

**2008 - 2009**



**Student Health Insurance Plan Brochure**

**Aetna Student Health**

**Underwritten by:**

Aetna Life Insurance Company (ALIC)

**Policy No. 697408**

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## Regent University's Student Health Insurance Plan

### **Regent University's Enrollment Policy – Mandatory Coverage;**

#### **Definition of “Tight Waiver”:**

All students enrolled with six (6) or more credit hours attending classes on site at the Virginia Beach Campus are required to have Health Insurance Coverage and will automatically be billed and enrolled in the Student Health Insurance Plan.

***Definition of Tight Waiver*** – If a student has Comparable Coverage they may submit a completed Waiver Card 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 online at [www.regent.edu](http://www.regent.edu), choose Student Services, and then choose Health Insurance. Insurance fees appear on the tuition bill automatically for the Fall and Spring academic terms (the Spring term includes Summer months). All international F1 or J1 Visa students enrolled in class(es) at the Virginia Beach or Washington, D.C. campuses are required to have Health Insurance Coverage and will automatically be billed and enrolled in the Regent Student Health Insurance Plan unless a Waiver Card is approved by the Regent International Student Services Director. Tuition payment deadline is **August 25, 2008** for fall; **January 5, 2009** for spring. Enrollment and changes deadline for the Fall Policy is **September 19, 2008**, and **January 30, 2009** for Spring Policy.

### **Students and Dependents Eligible for Coverage**

Students attending classes at the Virginia Beach or Washington, D.C. campuses, with local residency, who are enrolled with a total of six (6) or more credit hours (three credit hours must be on site) may voluntarily enroll in the Student Health Insurance Plan. Eligible students who enroll may also cover their eligible dependents. The insured student's unmarried children under 19 years of age are eligible. Coverage terminates at the end of the month in which the child turns 19 years of age. Children who are enrolled full time (as undergraduates with 12 or more credit hours per semester or graduate students with six or more credit hours) in an accredited university or college and who are not employed anywhere on a full-time basis are eligible. Coverage terminates at the end of the month in which the child turns 25 years of age or is no longer a full-time student, whichever occurs first. In addition, if a student is a covered dependent and takes a leave of absence from the school due to a Medically Necessary reason, the Plan must continue to cover the dependent for up to 12 months or until the dependent reaches 25.

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.

All students enrolled at Regent University in a Doctoral Program, on site at the Virginia Beach Campus, having completed all required course work, will be limited to two years of coverage.

Their beginning date of the limited period of insurance will be when they are classified as “All But Dissertation (ABD)” at Regent University.

### **How to Enroll (or Waive From the Plan)**

For new students, please complete the enrollment application for yourself and/or dependents online at [www.regent.edu](http://www.regent.edu). Choose Students, then Student Services and then Health Insurance. The deadline to enroll is **September 19, 2008** for fall and **January 30, 2009** for spring.

<h3><b>Where to Find Help</b></h3>
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#### ***Got Questions? Get Answers with Aetna Navigator®***

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

#### **By logging on to Aetna Navigator, you can:**

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

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

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

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

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

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

***For Questions About:***

- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification

*Please contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(888) 204-0187**

***www.aetnastudenthealth.com***

***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.

**Note:** Please be advised you will receive a unique Aetna member ID number on your membership card.

*For lost ID cards, contact:*

Aetna Student Health  
**(888) 204-0187** or visit ***www.aetnastudenthealth.com***, click on “Find Your School” and enter **697408** as your Policy Number.

***For Questions About:***

- Enrollment Status

*Please contact:*

Wachovia Insurance Services  
**(757) 314-1207**

***debi.harding@wachovia.com***

***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 Provider Listings (Including a listing of Preferred Care Pharmacies):***

A complete list of providers can be found at Aetna’s DocFind® Service at: ***www.aetnastudenthealth.com***, click on “Find Your School” and enter **697408** as your Policy Number.

**For Questions About:**

- On Call International 24/7 Emergency Travel Assistance Services

*Please contact:*

On Call International at **1- (866) 525-1956** (within U.S.).

If outside the U.S., call collect **by dialing the U.S. access code plus 1- (603) 328-1956**. Please also visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and visit your school-specific site for further information.

**Worldwide Web Access:**

- Aetna Student Health: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

This is a brief description of the Student Health Insurance Plan benefits available for Regent University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University, and may be viewed at the Regent Student Services during normal business hours. This Plan is administered by Aetna Student Health, P.O. Box 15708, Boston, MA 02215-0014.

**Policy Period**

Coverage under the Regent University Student Health Insurance Plan is effective: 12:01 a.m. on **August 15, 2008**, through 12:01 a.m. **August 15, 2009**.

**Premium Rates**

<b>2008-2009</b>	<b>Fall 8/15/08 – 2/14/09</b>	<b>Spring/Summer 1/1/09 – 8/14/09</b>	<b>Summer 5/11/09 – 8/14/09</b>
Student	\$1,341	\$1,341	\$ 697
Student and Spouse	\$2,846	\$2,846	\$1,479
Student and One Child	\$2,846	\$2,846	\$1,479
Student, Spouse and Child(ren)	\$4,686	\$4,686	\$2,435
Student and Child(ren)	\$4,686	\$4,686	\$2,435

**Premium Refund Policy**

If you withdraw from Regent University within the first 31 calendar days of the semester for which you are initially enrolled under the Student Health Insurance Plan, you will receive a full refund of the insurance premium unless you or your covered dependent files a medical claim. If you withdraw from Regent University after the first 31 calendar days of the semester, your coverage will remain in effect until the end of the term for which you have enrolled. No refunds will be granted after the first 31 calendar days of the semester for which you are initially enrolled under the Student Health Insurance Plan.

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 Student Health within 90 days of withdrawal from the school.

## **Newborn Infant Coverage and Adopted Child Coverage**

A child born to a Covered Person shall be covered for Accident, Sickness, premature birth, 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 Person 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 Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. To extend coverage for an adopted child past the 31 days, the Covered Person must (1) enroll the child within 31 days of placement of such child, and (2) pay any additional premium, if necessary, starting from the date of placement.

For further assistance and premium information, please contact Aetna Student Health.

## **Pre-Existing Conditions/Continuously Insured Provisions**

### ***Pre-Existing Condition***

Any medical condition, other than pregnancy, for which medical advice, diagnosis, care or treatment was recommended or received within a six-month period ending on the effective date of your Policy.

Pre-Existing Conditions will not be covered for a period of 12 months. You may receive credit or reduce or eliminate the Pre-Existing Condition waiting period for any Credible Coverage if you were continuously covered under another health plan with no more than a 63-day break in coverage.

### ***Continuously Insured***

Persons who have remained continuously insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that first manifests itself while continuously insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

## **Inpatient Admission Pre-Certification Program**

Pre-Admission Certification is designed to help you receive quality, cost-effective medical care.

- All inpatient admissions, including length of stay, must be certified by contacting Aetna Student Health.
- 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 Health Insurance Plan.
- 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.

## **Pre-Certification of Non-Emergency Inpatient Admissions**

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

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

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Aetna Student Health  
Attention: Managed Care Dept.  
P.O. Box 15708  
Boston, MA 02215-0014  
**(888) 204-0187**

## **Preferred Provider Network**

To maximize your savings and reduce your out-of-pocket expenses, select an Aetna Preferred Provider. It is to your advantage to use a Preferred Provider because significant savings may be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of Regent University campus. Preferred Providers are independent contractors and are neither employees nor agents of Aetna Student Health, Aetna, or Regent University.

A complete listing of participating providers is available at Regent Student Services. You may also contact Aetna Student Health at **(888) 204-0187**. Additionally, you can obtain information regarding Preferred Providers through the Internet by accessing DocFind® at: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), click on "Find Your School" and enter **697408** as your Policy Number.

## **Description of Benefits**

### ***Accident and Sickness Expense***

Payment will be made as allocated herein for Covered Medical Expenses for an Accident or Sickness. Benefits will be payable up to an Aggregate Maximum of \$250,000 for any one Accident or any one Sickness per Covered Person per Policy Year. In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this Brochure for any additional benefit level maximums.

All Covered Medical Expenses are subject to the Deductible, Coinsurance, limitations, and exclusions defined within the Policy. The payment of any Copays, Deductibles, the balance above any Coinsurance amount, the balance above any Reasonable Charge allowance, and any medical expenses not covered are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket expenses, select an Aetna Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

A complete listing of Preferred Providers is available at the Regent University Student Services or you can contact Aetna Student Health at **(888) 204-0187** for specific provider information. You can also use the Internet and Aetna's DocFind Service at: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), click on "Find Your School" and enter **697408** as your Policy Number.

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on Reasonable Charges unless otherwise specified. This Plan always pays benefits in accordance with any applicable Virginia Insurance Law(s).

Once Coinsurance for Covered Medical Expenses has reached the Out-of-Pocket Maximum shown, within a Policy Year, the Plan will pay at 100% of the applicable Covered Medical Expenses for the remainder of the Policy Year, up to any benefit maximum that may apply.

## Summary of Benefits

Plan Maximum	\$250,000 combined aggregate for in- and out-of-network services per person per Policy Year
Plan Deductible	<b>Preferred Care:</b> \$0 <b>Non-Preferred Care:</b> \$500 individual/\$1,000 family per Policy Year
Annual Out-of-Pocket Maximum	<b>Preferred Care: Individual:</b> \$3,000; <b>Family:</b> \$6,000 per Policy Year <b>Non-Preferred Care: Individual:</b> \$6,000; <b>Family:</b> \$12,000 per Policy Year (Does not include Copays/Coinsurance for non-biologically based outpatient mental health care, vision, amounts above Reasonable Charges, benefit limits, pre-authorization penalties, outpatient Prescription Drug expenses, charges in excess of any specified maximum, and non-covered charges do not count towards meeting the Out-of-Pocket Maximum and are the responsibility of the insured.)
<b>Inpatient Services</b>	
Inpatient Hospitalization Benefits Expenses	Pre-authorization is required. Please note the following: Covered Medical Expenses incurred for an inpatient confinement following a laparoscopy-assisted vaginal hysterectomy or a vaginal hysterectomy are payable on the same basis as any other inpatient expense for a minimum of: – 23 hours following a laparoscopy-assisted vaginal hysterectomy; or – 48 hours following a vaginal hysterectomy.
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge for an overnight stay. Covered Medical Expenses are payable after a \$400 Copay per admission. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge for the semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge for an overnight stay. <b>Non-Preferred Care:</b> 50% of the intensive care room rate for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: general nursing care, laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician's Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.

<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Physician Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: <b><i>Preferred Care:</i></b> 80% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.
Anesthetist and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: <b><i>Preferred Care:</i></b> 80% of the Negotiated Charge. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.
Outpatient Surgery Expenses	Covered Medical Expenses for the charges for an outpatient surgery are payable as follows: <b><i>Preferred Care:</i></b> 80% of the Negotiated Charge, after a \$150 Copay per admission. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.
<b>Outpatient Benefits</b>	
Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician's Office Visits ( <i>Non-Specialists</i> )	Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 100% of the Negotiated Charge after a \$30 Copay per visit*. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge*. *Includes covered services performed in the Physician's office.
Preventive Care Benefits Include: <i>Routine Physicals, GYN Exams, Pap smears, PSA Tests, Routine Immunizations, Well Child Care.</i>	Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 100% of the Negotiated Charge after a \$30 Copay per visit. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.
Specialist Office Visits	Covered Medical Expenses are payable as follows: <b><i>Preferred Care:</i></b> 100% of the Negotiated Charge after a \$60 Copay per visit*. <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge*. *Includes covered services performed in the Physician's office.

<b>Outpatient Benefits (continued)</b>	
Early Intervention Services	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge not to exceed a combined maximum with Out-of-Network benefits of \$5,000 per Policy Year, up to age 3. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge not to exceed a combined maximum with In-Network benefits of \$5,000 per Policy Year, up to age 3.
Outpatient Therapy Services Include: <i>Physical Therapy, Occupational and Speech Therapy.</i>	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Covered benefits not to exceed a combined maximum (with In-and Out-of-Network Benefits) of 90 consecutive days per condition per lifetime.
Outpatient Rehabilitation Services Include: <i>Cardiac, Pulmonary and Vascular Rehabilitation</i>	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Covered benefits not to exceed a combined maximum (with In- and Out-of-Network Benefits) of 90 consecutive days per condition per lifetime.
Emergency Care <i>\$100 Copay/ Deductible waived if admitted.</i>	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge after \$100 Copay per visit. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge after a \$100 Deductible per visit. Plan Deductible does not apply.
Urgent Care Center Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 100% of the Negotiated Charge after a \$60 Copay per visit. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.
Lab and X-ray Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.
Durable Medical Equipment: <i>Ostomy Supplies and Catheters</i>	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Coverage not to exceed a combined maximum with In- and Out-of-Network benefits of \$1,000 per Policy Year.
Durable Medical Equipment: <i>Replacement, Repair and Duplicates</i>	<b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Coverage not to exceed a combined maximum of In- and Out-of-Network benefits and Orthopedic and Prosthetic Appliances of \$500 per Policy Year.

<b>Outpatient Benefits (continued)</b>	
Orthopedic and Prosthetic Appliances	<p>Covered Medical Expenses are payable as follows:  <u>Initial surgically implanted appliances</u>  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Coverage not to exceed a combined maximum of In- and Out-of-Network benefits of \$2,000 per Policy Year.</p>
Orthopedic and Prosthetic Appliances: Replacement, Repair and Duplicates	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Coverage not to exceed a combined maximum with In- and Out-of-Network benefits and Durable Medical Equipment of \$500 per Policy Year.</p>
Vision	<p>\$15 Copay for one exam every 24 months by a participating provider.  See DocFind® at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a>.</p>
Chiropractic Care	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Coverage not to exceed a combined maximum with In- and Out-of-Network benefits of \$500 per Policy Year.</p>
Artificial Limb Services	<p>Pre-authorization required. Includes replacement and/or repair.  Children under age 18 covered up to two occurrences.</p> <p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p> <p>Coverage not to exceed a combined maximum with In- and Out-of-Network benefits of \$10,000 per Policy Year.</p>
Outpatient Chemo-Radiation, IV and Respiratory Therapy Services	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p>
Outpatient Dialysis Services	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p>

## Mental Health and Substance Abuse Benefits

<p>Inpatient Expenses – <i>Non-Biologically Based</i></p>	<p>Covered Medical Expenses for the treatment of a non-biologically based mental health condition or for substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows:</p> <p><b>Preferred Care:</b> Following a \$400 Copay per admission, 80% of the Negotiated Charge not to exceed a combined maximum (with Out-of-Network) of 30 days.</p> <p><b>Non-Preferred Care:</b> 50% of the Reasonable Charge not to exceed a combined maximum (with In-Network) of 30 days.</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 two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
<p>Outpatient Expenses – <i>Non-Biologically Based</i></p>	<p>Covered Medical Expenses for the care or treatment of a non-biological mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge after a \$25 Copay per visit for the first five visits. Remaining visits are payable at 50% of the Negotiated Charge not to exceed a combined maximum (with Out-of-Network) of 20 visits.</p> <p><b>Non-Preferred Care:</b> 50% of the Reasonable Charge per visit for the first five visits. Remaining visits are payable at 50% of the Reasonable Charge not to exceed a combined maximum (with In-Network) of 20 visits.</p>
<p>Inpatient Expenses – <i>Biologically Based</i></p>	<p>Covered Medical Expenses for the care or treatment of a biological mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows:</p> <p><b>Preferred Care:</b> Following a \$400 Copay per admission, 80% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 50% of the Reasonable 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 two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
<p>Outpatient Expenses – <i>Biologically Based</i></p>	<p>Covered Medical Expenses for the care or treatment by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable as follows:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge after a \$25 Copay per visit.</p> <p><b>Non-Preferred Care:</b> 50% of the Reasonable Charge.</p>

<b>Maternity Benefits</b>	
Maternity Expenses	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. Coverage includes benefits for inpatient care for the mother and any newborn child and a home visit (or visits) in accordance with the medical criteria outlined in either the “Guidelines for Prenatal Care” or in the “Standards of Obstetric – Gynecologic Services.”
Family Planning Services	Covered Medical Expenses payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge. Coverage includes counseling and education for birth control option, Tubal-ligation services (Pre-authorization is required), Vasectomy services, Depo-Provera or Lunelle injections, Intrauterine Devices (IUDs), and cervical caps and their insertion.
<b>Additional Benefits</b>	
High Cost Procedure Expenses <i>MRI, MRA, CAT/PET Scans and Colonoscopies</i>	Covered Medical Expenses payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.
Women’s Health Benefit	Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women ages 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.
Colorectal Screening	Covered Medical Expenses for colorectal screenings are covered as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.
Diabetes Supplies/ Education	Covered Medical Supplies if prescribed by your Physician payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge, education covered at 100% of Negotiated Charge. <b>Non-Preferred Care:</b> 50% of the Reasonable Charge, education covered at 70% of Reasonable Charge.
Ambulance Expenses	Covered Medical Expenses are payable at 80% of the Reasonable Charge after \$25 Copay per trip 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.

**Additional Benefits (continued)**

<p>Prescription Drug Benefit</p> <p>Quantities for initial Prescriptions or refills for each Copay may be limited to manufacturer's packaging and are limited to:</p> <ul style="list-style-type: none"> <li>• Two maintenance/steroidal inhalers or 8 fluid ounces of liquid; or</li> <li>• two vials of insulin; or</li> <li>• 30-day supply of insulin syringes, insulin needles, or disposable insulin syringes with needles (max: 100); or</li> <li>• 1 diaphragm; or</li> <li>• 1-cycle supply of oral contraceptives; or</li> <li>• one tube of ointment/cream; or</li> <li>• one Norplant kit</li> </ul>	<p>Covered Medical Expenses for outpatient Prescription Drugs are payable as follows:</p> <p><b><u>Retail 30-day supply</u></b>  <b><i>Preferred Care:</i></b> 100% after a \$10 Copay for each Generic Prescription Drug, a \$30 Copay for each Preferred Brand Prescription Drug, and a \$50 Copay for each Non-Preferred Brand Prescription Drug.  <b><i>Non-Preferred Care:</i></b> 50% of Reasonable Charge after \$10 Copay for each Generic Prescription Drug, a \$30 Copay for each Preferred Brand Prescription Drug, and a \$50 Copay for each Non-Preferred Brand Prescription Drug.</p> <p><b>Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</b></p> <p><b><u>Mail order 90-day supply (see aetnastudenthealth.com for form)</u></b>          \$20 Copay for each Generic Prescription Drug, \$60 Copay for each Preferred Brand Prescription Drug and \$100 Copay for each Non-Preferred Prescription Drug.</p> <p>Medications not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p>
<p>Hospice Care Expenses</p> <p><b>Pre-authorization required</b></p>	<p>Covered Medical Expenses are payable as follows:  <b><i>Preferred Care:</i></b> 80% of the Negotiated Charge.  <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.</p>
<p>Home Health Care Expenses</p>	<p>Covered Medical Expenses are payable as follows:  <b><i>Preferred Care:</i></b> 80% of the Negotiated Charge.  <b><i>Non-Preferred Care:</i></b> 50% of the Reasonable Charge.</p> <p>Coverage not to exceed a combined maximum with In- and Out-of-Network benefits of 100 days per Policy Year.</p>

<b>Additional Benefits (continued)</b>	
<p>Skilled Nursing Facility Care  <b>Pre-authorization required.</b> <i>Following inpatient hospital care or in lieu of hospitalization and after inpatient maximum Copay has been met.</i></p>	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 50% of the Reasonable Charge.            Coverage not to exceed a combined maximum with In- and Out-of-Network benefits of 100 days per Policy Year.</p>
<p>Clinical Trial Expenses</p>	<p>Clinical trial expenses incurred during participation in clinical trials for treatment studies on cancer will be payable on the same basis as other medical or surgical procedures. Refer to the Master Policy for additional details.</p>
<p>Home Treatment of Hemophilia Expenses</p>	<p>Covered Medical Expenses include charges incurred in connection with the treatment of routine bleeding episodes associated with hemophilia and other congenital bleeding disorders. Covered Medical Expenses include coverage for the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia or other congenital bleeding disorders when the home treatment program is under supervision of the state-approved hemophilia treatment center. Covered Medical Expenses are payable on the same basis as any other expense.</p>
<p>Bones and Joints Expenses</p>	<p>Covered Medical Expenses incurred for the diagnosis and surgical treatment involving any bone or joint of the head, neck, face, or jaw if treatment is required due to a medical condition or Injury which prevents normal function of the bone or joint are payable on the same basis as any expense.</p>
<p>Cleft Lip/Cleft Palate Expenses</p>	<p>Charges for covered treatment given to a dependent child for congenital lip/palate or ectodermal dysplasia must be covered on the same basis as any other illness.</p>

## Additional Services and Discounts

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

<p>Aetna Vision<sup>SM</sup> Discount Program<sup>1</sup></p>	<p><b>Aetna Vision<sup>SM</sup> Discount Program:</b> The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).</p>
<p>Aetna Fitness<sup>SM</sup> Discount Program<sup>1</sup></p>	<p><b>Aetna Fitness<sup>SM</sup> Discount Program:</b> Aetna's Fitness Program provides members with access to services provided by GlobalFit<sup>TM</sup>, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services.</p> <p><i>*At some clubs, participation may be restricted to new club members.</i></p>
<p>Aetna's Informed Health<sup>®</sup> Line<sup>2</sup></p>	<p><b>Aetna's Informed Health<sup>®</sup> Line*</b> Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.</p> <p>You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.</p> <p>You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.</p> <p>Or, to get credible health information online, register for Aetna Navigator (visit <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness</i> and then <i>Health A-Z</i>.</p> <p>To reach an Informed Health Line Nurse, please call <b>(800) 556-1555</b>. For TDD (hearing and speech impaired only), please call <b>(800) 270-2386</b>.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>

<b>Additional Services and Discounts (continued)</b>	
Health and Wellness Resources <sup>2</sup>	<b>Health and Wellness Resources:</b> This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.
Beginning Right <sup>SM</sup> Maternity Program <sup>2</sup>	<b>Beginning Right<sup>SM</sup> Maternity Program:</b> Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.
Aetna Natural Products and Services <sup>SM</sup> Discount Program <sup>1,2,3</sup>	<b>Aetna Natural Products and Services<sup>SM</sup> Discount Program:</b> Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.
Quit&Fit <sup>TM</sup> Tobacco Cessation Program <sup>2,3</sup>	<b>Quit&amp;Fit<sup>TM</sup> Tobacco Cessation Program:</b> This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.
<p><sup>1</sup>Discount programs provide access to discounted prices and are NOT insured benefits.</p> <p><sup>2</sup>Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.</p> <p><sup>3</sup>These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.</p>	

## General Provisions

The Plan will always pay benefits in accordance with any applicable Virginia Insurance Law(s).

### **Non-Duplication of Benefits**

This provision applies if a covered student:

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

In this case, the Covered Medical Expense benefits the Plan will pay will be reduced by such excess.

## 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 Actual Charge made for a covered service by the provider that furnishes it.

**Aggregate Maximum:** The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person.

**Brand-Name Prescription Drug or Medicine:** A Prescription Drug which is protected by trademark registration.

**Copay:** The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

**Covered Medical Expenses:** Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges, or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

**Covered Person:** A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

**Deductible:** A specific amount of Covered Medical Expenses that must be incurred, and paid for, by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

***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 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. It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

***Generic Prescription Drug or Medicine:*** A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

***Injury:*** Bodily Injury caused by an Accident. This includes related conditions and recurrent symptoms of such Injury.

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

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

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

In no event will the following services or supplies be considered to be Medically Necessary:

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

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

***Non-Preferred Care Out-of-Pocket Maximum:*** The amount that must be paid, by the covered student, or the covered student and their covered dependents, before applicable Covered Medical Expenses will be payable at 100%, for the remainder of the Policy Year.

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

- Deductibles;
- Copays;
- Expenses that are not Covered Medical Expenses;
- Expenses for Preferred Care;
- Penalties;
- Expenses for Prescription Drugs;
- Expenses for vision;
- Non-biologically based Mental Health Conditions; and
- Other expenses not covered by this Policy.

***Non-Preferred Care:*** A health care service or supply furnished by a health care provider that is not a Preferred Care Provider if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and (b) 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 (or Non-Preferred Provider):*** A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

***Non-Preferred Pharmacy:*** A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

***Physician:*** A legally qualified Physician licensed by the state in which they practice, and any other practitioner that must, by law, be recognized as a doctor legally qualified to render treatment.

***Preferred Care:*** Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

***Preferred Care Out-of-Pocket Maximum:*** 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 following expenses do not apply toward meeting the Out-of-Pocket Limit:

- Deductibles;
- Copays;
- Expenses that are not Covered Medical Expenses;
- Expenses for Non-Preferred Care;
- Penalties;
- Expenses for Prescription Drugs;
- Expenses for vision;
- Expenses for non-biologically based mental health conditions; and
- Other expenses not covered by this Policy.

***Preferred Care Provider (or Preferred 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 which the Covered Person is a member.

***Preferred Pharmacy:*** A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect, and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna. Preferred Pharmacies can be located at: [www.aetna.com/docfind](http://www.aetna.com/docfind).

**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.

**Pre-Existing Condition:** Any Injury, Sickness or condition, other than pregnancy that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the Covered Person's effective date of insurance.

Under the Policy, expenses incurred by a Covered Person for a Pre-Existing Condition will not be considered a Covered Medical Expense until 12 consecutive months of coverage under the Policy. You may receive credit or reduce or eliminate the Pre-Existing Condition waiting period for any creditable coverage if you are continuously covered under another health plan with no more than a 63-day break in coverage.

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

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

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

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

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

Aetna may take into account factors, such as:

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

**Sickness:** A disease or illness, including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

## Exclusions

This list is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions.

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, infirmary, or hospital, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.
4. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person's entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays, unless otherwise provided in the Policy.
10. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

- (a) Improve the function 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 and webbed fingers or toes), or as direct result of disease, or surgery performed to treat a Sickness or Injury.
  - (b) Repair an Injury (including reconstructive surgery for prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident, which causes the Injury, or in the next Policy Year.
11. Expenses for Injuries sustained as a result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis, care, or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician, or dentist.
13. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.
14. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
15. Expenses 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.
16. Expenses incurred after the date insurance terminates for a Covered Person.
17. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).
18. Expenses 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.
19. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

20. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.
21. Expenses incurred as a result of commission of a felony.
22. Expenses incurred for voluntary or elective abortions unless otherwise provided in the Policy.
23. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.
24. 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.
25. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).
26. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.
27. Expenses incurred for routine dental exams, routine hearing exams, immunizations or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services or supplies is specifically provided in the Policy.
28. Expenses incurred for gastric bypass, and any restrictive procedures for weight loss except for the treatment of morbid obesity.
29. Expenses incurred for breast reduction/mammoplasty.
30. Expenses incurred for gynecomastia (male breasts).

31. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
32. Expense for charges that are not Reasonable Charges as determined by Aetna.
33. 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.

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

### **Termination of Insurance**

Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates.

### **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 Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(888) 204-0187**

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. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within 60 days from the date appearing on the Explanation of Benefits (EOB).

## Prescription Drug Claim Procedure

**Preferred Care:** When obtaining a covered Prescription, please present your Aetna Student Health ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug.

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 directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the Prescription Drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. Information regarding Preferred Care Pharmacy locations, a claim form, or mail order supply form is available by accessing the Internet at: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), click on “Find Your School” and enter **697408** as your Policy Number or calling **(888) 204-0187**.

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

**Please note:** You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.

Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**.

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

## Appeals and Complaints Procedure

### *How to Appeal a Claim*

Our complaints and appeals process is designed to address Covered Person coverage issues, complaints, and problems. If you have a coverage issue or other problem, call Customer Service at **(888) 204-0187** or review your Plan documents 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 Student Health  
P.O. Box 15717  
Boston, MA 02215-0014

You may also seek additional information on the webpage for the Commonwealth of Virginia Bureau of Insurance or other agency regarding your rights, including how to obtain regulatory review of Covered Person concerns. The applicable Internet address for the Bureau of Insurance for your Plan is: [www.state.va.us/scc/division/boi/index.htm](http://www.state.va.us/scc/division/boi/index.htm).

## **External Review**

Aetna has developed an external review process to give Covered Persons 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, eligible Covered Persons may request external review if the coverage denial for which the Covered Person is financially responsible involves more than \$500 (or the applicable amount specified by your state) 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 an 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 Covered Person's Physician certifies that a delay in service would jeopardize the Covered Person'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](http://www.aetna.com), where you may obtain an external review request form. You may also call your State Bureau of Insurance for additional information regarding state mandated external review procedures.

<h3><b>On Call International</b></h3>
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Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

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

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

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

#### **Medical Evacuation and Repatriation (MER) Benefits<sup>1</sup>**

The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist Covered Persons when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

### **Worldwide Emergency Travel Assistance (WETA) Services<sup>1</sup>**

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

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 and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the ADD, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) or (800) 966-7772.**

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides 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 and limitations may apply.**

**To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free 1- (866) 525-1956 or collect 1- (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 and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER or WETA benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

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

### **Important Note**

#### ***Important Information Regarding Your Health Insurance***

In the event you need to contact someone about the Student Health Insurance Plan for any reason, please contact:

Aetna Student Health  
1 Charles Park  
Cambridge, MA 02142  
Phone: **(617) 218-8400** or **(888) 204-0187**

If you have been unable to contact or obtain satisfaction from the company, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23218

***Consumer Service Hotline (Toll-free and Nationwide) (877) 310-6560***

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting Aetna Student Health or the Bureau of Insurance, have your Policy Number available.

## 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. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

*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.*

***Administered by:***

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 850-6032** (toll free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

***Local Administration by:***

Wachovia Insurance Services  
One Commercial Place, Suite 1350  
Norfolk, VA 23510  
[debi.harding@wachovia.com](mailto:debi.harding@wachovia.com)  
**(757) 314-1207**

***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 (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student Health is the brand name for products and services provided by these companies.**

## NOTICE

In compliance with Commonwealth of Virginia and federal laws and regulations, we are pleased to provide you with the following notice about your health care coverage. If you have any questions about this notice, please contact the Customer Services telephone number on your ID card.

### **Ob/Gyn Direct Access**

Any female member 13 years or older may visit any participating gynecologist for a routine well-woman exam, including a Pap smear when appropriate and an unlimited number of visits for gynecologic problems and follow up care.

### **Coverage of Reconstructive Breast Surgery Expenses**

Covered Medical Expenses include charges incurred for reconstructive surgery for a covered female student or dependent who has undergone a mastectomy. This includes all stages of reconstructive breast surgery on the non-diseased breast to establish symmetry with the diseased breast when reconstructive surgery has been performed on the diseased breast. Covered Medical Expenses are payable on the same basis as any other Sickness.

### **Provider Directories – Using DocFind® to Locate Providers**

*DocFind – It’s available to anyone, anytime, any day.*

Anyone who visits [www.aetna.com](http://www.aetna.com) can click on the DocFind® icon to search for any type of provider in our database – doctors, dentists, pharmacies, hospitals, Vision One® providers, and more. DocFind’s data is refreshed three times a week to provide the latest information available about our network of participating providers.

### **Maps and Driving Directions**

Anytime you find a provider on DocFind®, we can help get you there with a map and driving directions from Maps On Us®. Once you search for a provider and get a result, click on the compass to get a map, and if you choose, provide a starting point for driving directions.

### ***A Variety of Search Options***

- You can search DocFind® any time of the day, any day of the week.
- You can search by both zip code and miles willing to travel, city and state, or county and state.
- You can narrow your search by specialty, hospital affiliation or language spoken.
- You can sort your results by whether a provider is accepting new patients.

It’s easy to change search criteria along the way. Already searched for a doctor in your work zip code, but now you want to search in your home zip code? Simply click the blue “Change” button at the top of the screen and modify any of the fields – health plan, location information, or type of search. Though DocFind contains the most current information available, should you like to obtain a copy of our paper Directory, please call the toll-free Customer Services number on your ID Card.

## **Service Area**

Aetna is licensed in the following counties and cities in Virginia:

Albemarle, Amelia, Arlington, Bedford, Bland, Botetourt, Bristol, Buchanan, Caroline, Carroll, Charles City, Charlottesville, Chesterfield, Craig, Dickenson, Dinwiddie, Essex Fairfax, Fauquier, Floyd, Franklin, Giles, Gloucester, Goochland, Hanover, Henrico, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Loudoun, Mathews, Middlesex, Montgomery, New Kent, Northumberland, Patrick, Nottoway, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford, Roanoke, Russell, Salem, Scott, Southampton, Spotsylvania, Stafford, Surry, Sussex, Tazewell, Virginia Beach, Washington, Westmoreland, Wise, and York, and the Cities of Alexandria, Bedford, Chesapeake, Colonial Heights, Fairfax, Falls Church, Franklin, Fredericksburg, Hampton, Hopewell, Manassas, Manassas Park, Newport News, Norfolk, Norton, Petersburg, Poquoson, Portsmouth, Richmond, Roanoke, Suffolk, Virginia Beach, Williamsburg, and Winchester.

## **Appeals Procedure**

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

- An Appeal is defined as a written request for review of a decision that has denied in whole or in part, after consideration of any relevant information, a request for: claim payment, certification, eligibility, referral, etc.
- An Appeal must be submitted to Aetna Student Health within 60 days of the date of our notice of denial. The address is: Aetna Student Health, P.O. Box 15717, Boston, MA 02215-0014.
- An acknowledgment letter will be sent to you showing receipt of the Appeal.

This letter may request additional information. If so, the additional information must be submitted to us within 15 days of the date of the letter.

- You will be sent a response within 30 days of our receipt of the Appeal. The response will be based on the information provided with or subsequent to your submission of the Appeal.
- If additional time is needed to resolve the Appeal, we will provide a written notification: indicating that additional time is needed, explaining why such time is needed, and setting a new date for a response. The additional time will not be extended beyond another 30 days.
- In any urgent or emergency situation, the Expedited Appeal procedure may be initiated by a telephone call to Customer Services. Our Customer Services telephone number is on your ID card. A response will be issued within one business day, provided that all necessary information is available.

Upon completion of your appeal, you will receive information regarding any additional appeal rights you may have.

- You may contact the following Virginia State Agencies for additional information or to request a review by an External Review Organization for adverse determinations:

Office of the Managed Care Ombudsman

Bureau of Insurance

P.O. Box 1157

Richmond, VA 23218

Toll-free: **(877) 310-6560**

Richmond Metropolitan Area: **(804) 371-9032**

E-mail: ***ombudsman@scc.state.va.us***

- We will keep the records of your complaint for five years.

Aetna is subject to regulation in the Commonwealth of Virginia by the State Corporation Commission Bureau of Insurance, pursuant to Title 38.2, and the Virginia Department of Health, pursuant to Title 32.1.

## Notice

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

**Notes**

