <b>\$10</b> Copay for Generic, or <b>\$20</b> Copay for Brand Name Prescriptions, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: Not covered.</p> <p>Benefits are subject to the <b>\$5,000</b> per Policy Year prescription benefit maximum.</p>
<p>Non-Prescription Enteral Formula Expenses</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"> <li>• Crohn’s Disease,</li> <li>• ulcerative colitis,</li> <li>• gastroesophageal reflux,</li> <li>• gastrointestinal motility,</li> <li>• chronic intestinal pseudoobstruction, and</li> <li>• inherited diseases of amino acids and organic acids.</li> </ul> <p><b>Covered Medical Expenses</b> for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p>

	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> are covered up to a maximum of <b>\$10,000</b> per lifetime.</p>
Pap Smear Expenses	<p><b>Covered Medical Expenses</b> include one annual routine Pap smear screening for women age 18 and older.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Mammography Expenses	<p><b>Covered Medical Expenses</b> 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"> <li>• A woman who has a personal history of breast cancer.</li> <li>• A woman who has a personal history of breast disease that was proven benign by biopsy.</li> <li>• A woman whose mother, sister, or daughter has had breast cancer.</li> <li>• A woman who is at least 30 years of age and has not given birth.</li> </ul> <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 as follows:  <u>Preferred Care:</u> After a <b>\$20</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Mastectomy and Breast Reconstruction Expense Benefits	<p>Coverage will be provided to a Covered Person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ul style="list-style-type: none"> <li>• reconstruction of the breast on which a mastectomy has been performed,</li> <li>• surgery and reconstruction of the other breast to produce a symmetrical appearance,</li> <li>• prostheses,</li> <li>• treatment of physical complications of all stages of mastectomy, including lymphedemas, and</li> <li>• reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician.</li> </ul> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other expense.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual Deductibles and coinsurance provisions that apply to the mastectomy.</p>
Chlamydia Screening Test Expenses	<p>Benefits 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"> <li>• Women who are: <ul style="list-style-type: none"> <li>• under the age of 20 if they are sexually active, and</li> <li>• at least 20 years old if they have multiple risk factors.</li> </ul> </li> <li>• Men who have multiple risk factors.</li> </ul>

	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: After a <b>\$15</b> per screening Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p> <p><i>Please see definition on page 34 for more information on this benefit.</i></p> <p>Benefits are limited to the <b>\$300</b> per Policy Year routine care benefit maximum.</p>
Routine Screening for Sexually Transmitted Disease Expenses	<p><b>Covered Medical Expenses</b> include charges for Covered Persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p>Benefits are payable as follows:  <u>Preferred Care</u>: After a <b>\$10</b> per screening Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p> <p><i>Please see definition on page 45 for more information on this benefit.</i></p> <p>Benefits are limited to the <b>\$300</b> per Policy Year routine care benefit maximum.</p>
Elective Surgical Second Opinion Expenses	<p><b>Covered Medical Expenses</b> will include a second opinion consultation by a specialist on the need for non-emergency elective 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 <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p>
Acupuncture in Lieu of Anesthesia Expenses	<p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p><u>Preferred Care</u>: <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p>
Dermatological Expenses	<p><b>Covered Medical Expenses</b> 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 as follows:  <u>Preferred Care</u>: After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>50%</b> of the Reasonable Charge.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>

Home Health Care Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> <li>(a) The services are furnished by, or under arrangements made by, a licensed home health agency,</li> <li>(b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every <b>60 days</b>. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital or skilled nursing facility if the services and supplies were not provided under the home health care plan. The physician must examine the Covered Person at least once a month,</li> <li>(c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined,</li> <li>(d) The care starts within seven days after discharge from a hospital as an inpatient, and</li> <li>(e) The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>100%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>40 visits</b> per Policy Year.</p>
Transfusion or Dialysis of Blood Expenses	<p><b>Covered Medical Expenses</b> 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 as follows:  <u>Preferred Care:</u> After a <b>\$10</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Hospice Benefit Expenses	<p><b>Covered Medical Expenses</b> include charges for hospice care provided for a terminally ill Covered Person during a hospice benefit period.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p> <p><i>Please see definition on page 38 for more information on Hospice Care Expenses.</i></p> <p><i>Benefits for Hospice expenses require pre-certification.</i></p>
Licensed Nurse Expenses	<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><b>Covered Expenses</b> for a Licensed Nurse are covered as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge.</p>
Skilled Nursing Facility Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time inpatient, or</li> <li>• within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul>

	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$200</b> per confinement Copay, <b>100%</b> of the Negotiated Charge for the semi-private room rate.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge for the semi-private room rate. Benefits are limited to <b>\$1,200</b> per Policy Year.</p> <p><b><i>Benefits for Skilled Nursing require pre-certification.</i></b></p>
Rehabilitation Facility Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are covered as follows:  <u>Preferred Care:</u> After a <b>\$200</b> per confinement Copay, <b>100%</b> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.  <u>Non-Preferred Care:</u> <b>50%</b> of the Reasonable Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations. Benefits are limited to <b>\$1,200</b> per Policy Year.</p> <p><b><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></b></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. To learn more about these additional services and search for providers visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

With our **Aetna Dental<sup>®</sup> PPO** insurance Plan, participating dentists have agreed to provide services at a Negotiated Rate for covered services, as well as reduced fees for certain non-covered services such as cosmetic tooth whitening, so you generally pay less out of pocket. Enroll and search dentists online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

	<b>Student*</b>	<b>Spouse</b>	<b>Children</b>
<b>Annual</b>	\$246.60	\$295.92	\$443.88
<b>Fall</b>	\$93.71	\$112.45	\$168.67
<b>Spring/Summer</b>	\$152.89	\$183.47	\$275.21

*\*Qualifying SAAs and Fellowship Recipients will automatically be enrolled in the mandatory Plan which is fully subsidized by the University or an external granting agency and includes the premium for both the medical and dental coverage. Information on enrolling dependents can be found at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).*

**Aetna Vision<sup>SM</sup> Discount Program:** The Aetna Vision discount<sup>SM</sup> program helps you save on vision exams and many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

**Aetna Fitness<sup>SM</sup> Discount Program:** Aetna's Fitness discount<sup>SM</sup> program provides members with access to preferred membership rates at nearly 10,000 fitness clubs nationwide and in Canada in the GlobalFit<sup>TM</sup> network. Members can also save on GlobalFit's other programs and services, such as at-home weight loss programs, home fitness equipment and videos and even one-on-one health coaching services\* to help them quit smoking, reduce stress, lose weight, or meet any other health goal.

*\*Offered by WellCall, Inc. through GlobalFit.*

**Aetna Weight Management<sup>SM</sup> Discount Program:** Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig<sup>®</sup> weight loss programs and products. Start with a FREE 30-day trial membership\* then choose either a six\* or twelve\* month program\*\* that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

*\* Offers good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping where applicable.*

*\*\*Additional weekly food discounts will grow throughout the year, based on active participation.*

**Find a meal plan that works for you at eDiets<sup>®</sup>:** Get a personalized plan for healthy eating that fits your lifestyle, and save 25% on weekly eDiets dues. You'll have access to customized weekly menus, recipes, support boards, chats, nutrition tools and fitness tips.

**Use Zagat<sup>®</sup> reviews as a guide for your night out:** Planning a night on the town? Or, want to visit a city where you've never been? Subscribe to Zagat online and get a 30% discount on their members-only services. You can sign up for access to restaurant reviews only, or choose full access and get ratings and reviews on hotels, restaurants, movies and other attractions. You can even order printed guides at a discount!

**Give the gift of relaxation to yourself or a friend through SpaWish:** Get a 10% discount when you buy a gift certificate of at least \$100, good for services at any of over 1,000 spas across the U.S. Choose a spa close to home or near your favorite place to visit!

**Get trusted health information from the MayoClinic.com Bookstore:** Choose from newsletters and books — with recipes for healthy living, advice on staying in shape, guides on living with certain health conditions and more. It's all at your fingertips — and at a discount! The size of the discount will depend on the item price and other available discounts.

**Aetna's Informed Health<sup>®</sup> Line:** Get answers from a registered nurse at any time — just call our toll-free Informed Health Line. With one simple call, you can:

- Learn more about health conditions that you or your family members have.
- Find out more about a medical test or procedure.
- Come up with questions to ask your doctor.

**Talk to a registered nurse:** Our nurses can discuss more than 5,000 health and wellness topics. Call them anytime you have a health question.

**Listen to our Audio Health Library:**\* Call and learn about a topic that interests you. Choose from thousands of health conditions. Listen in English or Spanish. You can also transfer to a registered nurse at any time during your call.

*\*Not all topics discussed within the Audio Health Library are covered expenses under your health insurance Plan.*

**Go online for even more health information:** If you like to go online for health information, check out the Healthwise<sup>®</sup> Knowledgebase. You can learn more about a health condition you have, medications you take, and more. Link to it through your secure Aetna Navigator<sup>®</sup> website at [www.aetnavigators.com](http://www.aetnavigators.com).

**Health and Wellness Portal:** This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.

**Beginning Right<sup>®</sup> Maternity Program:** Give your baby a healthy start. Our Beginning Right Maternity Program comes with your health insurance Plan. Use it throughout your pregnancy and after your baby is born. If you have health conditions or risk factors that may need special attention, we can help. Our nurses can give you personal case management to help you find ways to lower your risks. The more you know the better chance you have for good health ... for you and your baby.

**Aetna Natural Products and Services<sup>SM</sup> Discount Program:** Offers members access to reduced rates on services from natural therapy professionals, including acupuncturists, chiropractors, massage therapists and dietetic counselors, and access to discounts on over-the-counter vitamins, herbal and nutritional supplements and health-related products, such as foot care and natural body care products.

**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<sup>®</sup>, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

**Aetna Health Connections<sup>SM</sup> Disease Management Program:** This program offers support for over 35 conditions with smart technology and supportive services to ensure a healthier you. Our goal is to make it easier to manage your health and live your life well. Our CareEngine<sup>®</sup> system continuously scans your health data to identify safety risks and solutions. Using technology to look for opportunities for better care and programs and services helps to meet your individual needs. You may also receive a call or letter from the Aetna Health Connections Disease Management nurse. Call us at **(866) 269-4500** to get started.

**Aetna Student Assistance Program (SAP)** provides resources to help you balance the challenges of college life with assistance 24 hours a day, seven days a week, by telephone or interactive web resources. All calls are confidential.

As a complement to on-campus student health and counseling services available at your school, the Aetna Student Assistance Program offers you these services:

- 24-Hour Telephone Access: You can talk to a licensed mental health professional toll free, 24 hours a day, about any issue. All calls are confidential.
- Interactive Web Resources: With our easy-to-use web resources, you can search for information on relationships, stress, academics, finances, and other issues of special interest...comfortably and privately.

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for full program details.

*All of the above services, programs or benefits may be offered by vendors who are independent contractors and not employees or agents of Aetna.*

*Discount programs provide access to discounted prices and are NOT insured benefits. Discounts are subject to change without notice. Discount programs may not be available in all states.*

***Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.***

*The Aetna Dental PPO and Dental Indemnity insurance Plans are underwritten by Aetna Life Insurance Company.*

*The SAP is administered by Aetna Behavioral Health, LLC. All SAP calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected abuse of a minor child, and in some areas, spousal or elder abuse).*

## **GENERAL PROVISIONS**

### **STATE MANDATED BENEFITS**

The Plan will pay benefits in accordance with any applicable Indiana 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.

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

#### ***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**

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If a **Covered Person** is confined to a hospital on the date his/her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the Policy, but only while they are incurred during the 90 day period, following such termination of insurance.

## **TERMINATION OF INSURANCE**

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

### ***TERMINATION OF STUDENT COVERAGE***

Insurance for a **covered student** will end on the first of these to occur:

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

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

### ***TERMINATION OF DEPENDENT COVERAGE***

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

- (a) For a child, on the first premium due date following the first to occur of:
  1. the date the child is no longer chiefly dependent upon the student for support and maintenance,
  2. the date of the child's marriage, and
  3. the child's 24<sup>th</sup> birthday,
- (b) The date the **covered student** fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date **dependent** coverage is deleted from this Policy.
- (e) For a domestic partner, the earlier to occur of:
  1. the date this Policy no longer allows coverage for domestic partners, and
  2. 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.
- (f) 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.

The child's insurance under this provision will end on the earlier of:

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

### ***CONTINUATION OF COVERAGE***

A **covered student** who has graduated or is otherwise ineligible for coverage under this Policy, and has been continuously insured under the Plan offered by the Policyholder (regular Student Plan), may be covered for up to seven and a half consecutive months provided that: (1) a written request for continuation has been forwarded to Aetna 30 days after the termination of coverage, and (2) premium payment has been made. Coverage under this provision ceases on the date this Policy terminates.

## EXCLUSIONS

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This Policy does not cover nor provide benefits for:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from **injury** to **sound, natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expenses 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.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
4. Expenses 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.
5. Expenses incurred as a result of an **accident** occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expenses 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.
8. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expenses 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:
  - Improve the function of a part of the body that:
    - is not a tooth or structure that supports the teeth, and
    - is malformed.
      - as a result of a severe birth defect, including harelip, webbed fingers, or toes, or
      - as direct result of:
        - disease, or
        - surgery performed to treat a disease or **injury**.
  - Repair an **injury** (including reconstructive surgery for prosthetic device for a **Covered Person** who has undergone a mastectomy,) which occurs while the **Covered Person** is covered under this Policy. Surgery must be performed:
    - in the calendar year of the accident which causes the **injury**, or
    - in the next calendar year.
11. Expenses incurred as a result of preventive medicines, serums, or vaccines.
12. Expenses incurred as a result of commission of a felony.

This exclusion does not apply to reconstructive surgery or prosthetic devices for a **Covered Person** who has undergone a mastectomy.

13. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
14. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.
15. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
16. Expenses 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.
17. Expenses incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports, including collegiate or intercollegiate club sports and intramurals.
18. Expenses incurred by a **Covered Person** not a United States Citizen for services performed within the **Covered Person's** home country.
19. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
20. Expenses for allergy serums and injections.
21. Treatment for **injury** to the extent benefits are payable under any state No-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
22. Expenses for treatment of **injury** or **sickness** to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their insurers).
23. Expenses incurred for experimental or investigative procedures.
24. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.
25. Expenses incurred for **custodial care**. **Custodial care** means services and supplies furnished to a person mainly to help him/her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
  - by whom they are prescribed, or
  - by whom they are recommended, or
  - by whom or by which they are performed.
26. Expenses 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.
27. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
28. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
  - 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
  - If required by the FDA, approval has not been granted for marketing, or
  - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or

- 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:

- The disease can be expected to cause death within one year, in the absence of effective treatment, and
- 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:

- Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute, or
- Are recognized for treatment of the indication of at least one standard reference compendium, or
- Are recommended for that particular type of cancer and found to be safe and effective in formal clinical studies, the results of which have been published in a peer reviewed professional medical journal published in the United States or Great Britain.

If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

29. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
30. Expenses incurred for gynecomastia (male breasts).
31. Expenses incurred by a **Covered Person**, not a United States citizen, for services performed within the **Covered Person's** home country, if the **Covered Person's** home country has a socialized medicine program.
32. Expenses incurred for, or related to, services, treatment, testing, educational testing, training, or medication for Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, or learning disabilities, or other developmental delays, except Pervasive Developmental Disorder.
33. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
34. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
35. Expenses 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.
36. Expenses incurred for hearing aids, the fitting, or prescription of hearing aids.
37. Expenses incurred for hearing exams.
38. Expenses for services or supplies used to treat conditions related to, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition.

39. Expenses 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.
40. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
41. Expenses for the cost of supplies used in the performance of any occupational therapy.
42. Expenses 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**.
43. Expenses for incidental surgeries, and standby charges of a **physician**.
44. Expenses for treatment and supplies for programs involving cessation of tobacco use.
45. Expenses 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.
46. Expenses incurred for massage therapy.
47. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
48. Expenses for charges that are not **Reasonable Charges**, as determined by Aetna.
49. Expenses 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.
50. Expenses 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.
51. Expenses arising from a **pre-existing condition**, unless (a) no charges are incurred or treatment rendered for the condition for a period of six months while covered under this Policy, or (b) the **Covered Person** has been covered under this Policy for twelve consecutive months, whichever happens first.
52. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.
53. Expenses 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:

- 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,
- 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

- as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: information relating to the affected person's health status, reports in peer reviewed medical literature, reports and guidelines published by nationally recognized health care organizations that include supporting scientific data, generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment, the opinion of health professionals in the generally recognized health specialty involved, and any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be **medically necessary**:

- those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- those furnished mainly for the personal comfort or convenience of the person, any person who cares for him/her, or any persons who is part of his/her family, any healthcare provider, or healthcare facility, or
- those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a **physician's** or a **dentist's** office, or other less costly setting.

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

## DEFINITIONS

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### Accident

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

### Actual Charge

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

### Aggregate Maximum

The maximum benefit that will be paid under this Policy for all **Covered Medical Expenses** incurred by a **Covered Person** that accumulate in one **Policy Year** or from one **Policy Year** to the next.

### 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 two 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.

### **Birthing 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 two beds or two 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.

### **Chlamydia Screening Test**

This is any laboratory test of the urogenital tract that specifically detects for infection by one or more agents of Chlamydia trachomatis, and which test is approved for such purposes by the FDA.

### **Coinsurance**

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

### **Complications of Pregnancy**

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

- acute nephritis or nephrosis, or
- cardiac decompensation or 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.)

### **Convalescent Facility**

This is an institution that:

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

### **Copay**

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

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

### **Covered Dental Expenses**

Those charges for any treatment, service, or supplies, covered by this Policy which are:

- not in excess of the **reasonable and customary** charges, or
- not in excess of the charges that would have been made in the absence of this coverage,
- and incurred while this Policy is in force as to the **Covered Person**.

### **Covered Dependent**

A **covered student's dependent** who is insured under this Policy.

### **Covered Medical Expenses**

Those charges for any treatment, service or supplies covered by this Policy which are:

- not in excess of the **reasonable and customary** charges, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Policy 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 Policy is in effect.

### **Covered Student**

A student of the Policyholder who is insured under this Policy.

### **Deductible**

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

**Dental Consultant**

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

**Dental Provider**

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

**Dentist**

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

**Dependent**

(a) the **covered student's** spouse residing with the **covered student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**, and (c) the **covered student's** unmarried child under the age of 19 years (or 24 if a student). The child must reside with, and be fully supported by, the **covered student**.

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 and who is residing with the **covered student**, and who is chiefly dependent on the **covered student** for his/her full support.

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 Course**

A scheduled program on a regular basis which is designed to instruct a **Covered Person** in the self-management of diabetes. It is a day care program of educational services and self-care training. All of the following requirements must be met:

- A **physician** must direct and supervise the program.
- The program's services and training must be rendered by health care professionals who are familiar with diabetes and its treatment. This includes **physicians**, R.N.'s, registered pharmacists, registered dietitians and licensed social workers.
- The program must include:
  - An assessment of the diabetic's needs and skills. This must be done by the health care professionals who render the service and before the program starts and after it ends.
  - An education plan designed for the diabetic's condition and skills.
  - At least a total of five hours of one-on-one or group instructions.
  - At least one dietary counseling session for the diabetic and the persons who help in his/her care.
  - A discussion of the history of diabetes, psycho-social factors which affect the diabetic and his/her family, complications and related symptoms and special general health care concerns. (These include hygiene and pregnancy care if appropriate.)
  - Training in dietary and nutritional planning, procedures for testing and monitoring of blood sugars and adjusting medications or diet to correspond to activities and exercises done.
  - Provision for at least one follow-up evaluation. This is done after the person completes the program.

**Directory**

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

### **Durable Medical and Surgical Equipment**

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

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

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

### **Elective Treatment**

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

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- 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 physical or mental condition which:

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

### **Emergency Condition**

This is any traumatic injury or condition which:

- occurs unexpectedly,
- requires immediate diagnosis and treatment, in order to stabilize the condition, and
- is characterized by symptoms such as severe pain and bleeding.

### **Emergency Medical Condition**

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

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

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

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

### **High Cost Procedure**

High Cost Procedures include the following procedures and services:

- C.A.T. Scan,
- Magnetic Resonance Imaging,
- Laser treatment, which must be provided on an outpatient basis, and may be incurred in the following:
  - (a) A **physician's** office, or
  - (b) **Hospital** outpatient department, or emergency room, or
  - (c) Clinical laboratory, or
  - (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

### **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 a R.N., L.P.N., or L.V.N., primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

### **Home Health Care**

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

### **Home Health Care Plan**

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

### **Hospice**

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

### **Hospice Benefit Period**

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

### **Hospice Care Expenses**

The **reasonable and customary** 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 a R.N., L.P.N., or L.V.N., 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 three months after, the **Covered Person's** death, and charges for respite care for up to five days in any 30 day period.

### **Hospital**

A facility which meets all of these tests:

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

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

### **Hospital Confinement**

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

### **Injury**

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

### **Intensive Care Unit**

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

### **Jaw Joint Disorder**

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

### **Mail Order Pharmacy**

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

### **Medically Necessary**

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

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

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition,
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition, and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply,) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,
- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,

- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be **medically necessary**:

- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him/her, or any person who is part of his/her family, any healthcare provider, or healthcare facility, or
- Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a **physician's** or a **dentist's** office, or other less costly setting.

### **Medication Formulary**

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

### **Member Dental Provider**

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

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

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

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

The area within a 30 mile radius of the **covered student's member dental provider**.

### **Negotiated Charge**

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

### **Non-Occupational Disease**

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

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

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

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

### **Non-Occupational Injury**

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

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

### **Non-Preferred Care**

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

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

**Non-Preferred Care Provider**

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

**Non-Preferred Pharmacy**

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

**Non-Preferred Prescription Drug Expense**

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

**One Sickness**

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

**Orthodontic Treatment**

Any:

- medical service or supply, or
- dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:

- of the teeth, or
- of the bite, or
- of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain. Not included is:

- the installation of a space maintainer, or
- surgical procedure to correct malocclusion.

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

**Medically necessary** care or treatment for an **Emergency Medical Condition**, that is rendered outside a 30 mile radius of the **covered student's member dental provider**. Such care is subject to specific limitations set forth in this Policy.

**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**,
- expenses for **designated care** or **Non-Preferred Care**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Policy.

**Outpatient Diabetic Self-Management Education Program**

A scheduled program on a regular basis, which is designed to instruct a **Covered Person** in the self-management of diabetes. It is a day care program of educational services and self-care training, (including medical nutritional therapy). The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes diabetic education or management.

**Partial Hospitalization**

Continuous treatment consisting of not less than four hours and not more than twelve hours in any 24 hour period under a program based in a **hospital**.

**Pervasive Developmental Disorder**

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

**Pharmacy**

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

**Physician**

(a) legally qualified **physician** licensed by the state in which he/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-Admission Testing**

Tests done by a hospital, surgery center, licensed diagnostic lab facility, or physician, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- the tests are related to the scheduled surgery,
- the tests are done within the seven days prior to the scheduled surgery,
- the person undergoes the scheduled surgery in a **hospital** or **surgery center**, this does not apply if the tests show that surgery should not be done because of his physical condition,
- the charge for the surgery is a **Covered Medical Expense** under this Plan,
- the tests are done while the person is not confined as an inpatient in a **hospital**,
- the charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- the test results appear in the person's medical record kept by the **hospital** or **surgery center** where the surgery is to be done, and
- the tests are not repeated in or by the **hospital** or **surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the covered percentage that would have applied in the absence of this benefit.

**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** effective date of insurance.

**Preferred Care**

Care provided by:

- a **Covered Person's primary care physician**, or a **Preferred Care Provider** of the **primary care physician**, or
- a health care provider that is not a **Preferred Care Provider** for an **Emergency Medical Condition** when travel to a **Preferred Care Provider**, is not feasible, or
- a **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

**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 Policy, but only:

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

### **Preferred Prescription Drug Expense**

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

- is dispensed by a **Preferred Pharmacy**, or for an **Emergency Medical Condition** only, by a **Non-Preferred pharmacy**, and
- is dispensed upon the **Prescription** of a **Prescriber** who is:
  - a **Designated Care Provider**, or
  - a **Preferred Care Provider**, or
  - a **Non-Preferred Care Provider**, but only for an **Emergency Medical Condition**, or of a person's **Primary Care Physician**, or
  - a **dentist** who is a **Non-Preferred Care Provider**, but only one who is not of a type that falls into one or more of the categories of providers listed in the **directory** of **Preferred Care Providers**.

### **Prescriber**

Any person, while acting within the scope of his/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**.

### **Reasonable and Customary**

The charge which is the smallest of:

- the **Actual Charge**,
- the charge usually made for a covered service by the provider who furnishes it, and
- the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

### **Reasonable Charge**

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

- The provider's usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

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

In determining the **Reasonable Charge** for a service or supply that is:

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

Aetna may take into account factors, such as:

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

### **Recognized Charge**

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

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

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

In determining the **Recognized Charge** for a service or supply that is:

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

Aetna may take into account factors, such as:

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

### **Residential Treatment Facility**

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

**Respite Care**

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

**Room and Board**

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

**Routine Screening for Sexually Transmitted Disease**

This is any laboratory test approved for such purposes by the FDA that specifically detects for infection by one or more agents of:

- Gonorrhea,
- Syphilis,
- Hepatitis,
- HIV, and
- Genital Herpes.

**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 semi-private rooms with two 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.

**Surgery Center**

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is

- performed and during the recovery period.
- Extends surgical staff privileges to:
  - **physicians** who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - a **physician** trained in cardiopulmonary resuscitation, and
  - a defibrillator, and
  - a tracheotomy set, and
  - a blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

### **Surgical Assistant**

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

### **Surgical Expenses**

Charges by a **physician** for,

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

### **Surgical Procedure**

- a cutting procedure,
- suturing of a wound,
- treatment of a fracture,
- reduction of a dislocation,
- radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- electrocauterization,
- diagnostic and therapeutic endoscopic procedures,
- injection treatment of hemorrhoids and varicose veins,
- an operation by means of laser beam,
- cryosurgery.

### **Totally Disabled**

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

### **Urgent Admission**

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

- the onset of or change in a disease, or
- the diagnosis of a disease, or
- an **injury** caused by an **accident**,

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within two 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 eight 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**

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

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

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the below address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna, within one year from the date appearing on the Explanation of Benefits.
5. 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.

Send Claims To:  
Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014

### ***HOW TO APPEAL A CLAIM***

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

Aetna Student Health  
P.O. Box 15717  
Boston, MA 02215-0014

### **PRESCRIPTION DRUG CLAIM PROCEDURE**

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

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

### **ON CALL INTERNATIONAL**

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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 travel assistance services and other benefits.

A brief description of these benefits is outlined below.

#### ***ACCIDENTAL DEATH AND DISMEMBERMENT (ADD) BENEFITS***

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

**NOTE: For most school plans, ADD benefits are provided by Aetna Life Insurance Company (ALIC). However, in some states, ADD benefits may be provided through a contractual relationship between Chickering Claims Administrators, Inc. (CCA) and On Call International (On Call). ADD coverage provided through On Call is underwritten by United States Fire Insurance Company (USFIC). Please refer to your school's policy to determine whether ALIC or USFIC underwrites ADD benefits for your specific Plan. Should you have questions or need to file a claim please contact (877) 437-6512.**

#### **MEDICAL EVACUATION AND REPATRIATION (MER) AND WORLDWIDE EMERGENCY TRAVEL ASSISTANCE (WETA) SERVICES PROVIDED THROUGH ON CALL INTERNATIONAL, INC.**

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International, Inc. (On Call) to provide Covered Persons with access to certain Medical Evacuation and Repatriation (MER) and Worldwide Emergency Travel Assistance (WETA) benefits and/or services.

### ***MEDICAL EVACUATION AND REPATRIATION (MER) BENEFITS***

The following benefits are underwritten by Virginia Surety Company (VSC), 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 (while traveling or on campus).
- Unlimited Return of Mortal Remains (while traveling or on campus).
- Return of Traveling Companion.
- \$2,500 Emergency Return Home in the event of death or life threatening illness of a parent or sibling.

### ***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
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will NOT be provided for any such services not provided and arranged through On Call. Although certain medical services may be covered under the terms of the Covered Person's Student Health Insurance Plan (the "Plan"), On Call does not provide coverage for 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 and limitations may apply.**

**To obtain MER and WETA 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 (866) 525-1956 or collect (603) 328-1956. All Covered Persons should carry their On Call ID cards when traveling.**

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to certain ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates underwrites or administers any MER or WETA benefits/services. Neither CCA nor any of its affiliates underwrites or administers any ADD benefits that are provided through On Call. 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.

## **AETNA NAVIGATOR®**

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### ***GOT QUESTIONS? GET ANSWERS WITH AETNA'S NAVIGATOR®***

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

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

### ***HOW DO I REGISTER?***

- Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- Click on “**Find Your School.**”
- Enter your school name and then click on “Search.”
- Click on Aetna Navigator and then the “Access Navigator” link.
- Follow the instructions for First Time User by clicking on the “Register Now” link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

### ***NEED HELP WITH REGISTERING ONTO AETNA NAVIGATOR?***

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

## **NOTICE**

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Aetna considers nonpublic personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

### **Administered by:**

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 437-6512**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

### **Underwritten by:**

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

Policy No. 812849

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