

# Trinity College

2012 – 2013

## Student Health Insurance Plan



Trinity College  
HARTFORD • CONNECTICUT

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.

**Underwritten by:**  
Aetna Life Insurance Company  
(ALIC)  
**Policy Number** 474935

**aetna**<sup>SM</sup>

## WHERE TO FIND HELP

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In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call Trinity College Health Center at **(860) 297-2018**.

### For Questions About:

- Enrollment Process
- Waiver Process

### *Please contact:*

University Health Plans  
One Batterymarch Park  
Quincy, MA 02169  
**(800) 437-6448**  
Email: [info@univhealthplans.com](mailto:info@univhealthplans.com)

### For Questions About:

- Insurance Benefits
- Enrollment
- Claims Processing

### *Please contact:*

Aetna Student Health  
PO Box 981106  
El Paso, TX 79998  
**(866) 725-4433**

### For Questions About:

- ID Cards (including lost ID cards)

### *Please contact:*

Aetna Student Health  
**(866) 725-4433**

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 Questions About:

- Student Health Center Referrals

### *Please contact:*

Trinity College Health Center  
**(860) 297-2018**

### For Questions About:

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

### *Please contact:*

Aetna Pharmacy Management  
**(800) 238-6279** (Available 24 hours)

**For Questions About:**

- Provider Listings

***Please contact:***

Aetna Student Health  
**(866) 725-4433**

A complete list of providers can be found by using Aetna's **DocFind**<sup>®</sup> Service at **[www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity)**.

**For Questions About:**

- On Call International 24/7 Emergency Travel Assistance Services

***Please contact:***

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

If outside the U.S., call collect by dialing the U.S. access code (001) plus **(603) 328-1956**. Please also visit at **[www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity)** for further information.

**IMPORTANT NOTE**

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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 Trinity College. 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 Trinity College Health Center 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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## HEALTH SERVICES

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The Trinity College Health Center is committed to providing our Students with high quality primary care. This is accomplished through a full-time staff. Our purpose is to help students maintain optimal general health through the disciplines of physical and mental health and health education around lifestyle choices. The Trinity College Health Center is located in Wheaton Hall and offers the following services:

- Urgent and Primary care visits with Nurse Practitioners (including GYN and Pap smear examinations) as well as diagnosis and treatment of minor acute and episodic health problems;
- Doctor's appointments;
- Routine laboratory services; and,
- STD counseling and testing.

The Trinity College Health Center is located in Wheaton Hall at the south end of the campus. The Health Center hours are:

**Monday – Friday:** 8:30 a.m. – 5:00 p.m.

**Saturday:** 12:00 p.m. – 4:00 p.m.

**Sunday:** Closed

## POLICY PERIOD

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1. **Annual Students:** Coverage for all insured students enrolled for the Annual plan will become effective at 12:01 a.m. **August 15, 2012**, and will terminate at 11:59 p.m. **August 14, 2013**.
2. **New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01a.m. **January 1, 2013**, and will terminate at 11:59 p.m. **August 14, 2013**.

## PREMIUM RATES

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<b>Student Health Insurance Policy</b>		
<b>Unlimited Maximum Benefit per Policy Year</b>		
	<b>Annual</b>	<b>Spring</b>
	<b>08/15/12–08/14/13</b>	<b>01/01/13–08/14/13</b>
<b>Undergraduate Student*</b>	<b>\$1,400</b>	<b>\$875</b>
<b>Graduate Student*</b>	<b>\$2,000</b>	<b>\$1,250</b>

*\*The rates above include both premium for the student health plan administered by Aetna Life Insurance Company as well as a Trinity College administrative fee.*

## TRINITY COLLEGE STUDENT HEALTH INSURANCE PLAN

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This is a brief description of the **Accident** and **Medical Expense** benefits available for Trinity College students. 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 College and may be viewed at the Student Health Center during business hours.

### STUDENT COVERAGE

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#### ELIGIBILITY

All traditional undergraduate students at Trinity College are automatically enrolled in and charged for the Student Health Insurance Plan unless they show proof of comparable insurance by completing an online Waiver Form. Students who attend classes in the Fall 2012 Semester and do not submit a waiver will be insured from **August 15, 2012**, through **August 14, 2013**. Students who only attend classes in the Spring 2013 Semester and do not submit a waiver will be insured from **January 1, 2013**, through **August 14, 2013**.

Graduate Students, Graduate Assistants, and IDP Students are eligible to enroll on a voluntary basis and are not automatically enrolled. In order to be eligible, students must be matriculated and enrolled in a minimum of two classes.

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 undergraduate students will be automatically enrolled in this plan, unless the Online Waiver Form has been completed by the specified waiver deadline dates listed in the next section of this Brochure.

**Exception: A Covered Person** entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of premium will be made for such person upon written request received by Aetna within **90 days** of withdrawal from school.

To make your insurance selection online, visit  
<http://www.trincoll.edu/StudentLife/HealthWellness/health/Pages/Insurance.aspx>.  
Scroll down to find the link to Waive or Enroll.

Waiver submissions may be audited by Trinity College, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable **Policy Year** and that it meets the school's waiver requirements.

Eligible graduate students can enroll in this plan on a voluntary basis. To enroll online, visit  
<http://www.trincoll.edu/StudentLife/HealthWellness/health/Pages/Insurance.aspx>. Scroll down to find the link to Enroll.

### PREMIUM REFUND POLICY

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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 upon written request received by Aetna Student Health within **90 days** of withdrawal from school.

## ENROLLMENT/WAIVER DEADLINES

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**ANNUAL:**       **AUGUST 15, 2012**  
**SPRING:**       **FEBRUARY 4, 2013**

### 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 **31day** period, coverage will cease under the Trinity College Student Health Insurance Plan.

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. At the end of this **31 day** period, coverage will cease under the Trinity College Student Health Insurance Plan.

## PREFERRED PROVIDER NETWORK

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Aetna Student Health has arranged for you to access a **Preferred Provider Network** in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Trinity College campus.

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

A complete listing of participating providers is available through the Internet by accessing DocFind at [www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity).

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.*

## **REFERRAL REQUIREMENT**

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Students' health care needs can best be satisfied when an organized system of health care providers at Trinity College Health Center manages the treatment. If the **Covered Person** does not obtain a referral from the Student Health Center, a penalty of **20%** of the benefit per condition per **policy year** will apply. A referral is not required in the following circumstances:

- When treatment is for an Emergency Medical Condition;
- When the student is more than 20 miles away from the Student Health Center;
- When the Student Health Center is closed;
- When medical care is received when a student is no longer eligible to use the health center due to a change in student status; and,
- When treatment is for maternity and OB/GYN services.
- Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnosis or treat an **Accident** or **Sickness**).

## **DESCRIPTION OF BENEFITS\***

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**Please Note:**

**THE TRINITY COLLEGE 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 Trinity College Student Health Insurance Plan brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Trinity College, you may view it at the Trinity College Health Center or you may contact Aetna Student Health at (866) 725-4433.**

**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 only for the coverage listed below, and only up to the maximum amounts shown. Please refer to the Policy 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

<p><b>AGGREGATE MAXIMUM</b> None</p> <p><b>COINSURANCE</b>  <b>Covered Medical Expenses</b> are payable at the <b>coinsurance</b> percentage specified below up to an unlimited maximum benefit.</p>
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All coverage is based on Recognized Charges unless otherwise specified.

<b>Inpatient Hospitalization Benefits</b>	
Room and Board Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b> for a semi-private room.</p>
Intensive Care Room and Board Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b> for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Non-Surgical Physicians Hospital Visit Expense	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending <b>Physician</b>, or a consulting <b>Physician</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p> <p>Benefits are limited to <b>1</b> visit per day.</p>
<b>Surgical Expense - Inpatient</b>	
Surgical Expense	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a <b>Physician</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Anesthesia Expense	<p><b>Covered Medical Expenses</b> for the charges of anesthesia, during a <b>surgical procedure</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Assistant Surgeon Expense	<p><b>Covered Medical Expenses</b> for the charges of an assistant surgeon, during a <b>surgical procedure</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>

<b>Surgical Expense - Outpatient</b>	
Surgical Expense	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a <b>Physician</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Anesthesia Expense	<p><b>Covered Medical Expenses</b> for the charges of anesthesia, during a <b>surgical procedure</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Assistant Surgeon Expense	<p><b>Covered Medical Expenses</b> for the charges of an assistant surgeon, during a <b>surgical procedure</b>, are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for <b>Covered Medical Expenses</b> incurred by a <b>covered person</b> for expenses incurred for outpatient surgery performed in a <b>hospital</b> outpatient surgery department or in an <b>ambulatory surgical center</b>. <b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
<b>Outpatient Benefits</b>	
<p><b>Covered Medical Expenses</b> include but are not limited to: <b>Physician's</b> office visits, <b>hospital</b> or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department Expense	<p><b>Covered Medical Expenses</b> includes treatment rendered in a <b>Hospital</b> Outpatient Department.  <b>Covered Medical Expenses</b> do not include Emergency Room/Urgent Care Treatment, <b>Walk-in Clinic</b>, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including <b>physician</b>, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
Walk-in Clinic Visit Expense	<p><b>Covered Medical Expenses</b> include services rendered in a <b>walk-in clinic</b>.  <b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care:</b></u> Following a <b>\$25 Copay</b> per visit, <b>100%</b> of the <b>Negotiated Charge</b>  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>

Emergency Room Expense	<p><b>Covered Medical Expenses</b> incurred for treatment of an <b>Emergency Medical Condition</b> are payable as follows:</p> <p><b>Preferred Care:</b> Following a <b>\$100 Copay</b> per visit, <b>100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care:</b> Following a <b>\$100 deductible</b> per visit <b>100%</b> of the <b>Recognized Charge</b>.</p> <p>The per-visit Emergency Room <b>Copay/Deductible</b> will be waived if the member is admitted for an Inpatient stay.</p> <p><b>Important Note:</b> Please note that as <b>Non-Preferred Care Providers</b> do not have a contract with <b>Aetna</b>, the provider may not accept payment of your cost share (your <b>deductible</b> and <b>coinsurance</b>) 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 <b>Aetna</b> the bill at the address listed on the back of your member ID card and <b>Aetna</b> will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</p>
Accidental Ingestion of Controlled Substance Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for the accidental ingestion of Controlled Substances.</p> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p> <p>Benefits are limited to <b>30 days per policy year</b> for Inpatient Expenses.</p>
Urgent Care Expense	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p><b>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></b></p> <p><b>The covered person should go directly to the emergency room of a hospital or call for ambulance and medical assistance.</b></p> <p><b>Urgent Care</b> Benefits include charges for an <b>urgent care provider</b> to evaluate and treat an <b>urgent condition</b>.</p> <p><b>Covered Medical Expenses</b> for urgent care treatment are payable as follows:  <b>Preferred Care:</b> Following a <b>\$25 Copay</b> per visit, <b>100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care:</b> <b>80%</b> of the <b>Recognized Charge</b>.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an <b>urgent care provider</b> to treat a non-urgent condition.</i></p>
Ambulance Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <b>100%</b> of the <b>Actual Charge</b> for the services of a professional ambulance to or from a <b>hospital</b>, when required due to the emergency nature of a covered <b>Accident</b> or <b>Sickness</b>.</p>
Pre-Admission Testing Expense	<p><b>Covered Medical Expenses</b> for <b>Pre-Admission testing</b> charges while an outpatient before scheduled surgery are payable same basis as any other condition.</p>
Physician's Office Visit Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> Following a <b>\$25 Copay</b> per visit, <b>100%</b> of the <b>Negotiated Charge</b>  <b>Non-Preferred Care:</b> <b>80%</b> of the <b>Recognized Charge</b>.</p> <p>This benefit includes visits to specialists.</p>
Laboratory and X-ray Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> <b>100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care:</b> <b>80%</b> of the <b>Recognized Charge</b>.</p>

<p>High Cost Procedures Expense</p>	<p><b>Covered Medical Expenses</b> for High Cost Procedures include charges for the following procedures and services:</p> <ul style="list-style-type: none"> <li>• Computed Axial Tomography (C.A.T. Scan);</li> <li>• Magnetic Resonance Imaging (MRI);</li> <li>• Positron Emission Tomography (PET Scan); and</li> <li>• Contrast Materials for these tests.</li> </ul> <p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge.</b></p>
<p>Therapy Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Chiropractic Care</li> <li>• Speech Therapy</li> <li>• Cardiac Therapy</li> <li>• Inhalation Therapy, or</li> <li>• Occupational Therapy</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b> if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Coverage of care rendered by a chiropractor must be covered to the same extent as covered by a <b>physician</b> if the condition is covered by the plan.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b> only if such therapies are a result of <b>injury</b> or <b>sickness</b>.</p> <p>Expenses are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge.</b></p> <p>Benefits are limited to <b>10</b> visits per condition, per <b>Policy Year</b>.</p> <p><b>Covered Medical Expenses</b> also include charges incurred by a <b>covered person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Radiation therapy</li> <li>• Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy</li> <li>• Dialysis, and</li> <li>• Respiratory therapy.</li> </ul> <p>Such expenses are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge.</b></p> <p>Coverage for orally administered anticancer medications, prescribed by a prescribing practitioner, and used to kill or slow <b>the growth of cancerous cells, are payable on the same basis as intravenously administered anticancer medications.</b></p>
<p>Ostomy Appliances and Supplies Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for ostomy surgery including appliances and supplies relating to ostomy including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Collection devices</li> <li>• Irrigation equipment and supplies</li> <li>• Skin barriers, and</li> <li>• Skin protectors.</li> </ul> <p>Benefits are payable on the same as any other <b>sickness</b>.</p>

<p>Prosthetic Devices Expense</p>	<p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an <b>accident</b> or <b>sickness</b>, and wigs required as a result of chemo or radiation therapy.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
<p>Durable Medical and Surgical Equipment Expense</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p> <p><b>Breast Feeding Durable Medical Equipment</b>  Coverage includes the rental or purchase of breast feeding <b>durable medical equipment</b> for the purpose of lactation support (pumping and storage of breast milk) as follows.  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p> <p><i>Breast Pump</i>  <b>Covered expenses</b> include the following:</p> <ul style="list-style-type: none"> <li>• The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a <b>hospital</b>.</li> <li>• The purchase of: <ul style="list-style-type: none"> <li>- an electric breast pump (non-hospital grade), if requested within <b>30 days</b> 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</li> <li>- 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.</li> </ul> </li> <li>• 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.</li> </ul> <p><i>Breast Pump Supplies</i>  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.</p> <p>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 <b>covered person</b> 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.</p> <p><b>Aetna</b> 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 <b>Aetna</b>.</p> <p><b>Limitations:</b>  Unless specified above, not covered under this benefit are charges incurred for:</p> <ul style="list-style-type: none"> <li>• Services which are covered to any extent under any other part of this Plan.</li> </ul>
<p>Physical Therapy Expense</p>	<p><b>Covered Medical Expenses</b> for physical therapy are payable as follows when provided by a licensed physical therapist:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p> <p>Benefits are limited to <b>10</b> visits per condition, per <b>Policy Year</b>.</p>

Dental Injury Expense	<p><b>Covered Medical Expenses</b> include dental work, surgery, and <b>orthodontic treatment</b> needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• Other body tissues of the mouth fractured or cut due to <b>injury</b>. The <b>accident</b> causing the <b>injury</b> must occur while the person is covered under This Plan.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the <b>injury</b>.</li> </ul> <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p> <p>If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> </ul> <p>are installed due to such <b>injury</b>, <b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of <b>orthodontic treatment</b> after the <b>injury</b>.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> <li>• Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows: <b>100% of the Actual Charge</b></p>
Dental Anesthesia Expense	<p><b>Covered Medical Expenses</b> include coverage for general anesthesia, nursing and related <b>hospital</b> services provided in conjunction with inpatient, outpatient or one-day dental services if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• These services are deemed <b>medically necessary</b> by the treating <b>dentist</b> or oral surgeon and the patient's <b>primary care physician</b>, and</li> <li>• The patient is either (A) determined by a licensed <b>dentist</b>, in conjunction with a licensed <b>physician</b> who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a <b>hospital</b>, or (B) a person who has a developmental disability, as determined by a licensed <b>physician</b> who specializes in primary care, that places the person at serious risk.</li> </ul> <p>Benefits are payable same basis as any other <b>sickness</b>.</p>
Dental Expense for Impacted Wisdom Teeth	<p><b>Covered Medical Expenses</b> for removal of one or more impacted wisdom teeth are payable as follows: <b>100% of the Actual Charge.</b></p>

<p>Allergy Testing and Treatment Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for diagnostic testing and treatment of allergies and immunology services. <b>Covered Medical Expenses</b> include; but are not limited to; charges for the following:</p> <ul style="list-style-type: none"> <li>• Laboratory tests;</li> <li>• <b>Physician</b> office visits; including visits to administer injections;</li> <li>• Prescribed medications for testing and treatment of the allergy; including any equipment used in the administration of prescribed medication; and</li> <li>• Other <b>medically necessary</b> supplies and services.</li> </ul> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p>
<p>Diagnostic Testing For Learning Disabilities Expense</p>	<p><b>Covered Medical Expenses</b> for diagnostic testing for:</p> <ul style="list-style-type: none"> <li>• Attention deficit disorder, or</li> <li>• Attention deficit hyperactive disorder</li> </ul> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p> <p>Once a <b>covered person</b> has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.</p>
<p>Routine Physical Exam Expense</p>	<p>Benefits include expenses for a routine physical exam performed by a <b>physician</b>. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.</p> <p>A routine physical exam is a medical exam given by a <b>physician</b>, for a reason other than to diagnose or treat a suspected or identified <b>injury</b> or <b>sickness</b>. Included as a part of the exam are:</p> <ul style="list-style-type: none"> <li>• Routine vision and hearing screenings given as part of the routine physical exam.</li> <li>• X-rays, lab, and other tests given in connection with the exam, and</li> <li>• Materials for the administration of immunizations for infectious disease and testing for tuberculosis.</li> </ul> <p><b>Preferred Care</b> visits are payable at <b>100%</b> of the <b>Negotiated Charge</b>  <b>Preferred Care</b> immunizations are payable at <b>100%</b> of the <b>Negotiated Charge</b></p> <p><b>Non-Preferred Care</b> visits are payable at <b>80%</b> of the <b>Recognized Charge</b>.  <b>Non-Preferred Care</b> immunizations are payable at <b>80%</b> of the <b>Recognized Charge</b>.</p> <p>In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, <b>Covered Medical Expenses</b> include services rendered in conjunction with,</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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: <ul style="list-style-type: none"> <li>- screening and counseling services, such as: <ul style="list-style-type: none"> <li>- interpersonal and domestic violence;</li> <li>- sexually transmitted diseases; and</li> <li>- Human Immune Deficiency Virus (HIV) infections.</li> </ul> </li> <li>- screening for gestational diabetes.</li> <li>- high risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years.</li> </ul> </li> <li>• X-rays, lab and other tests given in connection with the exam.</li> <li>• 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.</li> <li>• If the plan includes dependent coverage, for covered newborns, an initial <b>hospital</b> check up.</li> </ul>

<p>Routine Physical Exam Expense continued</p>	<p><b>Covered Medical Expenses</b> incurred by a woman, are charges made by a <b>physician</b> for, one annual routine gynecological exam.</p> <p><b>Screening and Counseling Services:</b>  <b>Covered Medical Expenses</b> include charges made by a <b>physician</b> in an individual or group setting for the following:</p> <p><b><i>Obesity</i></b>  Screening and counseling services to aid in weight reduction due to obesity.  Coverage includes:</p> <ul style="list-style-type: none"> <li>• Preventive counseling visits and/or risk factor reduction intervention;</li> <li>• Medical nutrition therapy;</li> <li>• Nutritional counseling; and</li> <li>• Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.</li> </ul> <p><b><i>Misuse of Alcohol and/or Drugs</i></b>  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.</p> <p><b><i>Use of Tobacco Products</i></b>  Screening and counseling services to aid a <b>covered person</b> to stop the use of tobacco products.</p> <p>Coverage includes:</p> <ul style="list-style-type: none"> <li>• Preventive counseling visits;</li> <li>• Treatment visits; and</li> <li>• Class visits;</li> </ul> <p>to aid a <b>Covered Person</b> to stop the use of tobacco products.</p> <p>Tobacco product means a substance containing tobacco or nicotine including:</p> <ul style="list-style-type: none"> <li>• Cigarettes;</li> <li>• Cigars;</li> <li>• Smoking tobacco;</li> <li>• Snuff;</li> <li>• Smokeless tobacco; and</li> <li>• Candy-like products that contain tobacco.</li> </ul> <p><b>Limitations:</b>  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</p> <p><b><u>Preferred Care:</u> 100% of the Negotiated Charge.</b>  <b><u>Non-Preferred Care:</u> 80% of the Recognized Charge.</b></p>
<p>Consultant Expense</p>	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant. The services must be requested by the attending <b>physician</b> for the purpose of confirming or determining a diagnosis.</p> <p>Benefits are covered as follows:</p> <p><b><u>Preferred Care:</u> Following a \$25 Copay per visit, 100% of the Negotiated Charge</b>  <b><u>Non-Preferred Care:</u> 80% of the Recognized Charge.</b></p>



<p>Non-Prescription Enteral Formula Expense</p>	<p>Benefits include charges incurred by a <b>Covered Person</b> for non-prescription enteral formulas, for which a <b>physician</b> has issued a written order, and are for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> <li>• Crohn’s Disease,</li> <li>• Ulcerative colitis,</li> <li>• Gastroesophageal reflux,</li> <li>• Gastrointestinal motility,</li> <li>• Chronic intestinal pseudoobstruction, and</li> <li>• Inherited diseases of amino acids and organic acids.</li> </ul> <p><b>Covered Medical Expenses</b> for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p>
<p><b>Treatment Of Mental And Nervous Disorders Expense</b></p>	
<p>Biologically-Based Mental or Nervous Conditions Inpatient Expense</p>	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of biologically based mental or nervous condition are payable as follows:  <b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100% of the Negotiated Charge.</b></u>  <u><b>Non-Preferred Care: 80% of the Recognized Charge</b></u> for a semi-private room.</p>
<p>Biologically-Based Mental or Nervous Conditions Outpatient Expense</p>	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of biologically based mental or nervous condition are payable as follows:  <b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care:</b></u> Following a <b>\$25 Copay</b> per visit, <b>100% of the Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80% of the Recognized Charge.</b></u></p>
<p>Non-Biologically Based Mental or Nervous Conditions Inpatient Expense</p>	<p><b>Covered Medical Expenses</b> for the treatment of a mental health or nervous condition while confined as a inpatient in a <b>hospital</b> or facility licensed for such treatment are payable as follows:  <u><b>Preferred Care: 100% of the Negotiated Charge.</b></u>  <u><b>Non-Preferred Care: 80% of the Recognized Charge.</b></u></p>
<p>Non-Biologically Based Mental or Nervous Conditions Outpatient Expense</p>	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health or nervous condition are payable as follows:  <u><b>Preferred Care:</b></u> Following a <b>\$25 Copay</b> per visit, <b>100% of the Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80% of the Recognized Charge.</b></u></p>
<p><b>Alcoholism And Drug Addiction Treatment Expense</b></p>	
<p>Inpatient Expense</p>	<p><b>Covered Medical Expenses</b> for the treatment of a substance abuse condition while confined as an inpatient in a <b>hospital</b> or facility licensed for such treatment are payable on the same basis as any other <b>sickness</b>.</p> <p><u><b>Preferred Care: 100% of the Negotiated Charge.</b></u>  <u><b>Non-Preferred Care: 80% of the Recognized Charge.</b></u></p>
<p>Outpatient Expense</p>	<p><b>Covered Medical Expenses</b> for outpatient treatment of a substance abuse condition are payable on the same basis as any other <b>sickness</b>:  <u><b>Preferred Care:</b></u> Following a <b>\$25 Copay</b> per visit, <b>100% of the Negotiated Charge.</b>  <u><b>Non-Preferred Care: 80% of the Recognized Charge.</b></u></p>

<b>Maternity Benefits</b>	
<p>Maternity Expense</p>	<p><b>Covered Medical Expenses</b> include inpatient care of the <b>covered person</b> and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverage shall be made by the attending <b>Physician</b> in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Benefits are paid on the same basis as any other <b>sickness</b>.</p> <p><b>Complications of pregnancy</b>, including spontaneous and non-elective abortions, are considered a <b>sickness</b> and are covered under this benefit. Voluntary or elective abortions are not covered.</p> <p><b><i>Prenatal Care</i></b> Prenatal care will be covered for services received by a pregnant female in a <b>physician's</b>, obstetrician's, or gynecologist's office but only to the extent described below.</p> <p>Coverage for prenatal care under this benefit is limited to pregnancy-related <b>physician</b> office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).</p> <p><b><i>Comprehensive Lactation Support and Counseling Services</i></b> <b>Covered Medical Expenses</b> will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the postpartum period by a certified lactation support provider. The "postpartum period" means the <b>60 day</b> period directly following the child's date of birth. <b>Covered expenses</b> incurred during the postpartum period also include the rental or purchase of breast feeding equipment as described below.</p> <p>Lactation support and lactation counseling services are <b>covered expenses</b> when provided in either a group or individual setting.</p> <p><b>Covered Medical Expenses</b> for Prenatal Care and Comprehensive Lactation Support and Counseling Services are payable as follows: <b><u>Preferred Care:</u> 100% of the Negotiated Charge.</b> <b><u>Non-Preferred Care:</u> Payable as any other sickness.</b></p>
<p>Well Newborn Nursery Care Expense</p>	<p>Benefits include charges for routine care of a <b>covered person's</b> newborn child as follows:</p> <ul style="list-style-type: none"> <li>• <b>Hospital</b> charges for routine nursery care during the mother's confinement, but for not more than four days [for a normal delivery],</li> <li>• <b>Physician's</b> charges for circumcision, and</li> <li>• <b>Physician's</b> charges for visits to the newborn child in the <b>hospital</b> and consultations, but for not more than 1 visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows: <b><u>Preferred Care:</u> 100% of the Negotiated Charge.</b> <b><u>Non-Preferred Care:</u> 80% of the Recognized Charge.</b></p>

<b>Additional Benefits</b>	
<p>Prescribed Medicines Expense</p>	<p><b>Prescription Drug Benefits*</b> are payable as follows:  <b>Preferred Care Pharmacy:</b> 100% of the <b>Negotiated Charge</b>, following a <b>\$40 Copay</b> for each Non-Preferred <b>Brand Name Prescription Drug</b>, a <b>\$30 Copay</b> for each Preferred <b>Brand Name Prescription Drug</b> or a <b>\$20 Copay</b> for each <b>Generic Prescription Drug</b>.  <b>Non-Preferred Care Pharmacy:</b> 100% of the <b>Recognized Charge</b>, following a <b>\$40 Copay</b> for each Non-Preferred <b>Brand Name Prescription Drug</b>, a <b>\$30 Copay</b> for each Preferred <b>Brand Name Prescription Drug</b> or a <b>\$20 Copay</b> for each <b>Generic Prescription Drug</b>.</p> <p>This benefit includes coverage through the Trinity College Health Center.</p> <p>This <b>Pharmacy</b> benefit is provided to cover <b>Medically Necessary Prescriptions</b> associated with a covered <b>Sickness</b> or <b>Accident</b> occurring during the <b>Policy Year</b>. <b>Covered Medical Expenses</b> also include <b>prescription</b> smoking cessations aids. Please use your Aetna Student Health ID card when obtaining your <b>prescriptions</b>.</p> <p>Prior Authorization may be required for certain <b>Prescription Drugs</b> 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 <b>(888) RX-AETNA</b> (available 24 hours).</p> <p>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to <b>www.AetnaSpecialtyRx.com</b></p> <p><i>*Generic Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit of this Policy.</i></p> <p><b>Please Note: Covered Medical Expenses</b> for prescribed supplies for the treatment of diabetes will not be subject to the listed per <b>Policy Year Prescription Drug</b> limit.</p>
<p>Low protein Modified Food Products, Amino Acid Modified Preparations and Specialized Formulas Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for Amino Acid Modified Preparations and Low Protein Modified Food Products for the treatment of Inherited Metabolic Diseases. Coverage also includes Specialized Formulas for covered dependents up to age 12 when such Specialized Formulas are necessary for the treatment of a disease or condition and are administered under the direction of a <b>physician</b>.</p> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p>
<p>Diabetic Treatment, Testing Supplies and Self-Management Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for:</p> <ul style="list-style-type: none"> <li>• Diagnosis and Treatment of Diabetes including Testing Material used to detect the presence of sugar in the <b>covered person's</b> urine or blood for monitoring glycemic control, and</li> <li>• Testing Supplies, Equipment (including Hypodermic Needles and Syringes), Drugs and other Supplies prescribed by a <b>physician</b>, and</li> <li>• Laboratory and Diagnostic tests.</li> </ul> <p>Benefits will be paid on the same basis as any other applicable expense under this plan.</p>

<p>Outpatient Diabetic Self-management Education Programs Expense</p>	<p><b>Covered Medical Expenses</b> also include charges incurred by a <b>covered person</b> for <b>outpatient diabetic self-management education programs</b> and include:</p> <ul style="list-style-type: none"> <li>• 10 hours of initial training visits provided to a <b>covered person</b> after the person is initially diagnosed with diabetes,</li> <li>• 4 hours of training visits for training and education that is <b>medically necessary</b> as a result of a subsequent diagnosis by a <b>physician</b> of a significant change in the person’s symptoms or condition which required modification of the individual’s program of self management of diabetes, and</li> <li>• 4 hours of training and education that is <b>medically necessary</b> because of the development of new techniques and treatment for diabetes.</li> </ul>
<p>Routine Colorectal Cancer Screening Expense</p>	<p>Even though not incurred in connection with a <b>sickness</b> or <b>injury</b>, benefits include charges for colorectal cancer examination and laboratory tests, for any person age 50 or older, any age who is considered to be at high risk for colorectal cancer, or when prescribed by a <b>physician</b>, for the following:</p> <ul style="list-style-type: none"> <li>• One fecal occult blood test (FOBT) every 12 months,</li> <li>• One flexible sigmoidoscopy every 5 years,</li> <li>• One FOBT every 12 months plus one flexible sigmoidoscopy every 5 years,</li> <li>• One digital rectal exam every 12 months,</li> <li>• One double contrast barium enema every 5 years,</li> <li>• One colonoscopy every 10 years.</li> <li>• Virtual colonoscopy</li> <li>• Stool DNA</li> </ul> <p>Such screening and laboratory testing shall be <b>Covered Medical Expenses</b> in accordance with the recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Benefits include charges incurred by a <b>covered person</b> for the screening of cancer as follows: One digital rectal exam and one prostate specific antigen test each <b>Policy Year</b> for:</p> <ul style="list-style-type: none"> <li>• For a male age 50 or over</li> <li>• A male who is symptomatic, and</li> <li>• A male whose biological father or brother has been diagnosed with prostate cancer</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>
<p>Routine Screening For Sexually Transmitted Disease Expense</p>	<p>Benefits include charges for <b>covered persons</b> who are at least 18 years old and who are sexually active for annual <b>routine screening for sexually transmitted diseases</b>.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u><b>Preferred Care: 100%</b></u> of the <b>Negotiated Charge</b>.  <u><b>Non-Preferred Care: 80%</b></u> of the <b>Recognized Charge</b>.</p>

<p>Chlamydia Screening Test Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred for an annual <b>Chlamydia</b> screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> <li>• Women who are: <ul style="list-style-type: none"> <li>- under the age of 20 if they are sexually active, and</li> <li>- at least 20 years old if they have multiple risk factors.</li> </ul> </li> <li>• Men who have multiple risk factors.</li> </ul> <p>Benefits are payable as follows:</p> <p><b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b>.</p> <p><b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b>.</p>
<p>Infertility Treatments Expense</p>	<p>Even though not incurred for treatment of a disease or <b>injury</b>, <b>Covered Medical Expenses</b> will include expenses incurred by a covered for infertility if all of the following tests are met:</p> <ul style="list-style-type: none"> <li>• There exists a condition that: <ul style="list-style-type: none"> <li>- is a demonstrated cause of infertility, and</li> <li>- has been recognized by a gynecologist or infertility specialist, and</li> <li>- is not caused by voluntary sterilization or a hysterectomy.</li> </ul> </li> </ul> <p>For a <b>Covered Person</b> who is: Under age 40 and unable to conceive or produce conception, or sustain a successful pregnancy during a one year period.</p> <ul style="list-style-type: none"> <li>• Ovulation induction with ovulatory stimulant drugs, subject to maximum of [4] courses of treatment in a <b>covered person's</b> lifetime.</li> <li>• Artificial insemination, subject to maximum of [3] courses of treatment in a <b>covered person's</b> lifetime.</li> <li>• In-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer, or low tubal ovum transfer for those <b>covered person's</b> unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under the policy, subject to a lifetime maximum of [2] cycles, with not more than [2] embryo implantations per cycle provided that each such fertilization or transfer is credited toward such maximum as one cycle. A <b>covered person</b> may forego a particular treatment or procedure if the member's <b>physician</b> determines that such treatment or procedure is likely to be unsuccessful.</li> </ul> <p>These expenses will be covered on the same basis as for disease.</p> <p>A course of treatment is one cycle of treatment that corresponds to one ovulation attempt.</p> <p>The Lifetime Maximums stated above shall apply to any one continuous period of coverage under this Plan.</p> <p>Oral <b>Prescription Drugs</b> used for the treatment of infertility will be covered subject to the same terms and conditions as the separate <b>Prescription Drug</b> Expense Benefit, if included. However, any limits or maximums of this separate benefit shall not be applied to oral infertility drugs, nor shall the oral infertility drug costs apply towards the maximum shown in the benefit.</p> <p>Injectable <b>Prescription Drugs</b>, except in connection with Ovulation induction, used for the treatment of infertility will be covered subject to the same terms and conditions as the separate <b>Prescription Drug</b> Expense Benefit, if included. However, any limits or maximums of this separate benefit shall not be applied to oral infertility drugs, nor shall the oral infertility drug costs apply towards the maximum shown in the benefit</p> <p>Coverage of injectable <b>Prescription Drugs</b> in connection with Ovulation induction are covered subject to the Ovulation induction lifetime maximum (4 courses of treatment) described above.</p> <p>A course of treatment is one cycle of treatment that corresponds to one ovulation attempt.</p>

<p>Infertility Treatments Expense <i>continued</i></p>	<p>Treatment or procedures are required to be performed at facilities that conform to the standards and guidelines of the American Society for Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.</p> <p>Not covered are charges for:</p> <ul style="list-style-type: none"> <li>• Purchase of donor sperm or storage of sperm.</li> <li>• Care of donor egg retrievals or transfers.</li> <li>• Cryopreservation, storage, or thawing of cryopreserved embryos.</li> <li>• Gestational carrier programs.</li> <li>• Home ovulation prediction kits.</li> <li>• Pregnancies or child birth resulting from infertility treatment.</li> <li>• Reversal of surgical sterilization.</li> </ul>
<p>Pap Smear Screening Expense</p>	<p><b>Covered Medical Expenses</b> include one annual routine pap smear screening for women age 18 and older.</p> <p>Benefits are payable as follows:  <b><u>Preferred Care: 100% of the Negotiated Charge.</u></b>  <b><u>Non-Preferred Care: 80% of the Recognized Charge.</u></b></p>
<p>Mammogram Expense</p>	<p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older.</p> <p><b>Covered Medical Expenses</b> also include additional benefits for comprehensive ultrasound screening and magnetic resonance imaging, of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's <b>physician</b> or advanced practice registered nurse.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b><u>Preferred Care: 100% of the Negotiated Charge.</u></b>  <b><u>Non-Preferred Care: 80% of the Recognized Charge.</u></b></p>
<p>Family Planning Expense</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <b><u>Preferred Care: 100% of the Negotiated Charge.</u></b>  <b><u>Non-Preferred Care: 80% of the Recognized Charge.</u></b></p> <p>For females with reproductive capacity, <b>Covered Medical Expenses</b> 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).</p> <p>Coverage includes counseling services on contraceptive methods provided by a <b>physician</b>, obstetrician or gynecologist. Such counseling services are <b>Covered Medical Expenses</b> when provided in either a group or individual setting.</p> <p>The following contraceptive methods are <b>Covered Medical Expenses</b> under this benefit:</p> <p><i>Voluntary Sterilization</i></p> <p><b>Covered expenses</b> 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.</p> <p><b>Covered expenses</b> under this <i>Preventive Care</i> 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.</p>

<p>Family Planning Expense <i>continued</i></p>	<p><i>Contraceptives</i>  <b>Covered expenses</b> include charges made by a <b>physician</b> or <b>pharmacy</b> for:</p> <ul style="list-style-type: none"> <li>• Female contraceptives that are <b>generic prescription drugs</b>. The <b>prescription</b> must be submitted to the pharmacist for processing. <i>This contraceptives benefit covers only generic prescription drugs.</i></li> <li>• Female contraceptive devices and related services and supplies that are generic <b>prescription</b> devices when prescribed in writing by a <b>physician</b>. <i>This contraceptives benefit covers only those devices that are generic prescription devices.</i>          FDA-approved female over-the-counter contraceptive methods that are prescribed by your <b>physician</b>. The <b>prescription</b> must be submitted to the pharmacist for processing. These items are limited to one per day and a <b>30 day</b> supply per <b>prescription</b>.</li> </ul> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Unless specified above, not covered under this benefit are charges for:</li> <li>• Services which are covered to any extent under any other part of this Plan;</li> <li>• Services and supplies incurred for an abortion;</li> <li>• Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;</li> <li>• Services which are for the treatment of an identified <b>illness</b> or <b>injury</b>;</li> <li>• Services that are not given by a <b>physician</b> or under his or her direction;</li> <li>• Psychiatric, psychological, personality or emotional testing or exams;</li> <li>• Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;</li> <li>• <u>Male</u> contraceptive methods, sterilization procedures or devices;</li> <li>• The reversal of voluntary sterilization procedures, including any related follow-up care.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b>.</p> <p><b>Important note:</b> Brand-Name <b>Prescription Drug</b> or Devices will be covered at <b>100%</b> of the <b>Negotiated Charge</b>, including waiver of Annual <b>Deductible</b> if a <b>Generic Prescription Drug</b> or Device is not available in the same therapeutic drug class or the <b>prescriber</b> specifies Dispense as Written.</p>
<p>Elective Abortion Expense</p>	<p>If, as a result of pregnancy having its inception during the <b>Policy Year</b>, a <b>covered person</b> incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p><b>Covered Medical Expenses</b> for Elective Abortion Expense are payable as follows:  <b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b>.</p> <p>This benefit is in lieu of any other Policy benefits.</p>
<p>Mastectomy and Reconstructive Surgery Expense</p>	<p><b>Covered Medical Expense</b> include expenses for charges incurred in connection with a mastectomy or lymph node dissection, including a minimum of 48 hours of inpatient care following the procedure and for reconstructive surgery on both the breast on which surgery was performed and the non-diseased breast.</p> <p>Benefits are paid on the same basis as any other condition.</p> <p>This coverage will be provided in consultation with the attending <b>physician</b> and the patient.</p>

<p>Craniofacial Disorders Expense</p>	<p><b>Covered Medical Expenses</b> include <b>medically necessary</b> orthodontic processes and appliances for the treatment of craniofacial disorders for individuals eighteen years of age or younger if prescribed by a <b>craniofacial team</b> recognized by the American Cleft Palate-Craniofacial Association.</p> <p>Benefits are payable same basis as any other <b>sickness</b>.</p> <p><b>Covered Treatment</b> does <b>not</b> include cosmetic surgery.</p>
<p>Autism Spectrum Disorder Expense</p>	<p><b>Covered Medical Expenses</b> include the following treatments, provided such treatments are <b>medically necessary</b> and identified and ordered by a licensed <b>physician</b>, licensed psychologist or licensed clinical social worker for an insured who is diagnosed with an autism spectrum disorder, in accordance with a treatment plan developed by a licensed <b>physician</b>, licensed psychologist or licensed clinical social worker pursuant to a comprehensive evaluation or reevaluation of the insured:</p> <p>Behavioral therapy</p> <ul style="list-style-type: none"> <li>• <b>Prescription drugs</b>, to the extent <b>prescription drugs</b> are a covered benefit for other diseases and conditions under such policy, prescribed by a licensed <b>physician</b>, licensed <b>physician</b> assistant or advanced practice registered nurse for the treatment of symptoms and comorbidities of autism spectrum disorders</li> <li>• Direct psychiatric or consultative services provided by a licensed psychiatrist</li> <li>• Direct psychological or consultative services provided by a licensed psychologist</li> <li>• Physical therapy provided by a licensed physical therapist</li> <li>• Speech and language pathology services provided by a licensed speech and language pathologist</li> <li>• Occupational therapy provided by a licensed occupational therapist</li> </ul> <p>Benefits for all other autism treatments will be payable on the same basis as any other <b>sickness</b>.</p>
<p>Tumor and Leukemia Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for:</p> <ul style="list-style-type: none"> <li>• The surgical removal of tumors, or</li> <li>• For the treatment of leukemia.</li> </ul> <p>This benefit will not operate to reduce or deny benefits as proved under the Mastectomy and Reconstructive Surgery benefit.</p> <p>Benefits are payable same basis as any other <b>sickness</b>.</p>
<p>Cancer Clinical Trial Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred for <b>medically necessary</b> health care services that are incurred as a result of treatment being provided to a <b>covered person</b> for purposes of a cancer clinical trial that would otherwise be covered if such services were not performed pursuant to a cancer clinical trial. These services include those rendered by a <b>physician</b>, diagnostic or laboratory tests, hospitalization, FDA-approved drugs or other services provided to the patient during the course of treatment in the cancer clinical trial for a condition, or one of its complications that is consistent with the usual and customary standard of care.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include:</p> <ul style="list-style-type: none"> <li>• The cost of an investigational new drug or device that has not been approved for market for any indication by the FDA,</li> <li>• The cost of a non-health care service that a <b>covered person</b> may be required to receive as a result of the treatment being provided for the purposes of the cancer clinical trial,</li> <li>• Facility, ancillary, professional services and drugs costs that are paid for by grants or funding for the cancer clinical trial,</li> <li>• Costs of services that are inconsistent with widely accepted and established regional or national standards of care for a particular diagnosis, or are performed specifically to meet the requirements of the cancer clinical trial,</li> </ul>



<p>Cancer Clinical Trial Expense <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Costs that would not be covered under the <b>covered person's</b> Policy for non-investigational treatments, including but not limited to, items excluded from coverage under the <b>covered person's</b> Policy with the insurer or health plan, and</li> <li>• Transportation, lodging, food or any other expenses associated with travel to or from a facility providing the cancer clinical trial, for the <b>covered person</b> or family member or companion.</li> </ul> <p>Benefits will be paid on the same basis as any other applicable expense, <b>except:</b> If a <b>Preferred Care hospital</b> is not available or the <b>Preferred Care hospital</b> is not eligible for the study, benefits will be paid at the <b>Preferred Care</b> level and not the <b>Non-Preferred Care</b> level.</p>
<p>Pain Management Treatment Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred for pain management treatment ordered by a Pain Management Specialist which may include all means <b>medically necessary</b> to make:</p> <ul style="list-style-type: none"> <li>• The diagnosis and development of a treatment plan for Pain, and</li> <li>• Necessary medications and procedures.</li> </ul> <p>Benefits are payable same basis as any other <b>sickness</b>.</p>
<p>Second Surgical Opinion Expense</p>	<p><b>Covered Medical Expenses</b> will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the <b>covered person's physician</b>. The specialist must be board certified in the medical field relating to the <b>surgical procedure</b> being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p>
<p>Acupuncture In Lieu Of Anesthesia Expense</p>	<p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified <b>physician</b>, practicing within the scope of their license.</p> <p>Benefits are payable on the same basis as any other <b>sickness</b>.</p>
<p>Dermatological Expense</p>	<p><b>Covered Medical Expenses</b> include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Benefits are payable same basis as any other <b>sickness</b>.</p> <p><i>Covered Medical Expenses do not include cosmetic treatment and procedures.</i></p>
<p>Podiatric Expense</p>	<p><b>Covered Medical Expenses</b> include charges for podiatric services, provided on an outpatient basis following an <b>injury</b>.</p> <p>Benefits are payable same basis as any other <b>Sickness</b>.</p> <p>As to podiatric expenses and expenses incurred for the treatment of diabetes, expenses are covered subject to the same <b>coinsurance, copays, deductibles</b> and limitations that apply to any other <b>Sickness</b>.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are <b>not Covered Medical Expenses</b>.</p>

<p>Home Health Care Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for <b>home health care</b> services made by a <b>home health agency</b> pursuant to a <b>home health care plan</b>, but only if:</p> <ul style="list-style-type: none"> <li>a) The services are furnished by, or under arrangements made by, a licensed <b>home health agency</b></li> <li>b) The services are given under a home care plan. This plan must be established pursuant to the written order of a <b>physician</b>, and the <b>physician</b> must renew that plan every <b>60 days</b>. Such <b>physician</b> must certify that the proper treatment of the condition would require inpatient confinement in a <b>hospital</b> [or <b>skilled nursing facility</b>] if the services and supplies were not provided under the <b>home health care plan</b>. The <b>physician</b> must examine the <b>covered person</b> at least once a month</li> <li>c) Except as specifically provided in the <b>home health care</b> services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined; the care starts within <b>7 days</b> after discharge from a <b>hospital</b> as an inpatient, and the care is for the same condition that caused the <b>hospital confinement</b>, or one related to it.</li> </ul> <p><b>Home Health Care Services</b></p> <ul style="list-style-type: none"> <li>1) Part-time or intermittent nursing care by: a registered nurse (R. N.), a licensed practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R. N. are not available,</li> <li>2) Part time or intermittent <b>home health aide</b> services, that consist primarily of care of a medical or therapeutic nature by other than an R.N.,</li> <li>3) Physical, occupational. speech therapy, or respiratory therapy,</li> <li>4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a <b>hospital</b>,</li> <li>5) Medical social services by licensed or trained social workers,</li> <li>6) Nutritional counseling.</li> </ul> <p><b>Covered Medical Expenses</b> will <b>not</b> include: 1) services by a person who resides in the <b>covered person's</b> home, or is a member of the <b>covered person's</b> immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p><b>Home Health Care</b> Expense benefits are payable as follows:  <b>Preferred Care:</b> Following a <b>\$50 Copay</b>, <b>100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care:</b> Following a <b>\$50 Deductible</b>, <b>100%</b> of the <b>Recognized Charge</b>.</p> <p>Benefits are limited to <b>80</b> visits per <b>Policy Year</b>, <b>4</b> hours considered <b>1</b> visit.</p> <p>Number of <b>home health care</b> visits will not be less than eighty in any calendar year or in any continuous period of twelve months for each person covered under a policy or contract. For a person who is determined by a <b>physician</b> as terminally ill with six months or less to live, the yearly benefit for medical social services will not exceed two hundred dollars. Each visit equals one <b>home health care</b> visit, four hours of <b>home health aide</b> service equals one <b>home health care</b> visit.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<p><b>Covered Medical Expenses</b> include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Benefits are payable same basis as any other <b>sickness</b>.</p>
<p>Hospice Expenses</p>	<p><b>Covered Medical Expenses</b> include charges for <b>hospice</b> care provided for a terminally ill <b>covered person</b> during a <b>hospice benefit period</b>.</p> <p>Benefits are payable as follows:  <b>Preferred Care:</b> <b>100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care:</b> <b>80%</b> of the <b>Recognized Charge</b>.</p>

<p>Licensed Nurse Expense</p>	<p>Benefits include charges incurred by a <b>covered person</b> who is confined in a <b>hospital</b> as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Expenses</b> for a Licensed Nurse are covered as follows:  <b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b>.  <b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b>.</p>
<p>Skilled Nursing Facility Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> for confinement in a <b>skilled nursing facility</b> for treatment rendered:</p> <ul style="list-style-type: none"> <li>• In lieu of confinement in a <b>hospital</b> as a full time inpatient, or</li> <li>• Within 24 hours following a <b>hospital confinement</b> and for the same or related cause(s) as such <b>hospital confinement</b>.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b> for the semi-private room rate.  <b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b> for the semi-private room rate.</p>
<p>Rehabilitation Facility Expense</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>covered person</b> 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 <b>hospital</b> or <b>skilled nursing facility</b> confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are covered as follows:  <b>Preferred Care: 100%</b> of the <b>Negotiated Charge</b> for the rehabilitation facility's daily <b>room and board</b> maximum for semi-private accommodations  <b>Non-Preferred Care: 80%</b> of the <b>Recognized Charge</b> for the rehabilitation facility's daily <b>room and board</b> maximum for semi-private accommodations.</p>
<p>Lyme Disease Treatment Expense</p>	<p><b>Covered Medical Expenses</b> include coverage for Lyme disease treatment including:</p> <ul style="list-style-type: none"> <li>• Not less than <b>30 days</b> of intravenous antibiotic therapy,</li> <li>• <b>60 days</b> of oral antibiotic therapy, or</li> <li>• Both.</li> </ul> <p>Coverage shall provide further treatment if recommended by a board certified rheumatologist, infectious disease specialist or neurologist.</p> <p><b>Covered Medical Expense</b> are payable on the same basis as any other condition.</p>
<p>Wound Care Supplies</p>	<p><b>Covered Medical Expenses</b> include coverage for wound-care supplies that are <b>medically necessary</b> for the treatment of epidermolysis bullosa and are administered under the direction of a <b>physician</b>.</p> <p><b>Covered Medical Expense</b> are payable on the same basis as any other condition.</p>
<p>Bone Marrow Transplant Antigen Testing Expense</p>	<p><b>Covered Medical Expenses</b> include coverage for expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B and DR antigens for utilization in bone marrow transplantation.</p> <p>Testing must be performed in a facility that is a) accredited by the American Society for Histocompatibility and Immunogenetics, or its successor, and b) certified under the Clinical Laboratory Improvement Act of 1967, 42 USC Section 263a, as amended from time to time.</p> <p>Benefits are limit to one testing per lifetime, and to individuals who, at the time of testing, complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program.</p> <p>Benefits are payable same basis as any other <b>sickness</b>.</p>

## ADDITIONAL SERVICES AND DISCOUNTS

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

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

**Aetna Fitness<sup>SM</sup> 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<sup>TM</sup>.

**Aetna Hearing<sup>SM</sup> discount program:** Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing\* on over 1000 models from seven leading manufacturers.

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

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

**Aetna Vision<sup>SM</sup> 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<sup>SM</sup> discount program:** Access to discounts on eDiets<sup>®</sup> diet plans and products, Jenny Craig<sup>®</sup> weight loss programs and products, and Nutrisystem<sup>®</sup> 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<sup>®</sup> dental water jets and sonic toothbrushes.

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

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

**Vital Savings by Aetna<sup>®</sup> on Dental\*** is a dental discount program helping you save – with one low annual fee of \$29<sup>1</sup> per person. In most instances, savings range from **15-50** percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces). No claims to file. Enroll online at [www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity).

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

<sup>1</sup>*The rate above includes both fees for Vital Savings by Aetna<sup>®</sup>, as well as Trinity College's administrative fee.*

***The Vital Savings by Aetna® program (the “Program”) is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, (888) BeVital, is the Discount Medical Plan Organization.***

*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.*

**Aetna’s Informed Health® Line\*:**

Call toll free **(800) 556-1555** 24 hours a day, **7 days** a week.

Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:

- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time

When you call our Informed Health Line, you can talk directly to a registered nurse. Our nurses can discuss a wide variety of health and wellness topics.

*\* While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.*

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

*\* Not all topics in the audio health service are covered expenses under your plan.*

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

Get to it through your secure Aetna Navigator® member website, at **[www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity)**.

## GENERAL PROVISIONS

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### STATE MANDATED BENEFITS

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

### SUBROGATION/REIMBURSEMENT RIGHT OF RECOVERY PROVISION

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

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

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

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

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

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

## **ALWAYS PRIMARY**

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This provision applies if a **covered student** is covered by any other group or blanket health care plan, and if their parents or guardians pay any portion of the premium for this plan. In this case, this plan will always pay primary without regard to any other payer's payment.

## **EXTENSION OF BENEFITS**

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If coverage for a **Covered Person** ends while he or she is **totally disabled**, benefits will continue to be available for expenses incurred for that person only while the **Covered Person** continues to be **totally disabled**. Benefits will end at the earliest to occur of:

- The date the Covered Person is no longer totally disabled; or
- The date any maximum benefit is reached.

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** or for that treatment of the covered condition 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 Medical Expenses** incurred while the policy is in effect as to the **Covered Person**. No benefits are payable for expenses incurred after the date the insurance terminates, 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, or
- d) The date the **Covered Student** is no longer in an eligible class.

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

## EXCLUSIONS

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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 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 aids, or hearing aids (except for children 12 years of age or younger); or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
4. 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. 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.
6. 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. This exclusion will not apply to the following: a **covered person** who is a sole proprietor or business owner who is not covered under Connecticut Statute Chapter 568 - Workers' Compensation Act (Chapter 568) or who accepts the provisions of Chapter 568, Section 31-275 (10); and a **covered person** who is a corporate officer of a corporation whether or not he or she is excluded, or has requested exclusion from coverage under Chapter 568 as allowed by Connecticut Statute, Section 31-275 (9) (B) (V).
7. 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: (a) to the extent needed to improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or (b) as a direct result of surgery performed to treat a disease or **injury**, or (c) to repair an **injury** which occurs while the **covered person** is covered under this Policy. Surgery must be performed in the calendar year of the **accident** which causes the **injury** or in the next calendar year.
11. Expense incurred as a result of preventive medicines; serums; or vaccines unless otherwise provided in the policy.
12. Expense incurred as a result of a **covered person's** commission of a felony. This does not apply to treatment of an **injury** sustained by a **covered person** with an elevated blood alcohol content or while under the influence of intoxication liquor or any drug.
13. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.



14. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
15. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
16. Expense and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
17. 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 (a) 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 (b) if required by the FDA, approval has not been granted for marketing; or (c) a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (d) 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: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) 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: (a) Have been granted treatment investigational new drug (IND), or Group c/treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; or (c) If Aetna determines that available; scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.
18. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
19. 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, 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 the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices, unless otherwise provided in the policy.
22. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
23. Expenses incurred for breast reduction/mammoplasty.
24. Expenses incurred for gynecomastia (male breasts).
25. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
26. Expense incurred by a **covered person**; not a United States citizen; for services performed within the **covered person's** home country; if the **covered person's** home country has a socialized medicine program.
27. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.

28. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
29. 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.
30. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
31. Expense incurred for hearing aids (except for children 12 years of age or younger); the fitting; or **prescription** of hearing aids.
32. Expenses incurred for hearing exams.
33. Expense for transplants; other than cornea and kidney.
34. Expense for care or services to the extent the charge was covered under Medicare Part A or Part B.
35. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
36. 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**.
37. Expense for services or supplies provided for the treatment of obesity and/or weight control.
38. Expense for incidental surgeries; and standby charges of a **physician**.
39. Expense for treatment and supplies for programs involving cessation of tobacco use, except as necessary for the treatment of a mental or nervous condition.
40. Expense incurred for **injury** resulting from the play or practice of intercollegiate sports and participating in sports clubs. (Intramural athletic activities, are not excluded).
41. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an **accident** or **sickness**.
42. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
43. 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.
44. 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.
45. Expenses for treatment of **injury** or **sickness** to the extent payment is made; as a judgement or settlement; by any person deemed responsible for the **injury** or **sickness** (or their insurers) in accordance with any Connecticut law or regulation.

46. 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 health care provider, or health care 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.

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

## DEFINITIONS

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### *Accident*

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

### *Actual Charge*

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

### *Aggregate Maximum*

The maximum benefit that will be paid under This Plan for all **Covered Medical Expenses** incurred by a **Covered Person** that accumulate during the **Policy Year**.

### *Ambulatory Surgical Center*

A freestanding ambulatory surgical facility that:

- Meets licensing standards
- Is set up, equipped and run to provide general surgery
- Makes charges
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period
- Extends surgical staff privileges to:
  - **Physicians** who practice surgery in an area **hospital**, and
  - **Dentists** who perform oral surgery
- Has at least 2 operating rooms and one recovery room

- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery
- Does not have a place for patients to stay overnight
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies. It must have:
  - a **Physician** trained in cardiopulmonary resuscitation, and
  - a defibrillator, and
  - a tracheotomy set, and
  - a blood volume expander
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them
- Provides an ongoing quality assurance program. The program must include reviews by **Physicians** who do not own or direct the facility
- Keeps a medical record on each patient

### ***Birthing Center***

A freestanding facility that:

- Meets licensing standards
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care
- Makes charges
- Is directed by at least one **Physician** who is a specialist in obstetrics and gynecology
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period
- Extends staff privileges to **Physicians** who practice obstetrics and gynecology in an area **hospital**
- Has at least 2 beds or 2 birthing rooms for use by patients while in labor and during delivery
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child
- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life
- Accepts only patients with low risk pregnancies
- Has a written agreement with a **hospital** in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them
- Provides an ongoing quality assurance program. This includes reviews by **Physicians** who do not own or direct the facility
- Keeps a medical record on each patient and child.

### ***Brand Name Prescription Drug or Medicine***

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

### ***Chlamydia Screening Test***

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

### ***Coinsurance***

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

### ***Complications of Pregnancy***

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

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

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

**Complications of Pregnancy** also include:

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

### ***Convalescent Facility***

This is an institution that:

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

### ***Copay***

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

### ***Covered Dental Expenses***

Those charges for any treatment, service, or supplies, covered by This 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 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** while coverage under This Plan is in effect.

### ***Covered Student***

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

***Craniofacial Team***

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

***Deductible***

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **Policy Year** before benefits are paid.

***Dental Consultant***

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

***Dental Provider***

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

***Dentist***

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

***Designated Care***

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

***Designated Care Provider***

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

***Diabetic Self-Management Education Course***

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

The following are not considered **Diabetic Self-Management Education Courses** for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost; or
- A general program not just for diabetics; or
- A program made up of services not generally accepted as necessary for the management of diabetes.

***Directory***

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

***Durable Medical and Surgical Equipment***

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

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

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

***Effective Treatment of Mental or Nervous Conditions*** This is a program that:

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

### ***Elective Treatment***

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

- Tubal ligation,
- Vasectomy,
- Breast reduction except as specifically provided elsewhere in This Plan,
- Sexual reassignment surgery,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- Treatment for weight reduction,
- Learning disabilities,
- Temporomandibular joint dysfunction (TMJ),
- Immunization except as specifically provided elsewhere in This Plan,
- Treatment of infertility, and
- Routine physical examinations.

### ***Emergency Admission***

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- Requires confinement right away as a full-time inpatient, and
- If immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - loss of life or limb, or
  - significant impairment to bodily function, or
  - permanent dysfunction of a body part.

### ***Emergency Condition***

This is any traumatic **injury** or condition which:

- Occurs unexpectedly,
- Requires immediate diagnosis and treatment, in order to stabilize the condition, and
- Is characterized by symptoms such as severe pain and bleeding.

### ***Emergency Medical Condition***

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

### ***Home Health Aide***

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by an RN, LPN, or LVN, primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

### ***Home Health Care***

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

### ***Home Health Care Plan***

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

### ***Hospice***

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

### ***Hospice Benefit Period***

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

### ***Hospice Care Expenses***

The **Recognized Charges** made by a **hospice** for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by an RN, LPN, or LVN, charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the **Covered Person's** immediate family prior to, and within 3 months after, the **Covered Person's** death, and charges for **respite care** for up to **5 days** in any **30 day** period.

### ***Hospital***

A facility which meets all of these tests:

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

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

### ***Hospital Confinement***

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

### ***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.

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

### ***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.

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

***Negotiated Charge***

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

***Non-Member Dental Provider***

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

***Non-Occupational Disease***

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

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

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

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

***Non-Occupational Injury***

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

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

***Non-Preferred Care***

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

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

***Non-Preferred Care Provider***

- A health care provider that has not contracted to furnish services or supplies at a **Negotiated Charge**, 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,
- Of the bite, or
- Of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain.

Not included is:

- The installation of a space maintainer, or
- **Surgical procedure** to correct malocclusion.

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

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

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

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

### ***Partial Confinement Treatment***

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

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

### ***Pharmacy***

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

### ***Physician***

(a) legally qualified **Physician**, nurse practitioner or other licensed professional licensed by the state in which he or she practices; and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

### ***Policy Year***

The period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

### ***Pre-Admission Testing***

Tests done by a **hospital, surgery center, licensed diagnostic lab facility, or Physician**, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- The tests are related to the scheduled surgery,
- The tests are done within the **7 days** prior to the scheduled surgery,
- The person undergoes the scheduled surgery in a **hospital** or **surgery center**, this does not apply if the tests show that surgery should not be done because of his physical condition,
- The charge for the surgery is a **Covered Medical Expense** under this Plan,
- The tests are done while the person is not confined as an inpatient in a **hospital**,
- The charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- The test results appear in the person's medical record kept by the **hospital** or **surgery center** where the surgery is to be done, and
- The tests are not repeated in or by the **hospital** or **surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the Covered Percentage that would have applied in the absence of this benefit.

### ***Preferred Care***

Care provided by:

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

### ***Preferred Care Provider***

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

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

### ***Preferred Pharmacy***

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

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

### ***Preferred Prescription Drug Expense***

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

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

### ***Primary Care Physician***

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

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

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

### ***Recognized Charge***

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

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

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

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

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

Aetna may take into account factors, such as:

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

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

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

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

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

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

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

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

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

### ***Respite Care***

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

### ***Room and Board***

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

### ***Routine Screening for Sexually Transmitted Disease***

This is any laboratory test approved for such purposes by the FDA that specifically detects for infection by one or more agents of:

- Gonorrhea,
- Syphilis,
- Hepatitis,
- HIV, and
- Genital Herpes.

### ***School Health Services***

Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled students.

### ***Semi-Private Rate***

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

### *Service Area*

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

### *Sickness*

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

### *Skilled Nursing Facility*

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

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

### *Sound Natural Teeth*

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

### *Surgery Center*

A free standing ambulatory surgical facility that:

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

### *Surgical Assistant*

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

### ***Surgical Expense***

Charges by a **physician** for,

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

### ***Surgical Procedure***

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

### ***Totally Disabled***

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

### ***Treatment Facility (Mental or Nervous Conditions)***

An institution that:

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

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

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

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



### ***Urgent Admission***

One where the **physician** admits the person to the **hospital** due to:

- The onset of or change in a disease, or
- The diagnosis of a disease, or
- An **injury** caused by an **accident**

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within 2 weeks from the date the need for the confinement becomes apparent.

### ***Urgent Condition***

This means a sudden illness, **injury**, or condition, that:

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

### ***Urgent Care Provider***

This is a freestanding medical facility which:

- Provides unscheduled medical services to treat an **urgent condition** if the **Covered Person's physician** is not reasonably available
- Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours
- Makes charges
- Is licensed and certified as required by any state or federal law or regulation
- Keeps a medical record on each patient
- Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility
- Is run by a staff of **physicians**. At least one such **physician** must be on call at all times
- Has a full-time administrator who is a licensed **physician**.

A **physician's** office, but only one that:

- Has contracted with Aetna to provide urgent care, and
- Is, with Aetna's consent, included in the Provider **Directory** as a Preferred Urgent Care Provider.

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

### ***Walk-in Clinic***

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

## CLAIM PROCEDURE

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On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Aetna. Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, EST for any questions.

- Bills must be submitted within **90 days** from the date of treatment.
- Payment for **Covered Medical Expenses** will be made directly to the **hospital** or **physician** concerned, unless bill receipts and proof of payment are submitted.
- 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.
- You will receive an “Explanation of Benefits” when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student **Accident** and **Sickness** Insurance Plan.

### HOW TO APPEAL A CLAIM

In the event a **Covered Person** disagrees with how a claim was processed, he/she may request a review of the decision. The **Covered Person’s** request 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

### Appeal Process

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

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

- An Appeal is defined as a written request for review of a decision which has been denied in whole or in part, after consideration of any relevant information. This includes a request for claim payment, certification, eligibility or referral, etc. The address to send Appeals is shown on the **Covered Person’s** ID Card.
- An Appeal must be submitted within **180 days** of the date of a notice of denial.
- An acknowledgment letter will be sent to the **Covered Person** within five days of receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted within **15 days** of the date of the letter.
- The **Covered Person** will be sent a response by Aetna within **30 days** of receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.  
If the Appeal concerns an eligibility issue, and if additional information is not submitted after receipt of Aetna’s response, the decision is considered Aetna’s final response **60 days** after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna’s response, it must be submitted within **15 days**.
- Aetna’s final response will be sent within **30 days** from the date of Aetna’s first response letter.
- If additional time is needed to resolve the Appeal, Aetna will provide a written notification indicating that additional time is needed, explaining why such time is needed and setting a new date for a response. The additional time shall not be extended beyond another **30 days**.
- Aetna will keep the records of any appeal for three years.
- In an emergency situation involving admission to or services from an acute care **hospital**, if the **Covered Person’s Physician**, or the **hospital**, determines that the **Covered Person** faces a life-threatening or other serious **Injury** situation, they may submit a request for an expedited review. A response shall be given to the provider within three hours of Aetna’s receipt of the request and all necessary information. If a response is not provided within this time frame the request is considered approved.

- In all other urgent or emergency situations, the Appeal process may be initiated by a telephone call. A verbal response to the telephone call shall be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response.
- A person who has been diagnosed with a condition that creates a life expectancy in that person of less than two years and who has been denied an otherwise covered procedure, treatment or drug on the grounds that it is experimental may request an expedited appeal.

If, after completing the Appeal process outlined above, the **Covered Person**, the **Covered Person's Physician**, or the **hospital** are still dissatisfied with Aetna's response, the **Covered Person** may appeal the decision to the Connecticut Insurance Department. The applicable internet address for the State Insurance Department for your Plan is [www.state.ct.us/cid](http://www.state.ct.us/cid). This must be done within **30 days** of receipt of Aetna's final response.

## **PRESCRIPTION DRUG CLAIM PROCEDURE**

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

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

## **WORLDWIDE TRAVEL ASSISTANCE SERVICES**

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### **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**

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 (NDPE) Services**

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](http://www.aetnastudenthealth.com) or (800) 966-7772.**

**NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither 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®**

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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/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity)
- 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 – Friday, from 7:00 a.m. to 9:00 p.m. Eastern Time at **800-225-3375**.

## NOTICE

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Aetna considers nonpublic personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, **dentists**, pharmacies, **hospitals**, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself. 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**.

Presented by:

University Health Plans, Inc.  
One Batterymarch Park  
Quincy, MA 02169  
**(800) 437-6448**  
**www.universityhealthplans.com**

Administered by:

Aetna  
PO Box 981106  
El Paso, TX 79998  
**(866) 725-4433**  
**www.aetnastudenthealth.com**

Underwritten by:

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



Policy No. 474935

**The Trinity College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc.** Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.

## **ADDITIONAL INFORMATION**

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

### **Utilization Review Data**

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

- |    |  |            |
|----|--|------------|
| A  | Total number of utilization review requests (medical and behavioral health):   | <b>147</b> |
| B. | Total number of adverse determinations (denials) (medical and behavioral health) * based on A  | <b>4</b>   |
| C. | The total number of adverse determinations in B above regarding an admission, service, procedure, or an extension of stay that were appealed. (if multiple levels of appeals, count only once) | <b>0</b>   |
| D. | Total number of adverse decisions in B above regarding an admission, service, procedure, or extension of stay that were reversed on appeal:  | <b>0</b>   |

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

### **Health Care Providers**

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

Fairfield County	<b>880</b>
Hartford County	<b>929</b>
Litchfield County	<b>133</b>
Middlesex County	<b>186</b>
New Haven County	<b>1037</b>
New London County	<b>199</b>
Tolland County	<b>114</b>
Windham County	<b>117</b>

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

Fairfield County	<b>1814</b>
Hartford County	<b>1976</b>
Litchfield County	<b>299</b>
Middlesex County	<b>291</b>
New Haven County	<b>2260</b>
New London County	<b>440</b>
Tolland County	<b>221</b>
Windham County	<b>181</b>

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

Fairfield County	<b>6</b>
Hartford County	<b>7</b>
Litchfield County	<b>3</b>
Middlesex County	<b>1</b>
New Haven County	<b>7</b>
New London County	<b>2</b>
Tolland County	<b>2</b>
Windham County	<b>2</b>

Total number of participating pharmacies in:

Fairfield County	146
Hartford County	162
Litchfield County	38
Middlesex County	32
New Haven County	168
New London County	47
Tolland County	22
Windham County	21

**Medical Loss Ratio:** 77.5%

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

## NOTICE

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To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health's Student Connection Link on the Internet at [www.aetnastudenthealth.com/schools/trinity](http://www.aetnastudenthealth.com/schools/trinity).