



Aetna Student Health

Plan Design and Benefits Summary Rochester Institute of Technology

Policy Year: 2014 - 2015

Policy Number: 812809



This is a brief description of the Student Health Plan. The Plan is available for Rochester Institute of Technology students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the Rochester Institute of Technology and may be viewed online at www.aetnastudenthealth.com. If any discrepancy exists between this Plan Summary and the Policy, the Master Policy will govern and control the payment of benefits.

You may find additional information about the Rochester Institute of Technology Student Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/rit or by calling Customer Service Toll Free at **(800) 466-3185**.

Rochester Institute of Technology

Dear Students, Parents and/or Guardians:

RIT is concerned about the health, safety and general physical and mental well-being of its students. We recognize, however, that students may encounter accidents and sickness while enrolled at RIT. The RIT Student Health Center, as a primary care facility, is available to all students when medical attention is needed. To supplement this, a direct enrollment student insurance program is available through the university. **RIT expects all students to have adequate medical insurance coverage.**

Domestic students may enroll themselves directly in the Student Accident and Sickness Insurance Plan. Enrollment must be completed by **September 30, 2014** (for students first registered in fall semester). International students should refer to the International Student Enrollment Process below.

This Plan Summary provides information about the health care services and programs offered by the RIT Student Health Center. These services are funded through per semester health fees, which are separate from the charges for insurance coverage, the payment of which is required and billed automatically for all full-time undergraduate students. The health fee is also used to support other health related services and health education on campus. Part-time and graduate students may use the Student Health Center by paying the semester fee or by paying a per visit fee.

This Plan Summary also outlines the benefits offered in the RIT Student Insurance Plans underwritten by Aetna Life Insurance Company.

The 2014-2015 Plan provides substantial benefits for **Covered Medical Expenses** at a reasonable cost. Coverage includes the “Basic Student Accident & Sickness Plan” and the “Excess Accident Plan”. Coverage is also available for a student’s spouse and/or **dependent** children at an additional charge. At no charge to students, RIT maintains the Excess Accident Plan available to all RIT students for accidents occurring on campus or off-campus during an RIT sponsored activity.

Enrollment Process

RIT expects all students to have adequate medical insurance. If a student does not have coverage, this requirement may be satisfied by enrolling for Basic Accident & Sickness coverage **BEFORE THE ENROLLMENT DEADLINE DATE OF SEPTEMBER 30, 2014**, or later date if appropriate.

Students can enroll in this Plan by going online at www.universityhealthplans.com. Students have the option to either put the charge on their RIT student account or pay online with a credit card. Students first registering in spring semester must enroll by **February 26, 2015**.

Note: Graduate and part-time students may also enroll voluntarily in the "Basic Student Accident & Sickness Plan".

International Student Enrollment Process

ALL international undergraduate and graduate students (full and part-time) on A, B, E, F, G, I, J, K, O, Q, R and V visas will be automatically enrolled in the Basic Accident and Sickness policy on a semi-annual basis, based on registration status. Certain foreign scholars will be eligible for exemption from the RIT required insurance enrollment and will not be billed for this coverage.

For parents of entering students, we urge you to evaluate and consider purchasing the RIT Student Accident and Sickness Insurance Plan for your student, not only based upon the absence of insurance coverage, but as an important supplement to your existing coverage as well as enhanced ease of access to services which may be needed within the larger Rochester medical community.

For Student Health Center information please contact the Student Health Center at **(585) 475-2255**.

Sincerely,
Melinda J. Ward
Global Risk Management Services

Health Services

Access to the RIT Student Health Center (SHC) is available to **all** students and does not require (or accept) the use of insurance. The SHC semester fee and the fee paid for the Student Accident and Sickness Insurance Plan are separate from and independent of each other. While the SHC does not bill or accept payment from any insurance company, staff will provide information and/or receipts as it is capable, to assist students in submitting claims for services rendered by other providers. **RIT expects all students to have insurance coverage through either their own personal insurance carrier or through this Student Accident and Sickness Plan which is made available through the university.**

Confidentiality

The Student Health Center is committed to the maintenance of confidentiality in the provider-patient relationship. The release of health care information to anyone, including parents, requires specific written authorization by the student, except as required by law or for insurance reimbursement.

What is the Student Health Center?

The Student Health Center (SHC) provides a full range of primary care, treatment and referral services, as well as related health education programs. The goal of all programs and services is to take care of students when they are ill, and assist them in learning how **TO STAY WELL**. As a free-standing ambulatory care facility, the SHC is located in the August Center which is located between the residential and academic sides of campus. This well-equipped facility provides comprehensive primary care which includes a variety of outpatient services, as well as observation beds for use during Center hours.

How is the Student Health Center Staffed?

The SHC is staffed by physicians, nurse practitioners, nurses, health educators, Physician Assistant (PA), administrative and support staff. The SHC providers are licensed/certified (as appropriate) in specialty areas that include Adult Medicine, Family Practice, Pediatrics, Psychiatry, Women's Health, Health Education, and Sign Language Interpreting for the Deaf. The Center also serves as a teaching site for a variety of RIT academic programs including its Physician Assistant and Nutrition Programs. Clinical practicum experiences are provided for students of other colleges as well.

When is the Student Health Center Open?

During the fall and spring semesters, the SHC is open Monday-Thursday, 8:30 a.m. - 7:00 p.m., Friday, 8:30 a.m. - 4:30 p.m. Wednesdays 8:30 a.m.-12 p.m.; 2:30 p.m. - 7 p.m. (between 12:00 p.m. and 2:30 p.m.: Open for emergencies only, please ring the doorbell). Hours of operation during academic breaks and the summer semester are 8:30 a.m. - 4:30 p.m., Monday through Friday. The Center is closed during weekends and university holidays. When the SHC is closed, students can access medical information through a nurse advice line by calling **(585) 475-2255** and selecting the after-hours nurse triage option. Campus coverage is provided through the RIT Ambulance, which is dispatched by calling Public Safety. This New York State certified ambulance service is staffed by well-trained student volunteer emergency medical technicians who can assess medical conditions, treat and/or transport to a local Hospital emergency department as the situation requires.

Who Can Use the Student Health Center?

The services and programs provided by the SHC are available to **all** students. Full-time undergraduate students are required to pay the semester health fee and are billed automatically. Part-time, graduate and co-op students may choose to pay the semester health fee or use the SHC on a fee-for-service basis.

Student Health Fee Coverage and Financial Responsibility

Most of the clinical and health education services provided by the SHC are paid for by the semester health fee with no additional charge to the student user of the service. This includes office visits, some routine laboratory work, immunization services, minor surgery, bed observation, on-site specialty services, substance abuse counseling, HIV antibody counseling and health education programs. Diagnostic x-ray and an array of laboratory services are provided in cooperation with community based providers, many of which may be billed by the provider to the student's health insurance carrier. Expenses that are the responsibility of the student, parent/guardian includes but is not limited to certain specialty procedures and lab work processed at outside lab. Charges for pharmaceuticals purchased at the SHC or off-campus, procedures referred to off-campus providers through the medical or gynecologic clinics, lab work processed at outside laboratories,

tuberculin PPD tests, and certain specialty procedures are the responsibility of the student or parent/guardian. In addition, the cost of receiving medical care or psychiatric counseling beyond that provided by the SHC or other on-campus services including referrals to specialists, use of hospital emergency departments or hospitalization, is the responsibility of the student or parent.

Coverage Periods

Students: Coverage for all insured students enrolled for coverage in the Plan for the following Coverage Periods. Coverage will become effective at 12:00 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/15/2014	08/14/2015	09/30/2014
Fall	08/15/2014	01/14/2015	09/30/2014
Spring (New Students)	01/15/2015	08/14/2015	02/26/2015

Eligible Dependents: Coverage for dependents eligible under the Plan for the following Coverage Periods. Coverage will, will become effective at 12:00 AM on the Coverage Start Date indicated below and will terminate at 11:59 PM on the Coverage End Date indicated. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/15/2014	08/14/2015	09/30/2014
Fall	08/15/2014	01/14/2015	09/30/2014
Spring (Dependents of New Students)	01/15/2015	08/14/2015	02/26/2015

You may find additional information about the Rochester Institute of Technology Student Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/rit or by calling Customer Service Toll Free at **(800) 466-3185**.

Rates

	Annual	Spring Semester
Student	\$1,475	\$857
Spouse	\$3,127	\$1,816
Child(ren)	\$2,535	\$1,472

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 for which you have paid the premium, 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.

Student Coverage

Eligibility

Enrollment is voluntary for all registered students except A,B,E,F,G,I,J,K,O,Q,R or V Visa International Students. All International undergraduate and graduate students (full and part time) on A, B, E, F, G, I, J, K, O, Q, R or V Visas will be automatically enrolled in the Basic Accident and Sickness policy on a semi-annual basis, based on registration status, and billed by Student Financial Services.

All Lawful spouse and **dependent** children. Subject to the terms of this Plan, benefits are available for an eligible student and his or her eligible **dependents** only for the coverage's listed below; and only up to the maximum amounts shown. The coverage sections of this Plan contain a complete description of the benefits available. No person may be covered as both a **covered student** and as a **dependent**; and no person may be covered as a **dependent** of more than one **covered student**.

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

Enrollment

Eligible international students will be automatically enrolled in this Plan, unless the completed waiver application has been received by the Rochester Institute of Technology by the specified enrollment deadline dates listed in the previous section of this Plan Design and Benefits Summary. Eligible domestic students can obtain an enrollment application for voluntary coverage at www.universityhealthplans.com, select Rochester Institute of Technology, then click on Enrollment Form and choose the appropriate form.

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.)

Waiver Process/ Procedure

For International Students only:

If you are eligible to waive the RIT Student Accident and Sickness Plan, please go to www.universityhealthplans.com, click on "Rochester Institute of Technology". On the left hand side of the page, choose the option for the "International Student Waiver Form". If you have any questions, please contact University Health Plans at **(800) 437-6448** or info@univhealthplans.com.

Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse and dependent children up to the age of 26. If this Plan provides coverage for **dependent** children who are full-time students to a higher age than other **dependent** children, coverage is provided for **covered dependent** children who are on a certified leave of absence from school due to illness, for a period of twelve months from the last day of attendance in school. The medical necessity of a leave of absence from school must be certified by the covered **dependent** student's attending **physician** who is licensed to practice. Written documentation of the illness must be submitted to Aetna.

Enrollment

If an Insured adds a new **dependent** after the effective date of coverage, coverage will become effective for such **dependent** on the date the application and premium is received. An Enrollment Card and premium must be submitted within the thirty (31) day enrollment period for which the student is first enrolled. If the **dependent** is a newborn child and no other children are covered under the plan, notification of the birth along with the appropriate premium must be submitted within 31 days of such birth. (Addition of a spouse must be within 31 days of marital status change.)

Premium need not be submitted if the newly added **dependent** is a child and the Insured already has one or more covered children. However, written notice of the new child must be submitted within the 31-day period.

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 RIT Student Accident and Sickness 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.

You may find additional information about the Rochester Institute of Technology Student Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/rit or by calling Customer Service Toll Free at **(800) 466-3185**.

Excess Accident Plan

RIT maintains an Excess Accident Plan, at no charge, for all RIT students. This Excess Accident Plan provides up to **\$10,000** of coverage in full at the **Negotiated Charge** or **Recognized Charge** (Preferred and Non-Preferred Providers respectively) for accidents occurring on campus or occurring off-campus at an RIT sponsored activity. (Accidental Death and Dismemberment Benefit provided and underwritten by United States Fire Insurance Company, USFIC).

All other primary medical insurance benefits must be first paid prior to this Excess Accident Plan's benefits being paid. If the student is enrolled under the RIT Basic Student Accident and Sickness Insurance Plan, that Plan is considered primary coverage. Any accident claims submitted under the Basic Plan will automatically be submitted to the Excess Accident Plan if all accident expenses have not been covered under the Basic Plan and the accident meets the definition of a covered accident under this Plan. Claim Forms for students not enrolled in the RIT Basic Plan can be obtained by calling the Global Risk Management Services Office at **(585) 475-4903**.

Preferred Provider Network

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community.

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

Pre-certification Program

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at **(800) 466-3185**.

You'll need pre-certification for the following inpatient services:

- All inpatient admissions, including length of stay, to a hospital, 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 hours for a vaginal delivery or 96 hours for a cesarean section;
- 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 Master Policy. Also you can view eligibility, notification guidelines, and benefit coverage.

Pre-certification of non-emergency inpatient admissions and partial hospitalization

Non-emergency admissions must be requested at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

Pre-certification of emergency inpatient admissions

Emergency admissions must be requested within **one (1) business day** after the admission.

Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary 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. To look at the full Plan description, which is contained in the Master Policy issued to Rochester Institute of Technology, you may access it online at www.aetnastudenthealth.com. If any discrepancy exists between this Plan Summary and the Policy, the Master Policy will govern and control the payment of benefits. All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited	
COINSURANCE	Covered Medical Expenses are payable at the coinsurance percentage specified below.	
OUT OF POCKET MAXIMUMS	Preferred Care	Non-Preferred Care
<i>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.</i>	Individual Out-of-Pocket: \$6,350 Family Out-of-Pocket: \$12,700	unlimited
<i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i>		
<ul style="list-style-type: none"><i>expenses that are not covered medical expenses;</i><i>expenses for non-preferred care;</i><i>penalties, and</i><i>other expenses not covered by this Policy</i>		

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	90% of the Negotiated Charge	70% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Non-Surgical Physicians Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge
Ambulatory Surgical Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Walk-in Clinic Visit Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Emergency Room Expense	90% of the Negotiated Charge	90% of the Recognized Charge
Important Note: Please note that Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your 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	90% of the Negotiated Charge	70% of the Recognized Charge
Ambulance Expense	90% of the Negotiated Charge	90% of the Recognized Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists, including charges made for telemedicine or telehealth</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Laboratory and X-ray Expense	90% of the Negotiated Charge	70% of the Recognized Charge
High Cost Procedures Expense <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, and Occupational Therapy</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Chiropractic Therapy Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Chemotherapy Expense <i>Includes oral chemotherapy and 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</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	70% of the Recognized Charge

Prosthetic Devices Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Hearing Aids <i>Benefit is limited to a single purchase (including repair/replacement) every three years</i>	90% of the Negotiated Charge	70% of the Recognized Charge
<i>Bone Anchored Hearing Aids (if certain criteria are met) are limited to 1 per Lifetime</i>		
Dental Injury Expense	90% of the Actual Charge	
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Diagnostic Testing For Learning Disabilities Expense <i>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Dental Expense for Impacted Wisdom Teeth	90% of the Actual Charge	
Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge	70% of the Recognized Charge
Mammogram Expense <i>Includes one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are: prior personal history of breast cancer, positive genetic testings, family history of breast cancer, or other risk factors</i>	100% of the Negotiated Charge	70% of the Recognized Charge
<i>Also includes comprehensive ultrasound screening for the</i>		

entire breast or breasts if a mammogram demonstrates heterogenous or dense breast tissue and when determined to be medically necessary by a licensed physician

Immunizations Expense <i>Includes travel immunizations and flu shots</i>	100% of the Negotiated Charge	70% of the Recognized Charge
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Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i>	100% of the Negotiated Charge	70% of the Recognized Charge
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Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge	70% of the Recognized Charge
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Routine Colorectal Cancer Screening Expense <i>Includes charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following: one fecal occult blood test every 12 months in a row, a Sigmoidoscopy at age 50 and every 3 years thereafter, one digital rectal exam every 12 months in a row, a double contrast barium enema, once every 5 years, a colonoscopy, once every 10 years, Virtual colonoscopy, Stool DNA</i>	100% of the Negotiated Charge	70% of the Recognized Charge
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Routine Prostate Cancer Screening <i>Includes charges incurred by a covered person for the screening of cancer as follows: For a male age 50 or over; one digital rectal exam and one prostate specific antigen test each Policy Year. For a male age 40 and over, with a family history of prostate cancer or other prostate cancer risk factors, one digital rectal exam and one prostate specific antigen test each Policy Year. For a male,</i>	100% of the Negotiated Charge	70% of the Recognized Charge
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at any age, with a prior history of prostate cancer, one digital rectal exam and one prostate specific antigen test each Policy Year

Pediatric Vision Care Exam Expense	100% of the Negotiated Charge	70% of the Recognized Charge
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Supplies are limited to 1 pair of glasses (lenses and frames) per Policy Year. Contact lenses covered if medically necessary. Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)

Benefits are provided to covered persons through age 18

Pediatric Routine Dental Exam Expense	100% of the Negotiated Charge	70% of the Recognized Charge
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*Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Rochester Institute of Technology page on the Aetna Student Health website,
www.aetnastudenthealth.com*

Benefits are provided to covered persons through age 18

Benefits are limited to 2 visits per Policy Year

<p>Pediatric Basic Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Rochester Institute of Technology page on the Aetna Student Health website, www.aetnastudenthealth.com</i> <i>Benefits are provided to covered persons through age 18</i></p>	<p>70% of the Negotiated Charge</p>	<p>50% of the Recognized Charge</p>
<p>Pediatric Major Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Rochester Institute of Technology page on the Aetna Student Health website, www.aetnastudenthealth.com</i> <i>Benefits are provided to covered persons through age 18</i></p>	<p>50% of the Negotiated Charge</p>	<p>50% of the Recognized Charge</p>
<p>Pediatric Orthodontia Expense <i>Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)</i> <i>Benefits are provided to covered persons through age 18</i></p>	<p>50% of the Negotiated Charge</p>	<p>50% of the Recognized Charge</p>
<p>Treatment of Mental and Nervous Disorders</p>	<p>Preferred Care</p>	<p>Non-Preferred Care</p>
<p>Biologically based Mental Illness and for Children with Serious Emotional Disturbances</p>	<p>Inpatient Expense: 90% of the Negotiated Charge Outpatient Expense: 90% of the Negotiated Charge</p>	<p>Inpatient Expense: 70% of the Recognized Charge Outpatient Expense: 70% of the Recognized Charge</p>
<p>Other than Biologically based Mental Illness and Children with</p>	<p>Inpatient Expense: 90% of the Negotiated Charge</p>	<p>Inpatient Expense: 70% of the Recognized Charge</p>

Serious Emotional Disturbances	Outpatient Expense: 90% of the Negotiated Charge	Outpatient Expense: 70% of the Recognized Charge
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Outpatient Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge	70% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge	70% of the Recognized Charge
Well Newborn Nursery Care Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Family Planning Expense		
<i>Unless specified below, not covered under this benefit are charges for:</i>		
<i>-Services which are covered to any extent under any other part of this Plan;</i>		
<i>-Services and supplies incurred for an abortion;</i>		
<i>-Services provided as a result of complications resulting from a voluntary sterilization</i>		
<i>-Procedure and related follow-up care;</i>		
<i>-Services which are for the treatment of an identified illness or injury;</i>		
<i>-Services that are not given by a physician or under his or her direction;</i>		
<i>-Psychiatric, psychological, personality or emotional testing or exams;</i>		
<i>-Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA; Male contraceptive methods, or devices;</i>		
<i>-The reversal of voluntary sterilization procedures, including any related follow-up care</i>		
Voluntary Sterilization <i>Coverage for tubal ligation for voluntary sterilization</i>	100% of the Negotiated Charge	70% of the Recognized Charge
Voluntary Sterilization <i>Coverage for vasectomy for voluntary sterilization</i>	90% of the Negotiated Charge	70% of the Recognized Charge

Contraceptives	100% of the Negotiated Charge	70% of the Recognized Charge
<i>Important note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written</i>		

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
Prescribed Medicines Expense <i>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). 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</i>	100% of the Negotiated Charge, following a \$30 Copay for each Brand Name Prescription Drug or a \$10 Copay for each Generic Prescription Drug.	100% of the Recognized Charge, following a \$30 Copay for each Brand Name Prescription Drug or a \$10 Copay for each Generic Prescription Drug.

Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Treatment and Supplies Expenses	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Program Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

Temporomandibular Joint Dysfunction Expense <i>Includes charges incurred, by a covered person, for non-surgical treatment of Temporomandibular Joint (TMJ) Dysfunction, when the TMJ disorder is medical in origin</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Elective Abortion Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Hospice Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Bereavement Counseling <i>Includes counseling services for members family either before or after death of the member</i> <i>Benefits are limited to a - maximum of 5 sessions</i>	90% of the Negotiated Charge	70% of the Recognized Charge
Home Health Care Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Licensed Nurse Expense	90% of the Negotiated Charge	70% of the Recognized Charge
Skilled Nursing Facility Expense	90% of the Negotiated Charge for the semi-private room rate	70% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	70% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
Bariatric Surgery <i>Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Human Organ Transplant Expense <i>Includes transplants for surgeries determined to be non-experimental and non-investigational</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Exercise Facility Reimbursement <i>Benefits are limited to \$200 for a member /\$100 for a spouse every 6 months</i>	100% of the Actual Charge	

Basic and Comprehensive Infertility Expense

Benefits do not include:

Advanced Reproductive Technology (ART) Benefits

Advanced Reproductive

Technology is defined as:

-In vitro fertilization (IVF);

-Zygote intrafallopian transfer (ZIFT);

-Gamete intra-fallopian transfer (GIFT);

-Cryopreserved embryo transfers; and

-Intracytoplasmic sperm injection (ICSI); or ovum microsurgery

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Autism Spectrum Disorder Expense

Includes screening, diagnosis and treatment of autism spectrum disorder.

"Autism spectrum disorder" means any pervasive developmental disorder as defined in the most recent edition of the diagnostic and statistical manual of mental disorders, including autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, or pervasive developmental disorder not otherwise specified (PDD-NOS).

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Exclusions

This Plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment; [except for treatment resulting from injury to sound natural teeth within 12 months of the accident and except for dental care necessary due to a congenital disease or anomaly, or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. 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.
3. 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.
4. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self defense; so long as they are not taken against persons who are trying to restore law and order.
5. Aviation. This does not apply if a person is a fare paying passenger or a scheduled charter flight operated by a scheduled airline.
6. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are provided under any Workers' Compensation or Occupational Disease Law.
7. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to (a) improve the function of a part of the body that is not a tooth or structure that supports the teeth and (b) is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes; or (c) as direct result of disease or surgery performed to treat a disease or injury. This exclusion does not apply to reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. (d) Repair of 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 next calendar year.

11. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are provided under any mandatory automobile "no fault" coverage.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
15. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
16. 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.
17. 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.
18. Expense incurred by a covered person for services performed within the covered person's home country (other than the United States, Canada, or Mexico) if the covered person's home country has a socialized medicine program.

19. Expense incurred for custodial care, except as medically necessary. 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, by whom they are recommended, or by whom or by which they are performed.
20. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse; child; brother; sister; or parent.
21. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if: There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature; to substantiate its safety and effectiveness; for the disease or injury involved; or If required by the FDA; approval has not been granted for marketing; or A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that: The disease can be expected to cause death within one year; in the absence of effective treatment; and The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved. Also, this exclusion will not apply with respect to drugs that: Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute; or Are recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following reference compendia: 1. The American Medical Association Drug Evaluations; 2. The American Hospital Formulary Service Drug Information; or 3. The United States Pharmacopeia Drug Information; or 4. Recommended by review article or editorial comment in a major peer reviewed professional journal; or 5. If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.
22. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
24. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the covered person is diabetic; or suffers from circulatory problems.

25. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.
26. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
27. 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.
28. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
29. 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.
30. Expense for incidental surgeries; and standby charges of a physician.
31. Expense incurred for injury resulting from the play or practice of intercollegiate sports (participating in sports clubs or intramural athletic activities is not excluded).
32. Expense for contraceptive methods; devices or aids; and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; unless specifically provided for in this Policy.
33. Expenses incurred for massage therapy.
34. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
35. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
36. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
37. Expenses for treatment of injury or sickness to the extent payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their Insurers).

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