

2011-2012

Student Medical Insurance Plan

for

THE
CATHOLIC UNIVERSITY
of AMERICA



Underwritten by:
Aetna Life Insurance Company (ALIC)

Policy Number 474963



WHERE TO FIND HELP

In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations you may contact Aetna Student Health to locate a provider as shown below or call Catholic University of America Student Health Services at **(202) 319-5744**.

For questions about:

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

Please contact:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 577-6692

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
(866) 577-6692

For questions about:

- * Enrollment Process
- * Waiver Process

Please contact:

The Catholic University of America Student Medical Plan Administrator
(202) 319-5050
cua-studentmedins@cua.edu

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
(866) 577-6692

A complete list of providers can be found using Aetna's **DocFind**[®] Service at **www.aetnastudenthealth.com**.

For questions about:

On Call International 24/7 Emergency Travel Assistance Services

Please contact:

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

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

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

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to The Catholic University of America. 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 Medical Plan Administrator's office in 170 Leahy Hall 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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THE CATHOLIC UNIVERSITY OF AMERICA STUDENT HEALTH SERVICES

The Catholic University of America Student Health Services is the University's on-campus health facility located behind Centennial Village in the Eugene I. Kane Student Health and Fitness Center.

For more information please visit <http://health.cua.edu>, call (202) 319-5744 or email CUA-studenthealth@cua.edu. In the event of an emergency, call 911 or the Campus Department of Public Safety at (202) 319-5111.

CUA offers an assistance program for student that may need help with coordinating care or understanding their medical insurance. For Information about the **CUA Health Advocate Program** please visit <http://studentinsurance.cua.edu>.

POLICY PERIOD

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on **August 14, 2011**, and will terminate at 11:59 PM on **August 13, 2012**.
2. **New Spring Semester students:** Coverage for all insured students enrolled starting in the Spring Semester, will become effective at 12:01 AM on **January 1, 2012**, and will terminate at 12:01 AM on **August 13, 2012**.
3. **New Summer Semester students:** Coverage for all insured students enrolled starting in the Summer Semester, will become effective at 12:01 AM on **May 8, 2012**, and will terminate at 12:01 AM on **August 13, 2012**.

RATES

Cost Student Medical Insurance Plan				
	Annual Plan Rate 8/14/11-8/13/12	Rate for New Spring Semester Students 1/1/12-8/13/12	Rate for New Summer Semester Students 5/8/12-8/13/12	Optional Major Medical Buy Up Rate
Student*	\$1,521	\$911	\$415	\$395**

**The rates above include both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as The Catholic University of America's administrative fee and the cost of the Health Advocate Program.*

***The Optional Major Medical Buy Up Rate is charged in addition to the Student Medical Insurance Plan Rate. You must be in enrolled in the student medical insurance plan to purchase optional major medical.*

DEDUCTIBLES

The following Deductibles are applied before **Covered Medical Expenses** for Preferred and Non-Preferred Care are payable:

\$300 Policy Year

THE CATHOLIC UNIVERSITY OF AMERICA STUDENT MEDICAL INSURANCE PLAN

This is a brief description of the Student Medical Expense benefits available for Catholic University of America students. 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 Medical Plan Administrator's office in 170 Leahy Hall during business hours.

STUDENT COVERAGE

ELIGIBILITY

All Catholic University of America students with registered credit hours are eligible to enroll in the CUA Medical Insurance Plan. Your method of enrollment or waiver from the Plan will depend on your student registration status as defined by The Catholic University of America. Please contact CUA Student Accounts at **(202) 319-5300** if you are unsure of your registration status.

Domestic Students (registered for 12 or more credit hours): are automatically enrolled in the insurance plan unless an on-line waiver is submitted and accepted by the posted deadline.

All International Students Holding a J1 or F1 Visa (regardless of registered credit hours): are automatically enrolled in the CUA Student Medical Insurance Plan unless proof of other comparable coverage is submitted online and by hard copy to the CUA Insurance Administrator by September 12, 2011.

Domestic Students (registered for less than 12 credit hours): are eligible to purchase the CUA Student Medical Insurance Plan on a voluntary basis.

John Paul House of Studies and Washington Theological Union Students: are eligible to purchase the CUA Student Medical Insurance Plan on a voluntary basis.

Note: If you are defined as a domestic student or an international student with a visa other than F1 or J1 taking less than 12 credit hours at the University, you must proactively enroll yourself through Aetna Student Health's Website www.aetnastudenthealth.com by the posted deadline and the charge will be applied to your CUA Student Account.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

WAIVER AND ENROLLMENT PROCESS/PROCEDURE

ENROLLMENT

Eligible students will be automatically enrolled in this plan, unless the completed Online Waiver Form has been received by the University, by the specified enrollment deadline dates listed in the next section of this Brochure.

To enroll online for voluntary coverage, log on to www.aetnastudenthealth.com, search for your school and complete the appropriate form or call Aetna Student Health at **(866) 577-6692**.

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. A pro rata refund of premium will be made for such person upon written request received by Aetna within 90 days of withdrawal from school.

Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be rescinded in accordance with its terms.

WAIVER

Eligible students will be automatically enrolled in this plan, unless the completed Online Waiver Form has been received by the University, by the specified enrollment deadline dates listed in this section of this Brochure.

Category	Waiver/ Enrollment Deadline Date
Students enrolling for the Annual Plan	09/12/2011
New Spring Semester Students enrolling for the Spring Plan	01/20/2012
New Summer Semester Students enrolling for the Summer Plan	06/01/2012

Waiver submissions for all international students holding a J1 or F1 visa must be submitted online and a physical copy presented to the CUA Insurance Administrator located in 170 Leahy Hall during business hours or via email to cua-studentmedins@cua.edu by the posted waiver deadline.

REFUND POLICY

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period 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 upon written request received by Aetna Student Health within 90 days of withdrawal from school.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Plan or other policies will be covered for any Pre-Existing Condition, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Plan. Previously Covered Persons must re-enroll for coverage by **September 12, 2011**, for the Annual Plan, and by **January 20, 2012**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the Pre-Existing Conditions Limitation will apply to all covered injuries and sickness that were diagnosed and treated within twelve months prior to the covered person's effective date of insurance with the exception of pregnancy.

PREFERRED PROVIDER NETWORK

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

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **(866) 577-6692**, or through the Internet by accessing DocFind at **www.aetnastudenthealth.com**.

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

Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.

PRE-CERTIFICATION PROGRAM

Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(866) 577-6692** (attention Managed Care Department).

The following inpatient and outpatient services or supplies require pre-certification:

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

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

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

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

Notification of Emergency Admissions:

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

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS

Pre-existing Condition

A preexisting 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 **365 days** 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 Expense unless no charges are incurred or treatment rendered for the condition for a period of **six months** while covered under this Plan. **Please note** this limitation only applies to students over age 19.

Continuously Insured

You have been continuously insured if you (i) had “creditable health insurance coverage” (such as COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this plan, **and** (ii) the creditable coverage ended within **63** days of the date you enrolled under this plan. If both of these tests are met, then the pre-existing limitation period under this plan will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage. You will be asked to provide evidence of your prior creditable coverage.

Once a break in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

DESCRIPTION OF BENEFITS

Please Note:

THE CATHOLIC UNIVERSITY OF AMERICA 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 Catholic University Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Catholic University, you may view it at the CUA Insurance Administrator's Office in 170 Leahy Hall or you may contact Aetna Student Health at (866) 577-6692.

This Plan will never pay more than \$250,000 per condition, per lifetime. Additional Plan maximums may also apply. Some illnesses or injuries 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 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

DEDUCTIBLES

The following Deductibles are applied before **Covered Medical Expenses** for Preferred and Non-Preferred Care are payable:

\$300 per Policy Year

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of **\$250,000** per condition, per lifetime.

OUT OF POCKET MAXIMUMS

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

Preferred Care Individual Out-of-Pocket: **\$400**

Non-Preferred Care Individual Out-of-Pocket: **\$1,600**

All coverage is based on Recognized Charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge for a semi-private room.</p>
Intensive Care Unit Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Physician Hospital Visit/ Consultation Expenses	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable up to 20% of the amount paid to the surgeon.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>

Outpatient Benefits

Covered Medical Expenses include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.

Hospital Outpatient Department	<p>Covered Medical Expenses includes treatment rendered in a Hospital Outpatient Department. Covered Medical Expenses do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 80%</u> of the Recognized Charge.</p>
Walk-In Clinic Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for diagnostic X-ray and laboratory services; consultants or specialists, etc. Benefits do not include expenses incurred for the use of an outpatient surgical facility.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 80%</u> of the Recognized Charge.</p>
Urgent Care Expense	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p>Please note: A covered person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance.</p> <p><u>Urgent Care</u> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
Ambulance Expense	<p>Covered Medical Expenses are payable as follows 80% of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p>
Pre-Admission Testing Expense	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other Condition.</p>

Physician's Office Visits	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Benefits are limited to 1 visit per day, when not related to surgery.</p>
Laboratory and X-ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses include charges incurred by a covered person are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over \$200.</p>
Therapy Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Physical Therapy, • Chiropractic Care, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Benefits are limited to 1 visit per day, 10 visits per policy year for Physical Therapy. Outpatient Physical Therapy benefits payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation or; when prescribed by the attending Physician and treatment is not following surgery.</p> <p>After the 10th visit we may request verification of medical necessity in order to continue treatment.</p> <p>Plan must cover habilitative services for the treatment of congenital or genetic birth defects (includes autism, autism spectrum disorder and cerebral palsy) to enhance the ability of children to function. Habilitative services defined as PT, OT and ST. Covers children to age 21.</p>
Chemotherapy Expense	<p>Covered Medical Expenses 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>Covered medical expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy.</p> <p>Orally administered anticancer drugs prescribed to kill or slow the growth of cancerous cells will be payable on the same basis as chemotherapy that is administered intravenously or by injection.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>

Durable Medical Equipment Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Prosthetic Devices Expense	<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>Covered Medical Expenses do not include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p>Covered Medical expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Outpatient Physical Therapy Expense	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Benefits are limited to 1 visit per day, 10 visits per policy year. Outpatient Physical Therapy benefits payable only for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation or; when prescribed by the attending Physician and treatment is not following surgery.</p> <p>After the 10th visit we may request verification of medical necessity in order to continue treatment.</p> <p>Covered Medical Expenses include coverage for children under the age of 21 years for rehabilitative services for the treatment of congenital or genetic birth defects (including autism, autism spectrum disorder and cerebral palsy) to enhance the ability of children to function. Rehabilitative services include Physical Therapy, Occupational Therapy and Speech Therapy.</p>
Dental Injury Expense	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, are installed due to such injury, <p>Covered Medical Expenses include only charges for:</p> <ul style="list-style-type: none"> • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury.

<p>Dental Injury Expense (continued)</p>	<p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p>Covered Medical Expenses are payable as follows: 80% of the Actual Charge.</p>
<p>Allergy Testing Expense</p>	<p>Benefits include charges incurred for diagnostic testing of allergies.</p> <p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> • laboratory tests, • physician office visits, including visits to administer injections, • prescribed medications for testing, and • other medically necessary supplies and services. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expense</p>	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder, or • attention deficit hyperactive disorder <p>are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Preventive Health Care Expense</p>	<p>The charges below are included as Covered Medical Expenses, even though they are not incurred in connection with a sickness or disease. They are included only for a child under 21 years of age.</p> <p>Preventive Health Care Services Expenses These are the charges for Preventive Health Care Services.</p> <p>Preventive Health Care Services These are the services provided for a routine physical exam of the child. Included are:</p> <ul style="list-style-type: none"> • A review and written record of the child's complete medical history. • Taking measurements and blood pressure. • Developmental and behavioral assessment. • Vision and hearing screening. • Appropriate immunizations. • Anticipatory guidance. • Other diagnostic screening tests, including: <ul style="list-style-type: none"> ○ One series of hereditary and metabolic tests performed at birth, ○ Urinalysis, tuberculin test, and blood tests such as hematocrit and hemoglobin tests, and tests to screen for sickle hemoglobinopathy. • Counseling and guidance of the child and the child's parents or guardian on the results of the physical exam.

Preventive Health Care Expense (continued)	<p>Covered Medical Expenses will only include charges incurred for:</p> <ul style="list-style-type: none"> • An exam performed at birth. • All exams performed during the first 12 years of the child's life. • Three exams performed during each year of life, up to age 21. <p>Benefits are payable as any other Condition.</p> <p>Coverage includes age appropriate health screening for children from birth to age 21.</p>
Consultant or Specialist Expense	<p>Covered Medical Expenses 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>Covered Medical Expenses are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>

Mental Health Benefits	
Clinically Significant Mental Illness Inpatient Expense	<p>Covered Medical Expenses include expenses incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of clinically significant mental and nervous disorders.</p> <p>“Clinically Significant” means the following psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association:</p> <ul style="list-style-type: none"> • anorexia nervosa • bulimia nervosa • schizophrenia • paranoid and other psychotic disorders • bipolar disorders (hypomanic, manic, depressive, and mixed) • major depressive disorders (single episode or recurrent) • schizoaffective disorders (bipolar or depressive) • pervasive developmental disorders • obsessive-compulsive disorders • depression in childhood and adolescence • panic disorders • post-traumatic stress disorders (acute, chronic, or with delayed onset) <p><u>Benefits are payable</u> as any other Condition.</p>
Clinically Significant Mental Illness Outpatient Expense	<p>Covered Medical Expenses include charges for treatment of clinically significant mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.</p> <p>“Clinically Significant” means the following psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association:</p> <ul style="list-style-type: none"> • anorexia nervosa • bulimia nervosa • schizophrenia • paranoid and other psychotic disorders • bipolar disorders (hypomanic, manic, depressive, and mixed) • major depressive disorders (single episode or recurrent) • schizoaffective disorders (bipolar or depressive)

<p>Clinically Significant Mental Illness Outpatient Expense (continued)</p>	<ul style="list-style-type: none"> • pervasive developmental disorders • obsessive-compulsive disorders • depression in childhood and adolescence • panic disorders • post-traumatic stress disorders (acute, chronic, or with delayed onset) <p>Charges made by marriage and family therapists are not Covered Medical Expenses.</p> <p><u>Preferred Care:</u> 75% of the Negotiated Charge for the first 40 visits; 60% of the Negotiated Charge thereafter.</p> <p><u>Non-Preferred Care:</u> 75% of the Recognized Charge for the first 40 visits; 60% of the Recognized Charge thereafter.</p>
<p>Mental Illness Inpatient Expense – Other Diagnosis</p>	<p>Covered Medical Expenses include expenses incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of non-clinically-significant mental and nervous disorders.</p> <p>Covered Medical Expenses are covered as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Mental Illness Outpatient Expense – Other Diagnosis</p>	<p>Covered Medical Expenses include charges for treatment of non-clinically-significant mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.</p> <p>Charges made by marriage and family therapists are not Covered Medical Expenses.</p> <p>Covered Medical Expenses are covered as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge for the first 40 visits; 60% of the Negotiated Charge thereafter. <u>Non-Preferred Care:</u> 75% of the Recognized Charge for the first 40 visits; 60% of the Recognized Charge thereafter.</p>

<p>Treatment of Alcohol and Drug Addiction</p>	
<p>Inpatient Expense</p>	<p>Treatment of alcohol and drug addiction, including detoxification, received while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility established primarily for the treatment of alcohol and drug addiction will be considered a Covered Medical Expense.</p> <p>Covered on the same basis as any other condition up to a maximum of 12 days per Policy year for detoxification and up to 60 days per policy year for inpatient hospital or non-hospital residential treatment facility.</p> <p><u>Benefits are payable</u> as any other Condition.</p> <p>This benefit is subject to the same lifetime limits for medical, surgical and mental benefits.</p>

Outpatient Expense	<p>Covered Medical Expenses include charges for outpatient treatment of alcohol and drug addiction provided by a physician, psychologist or social worker for a minimum of 30 outpatient visits per Policy Year.</p> <p><u>Preferred Care</u>: 75% of the Negotiated Charge for the first 40 visits; 60% of the Negotiated Charge thereafter.</p> <p><u>Non-Preferred Care</u>: 75% of the Recognized Charge for the first 40 visits; 60% of the Recognized Charge thereafter.</p> <p>This benefit is subject to the same lifetime limits for medical, surgical and mental benefits.</p> <p>Covered Medical Expenses include charges for outpatient treatment of alcohol and drug addiction provided by a physician, psychologist or social worker for a minimum of 30 outpatient visits per Policy Year.</p>
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Maternity Benefits	
Maternity Expense	<p>Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p>
Well Newborn Nursery Care Expense	<p>Benefits include charges for routine care of a covered person's newborn child as follows:</p> <ul style="list-style-type: none"> • hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery, • physician's charges for circumcision, and • physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. <p>Cover newborn screening tests when charged by the hospital.</p> <p>Covered Medical Expenses are payable as any other Condition.</p>
Newborn Hearing Screening Expense	<p>Covered Medical Expenses include charges made by a Hospital or a maternity center for newborn hearing screenings, prior to the newborn's date of discharge.</p>

Additional Benefits	
Prescription Drug Benefit	<p>Prescription Drug Benefits are payable as follows:</p> <p><u>Preferred Care Pharmacy</u>: 100% of the Negotiated Rate, following a \$20 Copay for Generic Prescription Drugs, a \$35 Copay for Preferred Brand Name Prescription Drugs, and a \$50 Copay for Non-Preferred Brand Name Drugs.</p> <p>Covered Medical Expenses are payable up to a maximum of \$2,000 per Policy Year.</p> <p>Covered Medical Expenses also include orally administered anticancer drugs when prescribed to kill or slow the growth of cancerous cells. These anticancer drugs will be paid on the same basis as any other sickness.</p>

<p>Prescription Drug Benefit (continued)</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 oral contraceptives, Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a 30-day 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, all acne medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, 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 (800) 238-6279 (available 24 hours).</p> <p>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com.</p> <p>Please Note: Covered Medical Expenses for prescribed supplies for the treatment of diabetes will not be subject to the listed per Policy Year Prescription Drug limit.</p>
<p>Diabetic Equipment and Supplies Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for equipment and supplies for treatment of insulin using diabetes, gestational diabetes and non-insulin using diabetes.</p> <p>Benefits are payable on the same basis as any other Condition.</p>
<p>Hypodermic Needles Expense</p>	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable as any other Condition.</p>
<p>Outpatient Diabetic Self-management Education Programs Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for outpatient diabetic self-management education programs, including medical nutritional therapy, for the treatment of insulin-using diabetes, gestational diabetes and non-insulin-using diabetes.</p> <p>Benefits are payable on the same basis as any other Condition.</p>
<p>Non Prescription Enteral Formula Expense</p>	<p>Benefits include charges incurred by a covered person for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> • Crohn’s Disease, • ulcerative colitis, • gastroesophageal reflux, • gastrointestinal motility, • chronic intestinal pseudoobstruction, and • inherited diseases of amino acids and organic acids. <p>Covered Medical Expenses for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p> <p>Covered Medical Expenses are payable as any other Condition.</p>

Pap Smear Expense	<p>Coverage provided for one annual Pap smear screening (and any other Pap smear which is recommended by a physician) without application of any age restriction.</p> <p>Covered expenses are payable at 100% with waiver of the plan deductible.</p>
Mammography Expense	<p>Coverage included for one baseline mammogram and for one annual mammogram per Policy Year thereafter.</p> <p>Covered expenses are payable at 100% with waiver of the plan deductible.</p>
Mastectomy and Breast Reconstruction Expense Benefit	<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"> • reconstruction of the breast on which a mastectomy has been performed, • surgery and reconstruction of the other breast to produce a symmetrical appearance, • prostheses, • treatment of physical complications of all stages of mastectomy, including lymphedemas, and • 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. <p>Covered Medical Expenses are payable as any other condition.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p>
Routine Prostate Cancer Screening Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the screening of cancer in accordance with the latest screening guidelines issued by the American Cancer Society for the ages, family histories and frequencies referenced in such guidelines.</p> <p>Plans cover one annual (or more frequently if recommended by a physician) digital rectal exam and PSA test.</p> <p>Benefits are payable on the same basis as any other Condition.</p>
Surgical Second Opinion Expense	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>

<p>Elective Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for 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>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expense</p>	<p>Covered Medical Expenses include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p>Benefits are payable as any other Condition.</p>
<p>Dermatological Expense</p>	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Benefits are payable as any other Condition.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>
<p>Podiatric Expense</p>	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable as any other Condition.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>
<p>Home Health Care Expenses</p>	<p>Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> (a) The services are furnished by, or under arrangements made by, a licensed home health agency (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 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital or skilled nursing facility if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month (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 (d) The care starts within 7 days after discharge from a hospital as an inpatient, and (e) The care is for the same condition that caused the hospital confinement, or one related to it.

<p>Home Health Care Expenses (continued)</p>	<p>Home Health Care Services</p> <ol style="list-style-type: none"> (1) Part-time or intermittent nursing care by: a registered nurse (R.N.), a licensed Practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R.N. are not available, (2) Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an R.N., (3) Physical, occupational. speech therapy, or respiratory therapy, (4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital, (5) Medical social services by licensed or trained social workers, (6) Nutritional counseling. <p>Covered Medical Expenses will not include: 1) services by a person who resides in the covered person's home, or is a member of the covered person's immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p>Home Health Care Expense benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p> <p>A visit means a maximum of 4 continuous hours of home health service</p> <p>Benefits are limited to 40 visits per Policy Year.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<p>Covered Medical Expenses include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Benefits are payable as any other Condition.</p>
<p>Hospice Benefit</p>	<p>Covered Medical Expenses 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> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p> <p><i>Please see definitions for more information on Hospice Care Expenses.</i></p>
<p>Licensed Nurse Expense</p>	<p>Benefits include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Covered Expenses for a Licensed Nurse are covered as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>

<p>Skilled Nursing Facility Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care</u>: 60% of the Recognized Charge for the semi-private room rate.</p>
<p>Rehabilitation Facility Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows up to a maximum of 50 days per lifetime:</p> <p><u>Preferred Care</u>: 80% of the Negotiated Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations <u>Non-Preferred Care</u>: 60% of the Recognized Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.</p>
<p>HIV Screening Test Expense</p>	<p>Covered Medical Expenses include those incurred by a covered person for a voluntary HIV screening test in a hospital emergency department, whether or not the test is necessary for the treatment of the medical emergency which caused the covered person to seek emergency services.</p> <p>Covered expenses are limited to one annual emergency department HIV screening test per calendar year and will not be subject to any copay or deductible, except any copay that would be applicable for an emergency room visit.</p>

Supplemental Medical Coverage
The Aggregate Maximum benefit under the Student Accident and Sickness Insurance described above is **\$250,000** per condition, per lifetime. If you have purchased the Basic Student Health Insurance Plan at **Catholic University**, you are eligible to purchase this Supplemental Plan to extend a combined maximum of **\$350,000** per condition, per lifetime.

ADDITIONAL SERVICES AND DISCOUNTS

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are not insurance. Please note that these programs are subject to change. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com.

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

Aetna FitnessSM discount program: Access to preferred ratesSM on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFitTM.

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

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

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

Aetna VisionSM discount program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight ManagementSM discount program: Access to discounts on eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and products, and Nutrisystem[®] weight loss meal plans.

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

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

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

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

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

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

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

Aetna Dental® PPO

With our Aetna Dental® PPO insurance plan, participating dentists may offer discounted rates on additional services such as tooth whitening. Enroll and search dentists online at www.aetnastudenthealth.com.

Price: \$312 Student

**Discounts for non-covered services may not be available in all states. The Aetna Dental PPO insurance plan is underwritten by Aetna Life Insurance Company. Policy form numbers in Oklahoma include: GR-9 and/or GR-9N, GR-23, GR-29 and/or GR-29N.*

Aetna's Informed Health® Line*:

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

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

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

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

** While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.*

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

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

Use the **Healthwise® Knowledgebase** to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at www.aetnastudenthealth.com.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

The Plan will pay benefits in accordance with any applicable Washington, D.C. 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, 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.

Non-Duplication of Benefits

This provision applies if a Covered Student:

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

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

EXTENSION OF BENEFITS

If a Covered Person is confined to a hospital on the date his or 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

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

TERMINATION OF STUDENT COVERAGE

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

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

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

CONTINUATION OF COVERAGE

A **covered student** who has graduated or is otherwise ineligible for coverage under this Plan, and has been continuously insured under the plan offered by the Policyholder (regular student plan), may be covered for up to 6 months provided that: (1) a written request for continuation has been forwarded to Aetna 31 days prior to the termination of coverage, and (2) premium payment has been made. Coverage under this provision ceases on the date this Plan terminates.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions, vision therapy, radial keratotomy, 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**.
3. Expense incurred as a result of **injury** due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
4. Expense 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.
5. Expense incurred for **injury** or **sickness** resulting from declared or undeclared war or any act thereof.
6. Expense incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expense incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **covered person** entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Plan and performed while this Plan is in effect.
10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons.

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

To the extent needed to repair an **injury** which occurs while the **covered person** is covered under this Plan. Surgery must be performed:

- in the calendar year of the accident which causes the **injury**, or
- in the next calendar year.

For reconstructive breast surgery following a mastectomy, including (1) all stages of reconstruction of the breast on which the mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (3) prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas, in a manner determined by the attending **physician** and patient to be appropriate.

11. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expense incurred as a result of preventive medicines, serums, vaccines or oral contraceptives.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred for voluntary or elective abortions.
15. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
16. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
17. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
18. Expense incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports, including collegiate or intercollegiate club sports and intramural sports.
19. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
20. Expense for allergy treatment.
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. Expense for the contraceptive methods unless medically necessary; devices or aids, and charges for or related to artificial insemination, in-vitro fertilization, or embryo transfer procedures, elective sterilization or its reversal or elective abortion unless medically necessary.
23. 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).
24. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
25. Expense incurred for **custodial care**. **Custodial care** means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
 - by whom they are prescribed, or
 - by whom they are recommended, or
 - by whom or by which they are performed.
26. Expense incurred for the removal of an organ from a **covered person** for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a **covered person** to a spouse, child, brother, sister, or parent.
27. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
28. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

29. 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.
 - The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program.
- Also, this exclusion will not apply with respect to drugs that:
- 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;
 - If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.
30. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
31. Expenses incurred for breast reduction/mamoplasty.
32. Expenses incurred for gynecomastia (male breasts).
33. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
34. Expenses incurred for: care, treatment, services, or supplies for or related to obstructive sleep apnea, and sleep disorders, including CPAP, and UPP.
35. Expense incurred by a **covered person**, not a United States citizen, for services performed within the **covered person's** home country, if the **covered person's** home country has a socialized medicine program.
36. Expense 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.
37. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
38. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.

39. Expense for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when **medically necessary**, because the **covered person** is diabetic, or suffers from circulatory problems.
40. Expense for **injuries** sustained as the result of a motor vehicle **accident**, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
41. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
42. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.
43. Expenses incurred for hearing exams.
44. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the **covered person** is eligible, but did not enroll in Part B.
45. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
46. Expense for personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if such items are prescribed by a **physician**.
47. Expense for services or supplies provided for the treatment of obesity and/or weight control.
48. Expense for incidental surgeries, and standby charges of a **physician**.
49. Expense for treatment and supplies for programs involving cessation of tobacco use unless otherwise provided in the policy.
50. Expense incurred for the use of orthotics, unless used exclusively to promote healing.
51. Expense incurred as a result of **dental** treatment, including extraction of wisdom teeth, except for treatment resulting from **injury to sound natural teeth**, as provided elsewhere in this Plan.
52. Expenses incurred for massage therapy.
53. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
54. Expense for charges that are not **recognized charges**, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the **recognized charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
55. Expense for treatment of **covered students** who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
56. Expenses arising from a **pre-existing condition** except otherwise provided in the policy.
57. 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.
58. Expense incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Aetna, for the diagnosis care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed, recommended, or approved, by the person's attending **physician**, or **dentist**.

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

- 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 or her, or any persons who is part of his or 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.

59. Expenses incurred for the treatment of acne.

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

DEFINITIONS

Accident

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

Actual Charge

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

Aggregate Maximum

The maximum benefit that will be paid under this Plan for all **Covered Medical Expenses** incurred by a covered person that accumulate **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 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - a physician trained in cardiopulmonary resuscitation, and
 - a defibrillator, and
 - a tracheotomy set, and
 - a blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

Birth Center

A freestanding facility that:

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

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

Brand Name Prescription Drug or Medicine

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

Clinically Significant Mental Illness

A mental or nervous condition that is identified as a clinically significant mental illness in the most recent edition of the International Classification of Diseases or the Diagnostic and Statistical Manual of the American Psychiatric Association.

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 Plan which are:

- not in excess of the **recognized charges**, or
- not in excess of the charges that would have been made in the absence of this coverage,
- and incurred while this Plan is in force as to the **covered person**.

Covered Medical Expense

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

- not in excess of the **recognized charges**, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Plan is in force as to the **covered person** except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered person

A **covered student** while coverage under this Plan is in effect.

Covered student

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

Deductible

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

Dental consultant

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

Dental provider

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

Dentist

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

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, 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.

The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost, or
- A general program not just for diabetics, or
- A program made up of services not generally accepted as necessary for the management of diabetes.

Directory

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

Durable Medical and Surgical Equipment

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

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

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

Elective Treatment

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

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

Emergency Admission

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

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

Emergency Condition

This is any traumatic injury or condition which:

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

Emergency Medical Condition

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

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

Generic Prescription Drug or Medicine

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

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 an 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 6 months to live. It ends after 6 months (or such later period for which treatment is certified) or on the death of the patient, if sooner.

Hospice Care Expenses

The recognized charges made by a hospice for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by an 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 3 months after, the covered person's death, and charges for respite care for up to 5 days in any 30 day period.

Hospital

A facility which meets all of these tests:

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

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

Hospital Confinement

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

Injury

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

Intensive Care Unit

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

Jaw Joint Disorder

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

Mail Order Pharmacy

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

Medically Necessary

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

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

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition, and

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

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

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,
- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Aetna's attention.

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

- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any 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 50 mile radius of the **covered student's member dental provider**.

Mental Illness

Mental Illness means the psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.

Negotiated Charge

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

Non-Occupational Disease

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

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

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

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

Non-Occupational Injury

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

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

Non-Preferred Care

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

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

Non-Preferred Care Provider

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

Non-Preferred Pharmacy

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

Non-Preferred Prescription Drug Expense

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

One Sickness

A **sickness** and all recurrences and related conditions which are sustained by a **covered person**.

Orthodontic treatment

Any

- medical service or supply, or
- dental service or supply,
furnished to prevent or to diagnose or to correct a misalignment:
- of the teeth, or
- of the bite, or
- of the jaws or jaw joint relationship,
whether or not for the purpose of relieving pain. Not included is:
- the installation of a space maintainer, or
- surgical procedure to correct malocclusion.

Out-of-Area Emergency Dental Care

Medically necessary care or treatment for an **emergency medical condition**, that is rendered outside a 30-70 mile radius of the **covered student's member dental provider**. Such care is subject to specific limitations set forth in this Plan.

Out-of-Pocket Limit

The amount that must be paid, by the **covered student**, or the **covered student**, 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 and non-preferred**, 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 Plan.

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 twenty-four hour period under a program based in a **hospital**.

Pervasive Developmental Disorder

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

Pharmacy

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

Physician

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

Policy Year

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

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 7 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 within twelve 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**, 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 Plan, but only:

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

Preferred Prescription Drug Expense

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

- is dispensed by a **Preferred Pharmacy**, or for an **emergency medical condition** only, by a **non-preferred pharmacy**, and
- is dispensed upon the **Prescription** of a **Prescriber** who is:
 - a **Designated Care Provider**, or
 - a **Preferred Care Provider**, or
 - a **Non-Preferred Care Provider**, but only for an **emergency condition**, or 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 or her license, who has the legal authority to write an order for a **prescription drug**.

Prescription

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

Prescription Drugs

Any of the following:

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

Primary Care Physician

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

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

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

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.

Semi-private Rate

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

Service Area

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

Sickness

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

Skilled Nursing Facility

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

- organized facilities for medical services,
- 24 hours nursing service by R.N.s,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- a **physician** available at all times.

Sound Natural Teeth

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

Surgery Center

A free standing ambulatory surgical facility that:

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

Surgical assistant

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

Surgical expense

Charges by a **physician** for,

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

Surgical procedure

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

Totally Disabled

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

Urgent Admission

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

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

Urgent Condition

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

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

Urgent Care Provider

This is:

- A freestanding medical facility which:
 - Provides unscheduled medical services to treat an **urgent condition** if the **covered person's physician** is not reasonably available.
 - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours.
 - Makes charges.
 - Is licensed and certified as required by any state or federal law or regulation.
 - Keeps a medical record on each patient.

- Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
- Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
- Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
 - has contracted with Aetna to provide urgent care, and
 - is, with Aetna's consent, included in the Provider **Directory** as a Preferred Urgent Care Provider.

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

Walk-in Clinic

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

CLAIM PROCEDURE

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

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

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

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student Accident and Sickness Insurance Plan.

HOW TO APPEAL A CLAIM

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

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

PRESCRIPTION DRUG CLAIM PROCEDURE

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

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) Benefits¹

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

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

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by 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.

- 1) Unlimited Emergency Medical Evacuation
- 2) Unlimited Medically Supervised Repatriation
- 3) Unlimited Return of Mortal Remains
- 4) Return of Traveling Companion
- 5) **\$2,500** Emergency Return Home in the event of death or life-threatening illness of a parent or sibling

Natural Disaster and Political Evacuation Services (NDPE)

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

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

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

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

The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call, USFIC, VSC and CV. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 966-7772.

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither OnCall, USFIC, VSC nor CV provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers.

Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.

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

All Covered Persons should carry their On Call ID card when traveling.

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

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

Got Questions? Get Answers with Aetna's Navigator®

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

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

How do I register?

- Go to **www.aetnastudenthealth.com**
- 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

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. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit www.aetnastudenthealth.com.

Administered by:

Aetna Student Health

P.O. Box 981106

El Paso, TX 79998

866-577-6692

www.aetnastudenthealth.com

Underwritten by:

Aetna Life Insurance Company (ALIC)

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

Policy No. **474963**

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