

2011 – 2012



1000 Regent University Drive, Virginia Beach, VA 23464-9800

Student Health Insurance Plan

Underwritten by:

Aetna Life Insurance Company
(ALIC)

Policy Number 697408



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 questions about:

- Insurance Benefits
- Claims Processing
- Pre-Certification Requirements

Please contact:

Aetna
P.O. Box 981106
El Paso, TX 79998
(888) 204-0187

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
(888) 204-0187

For questions about:

- Enrollment Forms
- Waiver Process

Please contact:

Regent University Business Office **(757) 352-4059**
or
Regent University Student Life **(757) 352-4867**

Local Administration by:

Wells Fargo Insurance Services
440 Monticello Ave.
Norfolk, VA 23510
debi.harding@wellsfargo.com
(757) 667-3543

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
(888) 204-0187

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

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 (001)** plus **(603) 328-1956**. Please also visit **www.aetnastudenthealth.com** and visit your school-specific site for further information.

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

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Regent University. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the University's Business Office during business hours or online at **www.aetnastudenthealth.com**.

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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POLICY PERIOD

1. **Students:** Coverage for all insured students enrolled for the Annual Plan will become effective at 12:01 a.m. on **August 15, 2011**, and will terminate at 11:59 p.m. on **August 14, 2012**.
2. **Semester 1 Students:** Coverage for all insured students only attending school for Semester 1 will become effective at 12:01 a.m. on **August 15, 2011**, and will terminate at 11:59 p.m. on **February 14, 2012**.
3. **Semester 2 Students:** Coverage for all insured students only attending school for Semester 2 will become effective at 12:01 a.m. on **February 15, 2012**, and will terminate at 11:59 p.m. on **August 14, 2012**.
4. **New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:01 a.m. on **January 1, 2012**, and will terminate at 11:59 p.m. on **August 14, 2012**.
5. **New Summer Semester Students:** Coverage for all insured students only attending school for Summer Semester will become effective at 12:01 a.m. on **May 7, 2012**, and will terminate at 11:59 p.m. on **August 14, 2012**.
6. **Insured dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see page 31 of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

RATES

Undergraduate and Graduate Students					
	ANNUAL INSURANCE RATE 8/15/11-8/14/12	SEMESTER 1 INSURANCE RATE 8/15/11-2/14/12	SEMESTER 2 INSURANCE RATE 2/15/11-8/14/11	SPRING/SUMMER INSURANCE RATE 1/1/11-8/14/11	SUMMER INSURANCE RATE 5/7/11-8/14/11
Student Only	\$2,838	\$1,419	\$1,419	\$1,419	\$778
Student/Spouse	\$6,232	\$3,116	\$3,116	\$3,116	\$1,707
Student/1 Child	\$8,512	\$4,256	\$4,256	\$4,256	\$2,332
Student/Spouse/ Child(ren)	\$15,662	\$7,831	\$7,831	\$7,831	\$4,291
Student/Children	\$15,662	\$7,831	\$7,831	\$7,831	\$4,291

DEDUCTIBLES

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

Students: Preferred Care: **\$300 per Policy Year**
 Non-Preferred Care: **\$500 per Policy Year**

Dependent: Preferred Care: **\$300 per Policy Year**
 Non-Preferred Care: **\$500 per Policy Year**

Family: Preferred Care: **\$600 per Policy Year**
 Non-Preferred Care: **\$1,000 per Policy Year**

REGENT UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Regent University students and their eligible dependents. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the University's Business Office during business hours or online at www.aetnastudenthealth.com/schools/RegentUniversity.

STUDENT COVERAGE

ELIGIBILITY

Domestic Students – Mandatory Coverage:

All domestic graduate students enrolled with six (6) or more on-campus credit hours, and all domestic undergraduate students enrolled in nine (9) or more on-campus credit hours (attending classes on site at the Virginia Beach campus) will automatically be billed and enrolled in the Student Medical Plan. Modular Classes and Residencies are considered as distance classes for insurance purposes.

International Students – Mandatory Coverage:

All international F1 or J1 Visa students enrolled in classes at the Virginia Beach Campus are automatically billed and enrolled in the Regent Student Health Plan.

Domestic Students - Voluntary Coverage:

Students attending classes at the Virginia Beach Campus, with local residency, who are enrolled with a total of six (6) or more credit hours (**3 credit hours must be on site**) may voluntarily enroll in the Student Health Insurance Plan. Modular Classes and Residencies are considered as distant classes for insurance eligibility purposes.

Students in Doctoral Programs (ABD) – Voluntary Coverage:

All students enrolled at Regent University in a Doctoral Program, **on site** at the Virginia Beach Campus, will be limited to 2 years of coverage while working on their dissertation once all coursework is completed. Their beginning date of the limited period of insurance will be when they are classified as "All But Dissertation (ABD)" at Regent University.

Optional Practical Training (OPT) or Academic Training (AT) Students – Mandatory Coverage:

International students who are engaged in post-completion Optional Practical Training (OPT) or Academic Training must have health insurance, and will only be eligible to use the university's health insurance plan for up to 12 months if they live in the local Hampton Roads area during their training. Students who live outside of the local area during their OPT or Academic Training period, or those whose Academic Training goes beyond 12 months, will be required to find alternate health insurance coverage, and must contact the Director of Student Life to receive university approval for using that alternate coverage.

Study Abroad Students – Voluntary Coverage:

Students may elect to enroll in the university-sponsored plan for the term that they participate in a Regent-sponsored study abroad experience if they were eligible to enroll in the plan the semester prior to the study abroad experience. (To be eligible to enroll, a student must take at least 6 credits in the semester, and at least 3 of those credits must be on campus.) If a student is not eligible to enroll in the plan for the semester prior to the study abroad experience, he/she would not be permitted to enroll in the plan for the study abroad term.

Catastrophic Coverage (Buy-Up) – Voluntary Coverage:

Insured students may purchase the buy-up Catastrophic coverage.

Internship Programs or Student Teaching Placements – Voluntary Coverage

Students participating in mandatory, full-time internship programs or student teaching placements will remain eligible for the Regent-sponsored plan, provided they meet the following criteria:

- 1) The student must be living in the Hampton Roads area, **OR**, if the student receives a placement outside of Hampton Roads, that student must have been previously enrolled in the university plan.
- 2) The student must be receiving university credit for the internship or student teaching placement.
- 3) The student must be considered “full time” by the university.
- 4) The internship or student teaching placement must be required by the student’s program.
- 5) The internship or student teaching placement cannot extend beyond 12 months.

ENROLLMENT

Students Continuing in the Plan:

Returning students with continuing eligibility for mandatory coverage (6 on-campus credits for graduate students and 9 on-campus credits for undergraduates) will automatically be enrolled under the same status (student only, student/spouse, etc.) as spring 2010 semester. Any changes to your status – including a reduction of credit hours that makes you ineligible for automatic enrollment - requires completion of a new Insurance Enrollment Form.

Students New to the Plan:

New students with eligibility for mandatory coverage (6 on-campus credits for graduate students and 9 on-campus credits for undergraduates) will automatically be billed for the health insurance plan, but must still complete an Insurance Enrollment Form at **www.regent.edu/healthinsurance**.

Voluntary Coverage:

Students eligible for voluntary coverage must complete an enrollment form online at **www.regent.edu/healthinsurance**.

Dependents:

Once the eligible student submits his/her own enrollment form, he/she will be prompted to complete an enrollment form for any qualified dependents.

“ABD” Students:

Doctoral students eligible under the ABD status must contact Carolyn Hughes at **757-352-4867** or **chughes@regent.edu** for eligibility approval.

Internship Programs or Student Teaching Placements Students:

Internship or Placement Students eligible under this status must contact Carolyn Hughes at **767-352-4867** or **chughes@regent.edu** for eligibility approval.

Catastrophic Coverage:

Covered students may purchase the buy-up Catastrophic coverage by completing an enrollment form online at www.regent.edu/healthinsurance. Select the “Purchase additional maximum plan benefit coverage” at the bottom of the enrollment form.

Qualifying Events:

An example of a qualifying event would be loss of health coverage under another health plan or birth of a child. Please note an application for coverage due to a qualifying event must be submitted to Regent within 30 days of the qualifying event. Please complete an enrollment application for you or your dependents online at **www.regent.edu/healthinsurance**. You must also contact **Debi.Harding@wellsfargo.com** or call **(757) 667-3543** to provide additional enrollment information.

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, and any covered dependents, upon written request received by Aetna within 90 days of withdrawal from school.

WAIVER AND ENROLLMENT PROCESS/PROCEDURE

WAIVER PROCESS

If a student has Comparable Coverage they may submit an online waiver request with proof of Comparable Coverage. Comparable Coverage is defined as individual medical and sickness indemnity plans, employer-sponsored group insurance plans, Medicare, TriCare, or Medicaid. A waiver form can be completed on line at www.regent.edu/healthinsurance. On-campus F1 and J1 International students who wish to use alternate coverage must first get approval from the Director of Student Life, who can be contacted at 757-352-4867 or chughes@regent.edu.

ENROLLMENT AND WAIVER DEADLINES

Fall Semester: The deadline to enroll or waive coverage for the fall semester is **September 16, 2011**.

Spring/Summer Semesters: The deadline to enroll or waive coverage for the spring/summer semester is **January 27, 2012**.

Catastrophic Buy-up: The deadline to purchase additional catastrophic coverage for the entire year is **September 16, 2011**. The coverage cost cannot be prorated at any point.

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.

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 and any covered dependents upon written request received by Aetna Student Health within 90 days of withdrawal from school.

DEPENDENT COVERAGE

ELIGIBILITY

Covered students may also enroll their lawful spouse, and children under age 26.

Coverage terminates at the end of the month in which the child turns 26 years of age. Please see "Incapacitated Dependent Children" for exceptions to this rule. **Dependents'** eligibility and coverage period must be concurrent with the insured student's, unless the student or dependent experiences a qualifying event that directly affects their insurance coverage. If a student or dependent has a qualifying event, that individual may be added to the Student Health Insurance Plan as of the date of the event. An example of a qualifying event would be loss of health coverage under another health plan or birth of a child. Please note an application for coverage due to a qualifying event must be submitted to Regent within 30 days of the qualifying event.

Newborn Infant and Adopted Child Coverage

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

Coverage is provided for a child legally placed for adoption with a **Covered Student** for 31 days from the moment of placement provided the child lives in the household of the **Covered Student**, and is **dependent** upon the **Covered Student** for support. To extend coverage for an adopted child past the 31 days, the Covered Student must 1) enroll the child within 31 days of placement of such child, and 2) pay any additional premium, if necessary, starting from the date of placement.

ENROLLMENT

To enroll the dependent(s) of a Covered Student, please complete the Enrollment Form online at www.regent.edu/healthinsurance, then choose link at bottom of the page "Insurance Application." If the Insurance Application is received before **September 16, 2011**, then there will be no break in coverage. The Fall Semester enrollment deadline is **September 16, 2011**. **Dependent** enrollment applications will not be accepted after **September 16, 2011**, unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage, under another health plan.) **The Spring Semester enrollment deadline is January 27, 2012.**

For information or general questions on dependent enrollment, contact Wells Fargo Insurance Services at debi.harding@wellsfargo.com or (757) 667-3543.

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** with continued eligibility from Spring 2010 will automatically be re-enrolled for the same coverage, including dependent coverage, unless a new application is complete by **September 16, 2011** for the Fall Semester, and by **January 27, 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.

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 Regent University campus.

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

You may obtain information regarding Preferred Providers by accessing DocFind at www.aetnastudenthealth.com/schools/RegentUniversity

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 **(888) 204-0187** (attention Managed Care Department).

- **If you do not secure pre-certification** for non emergency inpatient admissions, or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a **\$200** per admission Deductible.
- **If you do not secure pre-certification** for partial hospitalizations, your Covered Medical Expenses will be subject to a **\$200 Deductible**.

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 pre-existing condition is an injury or disease that was present before your first day of coverage under a group health insurance plan. If you received treatment or services for that injury or disease or you took prescription drugs or medicines for that injury or disease during the **six (6) month** period ending on the first day of coverage, that injury or disease will be considered a pre-existing condition.

LIMITATION

Pre-existing conditions are not covered for a period of 12 months. However, there is an important exception to this general rule if you have been Continuously Insured.

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 (of more than 63 days) in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

DESCRIPTION OF BENEFITS

Please Note:

The Regent University Student Health Insurance Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Regent University Student Health Insurance Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Regent University, you may view it at the Regent University Office of Student Affairs or you may contact Aetna Student Health at (888) 204-0187.

This Plan will never pay more than \$75,000 per Covered Person in a Policy Year. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.

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

SUMMARY OF BENEFITS CHART

DEDUCTIBLES

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

Students: Preferred Care: \$300 per Policy Year

Non-Preferred Care: \$500 per Policy Year

Dependents: Preferred Care: \$300 per Policy Year

Non-Preferred Care: \$500 per Policy Year

Family: Preferred Care: \$600 per Policy Year

Non-Preferred Care: \$1,000 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 \$75,000 per **Covered Person** per Policy Year.

OUT-OF-POCKET MAXIMUMS

Once the Individual or Family **Out-of-Pocket Limit** has been satisfied, **Covered Medical Expenses** will be payable at **100%** for the remainder of the Policy Year, up to any benefit maximum that may apply. Out-of-pocket costs for copayments and coinsurance for non biological outpatient mental health expenses; vision expenses, the precertification penalty, charges in excess of any specified maximum, outpatient prescriptions and non-covered expenses do not contribute to satisfying this limit.

Preferred Care: Individual Out-of-Pocket: \$3,000

Preferred Care: Family Out-of-Pocket: \$6,000

Non-Preferred Care: Individual Out-of-Pocket: \$6,000

Non-Preferred Care: Family Out-of-Pocket: \$12,000

PLEASE NOTE: ALL INPATIENT ADMISSIONS REQUIRE PRECERTIFICATION.

Additional internal maximums apply. Please refer to the Summary of Benefits Chart below.

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:</u> After a \$200 per admission Copay, 80% of the Negotiated Charge for a semi-private room. <u>Non-Preferred Care:</u> 50% 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:</u> After a \$200 per admission Copay, 80% of the Negotiated Charge for the Intensive Care Room Rate for an overnight stay. <u>Non-Preferred Care:</u> 50% of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Non-Surgical Physician's Expense	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Surgical Benefit (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:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of a Anesthesia during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>

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 or other similar facility licensed by the state.	
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><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Walk-In Clinic Expense	<p>Covered Medical Expenses includes treatment rendered in a Walk-in Clinic.</p> <p><u>Preferred Care:</u> 100% following a \$30 Copay of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows:</p> <p><u>Preferred Care:</u> After a \$200 Copay (waived if admitted), 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$200 Deductible (waived if admitted), 80% of the Recognized Charge.</p>
Urgent Care Expense	<p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) 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:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% 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: After a \$25 Copay per trip, 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 follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>

Physicians Office Visit Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$30 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p><i>Please note: The Annual Deductible is waived for the Physician’s Office Visit Expense.</i></p>
Consultant or Specialist Expense	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist. The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis.</p> <p>Covered Medical Expenses are covered as follows: <u>Preferred Care</u>: After a \$60 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses include charges incurred by a covered person are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>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, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses only if such therapies are a result of injury or sickness.</p> <p><u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Benefits are limited to a combined maximum of Preferred and Non-Preferred Expenses of 90 days per condition per Policy Year.</p>

<p>Therapy Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Chiropractic Care. <p>Expenses for Chiropractic Care are Covered Medical Expenses if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p><u>Preferred Care: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></p> <p>The Chiropractic Care Benefit is limited to \$500 per Policy Year.</p> <p>Covered Medical Expenses also 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"> • Radiation therapy, • Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, • Dialysis, and • Respiratory therapy. <p>Benefits for these types of therapies are payable for Covered Medical Expenses on the same basis as any other sickness.</p> <p><u>Preferred Care: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></p>
<p>Durable Medical Equipment Expense</p>	<p>Covered Medical Expenses for Ostomy Supplies and Catheters are payable as follows:</p> <p><u>Preferred Care: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></p> <p>Benefits are limited to \$1,000 per Policy Year.</p>
<p>Prosthetic Devices Expense</p>	<p>Covered Medical Expenses include coverage for medically necessary prosthetic devices, as well as repair, fitting, replacement and components. Covered on the same basis as any other sickness.</p> <p>For purposes of this benefit: "Component" means the materials and equipment needed to ensure the comfort and functioning of a prosthetic device. "Limb" means an arm, a hand, a leg, a foot, or any portion of an arm, a hand, a leg, or a foot. "Prosthetic device" means an artificial device to replace, in whole or in part, a limb.</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>Dental Anesthesia and Hospitalization</p>	<p>Covered Medical Expenses will include medically necessary general anesthesia and hospitalization or facilities charges for a licensed outpatient surgery facility for dental care if it is determined by provider that patient requires general anesthesia and admission to a hospital or outpatient surgery facility in order to effectively and safely provide dental care. It is provided for those covered persons under the age of five, severely disabled individuals, or persons who have a medical condition and requires admission to a hospital or outpatient surgery facility and general anesthesia for dental care treatment.</p> <p>Medical necessity is determined by the treating provider as to whether age, physical condition or mental condition of the covered person requires authorization for general anesthesia and the admission to a hospital or outpatient surgery facility to safely provide dental care. Benefits are payable on the same basis as any other condition.</p>
<p>Allergy Testing and Treatment Expense</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p>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 treatment of the allergy, including any equipment used in the administration of prescribed medication, and • Other medically necessary supplies and services. <p>Covered Medical Expenses are payable as any other condition.</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 on the same basis as any other condition.</p> <p>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.</p>

<p>Routine Physical Exam Expense</p>	<p>Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.</p> <p>A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:</p> <ul style="list-style-type: none"> • X-rays, lab, and other tests given in connection with the exam, • Charges for HPV immunizations (Gardasil); and, • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. <p><u>Preferred Care:</u> Office Visits are payable at 100% of Negotiated Charge after a \$30 per visit Copay.</p> <p><u>Preferred Care:</u> Immunizations are payable at 100% of Negotiated Charge after a \$30 per immunization Copay.</p> <p><u>Non-Preferred Care:</u> Office Visits are payable at 50% of Recognized Charge.</p> <p><u>Non-Preferred Care:</u> Immunizations are payable at 50% of Recognized Charge.</p> <p>For all exams given to a covered student or a spouse who is a covered dependent, Covered Medical Expenses will not include charges for more than:</p> <ul style="list-style-type: none"> • One exam in 12 months in a row. <p>Routine Physical Exam Expenses are limited to the wellness benefit maximum of \$200 per Policy Year.</p> <p><i>Please note: the Annual Deductible is waived for the Routine Physical Exam Expense.</i></p>
<p>Preventive Health Care Services Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for Preventive Health Care Services which includes routine preventive and primary care services, rendered to a covered dependent child under 7 years of age on an outpatient basis.</p> <p>Preventive Health Care Services These are 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. • Other diagnostic screening tests including: one series of hereditary and metabolic tests performed at birth, urinalysis, tuberculin test, and blood tests such as hematocrit and hemoglobin tests. <ul style="list-style-type: none"> • Immunizations for infectious disease. • Counseling and guidance of the child and the child's parents or guardian on the results of the physical exam. <p>Covered Medical Expenses will only include charges incurred for:</p> <ul style="list-style-type: none"> • The first 9 exams performed during the first 2 years of the child's life. • One exam performed during each year of life thereafter through age 6. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Recognized charge.</p>

Well Baby Care Expense	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p>Routine preventive and primary care services are services rendered to a covered dependent child, from the age of seven (7) to eighteen (18). Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Also included are all necessary audiological examinations using any technology approved by the United States Food and Drug Administration, and as recommended by the national Joint Committee on Infant Hearing, as well as any follow-up audiological examinations as recommended by a physician or audiologist and performed by a licensed audiologist to confirm the existence or absence of hearing loss.</p> <p>Covered Medical Expenses are payable as follows <u>Preferred Care:</u> After a copay per visit of \$30, 100% of the Negotiated Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <u>Preferred Care: Immunizations</u> are payable at 100% of Negotiated Charge after a \$30 per immunization Copay.</p> <p><u>Non-Preferred Care:</u> 50% of the Recognized Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <u>Non-Preferred Care: Immunizations</u> are payable at 50% of Recognized Charge.</p>
Early Intervention Services Expense	<p>The charges below are included as Covered Medical Expenses for a dependent child under the age of 3 years (who has been certified by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Act) even though they may not be incurred in connection with a disease or injury. You must submit proof of such certification with the initial claim.</p> <p>The services covered are designed to help an individual attain or retain the capability to function age-appropriately within his or her environment, including services that enhance functional ability without effecting a cure. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Speech and language therapy given in connection with a speech impairment: which results from a congenital abnormality, disease, or injury. • Occupational or physical therapy expected to result in significant improvement of a body function: impaired by a congenital abnormality, disease, or injury. • Assistive technology services. • Assistive technology devices. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>There is a benefit maximum of \$5,000 per Policy Year.</p>
Newborn Hearing Screening Expense	<p>Coverage for infant hearing screenings and all necessary audiological examinations for newborn children.</p> <p>Covered Medical Expenses are payable as any other condition.</p>

Mental Health and Substance Abuse Benefits	
Biologically Based Mental Disorders Inpatient Expense	<p>Covered Medical Expenses for the diagnosis and treatment of biologically based mental illnesses are payable as follows:</p> <p><u>Preferred Care</u>: After a \$200 per admission Copay, 80% of the Negotiated Charge for an overnight stay.</p> <p><u>Non-Preferred Care</u>: 50% of the Recognized Charge for an overnight stay.</p>
Biologically Based Mental Disorders Outpatient Expense	<p>Covered Medical Expenses for the diagnosis and treatment of biologically based mental illnesses are payable as follows:</p> <p><u>Preferred Care</u>: After a \$25 per Visit Copay, 100% of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p><i>Please note: The Annual Deductible is waived for the Biologically Based Mental Disorders Outpatient Expense.</i></p>
Treatment of Non-Biologically Based Mental and Nervous Disorders, Alcoholism, or Substance Abuse Inpatient Expense	<p>Covered Medical Expenses for the Treatment of Non-Biologically Based Mental and Nervous Disorders, Alcoholism, or Substance Abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows:</p> <p><u>Preferred Care</u>: After a \$200 per admission Copay, 80% of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> <p>Benefits are limited to 30 days per Policy Year.</p>
Treatment of Non-Biologically Based Mental and Nervous Disorders, Alcoholism, or Substance Abuse Outpatient Expense	<p>Covered Medical Expenses for outpatient Treatment of Non-Biologically Based Mental and Nervous Disorders, Alcoholism, or Substance Abuse are payable as follows:</p> <p><u>Preferred Care</u>: After a \$25 per Visit Copay, 100% of the Negotiated Charge for the first five (5) visits, then 50% of the Negotiated Charge for visits six (6) through twenty-six (26).</p> <p><u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Benefits are limited to 26 visits per Policy Year.</p> <p>Medication management visits shall be covered in the same manner as a medication management visit for the treatment of physical illness and shall not be counted as an outpatient treatment visit.</p> <p><i>Please note: The Annual Deductible is waived for the Treatment of Non-Biologically Based Mental and Nervous Disorders, Alcoholism, or Substance Abuse Outpatient Expense.</i></p>

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 condition.</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, • Physician's charges for circumcision, and • Physician's charges for visits to the newborn child in the hospital and consultations. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></p>
Additional Benefits	
Prescription Drug Benefit	<p>Prescription Drug Benefits are payable as follows:</p> <p><u>Preferred Care Pharmacy: 30% Coinsurance</u> for each Brand Name Prescription Drug. 100% of the Negotiated Charge following a \$10 Copay for each Generic Prescription Drug. <u>Non-Preferred Care Pharmacy: 100%</u> of the Recognized Charge following a 50% Coinsurance for Brand Name and Generic Prescription Drugs.</p> <p>Covered Medical Expenses are payable up to a maximum of \$5,000 per Covered Person per Policy Year.</p> <p>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior Authorization is required for certain Prescription Drugs, including prescription quantities larger than a 30-day supply and Malaria Drugs (for treatment only).</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, inhalers, all acne medications, over-the-counter diabetic supplies, and oral contraceptives. <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>Please note: The Annual Deductible does not apply to the Prescription Drug Benefit.</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>Covered Medical Expenses include drugs approved by the USFDA for use in the treatment of cancer, even if the drug has not specifically been approved for treatment of the specific cancer for which the drug has been prescribed.</p>
Diabetic Testing Supplies Expense	<p>Benefits include charges for testing material used to detect the presence of sugar in the person's urine or blood for monitoring glycemic control.</p> <p>Diabetic Testing Supplies are limited to:</p> <ul style="list-style-type: none"> • Lancet devices, • Glucose monitors, and • Test strips. <p>Syringes, insulin, or other items used in the treatment of diabetes are not covered by this benefit.</p> <p>Covered Medical Expenses are payable as any other condition.</p>
Hypodermic Needles Expense	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable as any other condition.</p>
Outpatient Diabetic Self-management Education Programs Expense	<p>Covered Medical Expenses for outpatient diabetic self-management education programs are payable as follows:</p> <p><u>Preferred Care: 100% of the Negotiated Charge.</u></p> <p><u>Non-Preferred Care: 50% of the Recognized Charge.</u></p>
Temporomandibular Joint (TMJ) Dysfunction	<p>Covered Medical Expenses include charges incurred by a covered person for testing of Temporomandibular Joint (TMJ) Dysfunction.</p> <p>Covered Medical Expenses are payable as any other condition.</p>
Bones and Joints Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the diagnosis and surgical treatment involving any bone or joint of the head, neck, face or jaw if the treatment is required due to a medical condition or injury which prevents normal function of the bone or joint.</p> <p>Covered Medical Expenses are payable as any other condition.</p>

<p>Cleft Lip/Palate or Ectodermal Dysplasia Expense for Newborns</p>	<p>Inpatient and outpatient dental, oral surgical and orthodontic services which are medically necessary for the treatment of medically diagnosed cleft lip, cleft palate or ectodermal dysplasia subject to deductibles, coinsurance and maximums no more restrictive than for any covered sickness or injury.</p> <p>Treatment may include:</p> <ul style="list-style-type: none"> • Oral surgery and facial surgery. This includes pre-operative and post operative care performed by a physician. • Oral prosthesis treatment, obturators and orthodontic appliances. • Initial installation of partial or full removable dentures or of fixed bridgework. • Replacement of dentures by dentures or fixed bridgework by fixed bridgework when required as a result of structural changes in the mouth or jaw due to growth. • Cleft orthodontic therapy. • Diagnostic services of a physician to find out if and to what extent the child's ability to speak or hear has been lost or impaired. • Rehabilitative services given by a physician that is expected to restore or improve the child's ability to speak. This includes speech aids and training in the use of such aids. • Psychological assessment and counseling. • Genetic assessment and counseling for the child and the child's parents. • Hearing aids. <p>A legally qualified audiologist or speech therapist will be deemed to be a "physician" for the purposes of this section.</p> <p>Covered Medical Expenses will be payable as any other condition.</p>
<p>Clinical Trial Expense</p>	<p>Clinical Trial Expenses are payable for Covered Medical Expenses incurred by each covered person. A clinical trial meets the following conditions:</p> <ul style="list-style-type: none"> • The clinical trial is intended to treat cancer in a patient who has been so diagnosed, • The clinical trial has been peer reviewed, and is approved by one of the United States National Institutes of Health (NIH), a cooperative group or center of the NIH including the National Cancer Institute Clinical Cooperative Group and the National Cancer Institute Community Clinical Oncology Program, and <p>With respect to Phase II, Phase III, or Phase IV clinical trials, the treatment shall be provided if approved by:</p> <ul style="list-style-type: none"> • The NIH, • A National Cancer Institute cooperative group or center, • The FDA in the form of an investigational new drug application, • The federal Department of Veterans Affairs, and • An institutional review board approved by the Office of Protection from Research Risks of the NCI. <p>With respect to Phase I clinical trials, treatment may be provided on a case-by-case basis.</p> <p>The facility and personnel conducting the clinical trial are capable of doing so by virtue of their experience and training, and treat a sufficient volume of patients to maintain that expertise.</p> <p>Coverage shall apply only if:</p> <ul style="list-style-type: none"> • There is no clearly superior, non-investigational treatment alternative, • The available clinical or pre-clinical data provide a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative, and • The covered person or physician or health care provider conclude that the covered person's participation in the clinical trial would be appropriate pursuant to this Plan.

	<p>Clinical Trial Expense benefits incurred during participation in clinical trials for treatment studies on cancer shall be reimbursed the same as other medical/surgical procedures or payable as any other condition.</p>
<p>Home Treatment of Hemophilia Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for expenses incurred in connection with the treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders. The benefits to be provided shall include coverage for the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders when the home treatment program is under the supervision of the state-approved hemophilia treatment center.</p> <ul style="list-style-type: none"> • "Blood infusion equipment" includes, but is not limited to, syringes and needles. • "Blood product" includes, but is not limited to, Factor VII, Factor VIII, Factor IX, and cryoprecipitate. • "Hemophilia" means a lifelong hereditary bleeding disorder usually affecting males that results in prolonged bleeding primarily into joints and muscles • "Home treatment program" means a program where individuals or family members are trained to provide infusion therapy at home in order to achieve optimal health and cost effectiveness. • "State-approved hemophilia treatment center" means a hospital or clinic which receives federal or state Maternal and Child Health Bureau, and/or Centers for Disease Control funds to conduct comprehensive care for persons with hemophilia and other congenital bleeding disorders. <p>Covered Medical Expenses will be payable as any other condition.</p>
<p>Prescription Contraceptive Devices</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Charges incurred for contraceptive devices that by law need a physician's prescription, and that have been approved by the FDA. • Related outpatient contraceptive services such as: <ul style="list-style-type: none"> ○ Consultations, ○ Exams, ○ Procedures, and ○ Other medical services and supplies <p>Benefits for contraceptive devices and outpatient contraceptive services are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
<p>Pap Smear Expense</p>	<p>Covered Medical Expenses include one annual routine pap smear screening for women age 18 and older.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> Office Visits are payable at 100% of Negotiated Charge after a \$30 per visit Copay. <u>Preferred Care:</u> Labs are payable at 100% of Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> Office Visits are payable at 50% of Recognized Charge. <u>Non-Preferred Care:</u> Labs are payable at 50% of the Recognized Charge.</p> <p><i>Please note: The Annual Deductible is waived for the Pap Smear Expense.</i></p>

<p>Mammography Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • A baseline mammogram for women between the ages of 35 to 40, • A mammogram every two years, or more frequently based on the recommendation of the woman's physician for women ages 40 to 50, or • A mammogram on an annual basis for women 50 years of age and older. <p>Benefits are payable as follows: <u>Preferred Care:</u> Office Visits are payable at 100% of Negotiated Charge after a \$30 per visit Copay. <u>Preferred Care:</u> X-rays are payable at 100% of Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> Office Visits are payable at 50% of Recognized Charge. <u>Non-Preferred Care:</u> X-rays are payable at 100% of the Recognized Charge.</p> <p><i>Please note: The Annual Deductible is waived for the Mammography Expense.</i></p>
<p>Inpatient Coverage Following A Laparoscopy-Assisted Vaginal Hysterectomy And Vaginal Hysterectomy Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for inpatient coverage following a Covered Medical Expenses include charges incurred by a covered person for inpatient coverage following a laparoscopy-assisted vaginal hysterectomy and vaginal hysterectomy while insured under this Plan. Benefits are payable for Covered Medical Expenses on the same basis as any other condition.</p> <p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Inpatient care for a minimum of 48 hours following a vaginal hysterectomy, or • Inpatient care for a minimum of 23 hours following a laparoscopy-assisted vaginal hysterectomy. <p>Any decision to shorten such minimum coverages shall be made by the attending physician, in consultation with the covered person.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Covered Medical Expenses for inpatient coverage following a laparoscopy-assisted vaginal hysterectomy and vaginal hysterectomy are covered at the same percentages as the Inpatient Hospital Expense Benefit.</p>
<p>Mastectomy Expense</p>	<p>Covered Medical Expenses include expenses incurred by a covered person who is receiving benefits for a medically necessary mastectomy and who elects breast reconstruction after the mastectomy, for:</p> <ol style="list-style-type: none"> (1) Reconstruction of the breast on which a mastectomy has been performed, (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance, (3) Prostheses, and (4) Treatment of physical complications of all stages of mastectomy, including lymphedemas. <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>

<p>Inpatient Coverage Following A Mastectomy Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for inpatient coverage following a mastectomy while insured under this Plan. Benefits are payable for Covered Medical Expenses on the same basis as any other condition.</p> <p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Inpatient care for a minimum of 48 hours following a radical or modified radical mastectomy, or • Inpatient care for a minimum of 24 hours following a total mastectomy or a partial mastectomy with lymph node dissection, • For the treatment of breast cancer. <p>Any decision to shorten such minimum coverages shall be made by the attending physician, in consultation with the covered person.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Covered Medical Expenses for inpatient coverage following a mastectomy are covered at the same percentages as the Inpatient Hospital Expense Benefit.</p>
<p>Lymphedema Expense</p>	<p>Coverage for prescribed equipment, supplies, complex decongestive therapy, and outpatient self-management training and education for the treatment of lymphedema.</p> <p>These expenses are payable on the same basis as any other condition.</p>
<p>Chlamydia Screening Test Expense</p>	<p>Benefits include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> • Women who are: <ul style="list-style-type: none"> ○ Under the age of 20 if they are sexually active, and ○ At least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Routine Chlamydia Screening Test Expenses only are limited to the wellness benefit maximum of \$200 per Policy Year.</p>
<p>Routine Screening for Sexually Transmitted Disease Expense</p>	<p>Covered Medical Expenses include charges for covered persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p> <p>Routine Screening for Sexually Transmitted Disease Expenses are limited to the wellness benefit maximum of \$200 per Policy Year.</p>

<p>Routine Colorectal Cancer Screening Expense</p>	<p>Coverage for colorectal cancer screening, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for the screening of cancer as follows:</p> <ul style="list-style-type: none"> • For a male age 50 or over; and • For a male age 40 and over who is at high risk for prostate cancer according to the most recent published guidelines of the American Cancer Society <p>one digital rectal exam and one prostate specific antigen test each Policy Year.</p> <p>Covered Medical Expenses are payable as any other condition.</p>
<p>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 surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> After a \$60 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% 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><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p>
<p>Dermatological Expense</p>	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Covered Medical Expenses do not include cosmetic treatment and procedures.</p> <p>Benefits are payable as any other condition.</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>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 Services</p> <ul 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><u>Preferred Care: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></p> <p>Benefits are limited to 100 days 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 Expense</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: 80% of the Negotiated Charge.</u> <u>Non-Preferred Care: 50% of the Recognized Charge.</u></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>: 50% 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>: 50% of the Recognized Charge for the semi-private room rate.</p> <p>Benefits are limited to 100 days per Policy Year.</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: <u>Preferred Care</u>: 80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations. <u>Non-Preferred Care</u>: 50% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>

<p>Vision Care Exam Expense</p>	<p>Benefits include charges for any service shown below, which is furnished by a legally qualified ophthalmologist or optometrist.</p> <p>Routine Eye Exam Expenses: Charges for a complete eye exam that includes refraction. A routine eye exam does not include charges for a contact lens exam.</p> <p>Contact Lens Exam Expenses: Charges for an eye exam performed for the sole purpose of the fitting of contact lenses.</p> <p>Benefits are limited to one routine eye exam every 24 months.</p> <p>Covered Medical Expenses will be payable as follows: <u>Preferred Care:</u> After a \$15 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 50% of the Recognized Charge.</p> <p>Limitations The following limitations apply:</p> <p>No benefits will be payable for a charge which is:</p> <ul style="list-style-type: none"> • For any eye exam to diagnose or treat a disease or injury. • For drugs or medicines. • For a vision care service that is a Covered Medical Expense in whole or in part, under any other part of this Plan, or under any other group plan. • For a vision care service for which a benefit is provided in whole or in part, under any workers' compensation law or any other law of like purpose. • For special procedures. This means things such as orthoptics or vision training. • For any vision care supply. • For an eye exam which: <ul style="list-style-type: none"> • Is required by an employer as a condition of employment, or • An employer is required to provide under a labor agreement, or • Is required by any law of a government. • For a service received while the person is not a covered person. • For a service which does not meet professionally accepted standards. • For any exams given while the person is confined in a hospital or other facility for medical care. • For an eye exam, or any part of an eye exam, performed for the purpose of the fitting of contact lenses.
<p>Telemedicine</p>	<p>Requires coverage and reimbursement to the treating or consulting provider for the diagnosis, consultation, or treatment of the insured, delivered through telemedicine services, on the same basis that reimbursement is made for the same services through face to face consultation or contact.</p> <p>Benefits are payable on the same basis as any other condition.</p>

Supplemental Medical Coverage

The Aggregate Maximum benefit under the Student **Accident** and **Sickness** Insurance described above is **\$75,000**. If you have purchased the Basic Student Health Insurance Plan at Regent University, you are eligible to purchase this Supplemental Plan to extend to a combined maximum of **\$250,000** for students and their **dependents**.

ADDITIONAL SERVICES AND DISCOUNTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Virginia State Insurance Law(s).

EXCESS PROVISION

This Plan is an excess only Plan. As an excess only Plan, this Plan pays its **Covered Medical Expenses** after any other medical coverage. This Plan's liability will be determined without consideration to any limitation clause or clauses regarding other coverage contained in any other medical coverage. Benefits Payable under this Plan shall be limited to the Plan's **Covered Medical Expenses** and reduced by the amount paid or payable by any other medical coverage. However, consideration will be given to the other medical coverage's liability due to a provider contract or other reasons when calculating this Plan's Benefits Payable.

For the purposes of calculating a benefit under this Plan, the liability of the other medical coverage shall be considered and shall not depend upon whether timely application for benefits from other medical coverage is made by the **covered person** or on the **covered person's** behalf. If any other medical coverage provides benefits on an excess only basis, the coverage for the **covered person** which has been in effect the longest shall pay benefits first.

“Other medical coverage” means, except for: gifts; donations; subrogation of any person’s right of recovery for personal injuries from a third person; or any individually underwritten and individually issued policy or subscription contract providing exclusively for **accident** and **sickness** benefits and for which the entire premium has been paid by the insured, a member of the insured’s family, or the insured’s guardian or conservator; any reimbursement for or recovery of any element of incurred covered charges available from any other source whatsoever whether through an insurance policy or other type of coverage, including but not limited to the following:

- Any group, accident-only, blanket, disability, health, or accident and sickness insurance.
- Any arrangement of benefits for members of a group, whether insured or uninsured.
- Any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans or health maintenance organizations.
- Any amounts payable for injuries related to the **covered person’s** job to the extent that he or she actually received benefits under a Workers’ Compensation Law.
- Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to the **covered person** after the **covered person** becomes disabled while insured hereunder.
- Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

HMO/PPO Provision – In the event that expenses are denied under a Health Maintenance Organization, Preferred Provider Organization (PPO) or other group medical plan the **covered person** has in force, and such denial is because care or treatment was received outside of the network’s geographic area, benefits will be payable under this coverage, provided the expense is a **Covered Medical Expense**.

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.

TERMINATION OF DEPENDENT COVERAGE

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

- (1) For a child, on the child's 26th birthday,
 - (a) The date the **covered student** fails to pay any required premium.
 - (b) For the spouse, the date the marriage ends in divorce or annulment.
 - (c) The date **dependent** coverage is deleted from this Plan.
 - (d) The date the **dependent** ceases to be in an eligible class.

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

INCAPACITATED DEPENDENT CHILDREN

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

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 31 days after the date insurance would otherwise cease. Such proof will not be required more often than once each year after 2 years from the date the child reached the age at which insurance would have ceased if the child were not incapacitated. The premium due for the child's insurance will be the same as for a child who is not so incapacitated. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna each year, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

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

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

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. 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**.
2. 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.
3. 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.
4. 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.
5. 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.
6. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.

7. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Plan and performed while this Plan is in effect.
8. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to: Improve the function of a part of the body that:
 - Is not a tooth or structure that supports the teeth; and
 - Is malformed:
 - As a result of a severe birth defect; including harelip; webbed fingers; or toes; or
 - As direct result of:
 - Disease; or
 - Surgery performed to treat a disease or **injury**.

Repair an **injury** (including reconstructive surgery for prosthetic device for a **covered person** who has undergone a mastectomy) which occurs while the **covered person** is covered under this Plan. Surgery must be performed:

- In the calendar year of the accident which causes the **injury**; or
 - In the next calendar year.
9. 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.
 10. 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.
 11. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
 12. Expense incurred as a result of commission of a felony.
 13. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
 14. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
 15. 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.
 16. Expense incurred for **injury** resulting from the play or practice of intercollegiate sports (participating in sports clubs; or intramural athletic activities; is not excluded).
 17. Expense incurred by a **covered person** not a United States Citizen for services performed within the **covered person's** home country.
 18. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
 19. 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).
 20. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.

21. 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.
22. 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.
23. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if:
 - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature; to substantiate its safety and effectiveness; for the disease or **injury** involved; or
 - If required by the FDA; approval has not been granted for marketing; or
 - A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or
 - The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that:

- The disease can be expected to cause death within one year; in the absence of effective treatment; and
- The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;
- If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.

24. Expenses incurred for breast reduction/mammoplasty.
25. Expenses incurred for gynecomastia (male breasts).
26. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
27. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
28. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
29. 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.
30. 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.

31. Expense for telephone consultations, except as required by state mandate; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
32. 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**.
33. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
34. Expense for incidental surgeries; and standby charges of a **physician**.
35. Expense for treatment and supplies for programs involving cessation of tobacco use.
36. Expense for contraceptive methods; devices or aids; and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; unless specifically provided for in this Plan.
37. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
38. 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.
39. 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.
40. Expenses arising from a **pre-existing condition**. Please see the Definition of Pre-Admission Testing on page 45 for more detailed information on this benefit.
41. 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.
42. 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.

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 **in one Policy Year**.

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

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

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

Biologically Based Mental Disorders

Are:

- Schizophrenia,
- Schizoaffective Disorder,
- Bipolar Disorder,
- Major Depressive Disorder,
- Panic Disorder,
- Obsessive-Compulsive Disorder,
- Attention Deficit Hyperactivity Disorder,
- Autism, and
- Drug and Alcoholism addiction

Birthing Center

A freestanding facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one physician who is a specialist in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to physicians who practice obstetrics and gynecology in an area **hospital**.
- Has at least 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.

Bone Marrow Transplant

Use of high dose chemotherapy and radiation in conjunction with transplantation of autologous bone marrow or peripheral blood stem cells, which originate in the bone marrow.

Brand Name Prescription Drug or Medicine

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

Chlamydia Screening Test

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

Coinsurance

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

Complications of Pregnancy

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

- Acute nephritis or nephrosis, or
- Cardiac decompensation or missed abortion, or
- Similar conditions as severe as these.

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

Complications of Pregnancy also include:

- Non-elective cesarean section, and
- Termination of an ectopic pregnancy, and
- Spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Convalescent Facility

This is an institution that:

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

Copay

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

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

Covered Dental Expenses

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

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

Covered Dependent

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

Covered Medical Expense

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

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

Covered Person

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

Covered Student

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

Deductible

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

Dental Consultant

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

Dental Provider

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

Dentist

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

Dependent

(a) the **covered student's** spouse residing with the **covered student**, or (b) the **covered student's** child under the age of 26 years.

The term "child" includes a **covered student's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption.

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

Designated Care

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

Designated Care Provider

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

Diabetic Self-Management Education 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 RN, LPN, or LVN, primarily aid the **covered person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

Home Health Care

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

Home Health Care Plan

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

Hospice

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

Hospice Benefit Period

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

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 RN, LPN, or LVN, charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the covered person's immediate family prior to, and within 3 months after, the covered person's death, and charges for respite care for up to 5 days in any 30 day period.

Hospital

A facility which meets all of these tests:

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

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

Hospital Confinement

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

Injury

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

Intensive Care Unit

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

Jaw Joint Disorder

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

Mail Order Pharmacy

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

Medically Necessary

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

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

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

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

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

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

- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any 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.

Medication Management Visit

A visit no more than twenty minutes in length with a licensed physician or other licensed health care provider with prescriptive authority for the sole purpose of monitoring and adjusting medications prescribed for mental health or substance abuse treatment.

Member Dental Provider

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

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

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

Member Dental Provider Service Area

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

Negotiated Charge

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

Non-Occupational Disease

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

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

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

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

Non-Occupational Injury

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

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

Non-Preferred Care

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

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

Non-Preferred Care Provider

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

Non-Preferred Pharmacy

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

Non-Preferred Prescription Drug Expense

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

One Sickness

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

Orthodontic Treatment

Any

- Medical service or supply, or
 - Dental service or supply,
- furnished to prevent or to diagnose or to correct a misalignment:

- Of the teeth, or
 - Of the bite, or
 - Of the jaws or jaw joint relationship,
- whether or not for the purpose of relieving pain. Not included is:
- The installation of a space maintainer, or
 - Surgical procedure to correct malocclusion.

Out-of-Area Emergency Dental Care

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

Out-of-Pocket Limit

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

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

- **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 (insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using 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, or would have caused a prudent person to seek diagnosis or treatment, 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** on the referral of the **primary care physician**, or
- A health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider**, or referral by a **covered person's primary care physician** prior to treatment, 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
 - 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.

Prescription drugs include: Drugs for cancer treatment, provided such drugs are approved by the Federal Food and Drug Administration for use in the treatment of cancer, even if the drug has not been approved by the Federal Food and Drug Administration for the specific type of cancer for which the drug has been prescribed.

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 and their **dependents**.

Semi-Private Rate

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

Service Area

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

Sickness

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

Skilled Nursing Facility

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

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

Sound Natural Teeth

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

Stem Cells

A human or animal cell that has the ability to reproduce itself for long periods of time.

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
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

Appeals and Complaints Procedure

Our complaints and appeals process is designed to address member coverage issues, complaints and problems. If you have a coverage issue or other problem, call the Customer Service toll-free number on your ID card or review your plan documents for more information.

You can also contact Customer Services at the toll-free number on your ID card for more information. A representative will address your concern. If you are dissatisfied with the outcome of your initial contact, you may appeal the decision. Your appeal will be decided in accordance with the procedure applicable to your Plan.

You may also submit your request, in writing, along with all pertinent correspondence, to:

Aetna
P.O. Box 14464
Lexington, KY 40512

You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of member concerns. The applicable internet address for the State Insurance Department for your Plan is www.state.va.us/scc/division/boi/index.htm.

External Review

Aetna has developed an external review process to give members an added option of requesting an objective and timely external review of certain coverage denials. Once the Aetna internal coverage decision review process is exhausted, members may elect external review if the coverage denial for which the member would be financially responsible for involves more than \$500 and is based on lack of Medical Necessity or on the experimental or investigational nature of the proposed service or treatment.

An external review organization will refer the case to review by a neutral, independent Physician with appropriate expertise in the area in question. After all necessary information is submitted, external review generally will be decided within 30 days of the request. Expedited reviews are available when a member's Physician certifies that a delay in service would jeopardize the member's health. Once the review is complete, the Plan will abide by the decision of the external reviewer.

Certain states mandate external review of additional benefit or service issues or require a filing fee. In addition, certain states mandate the use of their own external review providers for Medical Necessity and experimental/investigational coverage decisions. For further details regarding your Plan's grievance and external review process, call the Customer Services toll-free number on your ID card, or visit Aetna's website at www.aetna.com, where you may obtain an external review request form. You may also call your State Insurance or Health Department for additional information regarding state mandated external review procedures.

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.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Mortal Remains
- Return of Traveling Companion
- **\$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.
- Find your school in the School Directory.
- Click on Aetna Navigator® Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

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

Administered by:

Aetna
P.O. Box 981106
El Paso, TX 79998
(888) 204-0187
www.aetnastudenthealth.com

Underwritten by:

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

Policy No. **697408**

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