

**2009 – 2010**

Student Health Services  
and  
Accident and Sickness  
Insurance Plan

*University of Connecticut*

*Regional Campus*

*Underwritten by:  
Aetna Life Insurance Company  
(ALIC)*

*Policy Number 697420*

## **WHERE TO FIND HELP**

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

### **For questions about:**

- Insurance Benefits
- Claims Processing
- Pre-Certification Requirements

#### *Please contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(888) 834-4693**

### **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) 834-4693**

### **For questions about:**

- Enrollment

#### *Please contact:*

Bailey Agencies, Inc.  
PO Box 1, 84 Plaza Court  
Groton, CT 06340  
**(800) 321-4449 or (860) 405-2112**

### **For questions about:**

- Waiver Process

#### *Please contact:*

University of Connecticut  
Student Health Service Insurance Coordinator  
**(860) 486-4535**

### **For questions about:**

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

#### *Please contact:*

Aetna Pharmacy Management  
**(888) 238-6279** (Available 24 hours)

**For questions about:**

- Provider Listings

*Please contact:*

Aetna Student Health  
(888) 834-4693

A complete list of providers can be found online at Aetna's **DocFind®** Service at either:  
[www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html) or:  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**For questions about:**

- On Call International 24/7 Emergency Travel Assistance Services

*Please contact:*

On Call International at (866) 525-1956 (within U.S.).  
If outside the U.S., call collect by dialing **the U.S. access code** plus (603) 328-1956. Please also visit  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and visit your school-specific site for further information.

**IMPORTANT NOTE**

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 University of Connecticut. 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 Health Services during business hours.

This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.

**THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE AS FOLLOWS: PRESCRIPTION DRUG MAXIMUM OF \$1,000 PER POLICY YEAR. DENTAL EXPENSE FOR IMPACTED WISDOM TEETH: \$125 PER TOOTH FOR SIMPLE EXTRACTION, \$200 PER TOOTH FOR COMPLICATED EXTRACTION. DENTAL EXPENSE FOR ACCIDENTAL INJURY TO SOUND NATURAL TOOTH: \$250 PER TOOTH. ELECTIVE ABORTION EXPENSE: \$400 PER PROCEDURE. HOME HEALTH CARE: 80 VISITS PER POLICY YEAR. MAXIMUM SOCIAL SERVICES PER POLICY YEAR, \$200 FOR TERMINALLY ILL INSURED PERSON. ACCIDENTAL INGESTION OF CONTROLLED SUBSTANCES: 30 INPATIENT DAYS PER POLICY YEAR OR \$500 OUTPATIENT MAXIMUM PER POLICY YEAR. EARLY CHILDHOOD INTERVENTION SERVICES: \$5,000 PER POLICY YEAR, \$9,600 PER LIFETIME. OSTOMY APPLIANCES AND SUPPLIES: \$1,000 PER POLICY YEAR.**

# TABLE OF CONTENTS

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|  |    |
|--|----|
| Policy Period .....  | 5  |
| Premium Rates .....  | 5  |
| Deductibles .....  | 6  |
| University of Connecticut Student Accident and Sickness Plan ..... | 6  |
| Student Coverage – Eligibility .....                               | 6  |
| Waiver Process/Procedure .....                                     | 6  |
| Premium Refund Policy .....  | 7  |
| Dependent Coverage – Eligibility .....                             | 7  |
| Preferred Provider Network .....                                   | 8  |
| Pre-Certification Program .....                                    | 8  |
| Description of Benefits .....                                      | 9  |
| Summary of Benefits Chart.....                                     | 10 |
| Inpatient Hospitalization Benefits.....                            | 10 |
| Surgical Benefits .....  | 10 |
| Outpatient Benefits .....  | 11 |
| Mental Health Benefits .....                                       | 18 |
| Substance Abuse Benefits .....                                     | 18 |
| Maternity Benefits.....  | 19 |
| Additional Benefits .....  | 20 |
| Additional Services and Discounts .....                            | 29 |
| Optional Dental Insurance Plan .....                               | 30 |
| General Provisions .....   | 31 |
| Extension of Benefits .....  | 32 |
| Termination of Insurance .....                                     | 32 |
| Exclusions .....   | 34 |
| Definitions.....   | 39 |
| Claim Procedure.....   | 55 |
| Prescription Drug Claim Procedure .....                            | 56 |
| On Call International.....   | 57 |
| Aetna Navigator® .....   | 58 |
| Notice.....  | 59 |

## **POLICY PERIOD**

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1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 a.m. on **August 15, 2009**, and will terminate at 12:01 a.m. on **August 15, 2010**.
2. **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, 2010**, and will terminate at 12:01 a.m. on **August 15, 2010**.
3. **Insured dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see pages 33 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.

## **PREMIUM RATES**

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| <b>Premium Cost<br/>Undergraduates and Graduate Students</b> |               |                        |
|--|---------------|------------------------|
|  | <b>Annual</b> | <b>Spring Semester</b> |
| <b>Student</b>   | \$1,381       | \$963                  |
| <b>Spouse</b>  | \$2,439       | \$1,503                |
| <b>Each Child</b>  | \$1,435       | \$888                  |

*The rates above include both Premium for the student health plan underwritten by Aetna Life Insurance Company, as well as University of Connecticut's administrative fee.*

## **DEDUCTIBLES**

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

Individual: **\$250** per Policy Year for Preferred Care

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

Please Note: The deductible is waived under the following circumstances.

- Waived for Outpatient Diagnostic Laboratory Expenses
- Waived for Prescription Drug Expenses filed through Aetna Pharmacy Management.

## **UNIVERSITY OF CONNECTICUT STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

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This is a brief description of the Accident and Sickness Medical Expense benefits available for University of Connecticut 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 Health Services during business hours.

## **STUDENT COVERAGE**

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### ***ELIGIBILITY***

All full-time undergraduate (12 or more credits) and graduate (9 or more credits) students are required to be covered under the University of Connecticut Accident and Sickness Plan, unless they have demonstrated through the completion of an online Waiver, that they are covered under a health insurance policy providing equal or better benefits than the insurance program offered by the University of Connecticut.

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

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 submissions may be audited by the University of Connecticut, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

## **WAIVER PROCESS/PROCEDURE**

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Eligible full-time students will automatically be enrolled in this plan, unless an online Waiver application has been received by the University of Connecticut by the specified deadline dates listed below. **Note:** The following programs are excluded from automatic enrollment but are eligible to enroll voluntarily if registered for 6 or more credits, by contacting the Insurance Coordinators office at **(860) 486-4535**.

Executive ED Program

Inter-institutional Programs

Masters in Public Administration

Non Degree Programs

Executive MBA

Masters of Engineering

Masters in Public Health

Teacher's Cert. Program

Graduate Assistants

Mbein/Mein

MS in Accounting

Hartford, Stamford, Waterbury MBA

| <b>Category</b>                            | <b>Waiver Deadline Date</b> |
|--|-----------------------------|
| Students enrolling for the Fall Semester   | <b>09/15/2009</b>           |
| Students enrolling for the Spring Semester | <b>02/05/2010</b>           |

## **PREMIUM 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 enroll their lawful spouse, civil union partner or dependent child. Coverage for a dependent child shall terminate at the policy anniversary date after the child (1) marries, or (2) attains the age of 26, providing the dependent child is a resident of the state. However, the residency requirement does not apply to full-time students attending an out-of-state school of higher education or dependents residing out of state with a custodial parent. Dependent coverage is not required, but if covered then these requirements must be followed.

### ***ENROLLMENT***

To enroll the dependent(s) of a covered student, please complete the Enrollment Form and return it to Bailey Agencies, Inc., 84 Plaza Court, Groton, CT 06340 together with your check, money order, or Master Card/Visa card payment. The Fall enrollment deadline is **September 15, 2009**. Dependent enrollment applications will not be accepted after **September 15, 2009**, 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 enrollment deadline is February 5, 2010**. The completed Enrollment Application, and Premium, must be sent to Bailey Agencies, Inc., 84 Plaza Court, Groton, CT 06340.

### ***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 University of Connecticut Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

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

For information or general questions on dependent enrollment, contact Bailey Agencies, Inc. at **(800) 321-4449** or **(860) 405-2112**.

## **PREFERRED PROVIDER NETWORK**

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Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the University of Connecticut 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 the University of Connecticut, Aetna Student Health, or Aetna. A complete listing of participating providers is available at University of Connecticut Health Services.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **(888) 834-4693**, or through the Internet by accessing DocFind at [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html).

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

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

## **PRE-CERTIFICATION PROGRAM**

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Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(888) 834-4693** (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 penalty**.
- **If you do not secure pre-certification** for partial hospitalizations, home health care services, your Covered Medical Expenses will be subject to a **\$200 penalty**.

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.

## **DESCRIPTION OF BENEFITS**

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*Please Note:*

**The Student Health Services Accident and Sickness 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 Student Health Services Accident and Sickness 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 the University of Connecticut, you may view it at Student Health Services or you may contact Aetna Student Health at (888) 834-4693.**

**This Plan will never pay more than \$100,000 per condition 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 dependents only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

## SUMMARY OF BENEFITS CHART

### DEDUCTIBLES

The following deductibles are applied before Covered Medical Expenses are payable:

Individual: **\$250** per Policy Year for Preferred Care

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

Please Note: The deductible is waived under the following circumstances.

- Waived for Outpatient Diagnostic Laboratory Expenses.
- Waived for Prescription Drug Expenses filed through Aetna Pharmacy Management.

### COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of **\$100,000** for any one Accident, or any one Sickness per Policy Year.

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

### Inpatient Hospitalization Benefits

|   |  |
|---|--|
| Hospital Room and Board Expense                 | <b>Covered Medical Expenses</b> are payable as follows:<br><u>Preferred Care: 90%</u> of the Negotiated Charge.<br><u>Non-Preferred Care: 70%</u> of the Reasonable Charge for a semi-private room.  |
| Intensive Care Unit Expense                     | <b>Covered Medical Expenses</b> are payable as follows:<br><u>Preferred Care: 90%</u> of the Negotiated Charge.<br><u>Non-Preferred Care: 70%</u> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay.   |
| Miscellaneous Hospital Expense                  | <b>Covered Medical Expenses</b> are payable as follows:<br><u>Preferred Care: 90%</u> of the Negotiated Charge.<br><u>Non-Preferred Care: 70%</u> of the Reasonable Charge.<br><br><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.     |
| Physician Hospital Visit/ Consultation Expenses | <b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:<br><u>Preferred Care: 90%</u> of the Negotiated Charge.<br><u>Non-Preferred Care: 70%</u> of the Reasonable Charge.<br><br>Benefits are limited to 1 visit per day, per condition, per Policy Year. |

### Surgical Benefits (Inpatient and Outpatient)

|                  |   |
|------------------|---|
| Surgical Expense | <b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:<br><u>Preferred Care: 90%</u> of the Negotiated Charge.<br><u>Non-Preferred Care: 70%</u> of the Reasonable Charge.<br><br>Benefits are limited to <b>\$5,000</b> per condition, per Policy Year. Surgical facility charges are not subject to Surgical Maximum. |
|------------------|---|

|                             |  |
|-----------------------------|--|
| Anesthetist Expense         | <p><b>Covered Medical Expenses</b> for the charges of an anesthetist during a surgical procedure, are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| Assistant Surgeon Expense   | <p><b>Covered Medical Expenses</b> for the charges of an assistant Surgeon during a surgical procedure, are payable as follows:<br/> <u>Preferred Care: 20%</u> of Surgical Allowance.<br/> <u>Non-Preferred Care: 20%</u> of the Surgical Allowance.</p> <p>Benefits are limited to \$5,000 per condition, per Policy Year Outpatient Maximum.</p>                              |
| Ambulatory Surgical Expense | <p><b>Covered Medical Expenses</b> for outpatient surgery performed in an ambulatory surgical center are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery.</p> |

### Outpatient Benefits

**Covered Medical Expenses** are payable up to a combined maximum of **\$5,000** per Accident or Sickness per Policy Year.

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

|  |   |
|--|---|
| Hospital Outpatient Department or Walk-in Clinic Visit Expense | <p><b>Covered Medical Expenses</b> for outpatient treatment in a hospital are payable as follows:<br/> <u>Preferred Care: 100%</u> of the Negotiated Charge after a <b>\$25</b> per visit Copay.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| Emergency Room Expense   | <p><b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows:<br/> <u>Preferred Care: 100%</u> of the Negotiated Charge after <b>\$150</b> per visit copay.<br/> <u>Non-Preferred Care: 100%</u> of the Reasonable Charge after <b>\$150</b> per visit deductible.</p> <p><i>Please note: the ER per visit copay/deductible does not apply towards meeting the annual deductible.</i></p> |
| Accidental Ingestion of Controlled Substance Expense           | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for the accidental ingestion of Controlled Substances.</p> <p><u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Inpatient minimum of at least 30 days per Policy Year.<br/> Outpatient Maximum Benefit of <b>\$500</b> per Policy Year.</p>   |

|                                      |   |
|--------------------------------------|---|
| <p>Urgent Care Expense</p>           | <p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p><b><u>Please note: A Covered Person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u></b></p> <p><b>The Covered Person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance.</b></p> <p><b><u>Urgent Care</u></b><br/>Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p><b>Covered Medical Expenses</b> for urgent care treatment are payable as follows:<br/><u>Preferred Care: 100%</u> of the Negotiated Charge after \$25 per visit copay.<br/><u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>When travel to a Preferred Care Provider for treatment of an urgent condition is not feasible, a Covered Person may call Aetna to request authorization to see a Non-Preferred urgent care provider so that such treatment may be paid at the preferred level of benefits.</p> <p>If it is not feasible to request authorization prior to treatment, then it should be done as soon as possible after treatment but not later than:</p> <ul style="list-style-type: none"> <li>• the next day during normal business hours, or</li> <li>• if the Covered Person is confined in a hospital directly after receiving urgent care, not later than 48 hours following the start of the confinement unless it is not possible for the Covered Person to request authorization within that time. In that case, it must be done as soon as reasonably possible.</li> </ul> <p>However:</p> <ul style="list-style-type: none"> <li>• if the treatment is received, or</li> <li>• the confinement occurs, on a Friday or Saturday, authorization must be requested within 72 hours following treatment or the start of the confinement.</li> </ul> <p>If the Covered Person does not request authorization from Aetna to see a Non-Preferred urgent care provider, charges incurred for urgent care will be paid at the Non-Preferred covered percentage after the Non-Preferred deductible.</p> <p>The Covered Person should contact their primary care physician after medical care is provided to treat an urgent condition.</p> <p>A separate preferred urgent care copay/deductible applies to each visit for urgent care by a Covered Person to a Preferred urgent care provider.</p> |
| <p>Ambulance Expense</p>             | <p><b>Covered Medical Expenses</b> are payable as follows:<br/><b>100%</b> of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p>  |
| <p>Pre-Admission Testing Expense</p> | <p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows:<br/><u>Preferred Care: 90%</u> of the Negotiated Charge.<br/><u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><i>Please see the Definition of Pre-Admission Testing on page 46 for more detailed information on this benefit.</i></p>  |

|                                   |   |
|-----------------------------------|---|
| Physician's Office Visits         | <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 100%</u> of the Negotiated Charge after a \$25 copay.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| Laboratory and X-Ray Expense      | <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Deductible Waived for Laboratory expenses only.</p>   |
| Therapy Expense                   | <p><b>Covered Medical Expenses</b> 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"> <li>• Physical Therapy</li> <li>• Chiropractic Care</li> <li>• Speech Therapy</li> <li>• Inhalation Therapy, or</li> <li>• Occupational Therapy.</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b> if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Coverage of care rendered by a chiropractor must be covered to the same extent as covered by a physician if the condition is covered by the plan.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b> only if such therapies are a result of injury or sickness.</p> <p>Expenses are payable as follows:<br/> <u>Preferred Care: 100%</u> of the Negotiated Charge after \$25 per visit copay.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> |
| Chemotherapy Expense              | <p><b>Covered Medical Expenses</b> also include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Radiation therapy</li> <li>• Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy</li> <li>• Dialysis, and</li> <li>• Respiratory therapy.</li> </ul> <p>Such expenses are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| Durable Medical Equipment Expense | <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefit will not exceed actual purchase price of equipment.</p>   |

|   |  |
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| <p>Hearing Aids for Children</p>              | <p><b>Covered Medical Expenses</b> include hearing aids for children twelve years of age or younger. Such hearing aids will be considered Durable Medical Equipment under the Policy.</p> <p>Benefits are payable as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>Benefits will be limited to <b>\$1000</b> within a twenty-four month period.</p>  |
| <p>Ostomy Appliances and Supplies Expense</p> | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for ostomy surgery including appliances and supplies relating to ostomy including, but not limited to:</p> <ul style="list-style-type: none"> <li>• collection devices</li> <li>• irrigation equipment and supplies</li> <li>• skin barriers, and</li> <li>• skin protectors.</li> </ul> <p>Benefits are payable as follows, up to \$1,000 maximum per policy year:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>Benefits payable for this Expense will not be applied to any policy maximums for durable medical equipment.</p>   |
| <p>Prosthetic Devices Expense</p>             | <p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>  |
| <p>Outpatient Physical Therapy Expense</p>    | <p><b>Covered Medical Expenses</b> for physical therapy are payable as follows when provided by a licensed physical therapist.</p> <p><u>Preferred Care:</u> After a <b>\$25</b> per visit copay, <b>100%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>   |
| <p>Dental Injury Expense</p>                  | <p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> </ul> <p>The treatment must be done in the calendar year of the accident or the next one. If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> </ul> |

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|                           | <ul style="list-style-type: none"> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances, are installed due to such injury, <b>Covered Medical Expenses</b> include only charges for: <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> </li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul> <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <b>90%</b> of Actual Charge.</p> <p>Benefits are limited to <b>\$125</b> per tooth for simple extractions, <b>\$200</b> per tooth for complicated extraction and <b>\$250</b> per tooth for repair of an accidental Injury.</p> |
| Dental Anesthesia Expense | <p><b>Covered Medical Expenses</b> include coverage for general anesthesia, nursing and related hospital services provided in conjunction with Inpatient, outpatient or one-day dental services if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• These services are deemed medically necessary by the treating dentist or oral surgeon and the patient’s primary care physician; and</li> <li>• The patient is either (A) determined by a licensed dentist, in conjunction with a licensed physician who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital, or (B) a person who has a developmental disability, as determined by a licensed physician who specializes in primary care, that places the person at serious risk.</li> </ul> <p><b>Covered Medical Expenses</b> are covered as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable charge.</p>   |

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| <p>Allergy Treatment Expense</p>     | <p><b>Benefits include charges incurred for treatment of allergies and immunology services.</b></p> <p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>• Physician office visits, including visits to administer injections</li> <li>• Prescribed medications for treatment of the allergy, including an equipment used in the administration of prescribed medication, and</li> <li>• Other medically necessary supplies and services.</li> </ul> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge after a <b>\$25</b> per visit copay.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>Benefits for Allergy Treatment is limited to a maximum of <b>\$5,000</b> per condition, per policy year.</p> <p>Expenses incurred for Allergy Testing are not covered.</p>   |
| <p>Impacted Wisdom Teeth Expense</p> | <p><b>Covered Medical Expenses</b> for removal of one or more impacted wisdom teeth are payable as follows:<br/> <u><b>90%</b> of Actual Charge.</u></p> <p>Benefits are limited to <b>\$125</b> per tooth for simple extractions, <b>\$200</b> per tooth for complicated extraction and <b>\$250</b> per tooth for repair of an accidental Injury.</p>   |
| <p>Well Baby Care Expense</p>        | <p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p><b>Routine preventive and primary care</b> services are services rendered to a covered dependent child, from the date of birth through the attainment of <b>six (6)</b> years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> |

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| <p>Child Early Intervention Services</p>       | <p><b>Covered Medical Expenses</b> include services rendered to a covered dependent child from birth to 3 years of age, who has been determined by the State of Connecticut to be qualified to participate in The Birth-to-Three Program. The Covered Person must submit proof of such qualification with the initial claim.</p> <p>These are the services, provided as part of an individualized family service plan, created by an interdisciplinary panel of the State of Connecticut. These include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Speech therapy given in connection with a speech impairment resulting from a congenital abnormality, disease, or injury.</li> <li>• Occupational or physical therapy expected to result in significant improvement of a body function impaired by a congenital abnormality, disease, or injury.</li> <li>• Clinical psychological tests or treatment in connection with a disease, including a mental disorder or an injury.</li> <li>• Skilled nursing services, on a part-time or intermittent basis, given by a R.N. or by a L.P.N.</li> </ul> <p><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>This benefit has a maximum benefit of <b>\$5,000</b> per Policy Year and a Lifetime maximum of <b>\$9,600</b>.</p> |
| <p>Immunizations Expense</p>                   | <p><i>HPV Vaccine (Guardasil) -</i><br/> <u>Preferred Care:</u> <b>90%</b> of the Vaccination Expenses Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p><i>Meningitis</i><br/> <u>Preferred Care:</u> <b>90%</b> of the Vaccination Expenses Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p><i>Hepatitis Vaccination</i><br/> <u>Preferred Care:</u> <b>90%</b> of the Expenses Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$5,000</b> per condition, per Policy Year Outpatient Maximum.</p>   |
| <p>Blood Lead Screening tests for Children</p> | <p><b>Covered Medical Expenses</b> include blood lead screening and risk assessments ordered by a primary care physician as follows: annual screening for children 9-35 months of age, screening for children age 36 to 72 months who have not been previously screened, or for any child under 72 months of age, if clinically indicated as determined by the PCP, annual assessment for children age 36-72 months and for children 36 months of age or younger if determined that assessment is needed by PCP.</p> <p><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>   |
| <p>Consultant or Specialist Expense</p>        | <p><b>Covered Medical Expenses</b> 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 to confirm or determine a diagnosis.</p> <p>Benefits are covered as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>  |

| <b>Mental Health Benefits</b>   |   |
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| Biologically-Based Mental or Nervous Conditions<br>Inpatient Expense      | <p><b>Covered Medical Expenses</b> for the diagnosis and treatment of biologically based mental or nervous condition are payable on the same basis as any other sickness.</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><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/><u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>                                    |
| Biologically-Based Mental or Nervous Conditions<br>Outpatient Expense     | <p><b>Covered Medical Expenses</b> for the diagnosis and treatment of biologically based mental or nervous condition are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/><u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>This benefit has a maximum benefit of <b>\$5,000</b> per Policy Year.</p>   |
| Non-Biologically Based Mental or Nervous Conditions<br>Inpatient Expense  | <p><b>Covered Medical Expenses</b> for the treatment of a mental health or nervous condition while confined as a Inpatient in a hospital or facility licensed for such treatment are payable as follows:<br/><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/><u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an Inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> |
| Non-Biologically Based Mental or Nervous Conditions<br>Outpatient Expense | <p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health or nervous condition are payable as follows:<br/><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/><u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>This benefit has a maximum benefit of <b>\$5,000</b> per Policy Year.</p>  |

| <b>Substance Abuse Benefits</b> |  |
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| Inpatient Expense               | <p><b>Covered Medical Expenses</b> for the treatment of a substance abuse condition while confined as an Inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/><u>Non-Preferred Care:</u> <b>70%</b> 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 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> |

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| Outpatient Expense | <p><b>Covered Medical Expenses</b> for outpatient treatment of a substance abuse condition are payable on the same basis as any other sickness:<br/> <u>Preferred Care: 100%</u> after a \$25 per visit copay of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$5,000</b> per condition, per Policy Year.</p> |
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| <b>Maternity Benefits</b> |  |
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| Maternity Expense | <p><b>Covered Medical Expenses</b> 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><b>Complications of pregnancy</b>, including spontaneous and non-elective abortions, are considered a sickness and are covered under this benefit. Voluntary or elective abortions are not covered.</p> <p><u>Preferred Care:</u> After any applicable deductible, <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> After any applicable deductible, <b>70%</b> of the Reasonable Charge.</p> |
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| 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"> <li>• hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery,</li> <li>• physician's charges for circumcision, and</li> <li>• physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> |
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| <b>Additional Benefits</b>   |   |
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| <p>Prescription Drug Benefit</p>   | <p>Prescription Drug Benefits are payable as follows:<br/> <u>Preferred Care Pharmacy:</u> Following a <b>\$30</b> copay for each Brand Name Prescription Drug or a <b>\$15</b> copay for each Generic Prescription Drug, 100% of the Negotiated Rate.</p> <p><u>Non-Preferred Care Pharmacy:</u> Following a <b>\$30</b> deductible for each Brand Name Prescription or a <b>\$15</b> deductible for each Generic Prescription Drug, <b>100%</b> of the Reasonable Charge.</p> <p>Benefits are limited to a Policy Year maximum of <b>\$1,000</b>.</p> <p><b>Please note:</b> You are required to pay in full at the time of service for all Prescriptions dispensed at Non-Preferred Pharmacies.</p> <p>Prior authorization is required for growth hormones, and for drugs which are used for the treatment of Malaria.</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 and appetite suppressants.</p> <p>For assistance or <b>for a complete list of excluded medications</b>, or drugs requiring <b>prior authorization</b>, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (available 24 hours).</p> <p>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p> |
| <p>Prescription Contraceptive Devices</p>  | <p><b>Covered Medical Expenses</b> for contraceptive drugs, devices and outpatient services are payable as follows:<br/> <u>Preferred Care:</u> <b>90%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• Charges incurred for contraceptive drugs and devices that by law need a <b>physician's prescription</b>, and that have been approved by the FDA.</li> <li>• Related outpatient contraceptive services such as:</li> <li>• Consultations,</li> <li>• Exams,</li> <li>• Procedures, and</li> <li>• Other medical services and supplies.</li> </ul>   |
| <p>Amino Acid Modified Preparations and Low Protein Modified Food Products Expense</p> | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for Amino Acid Modified Preparations and Low Protein Modified Food Products for the treatment of Inherited Metabolic Diseases. Coverage also includes Specialized Formulas for covered dependents up to age 8 when such Specialized Formulas are necessary for the treatment of a disease or condition and are administered under the direction of a physician.</p> <p><i>Please see description on page 43 for more detailed information on Inherited Metabolic Diseases.</i></p> <p>Benefits are payable as follows: Payable on the same basis as outpatient Prescription Drugs.</p>  |

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| <p>Diabetic Testing Supplies Expense</p>                              | <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.<br/> Diabetic Testing Supplies are limited to:</p> <ul style="list-style-type: none"> <li>• Lancet devices,</li> <li>• glucose monitors, and</li> <li>• test strips.</li> </ul> <p>Syringes, insulin, or other items used in the treatment of diabetes are not covered by this benefit.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| <p>Hypodermic Needles Expense</p>                                     | <p><b>Covered Medical Expenses</b> hypodermic needles or syringes prescribed by a prescribing practitioner for the purpose of administering medications for medical conditions, provided such medications are covered under the policy are payable as follows: Payable Same as any other expense.</p>   |
| <p>Outpatient Diabetic Self-management Education Programs Expense</p> | <p><b>Covered Medical Expenses</b> for outpatient diabetic self-management education programs are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><i>Please see the definition on page 40 of this Brochure for more information on Diabetic Self-Management Education Programs.</i></p>  |
| <p>Routine Colorectal Cancer Screening Expense</p>                    | <p>Even though not incurred in connection with a sickness or injury, benefits include charges for colorectal cancer examination and laboratory tests, for any person age 50 or older, any age who is considered to be at high risk for colorectal cancer, or when prescribed by a physician, for the following:</p> <ul style="list-style-type: none"> <li>• One fecal occult blood test (FOBT) every 12 months,</li> <li>• One flexible sigmoidoscopy every 5 years,</li> <li>• One FOBT every 12 months plus one flexible sigmoidoscopy every 5 years,</li> <li>• One digital rectal exam every 12 months,</li> <li>• One double contrast barium enema every 5 years,</li> <li>• One colonoscopy every 10 years.</li> <li>• Virtual colonoscopy</li> <li>• Stool DNA</li> </ul> <p>Such screening and laboratory testing shall be <b>Covered Medical Expenses</b> in accordance with the recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.<br/> Benefits will be payable as follows: Same basis as any other applicable expense.</p> |

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| <p>Routine Prostate Cancer Screening Expense</p>                  | <p>Benefits include charges incurred by a <b>Covered Person</b> for the screening of cancer as follows:<br/> One digital rectal exam and one prostate specific antigen test each Policy Year for:</p> <ul style="list-style-type: none"> <li>• for a male age 50 or over</li> <li>• a male who is symptomatic, and</li> <li>• a male whose biological father or brother has been diagnosed with prostate cancer</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>   |
| <p>Routine Screening for Sexually Transmitted Disease Expense</p> | <p>Benefits include charges for Covered Persons who are at least 17 years old and who are sexually active for annual routine screening for sexually transmitted diseases. Benefits include charges incurred for Gonorrhea, RPR (Rapid Plasma Reagent, Hepatitis A and Herpes 1 and 2 serology.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><i>Please see definition on page 49 for more information on this benefit.</i></p>  |
| <p>Chlamydia Screening Test Expense</p>                           | <p><b>Covered Medical Expenses</b> include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> <li>• Women who are: <ul style="list-style-type: none"> <li>• under the age of 20 if they are sexually active, and</li> <li>• at least 20 years old if they have multiple risk factors.</li> </ul> </li> <li>• Men who have multiple risk factors.</li> </ul> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><i>Please see definition on page 38 for more information on this benefit.</i></p> |
| <p>Lyme Disease Treatment Expense</p>                             | <p>Covered Medical Expense include charges incurred by a Covered Person for Lyme Disease Treatment:</p> <ul style="list-style-type: none"> <li>• 30 days of intravenous antibiotic therapy;</li> <li>• 60 days of oral antibiotic therapy; and</li> <li>• Further Medically Necessary treatment of recommended by a Physician.</li> </ul> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>   |
| <p>Infertility Services Expense</p>                               | <p>Even though not incurred for treatment of a disease or injury, Covered Medical Expenses will include expenses incurred by a covered for infertility if all of the following tests are met:<br/> There exists a condition that:</p> <ul style="list-style-type: none"> <li>• is a demonstrated cause of infertility; and</li> <li>• has been recognized by a gynecologist or infertility specialist; and</li> <li>• is not caused by voluntary sterilization or a hysterectomy.</li> </ul>  |

For a Covered Person who is: Under age 40 and unable to conceive or produce conception, or sustain a successful pregnancy during a one year period.

- Ovulation induction with ovulatory stimulant drugs; subject to maximum of 4 courses of treatment in a Covered Person's lifetime.
- Artificial insemination, subject to maximum of 3 courses of treatment in a Covered Person's lifetime.
- In-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer for those Covered Person's unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the policy; subject to a lifetime maximum of 2 cycles, with not more than 2 embryo implantations per cycle provided that each such fertilization or transfer is credited toward such maximum as one cycle. A Covered Person may forego a particular treatment or procedure if the member's physician determines that such treatment or procedure is likely to be unsuccessful.

These expenses will be covered on the same basis as for disease.

A course of treatment is one cycle of treatment that corresponds to one ovulation attempt.

The Lifetime Maximums stated above shall apply to any one continuous period of coverage under this Policy.

Oral Prescription Drugs used for the treatment of infertility will be covered subject to the same terms and conditions as the separate Prescription Drug Expense Benefit, if included. However, any limits or maximums of this separate benefit shall not be applied to oral infertility drugs, nor shall the oral infertility drug costs apply towards the maximum shown in the benefit.

Injectable Prescription Drugs, except in connection with Ovulation induction, used for the treatment of infertility will be covered subject to the same terms and conditions as the separate Prescription Drug Expense Benefit, if included. However, any limits or maximums of this separate benefit shall not be applied to oral infertility drugs, nor shall the oral infertility drug costs apply towards the maximum shown in the benefit. Coverage of injectable Prescription Drugs in connection with Ovulation induction are covered subject to the Ovulation induction lifetime maximum 4 courses of treatment described above.

A course of treatment is one cycle of treatment that corresponds to one ovulation attempt.

Treatment or procedures are required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.

Not covered are charges for:

- Purchase of donor sperm or storage of sperm.
- Care of donor egg retrievals or transfers.
- Cryopreservation, storage, or thawing of cryopreserved embryos.
- Gestational carrier programs.
- Home ovulation prediction kits.
- Pregnancies or child birth resulting from infertility treatment.
- Reversal of surgical sterilization.

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| Pap Smear Expense                                    | <p><b>Covered Medical Expenses</b> include one annual routine Pap smear screening for women age 18 and older.</p> <p>Benefits are payable on the same basis as any other outpatient expense.</p>  |
| Mammography Expense                                  | <p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> <li>• Prior personal history of breast cancer</li> <li>• Positive Genetic Testings</li> <li>• Family history of breast cancer; or</li> <li>• Other risk factors</li> </ul> <p><b>Covered Medical Expenses</b> include charges for a comprehensive ultrasound screening of the breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on:</p> <ul style="list-style-type: none"> <li>• The Breast Imaging Reporting and Data System established by the American College of Radiology; or</li> <li>• If the woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse.</li> </ul> <p><b>Covered Medical Expenses</b> are payable on the same basis as any expense.</p> |
| Elective Abortion Expenses                           | <p>If, as a result of pregnancy having its inception during the Policy Year, a Covered Person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p><b>Covered Medical Expenses</b> for Elective Abortion Expense are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>This benefit is in lieu of any other Policy benefits.<br/> Benefits are limited to a <b>\$400</b> maximum per Occurrence.</p>  |
| Mastectomy and Breast Reconstruction Expense Benefit | <p><b>Covered Medical Expense</b> include expenses for charges incurred in connection with a mastectomy or lymph node dissection, including a minimum of 48 hours of Inpatient care following the procedure and for reconstructive surgery on both the breast on which surgery was performed and the non-diseased breast.</p> <p>Benefits are paid on the same basis as any other disease:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>This coverage will be provided in consultation with the attending physician and the patient.</p>  |

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| <p>Craniofacial Disorder Expense</p>                       | <p><b>Covered Medical Expenses</b> include medically necessary orthodontic processes and appliances for the treatment of craniofacial disorders for individuals eighteen years of age or younger if prescribed by a craniofacial team recognized by the American Cleft Palate-Craniofacial Association.</p> <p>Benefits are payable (same as any other sickness) as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Treatment</b> does <b>not</b> include cosmetic surgery.</p>  |
| <p>Autism Spectrum Disorder</p>                            | <p><b>Covered Medical Expenses</b> include physical, speech and occupational therapy services for the treatment of autism spectrum disorders (as stated in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders).</p> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>   |
| <p>Tumor and Leukemia Expense</p>                          | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for:</p> <ul style="list-style-type: none"> <li>• the surgical removal of tumors; or</li> <li>• for the treatment of leukemia.</li> </ul> <p>Such charges include:</p> <ul style="list-style-type: none"> <li>• outpatient chemotherapy, up to a maximum yearly benefit of at least \$500;</li> <li>• reconstructive surgery, up to a maximum yearly benefit of at least \$500;</li> <li>• non-dental prosthesis including any maxillo-facial prosthesis used to replace an anatomic structure lost during treatment for head or neck tumors or any appliances essential for the support of such prosthesis, up to a maximum yearly benefit of at least \$300;</li> <li>• outpatient chemotherapy following surgical procedures due to treatment of tumors, up to a maximum yearly benefit of at least \$500;</li> <li>• a wig, if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy, up to a maximum yearly benefit of at least \$350;</li> <li>• for the purposes of the surgical removal of breast due to tumors, the maximum yearly benefit for prosthesis is \$300 for each breast removed.</li> </ul> <p>This benefit will not operate to reduce or deny benefits as proved under the Mastectomy and Reconstructive Surgery benefit.</p> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> |
| <p>Cancer Clinical Trials Health Care Services Expense</p> | <p><b>Covered Medical Expenses</b> include charges incurred for medically necessary health care services that are incurred as a result of treatment being provided to a Covered Person for purposes of a cancer clinical trial that would otherwise be covered if such services were not performed pursuant to a cancer clinical trial. These services include those rendered by a physician, diagnostic or laboratory tests, hospitalization, FDA-approved drugs or other services provided to the patient during the course of treatment in the cancer clinical trial for a condition, or one of its complications that is consistent with the usual and customary standard of care.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include:</p> <ul style="list-style-type: none"> <li>• the cost of an investigational new drug or device that has not been approved for</li> </ul>   |

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|   | <p>market for any indication by the FDA;</p> <ul style="list-style-type: none"> <li>• the cost of a non-health care service that a Covered Person may be required to receive as a result of the treatment being provided for the purposes of the cancer clinical trial;</li> <li>• facility, ancillary, professional services and drugs costs that are paid for by grants or funding for the cancer clinical trial;</li> <li>• costs of services that are inconsistent with widely accepted and established regional or national standards of care for a particular diagnosis, or are performed specifically to meet the requirements of the cancer clinical trial;</li> <li>• costs that would not be covered under the Covered Person's Policy for non-investigational treatments, including but not limited to, items excluded from coverage under the Covered Person's Policy with the insurer or health plan; and</li> <li>• transportation, lodging, food or any other expenses associated with travel to or from a facility providing the cancer clinical trial, for the Covered Person or family member or companion.</li> </ul> <p>Benefits will be paid on the same basis as any other applicable expense.</p> |
| Pain Management Treatment Expense             | <p><b>Covered Medical Expenses</b> include charges incurred for pain management treatment ordered by a Pain Management Specialist which may include all means medically necessary to make:</p> <ul style="list-style-type: none"> <li>• the diagnosis and development of a treatment plan for Pain; and</li> <li>• necessary medications and procedures.</li> </ul> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>  |
| Neurological Testing for Children with Cancer | <p><b>Covered Medical Expenses</b> include neuropsychological testing, ordered by a licensed physician, to assess the extent of any cognitive or developmental delays due to chemotherapy or radiation treatment for children diagnosed with cancer on or after January 1, 2000.</p> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>No prior authorization is required for this benefit.</p>   |
| Surgical Second Opinion Expense               | <p><b>Covered Medical Expenses</b> 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:<br/> <u>Preferred Care: After a \$25 per visit copay, 100%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>   |
| Acupuncture in Lieu of Anesthesia Expense     | <p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan. 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: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>   |

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| <p>Podiatric Expense</p>                        | <p><b>Covered Medical Expenses</b> include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable as follows:<br/> <u>Preferred Care:</u> After a <b>\$25</b> copay, <b>100%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>As to podiatric expenses and expenses incurred for the treatment of diabetes, expenses are covered subject to the same coinsurance, copays, deductibles and limitations that apply to any other <b>sickness</b>.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are <b>not Covered Medical Expenses</b>.</p>  |
| <p>Home Health Care Expenses</p>                | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> <li>(a) The services are furnished by, or under arrangements made by, a licensed home health agency.</li> <li>(b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 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.</li> <li>(c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined.</li> <li>(d) The care starts within 7 days after discharge from a hospital as an Inpatient, and</li> <li>(e) The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <ul style="list-style-type: none"> <li>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,</li> <li>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.,</li> <li>3. Physical, occupational. speech therapy, or respiratory therapy,</li> <li>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,</li> <li>5. Medical social services by licensed or trained social workers,</li> <li>6. Nutritional counseling.</li> </ul> <p><u>Preferred Care:</u> After a <b>\$50</b> copay, <b>100%</b> of the Negotiated Charge.<br/> <u>Non-Preferred Care:</u> After a <b>\$50</b> deductible, <b>70%</b> of the Reasonable Charge.<br/> Benefits are limited to <b>80</b> visits per Policy Year, or Maximum Social Services per policy year <b>\$200</b> for terminally ill insured person.</p> |
| <p>Transfusion or Dialysis of Blood Expense</p> | <p><b>Covered Medical Expenses</b> include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof. Benefits are payable as any other expense.</p>  |

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| Hospice Benefit                  | <p><b>Covered Medical Expenses</b> include charges for hospice care provided for a terminally ill Covered Person during a hospice benefit period.</p> <p>Benefits are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><i>Please see definition on page 42 for more information on Hospice Care Expenses.</i></p> <p><i>Benefits for Hospice expenses require pre-certification.</i></p>  |
| Licensed Nurse Expense           | <p>Benefits include charges incurred by a Covered Person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Expenses</b> for a Licensed Nurse are covered as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.<br/> For purposes of determining this maximum, a shift means 8 consecutive hours.</p>  |
| Skilled Nursing Facility Expense | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time Inpatient, or</li> <li>• within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge for the semi-private room rate.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge for the semi-private room rate.</p> <p><i>Benefits for Skilled Nursing require pre-certification.</i></p>   |
| Rehabilitation Facility Expense  | <p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement as a full time Inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are covered as follows:<br/> <u>Preferred Care: 90%</u> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.<br/> <u>Non-Preferred Care: 70%</u> of the Reasonable Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p> <p><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></p> |

## ADDITIONAL SERVICES AND DISCOUNTS

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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).

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

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

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

### **Use Zagat<sup>®</sup> reviews as a guide for your night out:**

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

### **Give the gift of relaxation to yourself or a friend through SpaWish:**

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

### **Get trusted health information from the MayoClinic.com Bookstore:**

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

### **Aetna's Informed Health<sup>®</sup> Line:**

Get answers from a registered nurse at any time — just call our toll-free Informed Health Line. With one simple call, you can:

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

### **Talk to a registered nurse:**

Our nurses can discuss more than 5,000 health and wellness topics. Call them anytime you have a health question.

### **Listen to our Audio Health Library:\***

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

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

### **Go online for even more health information**

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

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

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

**Aetna Health Connections<sup>SM</sup> Disease Management Program** – This program offers support for over 35 conditions with smart technology and supportive services to ensure a healthier you. Our goal is to make it easier to manage your health and live your life well. Our CareEngine<sup>®</sup> system continuously scans your health data to identify safety risks and solutions. Using technology to look for opportunities for better care and programs and services helps to meet your individual needs. You may also receive a call or letter from the Aetna Health Connections Disease Management nurse. Call us at **1-866-269-4500** to get started.

**Vital Savings<sup>SM</sup> on Dental\*** is a dental discount program helping you [and your dependents] save an average of 15% to 50% on a wide array of dental services – with one low annual fee of \$29 per person. Enroll online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Price: \$29 Student only, \$51 Spouse, \$73 Child(ren)

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

*\*The Vital Savings by Aetna<sup>®</sup> program (the “Program”) is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna<sup>®</sup> discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.*

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

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

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

## **OPTIONAL DENTAL INSURANCE PLAN**

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

\* In Texas, the Preferred Provider Organization (PPO) plan is known as the Participating Dental Network (PDN).

Price: **\$345** Student, **\$355** Spouse and **\$520** for Child(ren)

Policy Year Maximum: **\$2,000**

Policy Year deductible: **\$50**

|                   | In Network  | Out of Network |
|-------------------|-------------|----------------|
| Preventative      | <b>100%</b> | <b>100%</b>    |
| Basic Restorative | <b>80%</b>  | <b>60%</b>     |
| Major Restorative | <b>50%</b>  | <b>40%</b>     |

*The Aetna Dental PPO insurance plan is underwritten by Aetna Life Insurance Company.*

## **GENERAL PROVISIONS**

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### ***STATE MANDATED BENEFITS***

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

### ***SUBROGATION/REIMBURSEMENT RIGHT OF RECOVERY PROVISION***

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illness, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

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

### ***NON-DUPLICATION OF BENEFITS***

This provision applies if a **covered student**:

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

In this case, the medical expense benefits Aetna will pay will be reduced by such excess. This provision will not apply if any portion of the premium for this plan is paid for by the **covered student** or parent.

### ***MULTIPLE COVERAGE UNDER THE POLICY***

If a Covered Person is covered under the Policy, both as a covered student and a covered dependent, or as a covered dependent of two covered students, the following will apply:

- The Covered Person's coverage in each capacity under the Policy will be set up as a separate "Plan."
- The order in which various plans will pay benefits will apply to the "Plans" set up above and to all other plans.
- This provision will not apply more than once to figure the total benefits payable to the person for each claim under the Policy.

### ***EXTENSION OF BENEFITS***

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Covered students and dependents that do not re-enroll for coverage after his or her insurance terminates, are covered for any condition which first manifested itself during the period for which he or she was previously insured during the Policy Year. Expenses incurred after the termination date, shall be payable in accordance with the Policy, but only while they are incurred during the 30-day period, following such termination of insurance.

### ***TERMINATION OF INSURANCE***

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Benefits are payable under this policy 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 Policy terminates,
- (b) the last day for which any required premium has been paid,
- (c) the date on which the **covered student** withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,

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

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

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

- (a) For a child, on the first premium due date following the first to occur of:
  - (1) the date the child is no longer chiefly dependent upon the student for support and maintenance,
  - (2) the date of the child's marriage, or
  - (3) the child's 26<sup>th</sup> birthday,
- (b) The date the **covered student** fails to pay any required premium.
- (c) For the spouse or party to a Civil Union, the date the marriage ends in divorce or annulment or the date Civil Union ends.
- (d) The date **dependent** coverage is deleted from this Policy.
- (e) For a domestic partner, the earlier to occur of:
  - 1) the date this Policy no longer allows coverage for domestic partners, and
  - 2) the date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- (f) The date the **dependent** ceases to be in an eligible class.

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

***CONTINUATION OF COVERAGE FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN***

**Coverage will continue for a mentally or physically handicapped child if the child is (1) incapable of self-sustaining employment by reason of mental or physical handicap, as certified by the child's physician on a form provided by the insurer, hospital or medical service corporation or health care center, and (2) chiefly dependent upon the policyholder or subscriber for support and maintenance.**

## EXCLUSIONS

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This Policy does not cover nor provide benefits for:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from **injury** to **sound, natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision aids, or hearing aids (except for children 12 years of age or younger), or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
4. Expenses incurred as a result of **injury** due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an **accident** occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law. This exclusion will not apply to the following:

A **Covered Person** who is a sole proprietor or business owner who is not covered under Connecticut Statute Chapter 568 - Workers' Compensation Act (Chapter 568) or who accepts the provisions of Chapter 568, Section 31-275 (10), and a **Covered Person** who is a corporate officer of a corporation whether or not he or she is excluded, or has requested exclusion from coverage under Chapter 568 as allowed by Connecticut Statute, Section 31-275 (9) (B) (V).

7. Expenses incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **Covered Person** entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expenses incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:  
Improve the function of a part of the body that:
  - is not a tooth or structure that supports the teeth, and
  - is malformed:
    - as a result of a severe birth defect, including harelip, webbed fingers, or toes, or
    - as direct result of:
      - disease, or
      - surgery performed to treat a disease or **injury**.

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

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

11. Expenses incurred as a result of preventive medicines, serums, or vaccines. Unless specifically provided for under the Policy.
12. Expenses incurred as a result of a **Covered Person's** commission of a felony. This does not apply to treatment of an injury sustained by a **Covered Person** with an elevated blood alcohol content or while under the influence of intoxication liquor or any drug.
13. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
14. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.
15. Expenses incurred for 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. Treatment for **injury** to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
17. 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) in accordance with any Connecticut law or regulation.
18. 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.

Plans must cover routine patient costs for clinical trials as defined in the law.

19. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.

20. 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.
21. Expenses incurred for the removal of an organ from a **Covered Person** for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a **Covered Person** to a spouse, child, brother, sister, or parent.
22. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
23. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
24. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
25. Expenses incurred for breast reduction/mamoplasty.
26. Expenses incurred for gynecal mastea (male breasts).
27. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
28. Expenses incurred as a result of **dental** treatment, except for treatment resulting from **injury to sound natural teeth**, dental abscesses, or for removal of wisdom teeth, as provided elsewhere in this Policy.
29. Expenses incurred by a **Covered Person**, not a United States citizen, for services performed within the **Covered Person's** home country, if the **Covered Person's** home country has a socialized medicine program.
30. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
31. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
32. Expenses for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when **medically necessary**, because the **Covered Person** is diabetic, or suffers from circulatory problems.
33. Expenses for **injuries** sustained as the result of a motor vehicle **accident**, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
34. Expenses incurred for **prescription drugs**, except when administered during a **hospital confinement**.
35. Expenses incurred for **custodial care**, private duty nursing services and supplies, provided by a sanitarium, or rest cures. **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.
36. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.

37. Expenses incurred for hearing aids (except for children 12 years of age or younger), the fitting, or prescription of hearing aids.
38. Expenses incurred for hearing exams.
39. Expenses incurred in excess of \$200 in any one **Policy Year** for non-surgical treatment of dislocations or subluxations of vertebrae (initial examinations and x-rays are covered under the Policy, and are not subject to this limitation).
40. Expenses for transplants, other than cornea and kidney.
41. Expenses for services or supplies used to treat conditions related to hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition.
42. Expenses for care or services to the extent the charge was covered under Medicare Part A or Part B.
43. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
44. Expenses for the cost of supplies used in the performance of any occupational therapy.
45. Expenses for personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if such items are prescribed by a **physician**.
46. Expenses for services or supplies provided for the treatment of obesity and/or weight control.
47. Expenses for incidental surgeries, and standby charges of a **physician**.
48. Expenses for treatment and supplies for programs involving cessation of tobacco use, except as necessary for the treatment of a mental or nervous condition.
49. Expenses incurred for the use of orthotics, unless used exclusively to promote healing.
50. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion, or subluxation, in the human body, for purposes of removing nerve interference as a result of or related to: distortion, misalignment, or subluxation in the vertebral column, except as provided elsewhere in the Policy.
51. Expenses incurred as a result of **dental** treatment, except for treatment resulting from **injury to sound natural teeth**, as provided elsewhere in this Policy.
52. Expenses incurred for **injury** resulting from the plan or practice of intercollegiate sports, in excess of \$2,000 per condition (participating in sports clubs, or intramural athletic activities, is not excluded).
53. Expenses and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; unless specifically provided for in this Policy.
54. Expenses incurred for massage therapy.
55. Expenses incurred for, or in connection with, speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts, speak words, and form sentences), as a result of an **accident** or **sickness**.
56. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.

57. Expenses for charges that are not **recognized charges**, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the **recognized charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
58. Expenses for charges that are not **reasonable charges**, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the **reasonable charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
59. Expenses for treatment of **covered students** who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
60. 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) in accordance with any Connecticut law or regulation.
61. 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.
62. Expenses incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Aetna, for the diagnosis care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed, recommended, or approved, by the person's attending **physician**, or **dentist**.

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

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

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

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

- those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- those furnished mainly for the personal comfort or convenience of the person, any person who cares for him 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

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### Accident

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

### Actual Charge

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

### Aggregate Maximum

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

### Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

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

### 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.

### **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 preeclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

**Complications of Pregnancy** also include:

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

### **Convalescent Facility**

This is an institution that:

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

### **Copay**

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

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

### **Covered Dental Expenses**

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

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

### **Covered Dependent**

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

### **Covered Medical Expense**

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

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

### **Covered Person**

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

### **Covered Student**

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

### **Craniofacial Team**

A multidisciplinary group of practitioners that coordinates care for a child with congenital or acquired abnormalities of the craniofacial complex, including structures in the skull, face and neck.

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

The term "child" includes a **covered student's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption and who is residing with the covered student, and who is chiefly dependent on the **covered student** for his or her full support.

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

### **Designated Care**

Care provided by a **Designated Care Provider**.

### **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 Policy, which is given to the Policyholder.

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

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

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

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems. The maximum benefit will not exceed the total cost of equipment.

### **Effective Treatment of a Mental or Nervous Conditions:**

This is a program that:

- is prescribed and supervised by a **physician**; and
- is for a mental or nervous condition.

### **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 except as specifically provided elsewhere in this Policy,
- 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 except as specifically provided elsewhere in this Policy,
- 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 **physician's** office, or
    - **Hospital** outpatient department, or emergency room, or
    - Clinical laboratory, or
    - Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

### **Home Health Agency**

An agency or organization which meets each of the following requirements: (1) It is primarily engaged in and is federally certified as a home health agency and duly licensed, if such licensing is required, by the appropriate licensing authority, to provide nursing and other therapeutic services, (2) its policies are established by a professional group associated with such agency or organization, including at least one physician and at least one registered nurse, to govern the services provided, (3) it provides for full-time supervision of such services by a physician or by a registered nurse, (4) it maintains a complete medical record on each patient, and (5) it has an administrator.

### **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**

Home health care shall consist of, but shall not be limited to, the following: (1) Part-time or intermittent nursing care by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse, if the services of a registered nurse are not available; (2) part-time or intermittent home health aide services, consisting primarily of patient care of a medical or therapeutic nature by other than a registered or licensed practical nurse; (3) physical, occupational or speech therapy; (4) medical supplies, drugs and medicines prescribed by a physician, advanced practice registered nurse or physician assistant and laboratory services to the extent such charges would have been covered under the policy or contract if the Covered Person had remained or had been confined in the hospital; (5) medical social services, as hereinafter defined, provided to or for the benefit of a Covered Person diagnosed by a physician as terminally ill with a prognosis of six months or less to live. Medical social services are defined to mean services rendered, under the direction of a physician by a qualified social worker holding a master's degree from an accredited school of social work, including but not limited to (A) assessment of the social, psychological and family problems related to or arising out of such Covered Person's illness and treatment; (B) appropriate action and utilization of community resources to assist in resolving such problems; (C) participation in the development of the overall plan of treatment for such Covered Person.

### **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 reasonable and customary charges made by a hospice for the following services or supplies: charges for Inpatient care, charges for drugs and medicines, charges for part-time nursing by 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 inpatient services for the care and treatment of injured and sick people, and
- it provides room and board services and nursing services 24 hours a day, and
- it has established facilities for diagnosis and major surgery, and
- it is run as a **hospital** under the laws of the jurisdiction which it is located.

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

### **Hospital Confinement**

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

**Inherited Metabolic Disease**

HIV; phenylketonuria and other metabolic diseases; hypothyroidism; galactosemia; sickle cell disease; maple syrup urine disease; homocystinuria; biotinidase deficiency; congenital adrenal hyperplasia; such other tests for inborn errors of metabolism as shall be prescribed by the Department of Public Health; amino acid disorders; organic acid disorders; fatty acid disorders; and cystic fibrosis.

**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.

### **Member Dental Provider**

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

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

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

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

The area within a [30-70] mile radius of the **covered student's member dental provider**.

### **Negotiated Charge**

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

### **Non-Member Dental Provider**

A **dental provider** who has not entered into a written agreement with Aetna to provide Dental Expense Benefits to **covered students**.

### **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**.

### **Non-Preferred Pharmacy**

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

### **Non-Preferred Prescription Drug Expense**

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

### **One Sickness**

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

### **Orthodontic Treatment**

Any:

- medical service or supply, or
- dental service or supply, furnished to prevent or to diagnose or to correct a misalignment:
  - of the teeth, or
  - of the bite, or
  - of the jaws or jaw joint relationship, whether or not for the purpose of relieving pain.

Not included is:

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

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

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

### **Out-of-Pocket Limit**

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

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

- **deductibles**,
- **copays**,
- expenses that are not **Covered Medical Expenses**,
- expenses for **designated care** or **Non-Preferred care**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Policy.

### **Outpatient Diabetic Self-Management Education Program**

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

### **Partial Confinement Treatment**

This means a plan of psychiatric services to treat a mental or nervous condition which meets these tests:

- it is carried out in a **hospital** or **treatment facility** on less than a full-time Inpatient basis (not less than four hours and not more than twelve hours in any twenty-four hour period); and
- it is in accord with accepted medical practice for the condition of the **Covered Person** and does not require full-time confinement.

### **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.

### **Preferred Care**

Care provided by:

- a **Covered Person's primary care physician**, or a **Preferred Care Provider**.
- a health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider**, or referred 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 Policy, but only:

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

### **Preferred Prescription Drug Expense**

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

- is dispensed by a **Preferred Pharmacy**, or for an **emergency medical condition** only, by a **Non-Preferred pharmacy**, and
- is dispensed upon the **Prescription** of a **Prescriber** who is:
  - a **Designated Care Provider**, or
  - a **Preferred Care Provider**, or
  - a **Non-Preferred Care Provider**, but only for an **emergency 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. Expenses for insulin and diabetic supplies will not accrue to or be subject to any maximums that apply generally to **prescription drugs**.
- Disposable hypodermic needles and syringes for the purpose of administering injectable drugs for a covered medical condition provided that such injectable **prescription drugs** are covered under the Policy.

## **Primary Care Physician**

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

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

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

## **Reasonable and Customary**

The charge which is the smallest of:

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

## **Reasonable Charge**

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

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

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

In determining the **reasonable charge** for a service or supply that is:

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

Aetna may take into account factors, such as:

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

### **Recognized Charge**

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

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

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

In determining the **recognized charge** for a service or supply that is:

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

Aetna may take into account factors, such as:

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

### **Residential Treatment Facility – (Mental Disorders)**

This is an institution that meets all of the following requirements:

- On-site licensed **Behavioral Health Provider** 24 hours per day/7 days a week.
- Provides a comprehensive patient assessment (preferably before admission, but at least upon admission).
- Is admitted by a **Physician**.
- Has access to necessary medical services 24 hours per day/7 days a week.
- Provides living arrangements that foster community living and peer interaction that are consistent with developmental needs.
- Offers group therapy sessions with at least an RN or Masters-Level Health Professional.
- Has the ability to involve family/support systems in therapy (required for children and adolescents; encouraged for adults).
- Provides access to at least weekly sessions with a **Psychiatrist** or psychologist for individual psychotherapy.
- Has peer oriented activities.
- Services are managed by a licensed **Behavioral Health Provider** who, while not needing to be individually contracted, needs to (1) meet the Aetna credentialing criteria as an individual practitioner, and (2) function under the direction/supervision of a licensed psychiatrist (Medical Director).
- Has individualized treatment plan directed toward the alleviation of the impairment that caused the admission.
- Provides a level of skilled intervention consistent with patient risk.
- Meets any and all applicable licensing standards established by the jurisdiction in which it is located.
- Is not a Wilderness Treatment Program or any such related or similar program, school and/or education service.

As used here:

“Individualized treatment plan” means a treatment plan prescribed by a **physician** with specific attainable goals and objectives appropriate to both the **Covered Person** and the treatment modality of the program.

### **Residential Treatment Facility – (Alcoholism and Drug Abuse)**

This is an institution that meets all of the following requirements:

- On-site licensed **Behavioral Health Provider** 24 hours per day/7 days a week.
- Provides a comprehensive patient assessment (preferably before admission, but at least upon admission).
- Is admitted by a **Physician**.
- Has access to necessary medical services 24 hours per day/7 days a week.

- If the member requires detoxification services, must have the availability of on-site medical treatment 24 hours per day/7 days a week, which must be actively supervised by an attending **Physician**.
- Provides living arrangements that foster community living and peer interaction that are consistent with developmental needs.
- Offers group therapy sessions with at least an RN or Masters-Level Health Professional.
- Has the ability to involve family/support systems in therapy (required for children and adolescents; encouraged for adults).
- Provides access to at least weekly sessions with a **Psychiatrist** or psychologist for individual psychotherapy.
- Has peer oriented activities.
- Services are managed by a licensed **Behavioral Health Provider** who, while not needing to be individually contracted, needs to (1) meet the Aetna credentialing criteria as an individual practitioner, and (2) function under the direction/supervision of a licensed psychiatrist (Medical Director).
- Has individualized treatment plan directed toward the alleviation of the impairment that caused the admission.
- Provides a level of skilled intervention consistent with patient risk.
- Meets any and all applicable licensing standards established by the jurisdiction in which it is located.
- Is not a Wilderness Treatment Program or any such related or similar program, school and/or education service.
- Ability to assess and recognize withdrawal complications that threaten life or bodily functions and to obtain needed services either on site or externally.
- 24-hours per day/7 days a week supervision by a **Physician** with evidence of close and frequent observation.
- On-site, licensed **Behavioral Health Provider**, medical or substance abuse professionals 24 hours per day/7 days a week.

As used here:

“Individualized treatment plan” means a treatment plan prescribed by a **physician** with specific attainable goals and objectives appropriate to both the **Covered Person** and the treatment modality of the program.

### **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.

**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.

**Treatment Facility (mental or nervous conditions):** an institution that:

- Mainly provides a program for the diagnosis, evaluation, and **effective treatment of mental or nervous conditions**.
- Is not mainly a school or a custodial, recreational or training institution.
- Provides infirmary-level medical services. Also, it provides, or arranges with a **hospital** in the area for, any other medical service that may be required.
- Is supervised full-time by a psychiatrist who is responsible for patient care and is there regularly.
- Is staffed by psychiatric physicians involved in care and treatment.
- Has a psychiatric physician present during the whole treatment day.
- Provides, at all times, psychiatric social work and nursing services.
- Provides, at all times, skilled nursing care by licensed nurses who are supervised by a full-time **R.N.**
- Prepares and maintains a written plan of treatment for each patient based on medical, psychological and social needs. The plan must be supervised by a psychiatric physician.
- Makes charges.
- Meets licensing standards.

If a facility is located in the jurisdiction where the group policy is delivered, only the first 2 and last 2 tests above will apply.

It is also a **residential treatment facility**; provided that:

- If the **Covered Person** is confined full-time in such **facility**, such confinement started right after a **hospital** confinement of at least 3 days. The **hospital** confinement must have:
  - been for the treatment of the same disorder; and
  - started while the **Covered Person** was covered under the group policy.
- The treatment in such **facility** is rendered under a personal treatment plan. The plan must be set-up and approved by the **Covered Person's physician**. The plan must be in writing. If the **Covered Person** is confined full-time in such **facility**, the **physician** must certify that full-time confinement in a **hospital** would otherwise be needed.

### **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**

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

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

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

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

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

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

### ***APPEAL PROCESS***

In the event a Covered Person disagrees with how a claim was processed or any other issue, they may request a review. The Covered Person's request must include why they disagree and must also include any additional information that supports their claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of Medical Necessity, etc.).

An Appeal process has been established for resolving issues by Covered Persons. If a Covered Person has an appeal, they must follow this process:

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification or eligibility, etc. The address to send Appeals is shown on the Covered Person's ID Card.
- An Appeal must be submitted within 60 days of the date of a notice of denial.
- An acknowledgment letter will be sent to the Covered Person within five days of receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted within 15 days of the date of the letter.
- The Covered Person will be sent a response by Aetna within 30 days of receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.
- If the Appeal concerns an eligibility issue, and if additional information is not submitted after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days.
- Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another 30 days.
- Aetna will keep the records of any appeal for three years.
- In an emergency situation involving admission to or services from an acute care hospital, if the Covered Person's Physician, or the hospital, determines that the Covered Person faces a life-threatening or other serious Injury situation, they may submit a request for an expedited review. A response shall be given to the provider

within three hours of Aetna's receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.

- In all other urgent or emergency situations, the Appeal process may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response.

If, after completing the Appeal process outlined above, the Covered Person, the Covered Person's Physician, or the hospital are still dissatisfied with Aetna's response, the Covered Person may appeal the decision to the Connecticut Insurance Department. The applicable internet address for the State Insurance Department for your Plan is: [www.state.ct.us/cid](http://www.state.ct.us/cid).

This must be done within 30 days of receipt of Aetna's final response.

### **PRESCRIPTION DRUG CLAIM PROCEDURE**

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

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

## **ON CALL INTERNATIONAL**

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

A brief description of these benefits is outlined below.

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

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

**NOTE: For most school plans, ADD benefits are provided by Aetna Life Insurance Company (ALIC). However, in some states, ADD benefits may be provided through a contractual relationship between Chickering Claims Administrators, Inc. (CCA) and On Call International (On Call). ADD coverage provided through On Call is underwritten by United States Fire Insurance Company (USFIC). Please refer to your school's policy to determine whether ALIC or USFIC underwrites ADD benefits for your specific Plan. Should you have questions or need to file a claim please contact Aetna Student Health at (888) 834-4693.**

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

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

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

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

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- Return of Traveling Companion

### ***WORLDWIDE EMERGENCY TRAVEL ASSISTANCE (WETA) SERVICES***

On Call provides the following travel assistance services:

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

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will NOT be provided for any such services not provided and arranged through On Call. Although certain medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), On Call does not provide coverage for medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.**

**To obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered**

**Persons when they enroll in the Plan: Toll Free 1- (866) 525-1956 or collect 1-(603) 328-1956. All Covered Persons should carry their On Call ID cards when traveling.**

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

## **AETNA NAVIGATOR®**

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### **Got Questions? Get Answers with Aetna's Navigator®**

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

#### **By logging into Aetna Navigator®, you can:**

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

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

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

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

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

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

## NOTICE

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

### Administered by:

Aetna Student Health.  
P.O. Box 15708  
Boston, MA 02215-0014  
**(888) 834-4693**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

### Underwritten by:

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

Policy No. 697420

### Additional Information

This plan is underwritten by Aetna Life Insurance Company, which was incorporated in Connecticut on June 14, 1853. Aetna Life Insurance Company is wholly owned by Aetna Inc.

### Utilization Review Data

The following utilization review data includes utilization review performed by all companies which may be sub-contracted, including carve-out services under contract with the Managed Care Organization care enrollees:

- A. Total number of utilization review requests (medical and behavioral health): 150
- B. Total number of adverse determinations (denials) (medical and behavioral health) \* based on A: 10
- C. The total number of adverse determinations in B above regarding an admission, service, procedure, or an extension of stay that were appealed. (if multiple levels of appeals, count only once) 0
- D. Total number of adverse decisions in B above regarding an admission, service, procedure, or extension of stay that were reversed on appeal: 0

*\*Negotiated or partial certifications are included in this figure.*

### Health Care Providers

#### Total number of participating primary care physicians located in:

|                   |     |
|-------------------|-----|
| Fairfield County  | 647 |
| Hartford County   | 695 |
| Litchfield County | 87  |
| Middlesex County  | 100 |
| New Haven County  | 660 |
| New London County | 148 |
| Tolland County    | 64  |
| Windham County    | 75  |

**Total number of participating specialists located in:**

|                   |      |
|-------------------|------|
| Fairfield County  | 1499 |
| Hartford County   | 1747 |
| Litchfield County | 193  |
| Middlesex County  | 175  |
| New Haven County  | 2096 |
| New London County | 324  |
| Tolland County    | 61   |
| Windham County    | 100  |

**Total number of participating acute care hospitals located in:**

|                   |    |
|-------------------|----|
| Fairfield County  | 6  |
| Hartford County   | 10 |
| Litchfield County | 3  |
| Middlesex County  | 1  |
| New Haven County  | 8  |
| New London County | 2  |
| Tolland County    | 2  |
| Windham County    | 2  |

**Total number of participating pharmacies in:**

|                   |     |
|-------------------|-----|
| Fairfield County  | 142 |
| Hartford County   | 172 |
| Litchfield County | 40  |
| Middlesex County  | 32  |
| New Haven County  | 168 |
| New London County | 42  |
| Tolland County    | 23  |
| Windham County    | 21  |

**Medical Loss Ratio:** 76.64%

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.

***NOTICE***

Aetna considers nonpublic personal Covered Person 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 Aetna Student Health's Student Connection Link on the internet at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).