2012 -2013
Student Health Insurance Plan

University of Medicine & Dentistry of New Jersey

Your student health insurance coverage, offered by Aetna Student Health*, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of $500,000 per Condition per Policy Year on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (800) 466-3185. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

* Fully insured Aetna Student Health Insurance Plans are underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies and their applicable affiliated companies.

Underwritten by:
Aetna Life Insurance Company
(ALIC)
Policy Number 812807

WHERE TO FIND HELP

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

For questions about:
* Insurance Benefits
* Claims Processing
* Pre-Certification Requirements

Please contact:
Aetna
PO Box 981106
El Paso, TX 79998
(800) 466-3185

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
(800) 466-3185

For questions about:
* Enrollment Forms
* Waiver Process

Please contact:
University Heath Plans, Inc.
(800) 437-6448
info@univhealthplans.com

For questions about:
* Status of Pharmacy Claim
* Pharmacy Claim Forms
* Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(888) RX AETNA or **(888)792-3862** (Available 24 Hours)

For questions about:
* Provider Listings

Please contact:
Aetna Student Health
(800) 466-3185

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

For questions about:
On Call International 24/7 Emergency Travel Assistance Services

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

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 UMDNJ. 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 UMDNJ's Risk & Claims Office **(973) 972-6277** during business hours.

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

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UNIVERSITY HEALTH SERVICES

The Student Health Services are the University's on-campus health facilities. They are located on each campus as follows:

Newark Campus
Student Health and Wellness Center
Doctor's Office Center, 90 Bergen Street, Suite 1750, Newark
(973) 972-8219

New Brunswick/Piscataway Campus
Student Health Service
Monument Square, 317 George Street, First Floor, New Brunswick
(732) 235-5160

Stratford Campus
Student Health Service
University Doctors Pavilion, 42 East Laurel Road, 2100B, Stratford
(856) 566-6825

Camden Campus
Student Health Service
Ambulatory Care Building, 3 Cooper Plaza, Suite 215, Camden
(856) 342-2434

POLICY PERIOD

1. **Fall (Annual) Term Students**: Coverage for all insured students enrolled for the Fall Term, will become effective at 12:01 AM on **August 1, 2012**, and will terminate at 11:59 PM on **July 31, 2013**.

2. **Spring I Term Students**: Coverage for all insured students enrolled for the Spring I Term will become effective at 12:01 AM on **January 1, 2013**, and will terminate at 11:59 PM on **July 31, 2013**.

3. **Spring II Term Students**: Coverage for all insured students enrolled for the Spring II Term, will become effective at 12:01 AM on **March 1, 2013**, and will terminate at 11:59 PM on **July 31, 2013**.

4. **Summer Term students**: Coverage for all insured students enrolled for the Summer Semester, will become effective at 12:01 AM on **June 1, 2013**, and will terminate at 11:59 PM on **July 31, 2013**.

5. **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 page 38 of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the **dependent** no longer meets the definition of a **dependent**.

RATES

	Annual 8/1/12-7/31/13	**Spring I 1/1/13-7/31/13**	**Spring II 3/1/13-7/31/13**	**Summer 6/1/13-7/31/13**
Student	**$2,795**	**$1,630**	**$1,165**	**$466**
Spouse/ Domestic Partner	**$7,667**	**$4,471**	**$3,196**	**$1,278**
Per Child	**$4,168**	**$2,433**	**$1,735**	**$695**

STUDENT COVERAGE

ELIGIBILITY

Under University Policy, all full-time UMDNJ students, as well as those part-time UMDNJ students who participate in clinical experience as part of their educational programs are required to be covered by health and **accident** insurance. The University, in conjunction with University Health Plans, Inc., and Aetna Student Health, has developed a comprehensive Student Health Insurance Plan that fulfills the UMDNJ insurance requirements.

Please note: All full-time and those part-time students who participate in clinical experience as part of their educational program and have not waived participation in the University Student Health Insurance Plan will be automatically enrolled in the Plan.

Your method of enrollment in this Plan will depend on your course load and class status as follows:

Student Classification	Description	Enrollment
Compulsory Students	All full-time students and those part-time students who participate in clinical experience as part of their educational program and pay tuition directly to UMDNJ.	Student will be automatically enrolled in the Student Health Insurance Plan unless an online Waiver Form has been completed and submitted by the waiver deadline date. The online Waiver Form can be found at: **www.universityhealthplans.com**
Joint Program Students	Students who pay tuition to one of UMDNJ's partner institutions that co-sponsor a program with UMDNJ and participate in clinical experience.	The student must complete either an Enrollment Form OR Waiver Form. The student must complete an Enrollment Form every year to purchase coverage. The online a Waiver Form can be found at: **www.universityhealthplans.com**
Optional Students	Eligible students who are not required to be covered by the Student Health coverage but wish to enroll in the Plan on a voluntary basis.	The student must complete an Enrollment Form to purchase Insurance Plan. The student must complete an Enrollment Form every year to purchase coverage. The Enrollment Form is available at your School or you can download an Enrollment Form at: **www.universityhealthplans.com**

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Part-time study, in**dependent** study, internet classes and television (TV) courses may not fulfill the eligibility requirements that the **covered student** actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

ENROLLMENT

Compulsory Students

All full-time students and those part-time students who participate in clinical experience and pay tuition directly to UMDNJ will be automatically enrolled in and billed for the Aetna plan on their UMDNJ tuition bill. They do not need to complete an Enrollment Form. Students who are required to be covered by the Student Health Insurance Plan, and who pay tuition to one of UMDNJ's partner institutions that co-sponsor a program with UMDNJ, and participate in clinical experience must complete an Enrollment Form or online Waiver Form. The Enrollment Form is available at your School or you can download a Form at: **www.universityhealthplans.com**.

The completed Form and premium must be sent to:
University Health Plans, Inc.
One Batterymarch Park,
Quincy, MA 02169

The Fall Waiver deadline is 8/15/2012 for students of RWJMS, NJDS, SOM, and NJMS; the Fall Waiver deadline is 9/23/2012 for students of SHRP, SN, SPH, and GSBS.

WAIVER PROCESS/PROCEDURE

The Waiver Form may be viewed, completed, and submitted online at: **www.universityhealthplans.com**.
The waiver deadline dates for each term are as follow:

	Waiver Deadline Dates:	
Term	**RWJMS, NJDS, SOM & NJMS**	**SHRP, SN, SPH & GSBS**
Fall Term Student	**08/15/12**	**9/23/12**
New Spring I Term Students	**01/15/13**	**2/25/13**
New Spring II Term Semester	**03/15/13**	**3/15/13**
New Summer Term Semester	**06/15/13**	**6/15/13**

You will automatically be enrolled in the Student Health Insurance Plan if the Waiver Form has not been electronically filed by the above waiver deadline date.

Optional Students

Eligible students, who are not required to be covered by the Student Health Insurance Plan, but wish to enroll in the Plan on a voluntary basis, may do so by completing an Enrollment Form.

The Enrollment Form is available at your School or you can download a Form at: **www.universityhealthplans.com**.

The completed Form and premium must be sent to:
University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169

The deadline for enrolling coincides with the established Waiver Deadlines above.

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

(a) the **covered student's** spouse/**civil union partner** residing with the **covered student**, or
(b) the person identified as a domestic partner in the "Declaration of Domestic Partnership",
(c) Dependent children under age 26, and
(d) the **covered student's** child (by blood or by law) who:

- is less than 31 years of age,
- is unmarried,
- has no dependents,
- is a resident of New Jersey or is enrolled as a full-time student, and
- is not provided coverage as a named subscriber, enrollee, or covered person under any other health plan.

(e) newborn children from the moment of birth, however if payment of premium is required to provide coverage for the newborn child, Aetna may require notification of birth and payment of the required premium within 31 days after the date of birth in order to have the coverage continue beyond the 31 day period.

The term "child" also includes a **covered student's** step-child, adopted child, children of a **civil union partner** and a child for whom a petition for adoption is pending, who is residing with the **covered student** and who is chiefly dependent on the **covered student** for their full support.

The term **dependent** does not include a person who is an eligible student.

ENROLLMENT

To enroll the **dependent(s)** of a **covered student**, please access the **Dependent** Enrollment Form that may be viewed on and downloaded from University Health Plans, Inc.'s website at: **www.universityhealthplans.com**.

The completed **Dependent** Enrollment Form and check payable to University Health Plans, Inc. must be submitted by the following **dependent** enrollment deadline dates:

Dependent Enrollment	**RWJMS, NJDS, SOM & NJMS**	**SHRP, SN, SPH & GSBS**
Fall Term	August 15, 2012	September 23, 2012
Spring I Term	January 15, 2013	February 25, 2013
Spring II Term	March 15, 2013	March 15, 2013
Summer Term	June 15, 2013	June 15, 2013

Please note that payment must be made by personal check, bank check, or money order. Credit card payments are not accepted.

Annual coverage for **dependents** is payable on a Four Installment Basis (Fall, Spring I, Spring II, and Summer). A reminder notice will be issued by University Health Plans, Inc. prior to the next installment payment due date. However, it should be noted that in order to have continuous coverage semester-by-semester, payment of the next quarterly premium must be received no later than the start date of the term for which coverage is purchased. Please see below for **Dependent** premium payment due dates:

	Dependent Premium Payment Due Dates
Fall Term	August 1, 2012
Spring I Term	November 1, 2012
Spring II Term	February 1, 2013
Summer Term	May 1, 2013

If the quarterly installment is received after the above premium payment due date, coverage will cease as of the last day of the previous term of coverage. Please note that timely payment of quarterly installments is the responsibility of the insured student.

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 UMDNJ 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 University Health Plans at, **(800) 437-6448**.

PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access a **Preferred Provider Network** in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the UMDNJ 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 Charge**s these providers have agreed to accept as payment for their services. A complete listing of participating providers is available at the UMDNJ Health Services.

You may also obtain information regarding **Preferred Providers** by contacting Aetna Student Health at **(800) 466-3185**, or through the Internet by accessing DocFind at **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 Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.

PRE-CERTIFICATION PROGRAM

Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. **Pre-certification** may be done by you, your doctor, a **hospital** administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(800) 238-6279** (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 a maximum **pre-certification** penalty which is the lesser of **$200** or **50%** of the amount that would otherwise have been paid.

The following inpatient services 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.

UMDNJ STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the **Accident** and **Sickness** Medical Expense benefits available for UMDNJ 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 UMDNJ's Risk & Claims Office **(973) 972-6277** during business hours. Please refer to your Certificate of Coverage for a complete description of the benefits available.

DESCRIPTION OF BENEFITS

Please Note:

THE UMDNJ PLAN MAY NOT COVER ALL OF YOUR HEALTH CARE EXPENSE.

The UMDNJ 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 UMDNJ 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 UMDNJ, you may view it at UMDNJ's Risk & Claims Office (973) 972-6277 or you may contact Aetna Student Health at (800) 466-3185.

This Plan will never pay more than $500,000 per condition per Policy Year and a maximum of $100,000 on covered medical expenses for pharmacy benefits. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.

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

All insurance coverage is subject to the terms of the Master Policy and applicable state filings. Under health care reform legislation, student health plans may be required to eliminate or modify certain existing benefit plan provisions, including, but not limited to, exclusions and limitations. Aetna reserves the right to modify its products and services in response to federal and/or state legislation, regulation or requests of government authorities.

*Benefit descriptions have been added to this brochure to help illustrate new Health Care Reform (HCR) requirements. HCR requirements are currently being filed for support in individual states and will appear in policy contracts and certificates of coverage once approved.

SUMMARY OF BENEFITS CHART

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

Preferred Outpatient Care Individual: **$75 Annual Deductible**
Non Preferred Care: **$1,000 Annual Deductible ($2,000 per family)**

Prescription Drug Copays do not apply towards meeting the annual Deductible.

Waiver of Annual Deductible
In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care **Covered Medical Expenses** (refer to specific benefit types for list of services) rendered as part of the following benefit types: Inpatient Care, Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Well Woman Preventive Visits *(Office Visits),* Screening & Counseling Services
(Office Visits), Routine Cancer Screenings *(Outpatient),* Prenatal Care *(Office Visits),* Comprehensive Lactation Support and Counseling Services *(Facility or Office Visits),* Breast Pumps & Supplies, Family Contraceptive Counseling Services *(Office Visits),* Female Voluntary Sterilization *(Inpatient and Outpatient).*

COINSURANCE
Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable **Deductible**, up to a maximum benefit of **$500,000** per condition per **policy year**.

OUT OF POCKET MAXIMUMS
Once the Individual or Family **Out-of-Pocket Limit** has been satisfied, **Covered Medical Expenses** will be payable at **100%** for the remainder of the **Policy Year**, up to any benefit maximum that may apply.

Preferred Care Individual **Out-of-Pocket**: **$1,500**
Preferred Care Family **Out-of-Pocket**: **$3,000**

Non-Preferred Care Individual **Out-of-Pocket**: **$10,000**
Non-Preferred Care Family **Out-of-Pocket:** **N/A**

Prescription Drug per prescription Copay/Deductibles and coinsurance amounts do not apply towards meeting the annual Out-of-Pocket Maximum.

All coverage is based on Recognized charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Room and Board Expense	**Covered Medical Expenses** are payable as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge for a semi-private room.
Intensive Care Room and Board Expense	**Covered Medical Expenses** are payable as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.
Miscellaneous Hospital Expense	**Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge. **Covered Medical Expenses** include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.
Non-Surgical Physician's Visit Expense	**Covered Medical Expenses** for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge.

Surgical Expense - Inpatient	
Surgical Expense	**Covered Medical Expenses** for charges for surgical services, performed by a Physician, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Anesthesia Expense	**Covered Medical Expenses** for the charges of anesthesia, during a surgical procedure, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Assistant Surgeon Expense	**Covered Medical Expenses** for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Surgical Expense - Outpatient	
Surgical Expense	**Covered Medical Expenses** for charges for surgical services, performed by a Physician, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Anesthesia Expense	**Covered Medical Expenses** for the charges of anesthesia, during a surgical procedure, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Assistant Surgeon Expense	**Covered Medical Expenses** for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Ambulatory Surgical Expense	Benefits are payable for **Covered Medical Expenses** incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. **Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery. Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. **Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery.

Outpatient Benefits

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

Hospital Outpatient Department Expense	**Covered Medical Expenses** includes treatment rendered in a Hospital Outpatient Department. **Covered Medical Expenses** do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits. **Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Walk-In Clinic Visit Expense	**Covered Medical Expenses** include services rendered in a walk-in clinic. **Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Emergency Room Expense	**Covered Medical Expenses** incurred for treatment of an Emergency Medical Condition are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **90%** of the Recognized Charge. Please note that as **Non-Preferred Care Providers** do not have a contract with **Aetna**, the provider may not accept payment of your cost share (your **deductible** and **coinsurance)** as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send **Aetna** the bill at the address listed on the back of your member ID card and **Aetna** will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.

Urgent Care Expense	*Benefits include charges for treatment by an urgent care provider as required by the Federal Emergency Medical Treatment and Active Labor Act.* **Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition</u>. The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.** **<u>Urgent Care</u>** Benefits include charges for an urgent care provider to evaluate and treat an urgent condition. **Covered Medical Expenses** for urgent care treatment are payable as follows: <u>Preferred Care</u>: **90%** of the Negotiated Charge. <u>Non-Preferred Care</u>: **60%** of the Recognized Charge. *No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.*
Ambulance Expense	**Covered Medical Expenses** are payable as follows: **100%** 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.
Pre-Admission Testing Expense	**Covered Medical Expenses** for Pre-Admission testing charges while an outpatient before scheduled surgery are payable on the same basis as any other condition.
Physician's Office Visit Expense	**Covered Medical Expenses** are payable as follows: <u>Preferred Care</u>: **90%** of the Negotiated Charge. <u>Non-Preferred Care</u>: **60%** of the Recognized Charge. This benefit includes visits to specialists.
Laboratory and X-ray Expense	**Covered Medical Expenses** are payable as follows: <u>Preferred Care</u>: **90%** of the Negotiated Charge. <u>Non-Preferred Care</u>: **60%** of the Recognized Charge.
High Cost Procedures Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for High Cost Procedures that are required as a result of **injury** or **sickness**. Expenses for High Cost Procedures; which must be provided on an outpatient basis; may be incurred in the following: (a) A **physician's** office; or (b) **Hospital** outpatient department; or emergency room; or (c) Clinical laboratory; or (d) Radiological facility; or other similar facility; licensed by the applicable state; or the state in which the facility is located. **Covered Medical Expenses** for High Cost Procedures include charges for the following procedures and services: (a) C.A.T. Scan; (b) Magnetic Resonance Imaging; and (c) Contrast Materials for these tests. <u>Preferred Care</u>: **90%** of the Negotiated Charge. <u>Non-Preferred Care</u>: **60%** of the Recognized Charge.

Therapy Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for the following types of therapy provided on an outpatient basis: • Physical Therapy, • Chiropractic Care, • Speech Therapy, • Inhalation Therapy, • Cardiac Rehabilitation**,** or • Occupational Therapy. Expenses for Chiropractic Care are **Covered Medical Expenses**, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function. Expenses for Speech and Occupational Therapies are **Covered Medical Expenses**, only if such therapies are a result of **injury** or **sickness**. **Covered Medical Expenses** for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. **Covered medical expenses** also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Benefits are payable as follows: **Inpatient**: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. **Outpatient:** Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Chemotherapy/ Autologus Bone Marrow Transplant Expense	**Covered Medical Expenses** for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. **Covered Medical Expenses** also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Benefits are payable for **Covered Medical Expenses** on the same basis as any other sickness.
Durable Medical and Surgical Equipment Expense	**Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. **Breast Feeding Durable Medical Equipment** Coverage includes the rental or purchase of breast feeding **durable medical equipment** for the purpose of lactation support (pumping and storage of breast milk) as follows. Preferred Care: **100%** of the Negotiated Charge. *Breast Pump* C**overed expenses** include the following: The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a **hospital**.

Durable Medical and Surgical Equipment Expense (continued)	The purchase of: - an electric breast pump (non-hospital grade), if requested within 30 from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth; or - a manual breast pump, if requested within 6-12 months from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth. • If an electric breast pump was purchased within the previous one period, the purchase of an electric or manual breast pump will <u>not</u> be covered until a five year period has elapsed from the last purchase of an electric pump. *Breast Pump Supplies* Coverage is limited to only one purchase per pregnancy in any year where a covered female would not qualify for the purchase of a new pump. Coverage for the purchase of breast pump equipment is limited to one item of equipment, for the same or similar purpose, and the accessories and supplies needed to operate the item. The covered person is responsible for the entire cost of any additional pieces of the same or similar equipment that he or she purchases or rents for personal convenience or mobility. **Aetna** reserves the right to limit the payment of charges up to the most cost efficient and least restrictive level of service or item which can be safely and effectively provided. The decision to rent or purchase is at the discretion of **Aetna**. **Limitations:** Unless specified above, not covered under this benefit are charges incurred for: Services which are covered to any extent under any other part of this Plan; and • Services and supplies furnished by a **Non-Preferred Care Provider**.
Hypodermic Needles Expense	**Covered Medical Expenses** include expenses incurred by a covered person for hypodermic needles used in the treatment of diabetes. **Covered Medical Expenses** are payable on the same basis as any other sicnkess.
Prosthetic or Orthotic Expense	**Covered Medical Expenses** includes charges for orthotic or prosthetic appliances from a licensed orthotist or prosthetist or any certified pedorthist, if determined **medically necessary** by the **covered person's physician and w**igs required as a result of chemo or radiation therapy. Benefits for orthotic and prosthetic appliances are paid at the higher of the federal Medicare reimbursement schedule or the Negotiated Charge. Coverage is provided under the same terms and conditions as for any other **illness**.
Physical Therapy Expense	**Covered Medical Expenses** for physical therapy are payable as follows when provided by a licensed physical therapist: <u>Preferred Care</u>: **90%** of the Negotiated Charge. <u>Non-Preferred Care</u>: **60%** of the Recognized Charge.
Dental Injury Expense	**Covered Medical Expenses** include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition: • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. • Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.

Dental Injury Expense (continued)	Any such teeth must have been: • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. ***The treatment must be done in the calendar year of the accident or the next one***. If: • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, are installed due to such injury, **Covered Medical Expenses** include only charges for: • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. Surgery needed to: • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. **Covered Medical Expenses** are payable as follows: **100%** of the Actual Charge.
Allergy Testing and Treatment Expense	Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services. **Covered Medical Expenses** include, but are not limited to, charges for the following: • Laboratory tests, • **Physician** office visits, including visits to administer injections, • Prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and • Other **medically necessary** supplies and services, **Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Diagnostic Testing for Learning Disabilities Expense	**Covered Medical Expenses** for diagnostic testing for: • attention deficit disorder, or • attention deficit hyperactive disorder. are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. Once a **covered person** has been diagnosed with one of these conditions, medical treatment will not be covered under this Plan.

Routine Physical Exam Expense	**Covered Medical Expenses** include the expenses incurred by a **covered student** or a **covered dependent** for a routine physical exam performed by a **physician**. If charges made by a **physician** in connection with a routine physical exam given to a child' who is a **covered dependent**, are **Covered Medical Expenses** under any other benefit section, no charges in connection with that physical exam will be considered **Covered Medical Expenses** under this section. A routine physical exam is a medical exam given by a **physician**, for a reason other than to diagnose or treat a suspected or identified **injury** or **sickness**. Included as a part of the exam are: • Routine vision and hearing screenings given as part of the routine physical exam. • X-rays, lab, and other tests given in connection with the exam, and • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. • For all persons age 20 and older: • annual testes to determine blood hemoglobin blood pressure, blood glucose level, and blood cholesterol level or, alternatively, low density kliportein (LDL) level and blood high-denisty lipoprotein (HDL) level, and an annual consultation with a health care provider to discuss lifestyle behaviors and promote health and well being including, but not limited to: smoking control,, nutrition and diet recommendations, exercise plans, lower back protection, weight control, immunization practices, breast self-examination, testicular self-examination and seat belt usage in motor vehicles. • For all persons age 35 and older, a glaucoma eye test every five years. • For all persons age 40 and older, an annual stool exam for the presence of blood. • For all persons age 45 or older, a left-sided colon exam of 35 to 60 centimeters every five years. • For all women age 20 and older, pap smears. • For all women age 40 and older, mammograms. • In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, **Covered Medical Expenses** include services rendered in conjunction with, • Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force. • For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to: - Screening and counseling services, such as: Interpersonal and domestic violence; Sexually transmitted diseases; and Human Immune Deficiency Virus (HIV) infections. - Screening for gestational diabetes. - High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years. • X-rays, lab and other tests given in connection with the exam. • Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • If the plan includes dependent coverage, for covered newborns, an initial **hospital** check up.

Routine Physical Exam Expense (continued)	For a child who is a **covered dependent**: • The physical exam must include at least: A review and written record of the patient's complete medical history, A check of all body systems, and A review and discussion of the exam results with the patient or with the parent or guardian. For all exams given to **covered dependent** under age 2, **Covered Medical Expenses** will not include charges for the following: More than 6 exams performed during the first year of the child's life, More than 2 exams performed during the second year of the child's life. • For all exams given to a **covered dependent** from age 2 up and up, **Covered Medical Expenses** will not include charges for more than one exam in 12 months in a row. For all exams given to a **covered student** or a spouse who is a **covered dependent**, **Covered Medical Expenses** will not include charges for more than one exam in 12 months in a row. **Screening and Counseling Services:** **Covered Medical Expenses** include charges made by a **physician** in an individual or group setting for the following are covered at **100%** of the Negotiated Charge when services are provided by a **Preferred Care Provider:** ***Obesity*** • Screening and counseling services to aid in weight reduction due to obesity. Coverage includes: • Preventive counseling visits and/or risk factor reduction intervention; • Medical nutrition therapy; • Nutritional counseling; and • Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease. ***Misuse of Alcohol and/or Drugs*** Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment. ***Use of Tobacco Products*** Screening and counseling services to aid a covered person to stop the use of tobacco products. Coverage includes: • Preventive counseling visits; • Treatment visits; and • Class visits; to aid a covered person to stop the use of tobacco products. Tobacco product means a substance containing tobacco or nicotine including: • cigarettes; • cigars; • smoking tobacco; • snuff; • smokeless tobacco; and • candy-like products that contain tobacco.

Routine Physical Exam Expense (continued)	**Limitations:** Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for: ▪ Services which are covered to any extent under any other part of this Plan; and ▪ Services and supplies furnished by a **Non-Preferred Care Provider**. Also included as **Covered Medical Expenses** are: • charges made by a **physician** for one annual routine gynecological exam, and • an annual consultation with a physician to discuss lifestyle behaviors that promote health and well being including but not limited to: smoking control, nutrition and diet recommendations, exercise plans lower back protection, weight control, immunization practices, breast self-exams, testicular self exams, and proper seat belt usage. Not covered are charges for: • Services which are for diagnosis or treatment of a suspected or identified **injury** or **sickness**. • Exams given while the **covered person** is confined in a **hospital** or other facility for medical care. • Services which are not given by a **physician** or under his or her direct supervision. • Appliances, equipment, or supplies. • Psychiatric, psychological, personality, or emotional testing or exams. • Exams in any way related to employment. • Premarital exams. • dental exams. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Well Baby Care Expense	Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis. **Routine preventive and primary care** services are services rendered to a covered dependent child, from the date of birth through the attainment of **two (2)** 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. 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. **Covered Medical Expenses** are payable as follows: Preferred Care: • **100% of the Negotiated Charge**. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics Non-Preferred Care: • **60% of the Recognized Charge**. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.

Immunizations Expense	**Covered Medical Expenses** include: • charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and **medically necessary** immunizations, and testing for tuberculosis. • charges incurred by a covered dependent up to age 19, for the materials for the administration of appropriate and **medically necessary** immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Consultant Expense	**Covered Medical Expenses** include the expenses for the services of a consultant. The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis. **Covered Medical Expenses** are covered as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Treatment of Mental and Nervous Disorders	
Biologically-Based Inpatient Expense	**Covered Medical Expenses** for the diagnosis and treatment of biologically based mental illnesses are payable on the same basis as any other sickness. **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.
Biologically-Based Outpatient Expense	**Covered Medical Expenses** for the diagnosis and treatment of biologically based mental illnesses are payable on the same basis as any other sickness.
Non-Biologically Based Inpatient Expense	**Covered Medical Expenses** for the treatment of a mental health condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge. **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.
Non-Biologically Based Outpatient Expense	**Covered Medical Expenses** for outpatient treatment of a mental health condition are payable as follows: Preferred Care: 90% of the Negotiated Charge. Non-Preferred Care: 60% of the Recognized Charge. Benefits are limited to a maximum 20 Visits per policy year.

Autism Disorders Expense	**Covered Medical Expenses** include: 1) coverage for the screening and diagnosing of autism or other developmental disabilities, 2) coverage, as prescribed through a treatment plan, for medically necessary occupational therapy, physical therapy and speech therapy when the covered person's primary diagnosis is autism or another developmental disability, and 3) coverage, as prescribed through a treatment plan, for medically necessary behavioral interventions, based on principles of applied behavioral analysis, when the covered person is under age 21 and their primary diagnosis is autism. Benefits are payable on the same basis as any other sickness.

Alcoholism and Drug Addiction Treatment	
Inpatient Expense	**Covered Medical Expenses** for the treatment of a substance abuse condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any sickness. Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge. **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.
Outpatient Expense	**Covered Medical Expenses** for outpatient treatment of a substance abuse condition are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Maternity Benefits	
Maternity Expense	**Covered Medical Expenses** include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. 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. **Covered Medical Expenses** for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness. **Prenatal Care** Prenatal care will be covered at **100%** of the Negotiated Charge* for services received by a pregnant female in a **physician's**, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related **physician** office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check). *__100%__ of the Negotiated Charge refers to Preferred Care only. Non-Preferred Care will be covered as any other Sickness.

Maternity Expense (continued)	**Comprehensive Lactation Support and Counseling Services** **Covered Medical Expenses** will be covered at **100%** of the Negotiated Charge* and include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post partum period by a certified lactation support provider. The "postpartum period" means the 60 day period directly following the child's date of birth. **Covered expenses** incurred during the post partum period also include the rental or purchase of breast feeding equipment as described below. Lactation support and lactation counseling services are **covered expenses** when provided in either a group or individual setting. *__100%__ of the Negotiated Charge refers to Preferred Care only. Non-Preferred Care will be covered as any other Sickness.
Well Newborn Nursery Care Expense	Benefits include charges for routine care of a covered person's newborn child as follows: • hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery, • physician's charges for circumcision, and • physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. **Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Additional Benefits	
Prescribed Medicines Expense	**Prescription Drug** Benefits are payable as follows: Preferred Care: **100%** of the **Negotiated Charge** after the applicable **Copay**. Non-Preferred Care: After the applicable **Deductible**, **70%** of the **Recognized Charge**. Per Prescription **Copay**s/**Deductibles**: Tier One- **$15** Tier Two- **$20** Tier Three- **$40** **Covered Medical Expenses** are payable up to a maximum of **$100,000** per Policy Year. This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. Covered Medical Expenses also include prescription smoking cessations aids. Please use your Aetna Student Health ID card when obtaining your prescriptions. Benefits are paid under this section for prescription female contraceptives for any drug or device used for contraception by a female, which: • Is approved by the Federal Food and Drug Administration for that purpose, • That can only be purchased with a prescription written by a health care professional licensed or authorize to write prescriptions, and • Includes, but is not limited to birth control pills and diaphragms. Prior Authorization may be required for certain Prescription **Drugs** and some medications may not be covered **under** this Plan. For assistance and **a complete list** of **excluded medications**, or drugs requiring **prior authorization**, please contact Aetna Pharmacy Management at **888 RX-AETNA** (available 24 hours).

Prescribed Medicines Expense (continued)	For assistance or **for a complete list** of **excluded medications**, or drugs requiring **prior authorization**, please contact Aetna Pharmacy Management at **(800) 238-6279** (available 24 hours). Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to **www.AetnaSpecialtyRx.com**.
Diabetic Equipment And Self-Management Education Expense	Certain expenses incurred in connection with the treatment of diabetes are Covered Medical Expenses. Benefits are payable for **Covered Medical Expenses** on the same basis as any other **sickness**. If a **physician**, nurse practitioner, or clinical nurse specialist: • diagnoses diabetes, or • diagnoses a significant change in the person's diabetic symptoms or condition that requires a change in the person's self -management of the disease, or • determines that a person who is a diabetic needs reeducation or refresher education, charges for the following will be included as **Other Medical Expenses**, to the extent they are not already covered under any part of this Plan: Equipment - Charges for: • blood glucose monitors, including monitors for the legally blind, and • test strips for glucose monitors, and • visual reading and urine testing strips, and • insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances, insulin infusion devices, and oral agents for controlling blood sugar, and Self Management Education - Charges made by: • a **physician**, nurse practitioner, clinical nurse specialist, or • a pharmacist or dietitian who is legally qualified by the State of New Jersey to provide diabetic management education, for diabetic self-management education. "Diabetic self-management education" is training designed to instruct a person in the self-management of diabetes. It may include training in self care or diet. Charges incurred for the following are not included: • 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.
Non-Prescription Enteral Formula Expense	Benefits include charges incurred by a covered person for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by: • Crohn's Disease, • ulcerative colitis, • gastroesophageal reflux, • gastrointestinal motility, • chronic intestinal pseudoobstruction, and • inherited diseases of amino acids and organic acids. **Covered Medical Expenses** for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein. **Covered Medical Expenses** are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Specialized Infant Formula Expense	**Covered Medical Expenses** include specialized non-standard infant formulas when the covered infant's physician has diagnosed the infant (birth through 12 months) as having multiple food protein intolerance and formula is medically necessary. Coverage may be subject to medical review. Benefits are payable same as any other illness.
Temporomandibular Joint Dysfunction Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for testing of Temporomandibular Joint (TMJ) Dysfunction. Benefits are payable as follows: Preferred Care: After the Annual **Deductible**, **90%** of the **Negotiated Charge**. Non-Preferred Care: After the Annual **Deductible**, **60%** of the **Recognized Charge**. Once a **covered person** has been diagnosed with one of these conditions, medical treatment will not be covered under this Plan.
Pap Smear Screening Expense	**Covered Medical Expenses** include one annual routine pap smear screening and exam for women age 18 and older. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Mammogram Expense	Benefits are payable for charges for mammograms. The charges must be incurred while a **covered person** is insured for these benefits. Benefits will be paid for Expenses incurred for the following: (1) A baseline mammogram for women between the ages of 35 to 40, and (2) A mammogram on an annual basis for women 40 years of age and older. (3) Mammograms at such age and intervals as deemed necessary by the Physician for a person age 40 and under with a family history of breast cancer or other breast cancer risk factors. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Elective Abortion Expenses	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. **Covered Medical Expenses** for Elective Abortion Expense are covered as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. This benefit is in lieu of any other Policy benefits.

Family Planning Expense	For females with reproductive capacity, **Covered Medical Expenses** include those charges incurred for services and supplies that are provided to prevent pregnancy. All contraceptive methods, services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA). Coverage includes counseling services on contraceptive methods provided by a **physician**, obstetrician or gynecologist. Such counseling services are **Covered Medical Expenses** when provided in either a group or individual setting. The following contraceptive methods are **covered expenses** under this benefit: *Voluntary Sterilization* **Covered expenses** include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants. **Covered expenses** under this *Preventive Care* benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement. *Contraceptives* **Covered expenses** include charges made by a **physician** or **pharmacy** for: female contraceptives that are **generic prescription drugs**. The prescription must be submitted to the pharmacist for processing. *This contraceptives benefit covers only **generic prescription drugs**.* female contraceptive devices and related services and supplies that are generic prescription devices when prescribed in writing by a **physician**. *This contraceptives benefit covers only those devices that are generic prescription devices.* FDA-approved female over-the-counter contraceptive methods that are prescribed by your **physician**. The **prescription** must be submitted to the pharmacist for processing. These items are limited to one per day and a 30 day supply per **prescription**. **Limitations:** Unless specified above, not covered under this benefit are charges for: • Services which are covered to any extent under any other part of this Plan; • Services and supplies incurred for an abortion; • Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care; • Services which are for the treatment of an identified **illness** or **injury**; • Services that are not given by a **physician** or under his or her direction; • Psychiatric, psychological, personality or emotional testing or exams; • Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA; • Male contraceptive methods, sterilization procedures or devices; • The reversal of voluntary sterilization procedures, including any related follow-up care; and • Services and supplies furnished by a **Non-Preferred Care Provider**. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. **Important note:** Brand-Name Prescription Drug or Devices will be covered at **100%** of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

Chlamydia Screening Test Expense	Benefits include charges incurred for an annual Chlamydia screening test. Benefits will be paid for Chlamydia screening expenses incurred for: • Women who are: - under the age of 20 if they are sexually active, and - at least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. **Covered Medical Expenses** are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Routine Screening for Sexually Transmitted Disease Expense	**Covered Medical Expenses** include charges for covered persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases. Benefits are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Routine Colorectal Cancer Screening Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for colorectal cancer examination and laboratory tests, for any person age 50 or more, or any person under age 50 who is considered to be a high risk for colorectal cancer, for the following: • A screening fecal occult blood test, • A flexible Sigmoidoscopy, • A barium enema, • A colonoscopy, • A Virtual colonscopy • Stool DNA or • Any combination of the above, or • The most reliable, medically recognized screening test available. The method and frequency of the screening to be utilized shall be in accordance with American Cancer Society guidelines. Benefits are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Routine Prostate Cancer Screening Expense	**Covered Medical Expenses** include charges incurred by a covered person for one digital rectal exam and one prostate specific antigen test each Policy Year for the screening of cancer as follows: • for a male age 50 or over or, • a male age 40 and over with a family history Benefits are payable as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.

Second Surgical Opinion Expense	**Covered Medical Expense**s 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. Benefits are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Elective Second Surgical Opinion Expense	**Covered Medical Expense**s will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation. Benefits are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Acupuncture in Lieu of Anesthesia Expense	Acupuncture is a **Covered Medical Expense** when it is administered for the following indications by a health care provider, who is a legally qualified physician, who is practicing within the scope of their license: • Adult postoperative and chemotherapy nausea and vomiting • Nausea of pregnancy • Postoperative dental pain • Fibromyalgia/myofacial pain • Chronic low back pain secondary to osteoarthritis. The acupuncture must be administered by a health care provider, who is a legally qualified physician, practicing within the scope of their license. Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Dermatological Expense	**Covered Medical Expenses** include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit. Benefits are payable on the same basis as any other sickness. ***Covered Medical Expenses*** *do not include cosmetic treatment and procedures.*
Podiatric Expense	**Covered Medical Expenses** include charges for podiatric services, provided on an outpatient basis following an injury. Benefits are payable on the same basis as any other sickness. Expenses for routine foot care, such as trimming of corns, calluses, and nails, are **not Covered Medical Expenses**.

Home Health Care Expense	**Covered Medical Expenses** include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if: (a) The services are furnished by, or under arrangements made by, a licensed home health agency (b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital or skilled nursing facility if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month (c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined (d) The care starts within 7 days after discharge from a hospital as an inpatient, and (e) The care is for the same condition that caused the hospital confinement, or one related to it. Benefits are payable on the same basis as any other sickness. Benefits are limited to **60** visits per Policy Year. Benefits are payable as follows: Preferred Care: **90%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge.
Transfusion or Dialysis of Blood Expense	**Covered Medical Expenses** include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof. **Covered Medical Expenses** are payable on the same basis as any other sickness.
Hospice Expense	**Covered Medical Expenses** include charges for hospice care provided for a terminally ill covered person during a hospice benefit period. Benefits are payable as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge.
Licensed Nurse Expense	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. **Covered Expenses** for a Licensed Nurse are covered as follows: Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **70%** of the Recognized Charge.
Skilled Nursing Facility Expense	**Covered Medical Expenses** include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered: • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. **Covered Medical Expenses** are payable as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge for the semi-private room rate. Non-Preferred Care: **70%** of the Recognized Charge for the semi-private room rate.

Rehabilitation Facility Expense	**Covered Medical Expenses** include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement. **Covered Medical Expenses** for Rehabilitation Facility Expense are covered as follows: Preferred Care: After a **$500** Copay per admission, **100%** of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations Non-Preferred Care: **70%** of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.

Outpatient Contraceptive Devices and Outpatient Contraceptive Services Expense	**Covered Medical Expenses** include:
	
	• Charges incurred for contraceptive drugs and devices that by law need a **physician's prescription**; and that have been approved by the FDA.
	• Related outpatient contraceptive services such as:
	  • Consultations;
	  • Exams;
	  • Procedures; and
	Other medical services and supplies.
	
	Preferred Care: **100%** of the Negotiated Charge.
	Non-Preferred Care: **60%** of the Recognized Charge.

Hearing Aids for Children Expense	**Covered Medical Expenses** include coverage for medically necessary expenses (including fittings, examinations and hearing tests, dispensing fees, modifications and repairs, ear molds, and headbands for bone-anchored hearing implants) incurred in the purchase of hearing aids for a covered person 15 years of age and younger. **Covered Medical Expenses** are payable on the same basis as any other sickness, and will include one hearing aid (as medically necessary) for each ear. This benefit is limited to **$1,000** per hearing aid every 24 months. The limit will be applied only to the purchase of hearing aids.
Lead Poisoning Screening Expense	**Covered Medical Expenses** include charges incurred by a **covered person,** for screening by lead measurement for lead poisoning in children, including confirmatory blood lead poisoning as specified in New Jersey law. Benefits are payable for **Covered Medical Expenses** on the same basis as any other **sickness**. Annual Deductible does not apply.
Wilm's Tumor Treatment Expense	**Covered Medical Expenses** include expenses incurred in the treatment of Wilm's tumor, including autologous bone marrow transplants when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be deemed experimental or investigational. Benefits are payable on the same basis as any other **sickness**.

Infertility Treatments Expense	**Covered Medical Expenses** include expenses incurred by a covered person for services and supplies for the diagnosis and treatment of infertility. **Infertility** means: A recognized disease or condition that results in the abnormal functioning of the reproductive system, such that: • A person is not able to impregnate another person, • A person is not able to conceive after two years of unprotected intercourse, if the female partner is less than 35 years of age, or conceive after one year of unprotected intercourse if the female partner is 35 or more years of age, • One of the partners is determined to be medically sterile, or • A person is not able to carry a pregnancy to live birth. Infertility must not be caused by a voluntary sterilization or a hysterectomy. **Covered Medical Expenses** include, but are not limited to, the following: • Expenses for the Diagnosis and Treatment of Infertility. These include: Physicians' services, Diagnosis and diagnostic tests, Prescription drugs, Surgery, • Expenses for Artificial Insemination, including prescription drugs. • Expenses for the following services, including prescription drugs: o In-vitro fertilization (IVF), o Gamete intra fallopian transfers (GIFT), o Ovulation induction, o Zygote intra fallopian transfers (ZIFT), o Intracytoplasmic sperm injection (ICSI), o Fresh and cryopreserved embryo transfers, o Assisted hatching, o Microsurgical sperm aspiration, o Obtaining the sperm of a covered female's partner. and o Care of: (a) a covered female who is participating in a donor IVF program, including fertilization and culture, the transfer of the embryo, and syncronization of the covered female's cycle with the donor's cycle, and (b) the donor until the donor is released from care by the reproductive endocrinologist. **Expenses will be covered on the same basis as for disease.** Services must be performed at medical facilities that meet standards established by: the American Society for Reproductive Medicine, or the American College of Obstetricians and Gynecologists. **Limitations:** Procedures involving in-vitro fertilization (IVF), gamete intra fallopian transfers (GIFT) or zygote intra fallopian transfers (ZIFT) are subject to the following limitations: • These procedures are covered only if a successful pregnancy cannot be attained through less costly and medically appropriate treatments available under this Plan. Not more than the total number of eggs harvested during the first four complete egg retrievals will be covered during a covered female's lifetime. Egg retrievals where the cost is not covered by any plan or program will not count in determining this limitation. "Egg retrieval" is a procedure to collect eggs contained in the ovarian follicles. Payable as any other **Sickness**.

Dental Anesthesia Expense	Coverage is provided if you are severely disabled or to a child age five or under for expenses for: • General anesthesia and **hospitalization** for dental services, or • A medical condition covered by this Booklet-Certificate which requires **hospitalization** or general anesthesia for dental services rendered by a **dentist** regardless of where the dental services are provided. Benefits are payable on the same basis as any other **sickness**.
Hemophilia Home Care Treatment Expense	**Covered Medical Expenses** include expenses incurred in connection with the treatment of routine bleeding episodes associated with hemophilia which includes: • Purchase of blood products, • Blood infusion equipment required for home treatment of routine bleeding episodes, when such home treatment program is under the supervision of a State approved hemophilia treatment center, • Blood products includes Factor VIII, Factor IX and cryoprecipitate, and blood infusion equipment including syringes and needles. The benefit shall be provided to the same extent as for any sickness.
Child Immunization Expense	**Covered medical expenses** include all childhood immunizations as recommended by the Advisory Committee on Immunizations Practices of the United States Public Health Service and the Department of Health and Senior Services. Aetna shall notify its Policyholders, in writing, of any change in coverage with respect to childhood immunizations. **Covered Medical Expenses** are payable as follows Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. Annual Deductible does not apply.
Newborn Hearing Testing And Monitoring Expense	**Covered medical expense**s include charges incurred for screening for newborn hearing loss by appropriate electrophysiologic screening measures and periodic monitoring of infants for delayed onset hearing loss. **Covered Medical Expenses** are payable as follows Preferred Care: **100%** of the Negotiated Charge. Non-Preferred Care: **60%** of the Recognized Charge. Annual Deductible does not apply.
Off-Label Prescription Drugs Expense	FDA approved prescription drugs may be covered when the off-label use of the drug has not been approved by the FDA for that indication. The drug must be recognized for treatment of the indication in one of the standard compendia (the United States Pharmacopoeia Drug Information or the American Hospital Formulary Service Drug Information) or, the safety and effectiveness of use for this indication has been adequately demonstrated by at least one study published in a nationally recognized peer review journal. When covered, prescription drugs approved for off-label use are subject to the same terms, conditions, limitations, and exclusions as other prescription drugs covered under the Plan.

Inherited Metabolic Disease Expense	Coverage is provided for expenses incurred in the therapeutic treatment of inherited metabolic diseases, including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be **medically necessary** by your **physician**. Inherited metabolic disease is a disease by an inherited abnormality of body chemistry for which testing is mandated by law. Low protein modified food product are food products that are specially formulated to have less than one gram of protein per serving and are intended to be used under the direction of a **physician** for the dietary treatment of an inherited metabolic disease, but does not include natural food that is naturally low in protein. Medical foods are foods that are intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and are formulated to be consumed or administered internally under the direction of a **physician**. Coverage is provided under the same terms and conditions as for any other **sickness**.

ADDITIONAL SERVICES AND DISCOUNTS

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit, **www.aetnastudenthealth.com**.

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

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

Aetna Hearing℠ discount program: Offers members and their families savings on hearing exams, hearing aids and other hearing services. Members can choose between two great offers at no additional premium cost, Hearing Care Solutions and HearPO®.

Aetna Natural Products and Services℠ discount program: Access to savings on complementary health care products and services, including online consultations, not traditionally covered by their health benefits plan. All products and services are provided through the ChooseHealthy® program* and Vital Health Network (VHN).

*The ChooseHealthy program is made available through American Specialty Health Networks, Inc. (ASH Networks) and Healthyroads, Inc. subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

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

Aetna Weight Management discount program: Access to discounts on the CalorieKing® Program and products, eDiets® diet plans and products, Jenny® weight loss programs and Nutrisystem® weight loss meal plans.

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

Zagat® discount: Zagat® offers a free 60-day Premium Membership to **ZAGAT.com** and a discount when you purchase a one-year, full-access **ZAGAT.com** Premium Membership. With your membership, you can access Zagat's trusted Ratings & Reviews for restaurants worldwide, receive discounts on purchases from the online Zagat Survey Shop and access Zagat Ratings & Reviews on the go with **ZAGAT.com** from your mobile device.

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

Aetna Specialty Pharmacy: Provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. For compounded medications, Aetna Specialty Pharmacy will coordinate getting your prescription to the compounding pharmacy that will be able to fill your prescription. For additional information please go to **www.AetnaSpecialtyRx.com**.

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

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

Aetna Health Connections℠ Disease Management Program: Our disease management program addresses over 35 health conditions, using smart technology along with telephonic nurse support to help you find ways to improve your health. Our systems run 24/7 to help us identify any safety risks and solutions, and suggest opportunities for better care and program services. To get started right away, call us at **1-866-269-4500**.

Aetna's Informed Health® Line*:
Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*. The nurses can help you:

- Learn about medical procedures and treatment options.
- Improve how you talk with your doctor and other health care providers.
- Find out how to describe your symptoms better.
- Ask the right questions.
- Tell your doctor about your eating, exercise and lifestyle habits.

Call anytime. (United States only). Nurses are available 24-hours a day.
To reach a nurse, call **1-800-556-1555**.
TDD for hearing and speech-impaired people only: **1-800-270-2386**.
Or reach them through E-mail.

You can send an e-mail to **IHL2@aetna.com** for links to health information about your questions. Nurses reply within 24 hours. Note: Due to security reasons, the Informed Healthline will not open any attachments sent by e-mail.

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

* While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. Information is believed to be accurate as of the production date; however, it is subject to change.
* Not all topics may be covered expenses under your plan.

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

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

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

Discount programs and other programs above provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna. Aetna may receive a percentage of the fee you pay to the discount vendor**.** These services, programs or benefits may be offered by vendors who are independent contractors and not employees or agents of Chickering Claims Administrators, Inc., Aetna Life Insurance Company or their affiliates.

GENERAL PROVISIONS

STATE MANDATED BENEFITS
The Plan will pay benefits in accordance with any applicable New Jersey State Insurance Law(s).

Coordination of Benefits
If the **Covered Person** is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a **dependent**. When both parents have group health plans that provide coverage as a **dependent**, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the **Covered Person** under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

EXTENSION OF BENEFITS

If a **covered person** is confined to a **hospital** on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term "Expense", but only while they are incurred during the 90 day period following such termination of insurance.

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

TERMINATION OF STUDENT COVERAGE
Insurance for a **covered student** will end on the first of these to occur
(a) The date this Plan terminates,
(b) The last day for which any required premium has been paid,
(c) The date on which the **covered student** withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
(d) The date the **covered student** is no longer in an eligible class unless on an approved leave of absence.

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 last day of the Policy Period following the child's 26th birthday.
(b) For a child, on the last day of the policy period following the child's 31st birthday for children who are unmarried, have no dependents, are residence of New Jersey, or is enrolled as a full-time student, and is not provided coverage as a named subscriber, enrollee, or covered person under any other health plan.
(c) The date the **covered student** fails to pay any required premium.
(d) For the spouse, the date the marriage ends in divorce or annulment.
(e) The date **dependent** coverage is deleted from This Plan.
(f) For a domestic partner, the earlier to occur of:
    1) the date This Plan 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.
(g)The date the **dependent** ceases to be in an eligible class.

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

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

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 31 after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna at reasonable intervals during the two (2) years following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:
(a) The date specified under the provision entitled Termination of **Dependent** Coverage, or
(b) The date the child is no longer incapacitated and **dependent** on the **covered student** for support.

If a **covered student** dies, **covered dependents** must be allowed to continue coverage under the policy for up to 180 days providing appropriate premium is paid.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.

2. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or **prescriptions** or examinations except as required for repair caused by a covered **injury** or as provided elsewhere in this plan.

3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law an and order.

4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

5. Expense incurred 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.

6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.

7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expense incurred for elective treatment or elective surgery which is not necessitated by a pathological change in the function or structure in any part of the body. Elective treatment includes but is not limited to: tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, submucous resection and/or other surgical correction for deviated nasal septum (other than necessary treatment of covered acute purulent sinusitis), treatment for weight reduction, treatment for learning disabilities, temporomandibular joint dysfunction (TMJ), immunizations (unless otherwise covered under the Policy), and vaccines (unless otherwise covered under the Policy).

9. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: a) Improve the function or create a normal appearance, to the extent possible 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 congenital defect; including harelip; webbed fingers; or toes; or as a direct result of disease, or surgery performed to treat a disease or injury. b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy;) which occurs while the covered person is covered under this Policy. Surgery must be performed: in the calendar year of the accident which causes the injury; or in the next calendar year.

10. Expense incurred as a result of preventive medicines or serums.

11. Expense incurred as a result of commission of a felony when the commission contributes to the loss.

12. Expense incurred for voluntary or elective abortions.

13. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits provision of this Booklet-Certificate.

14. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.

15. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.

16. Expense incurred for 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: (a) 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; (b) 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 (c) 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: (a) information relating to the affected person's health status; (b) reports in peer-reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) 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 (c) 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 (d) 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.

17. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports. This exclusion does not apply to expenses incurred from the participation in sports clubs or intramural athletic activities.

18. Expense incurred by a covered person not a United States Citizen for services performed within the covered person's home country.

19. Expense incurred for experimental or investigative procedures; except for the treatment of Wilm's tumor.

20. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.

21. Expenses incurred for blood or blood plasma; except charges by a hospital for the processing or administration of blood.

22. Expenses incurred for the repair or replacement of existing orthopedic braces.

23. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B; even though the covered person is eligible; but did not enroll in Part B.

24. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.

25. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.

26. Expense for incidental surgeries; and standby charges of a physician.

27. Expense for treatment and supplies for programs involving cessation of tobacco use.

28. Expense incurred as a result of dental treatment; including extraction of wisdom teeth; except for treatment resulting from injury to sound natural teeth; as provided elsewhere in this Policy.

29. Expenses incurred for or in connection with, speech therapy; except for medically necessary non-restorative speech therapy for the treatment of biologically based mental illness so long as such service are not experimental or investigational. 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.

30. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.

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

DEFINITIONS

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

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

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.

Complications of Pregnancy
Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:
- Acute nephritis or nephrosis, or
- Cardiac decompensation or missed abortion, or
- Similar conditions as severe as these.

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

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

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

Covered Dental Expenses
Those charges for any treatment, service, or supplies, covered by this Plan which are:
- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage,
- And incurred while this Plan is in force as to the **covered person**.

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

Covered Medical Expense
Those charges for any treatment, service or supplies covered by this Plan which are:
- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage, and
- Incurred while this Plan is in force as to the **covered person** except with respect to any expenses payable under the Extension of Benefit Provisions.

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

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

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

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

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

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

Dependent
(a) the **covered student's** spouse/**civil union partner** residing with the **covered student**, or
(b) the person identified as a domestic partner in the "Declaration of Domestic Partnership",
(c) Dependent children under age 26, and
(d) the **covered student**'s child (by blood or by law) who:

- is less than 31 years of age,
- is unmarried,
- has no dependents,
- is a resident of New Jersey or is enrolled as a full-time student, and
- is not provided coverage as a named subscriber, enrollee, or covered person under any other health plan.

(f) newborn children from the moment of birth, however if payment of premium is required to provide coverage for the newborn child, Aetna may require notification of birth and payment of the required premium within 31 days after the date of birth in order to have the coverage continue beyond the 31 day period.

The term "child" also includes a **covered student's** step-child, adopted child, children of a **civil union partner** and a child for whom a petition for adoption is pending, who is residing with the **covered student** and who is chiefly dependent on the **covered student** for their full support.

The term **dependent** does not include a person who is an eligible student.

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

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

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

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

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

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

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

- Tubal ligation,
- Vasectomy,
- Breast reduction,
- Sexual reassignment surgery,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- Treatment for weight reduction,
- Learning disabilities,
- Temporamandibular joint dysfunction (TMJ),
- Immunization,

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 Care
This means the first treatment given in a **hospital's** emergency room right after the sudden and, at that time, unexpected onset of a change in a person's physical or mental condition which:

- Requires **hospital** level care because the care could not safely and adequately have been provided other than in a **hospital**; or
- Adequate care was not available elsewhere in the area at the time and place it was needed; and
- If the **hospital** level 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 care also means the dispensing by any **Non-Preferred Pharmacy** of **Prescription Drugs** which are needed immediately because of an **injury** or illness when the time required to reach a **Preferred Pharmacy** would have meant serious deterioration of, or permanent damage to, the person's health. **Emergency care** includes benefits for the coverage of trauma services at any designated Level I or Level II trauma center as medically necessary, which shall be continued at least until, in the judgment of the attending **physician**, the **covered person** is medically stable, no longer requires critical care, and can be transferred safely to another facility. It also includes benefits for the coverage of a medical screening examination provided upon a **covered person's** arrival in a **hospital**, as required to be performed by the hospital in accordance with federal and state legislation, but only as necessary to determine whether an emergency medical condition exists

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.

Home Health Agency

- An agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- An agency certified as such under Medicare, or
- An agency approved as such by Aetna.

Home health aide
A certified or trained professional who provides services through a **home health agency** which are not required to be performed by an R.N., L.P.N., or L.V.N., primarily aid the **covered person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

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

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

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

Hospice benefit period
A period that begins on the date the attending **physician** certifies that the **covered person** is a terminally ill patient who has less than 6 months to live. It ends on the death of the patient, if sooner.

Hospital
A facility which meets all of these tests:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a **physician's** or a **dentist's** office, or other less costly setting.

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

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

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

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

Member Dental Provider Service Area
The area within a 50 mile radius of the **covered student's member dental provider**.

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

Non-Occupational Disease
A **non-occupational disease** is a disease that does not:
- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:
- Is covered under any type of workers' compensation law, and
- Is not covered for that disease under such law.

Non-Occupational Injury
A non-occupational **injury** is an **accidental** bodily **injury** that does not:
- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from an **injury** which does.

Non-Preferred Care
A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:
- The service or supply could have been provided by a Preferred Care Provider, and
- The provider is of a type that falls into one or more of the categories of providers listed in the directory.

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

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

Non-Preferred Prescription Drug Expense
An expense incurred for a **prescription drug** that is not a **preferred prescription drug expense**.

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

Orthodontic treatment
Any
- Medical service or supply, or
- Dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:
- Of the teeth, or
- Of the bite, or
- Of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain. Not included is:
- The installation of a space maintainer, or
- Surgical procedure to correct malocclusion.

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

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

The following expenses do not apply toward meeting the **Out-of-Pocket Limit**:
- Expenses that are not **Covered Medical Expenses**,
- Penalties,
- Expenses for **prescription drugs**, and
- Other expenses not covered by this Plan.

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

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-Existing Condition
Any **injury**, **sickness**, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the **covered person's** effective date of insurance.

Preferred Care
Care provided by

- A **covered person's primary care physician**, or a **preferred care provider** of the **primary care physician**, or
- A health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider** is not feasible, or
- A **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

Preferred Care Provider
A health care provider that has contracted to furnish services or supplies for a **negotiated charge**, but only if the provider is, with Aetna's consent, included in the **directory** as a **Preferred Care Provider** for:

- The service or supply involved, and
- The class of **covered persons** of which you are member.

Preferred Pharmacy
A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under this Plan, but only:

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

Preferred Prescription Drug Expense
An expense incurred for a **prescription drug** that:

- Is dispensed by a **Preferred Pharmacy**, or for an **emergency medical condition** only, by a **non-preferred pharmacy**, and
- Is dispensed upon the **Prescription** of a **Prescriber** who is:
  - A **Designated Care Provider**, or
  - A **Preferred Care Provider**, or
  - A **Non-Preferred Care Provider**, but only for an **emergency condition**, or on referral of a person's **Primary Care Physician**, or
  - A **dentist** who is a **Non-Preferred Care Provider**, but only one who is not of a type that falls into one or more of the categories of providers listed in the **directory** of **Preferred Care Providers**.

Prescriber
Any person, while acting within the scope of his or her license, who has the legal authority to write an order for a **prescription drug**.

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

Prescription Drugs
Any of the following:

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

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

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

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

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

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

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

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

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

Aetna may take into account factors, such as:

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

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

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

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

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 R.N.s,
- A capacity of six or more beds,
- A daily medical records for each patient, and
- A **physician** available at all times.

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

Surgery Center
A free standing ambulatory surgical facility that:

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

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

Surgical expense
Charges by a **physician** for,

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

Surgical procedure
- A cutting procedure,
- Suturing of a wound,
- Treatment of a fracture,
- Reduction of a dislocation,
- Radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- Electrocauterization,
- Diagnostic and therapeutic endoscopic procedures,
- Injection treatment of hemorrhoids and varicose veins,
- An operation by means of laser beam,
- Cryosurgery.

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

Urgent Admission
One where the **physician** admits the person to the **hospital** due to:
- The onset of or change in a disease, or
- The diagnosis of a disease, or
- An **injury** caused by an **accident**,
  which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within 2 weeks from the date the need for the confinement becomes apparent.

Urgent Condition
This means a sudden illness, **injury**, or condition, that:
- Is severe enough to require prompt medical attention to avoid serious deterioration of the **covered person's** health,
- Includes a condition which would subject the **covered person** to severe pain that could not be adequately managed without urgent care or treatment,
- Does not require the level of care provided in the emergency room of a **hospital**, and
- Requires immediate outpatient medical care that cannot be postponed until the **covered person's physician** becomes reasonably available.

Urgent Care Provider
This is:
- A freestanding medical facility which:
  - Provides unscheduled medical services to treat an **urgent condition** if the **covered person's physician** is not reasonably available.
  - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours.
  - Makes charges.
  - Is licensed and certified as required by any state or federal law or regulation.
  - Keeps a medical record on each patient.
  - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
  - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
  - Has a full-time administrator who is a licensed **physician.**
- A **physician's** office, but only one that:
  - Has contracted with Aetna to provide urgent care, and
  - Is, with Aetna's consent, included in the Provider **Directory** as a **Preferred Urgent Care Provider**.

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

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

CLAIM PROCEDURE

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

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

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

APPEALS PROCEDURE

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
P.O. Box 14464
Lexington, KY 40512

DEFINITIONS

Adverse Benefit Determination: A denial, reduction, termination of or failure to provide or make payment (in whole or in part) for a service or supply.
Such Adverse Benefit Determination may be based on, among other things:

- The **covered person's** eligibility for coverage;
- The results of any Utilization Review activities;
- A determination that the service or supply is experimental or investigational; or
- A determination that the service or supply is not **medically necessary**.

Appeal: An oral or written request to Aetna to reconsider an Adverse Benefit Determination.

Complaint: Any oral or written expression of dissatisfaction about quality of care or the operation of the Plan.

Concurrent Care Claim Extension: A request to extend a previously approved course of treatment.

Concurrent Care Claim Reduction or Termination: A decision to reduce or terminate a previously approved course of treatment.

Pre-Service Claim: Any claim for medical care or treatment that requires approval before the medical care or treatment is received.

Post-Service Claim: Any claim that is not a "Pre-Service Claim."

Urgent or Emergency Care Claim: Any claim for medical care or treatment including, but not limited to, severe paid which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their condition, **illness** or **injury** is of such a nature that failure to get immediate medical care would 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. With respect to a pregnant woman who is having contractions, an emergency condition exists where there is inadequate time to effect a safe transfer to another **hospital** before delivery or the transfer may pose a threat to the health or safety of the woman or the unborn child.

CLAIM DETERMINATIONS

Urgent or Emergency Care Claims

Aetna will make notification of an Urgent or **Emergency Care** Claim determination as soon as possible but not more than 72 hours after the claim is made. If more information is needed to make an urgent claim determination, Aetna will notify the claimant within 24 hours of receipt of the claim. The claimant has 48 hours after receiving such notice to provide Aetna with the additional information. Aetna will notify the claimant within 48 hours of the earlier of the receipt of the additional information or the end of the 48 hour period given the **physician** to provide Aetna with the information. If the claimant fails to follow plan procedures for filing a claim, Aetna will notify the claimant within 24 hours following the failure to comply.

Pre-Service Claims

Aetna will provide written notification of a pre-service determination not later than 5 business days or sooner if the medical exigencies dictate, upon request, of any determination to deny coverage or authorization of services or payment of benefits therefore otherwise covered under the Plan and shall include an explanation of the Appeal process.

Post-service Claims

Aetna will make notification of a claim determination as soon as possible but not later than 30 calendar days or the time limit established by Medicare, if earlier, after the Post-Service Claim is made if the claim is submitted electronically or 40 days if submitted by a means other than electronic.

If all or a portion of the claim is not paid within the time frames indicated above because:

a) The claim submission is incomplete because the required documentation has not been submitted to Aetna:
b) The diagnosis coding, procedure coding or any other required information to be submitted with the claim is incorrect:
c) Aetna disputes the amount claimed; or
d) There is strong evidence of fraud by the provider and Aetna has initiated an investigation into the suspected fraud

   Aetna will notify the health care provider, by electronic means and the **covered person** in writing within 30 days of receiving an electronic claim, or notify the **covered person** and health care provider in writing within 40 days of receiving a claim submitted by other than electronic means, that:

   i. The claim is incomplete with a statement as to what documentation is required;
   ii. The claim contains incorrect information with a statement as to what information must be corrected;
   iii. Aetna disputes the amount claimed in whole or in part with a statement as to the basis of that dispute; or
   iv. Aetna finds there is strong evidence of fraud and has initiated an investigation into the suspected fraud in accordance with its fraud prevention plan.

Concurrent Care Claim Extension

Following a request for a Concurrent Care Claim Extension, Aetna will make notification of a claim determination for inpatient hospital services and emergency or urgent care as soon as possible but not later than 24 hours following the time the request was made. If the request for an extension is not made at least 24 hours prior to the expiration of the approved course of treatment, Aetna will make a determination within the time frame applicable to (1) an Urgent or **Emergency Care** Claim (if the care is urgent) or (2) a Pre-Servic**e** or Post-Service Claim (if the care is not urgent or has been completed).

Concurrent Care Claim Reduction or Termination
If Aetna makes notification of a claim determination to reduce or terminate a previously approved course of treatment while the treatment or services are ongoing, you (or a provider on your behalf) may request an expedited Appeal, and Aetna will handle such a request as a level one Appeal of an Urgent or **Emergency Care** Claim (see Appeals of Adverse Benefit Determinations. Aetna will not deny coverage based on **medical necessity** for previously approved services unless the approval was based on material misrepresentation or fraudulent information submitted by you or the provider.

COMPLAINTS

If you are dissatisfied with the service you receive from the Plan or want to complain about a **preferred care provider** you must call or write Aetna Customer Service within 30 calendar days of the incident. You must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter. Aetna will review the information and provide you with a written response within 30 calendar days of the receipt of the Complaint, unless additional information is needed and it cannot be obtained within this period. The notice of the decision will tell you what you need to do to seek an additional review.

APPEALS OF ADVERSE BENEFIT DETERMINATIONS

You may submit an Appeal if Aetna gives notice of an Adverse Benefit Determination. This Plan provides for two levels of Appeal. It will also provide an option to request an external review of the Adverse Benefit Determination.

You have 180 calendar days following the receipt of notice of an Adverse Benefit Determination to request your level one Appeal. Your Appeal should include:

- Your name;
- Your school's name;
- A copy of Aetna's notice of an Adverse Benefit Determination;
- Your reasons for making the Appeal; and
- Any other information you would like to have considered. You have the option to provide Aetna with additional information about your Appeal; however you are not required to provide additional information in order to have your claim decisions reviewed.

Send in your Appeal to Customer Service at the address shown on your ID Card or Call in your Appeal to Customer Service using the toll-free telephone number shown on your ID Card.

Send your Appeal to the address shown on the notice of Adverse Benefit Determination, or you may call in your Appeal using the toll-free telephone number listed on such notice.

You may also choose to have another person (an authorized representative) make the Appeal on your behalf by providing written consent to Aetna.

LEVEL ONE APPEAL
A level one Appeal of an Adverse Benefit Determination shall be provided by Aetna personnel not involved in making the Adverse Benefit Determination.

Urgent or Emergency Care Claims (May Include Concurrent Care Claim Reduction or Termination)
Aetna shall issue a decision within 36 hours of receipt of the request for an Appeal.

Pre-Service Claims (May Include Concurrent Care Claim Reduction or Termination)
Aetna shall issue a decision within 5 business days of receipt of the request for an Appeal.

Post-Service Claims
Aetna shall issue an utilization management decision within 5 business days of receipt of the request for an Appeal.

Aetna shall issue a non-utilization management decision within 30 calendar days of receipt of the request for an Appeal.

LEVEL TWO APPEAL

If Aetna upholds an Adverse Benefit Determination at the first level of Appeal, and the reason for the adverse determination was based on **medical necessity** or experimental or investigational reasons or in situations where the denial is based on characterizing the service as dental or as cosmetic, you or your authorized representative have the right to file a level two Appeal. The Appeal must be submitted within 60 calendar days following the receipt of notice of a level one Appeal.

A level two Appeal of an Adverse Benefit Determination of an Urgent or **Emergency Care** Claim shall be provided by Aetna personnel not involved in making the Adverse Benefit Determination. A level two Appeal of an Adverse Benefit Determination of a Pre-Service Claim or a Post-Service claim will be reviewed by the Aetna Appeals Committee.

Urgent or Emergency Care Claims (May Include Concurrent Care Claim Reduction or Termination)
Aetna shall issue a decision within 24 hours of receipt of the request for a level two Appeal.

Pre-Service Claims (May Include Concurrent Care Claim Reduction or Termination)
Aetna shall issue a decision within 5 business days of receipt of the request for level two Appeal.

Post-Service Claims
Aetna shall issue an utilization management decision within 20 business days of receipt of the request for a level two Appeal.

Aetna shall issue a non-utilization management decision within 30 calendar days of receipt of the request for a level two Appeal.

EXHAUSTION OF PROCESS

The level one Appeal and level two Appeal process above and the External Review process below are mandatory and must be exhausted prior to the establishing of any litigation regarding **medical necessity** issues, except where serious or significant harm to the **covered person** has occurred or will imminently occur.

EXTERNAL REVIEW

You or any provider acting on behalf of you, with your consent, who is dissatisfied with the result of the Level One appeal and Level Two Appeal process, shall have the right to pursue their appeal to an **independent** utilization review organization (IURO) in accordance with the procedures set forth below. The appeal review shall not include any decision regarding benefits not covered by your health benefits plan. The right to an external appeal under this section shall be contingent upon your exhaustion of both stages of the Level One and Level Two Appeal process, except that you and any provider acting on your behalf with your consent shall be relieved of the Aetna's internal Appeal process and may pursue an appeal by an **independent** utilization review organization (IURO) through the **Independent** Health Care Appeals program if:

- A determination on any appeal regarding urgent or **emergency care** is not forthcoming from Aetna within 72 hours of receipt by Aetna of notice (in the manner required under the plan) of the appeal;
- A determination on an initial appeal, other than one regarding urgent or **emergency care**, is not forthcoming from Aetna within five business days of the date that Aetna received notice (in manner required under the plan) of the appeal; or
- A determination of a subsequent level of appeal, other than one regarding urgent or **emergency care**, is not forthcoming from Aetna within 20 business days of the date that Aetna received notice (in the manner required under the plan) of the appeal.

1. Within 60 calendar days from receipt of the written determination of the Level Two appeal panel, you, or a provider acting on behalf of you with your consent, shall file a written request with the New Jersey Department of Banking and Insurance. The request shall be filed on forms, if applicable, provided to you by Aetna and include both a filing fee and a general release executed by you for all medical records pertinent to the appeal. The request shall be mailed to:

   Consumer Protection Services
   Department of Banking and Insurance
   20 West State Street, 9th Floor
   Trenton, New Jersey 08625-0329
   Main Phone: **(609) 292-5316**
   Fax: **(609) 292-5865**

   Appeals may also be submitted on-line to the New Jersey Department of Banking and Insurance by selecting the current on-line complaint form at: **www.state.nj.us/dobi/enfcon**.

2. The fee for filing an appeal shall be **$25.00**, payable by check or money order to the New Jersey Department of Banking and Insurance. The filing fee is payable by you. Upon a determination of financial hardship, the fee may be reduced to **$2.00**. Financial hardship may be demonstrated by you through evidence of eligibility for either the Pharmaceutical Assistance to the Aged and Disabled, Medicaid, NJ Family Care, General Assistance, SSI, or New Jersey Unemployment Assistance.

3. Upon receipt of the appeal, together with the executed release and the appropriate fee, the New Jersey Department of Banking and Insurance shall immediately assign the appeal to an IURO.

4. Upon receipt of the request for appeal from the New Jersey Department of Banking and Insurance, the IURO shall conduct a preliminary review of the appeal and accept it for processing if it determines that:

   i. The individual was or is covered by Aetna;
   ii. The service which is the subject of the complaint or appeal reasonably appears to be a **covered medical expense** under the plan;
   iii. You have fully complied with both the Level One and Level Two Appeal processes except as provided above;
   iv. You have provided all information required by the IURO and the New Jersey Department of Banking and Insurance to make the preliminary determination including the appeal form and a copy of any information provided by Aetna regarding its decision to deny, reduce, or terminate the **covered medical expense**, and a

fully executed release to obtain any necessary medical records from Aetna and any other relevant health care provider.

v. You have remitted the required fee to the New Jersey Department of Banking and Insurance.

5. Upon completion of the preliminary review, the IURO shall immediately notify you and/or the provider in writing as to whether the appeal has been accepted for processing and if not so accepted, the reasons therefore.

6. Upon acceptance of the appeal for processing, the IURO shall conduct a full review to determine whether you were deprived of **medically necessary covered medical expense**. In reaching this determination, the IURO shall take into consideration all pertinent medical records, consulting **physician** reports, and other documents submitted by the parties, any applicable, generally accepted practice guidelines developed by the Federal government, national or professional medical societies, boards and associations, and any applicable clinical protocols and/or practice guidelines developed by Aetna.

7. The full review referenced above shall initially be conducted by a registered, professional nurse or **physician** licensed to practice in New Jersey. When necessary, the IURO shall refer all cases for review to a consultant **physician** in the same specialty or area of practice who would generally manage the type of treatment that is the subject of the appeal. All final recommendations of the IURO shall be approved by the medical director of the IURO.

8. The IURO shall complete its review and issue its recommended decision as soon as possible in accordance with the medical exigencies of the case which, except as provided for in this subsection, in no event shall exceed 30 business days from receipt of all documentation necessary to complete the review. The IURO may, however, extend its review for a reasonable period of time as may be necessary due to circumstances beyond its control. In such an event, the IURO shall, prior to the conclusion of the preliminary review, provide written notice to you, to the New Jersey Department of Banking and Insurance, and to Aetna setting forth the status of its review and the specific reasons for the delay.

9. If the IURO determines that you were deprived of **medically necessary covered medical expense**, the IURO shall recommend to you, Aetna, and the New Jersey Department of Banking and Insurance, the appropriate covered health care services you should receive.

10. Once the review is complete, Aetna will abide by the decision of the IURO.

For more information about the External Review process, call the toll-free **covered person** services telephone number shown on your ID card.

WORLDWIDE TRAVEL ASSISTANCE SERVICES

On Call International

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

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits[1]

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

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

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by United States Fire Insurance Company (USFIC) with medical and travel assistance services provided by On Call. These benefits are designed to assist **Covered Persons** when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Deceased Remains
- Unlimited Family Reunion
- $2,500 Return of Traveling Companion
- $2,500 Bereavement Reunion - in the event of a Covered Person's death, On Call will fly a family member to identify the remains and accompany the remains back to the deceased's home country
- $2,500 Emergency Return Home in the event of death or life-threatening illness of a parent, sibling or spouse

Natural Disaster and Political Evacuation Services (NDPE)

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

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

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

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

The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 466-3185.

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

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

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

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

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

Got Questions? Get Answers with Aetna's Navigator®

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

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

How do I register?

- Go to **www.aetnastudenthealth.com**
- Find your school in the School Directory
- Click on Aetna Navigator® Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

Need help with registering onto Aetna Navigator?

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

NOTICE

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

Administered by:
Aetna
PO Box 981106
El Paso, TX 79998
(800) 466-3185
www.aetnastudenthealth.com

Underwritten by:
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Policy No. 812807

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