

Quality Health Plans & Benefits  
Healthier Living  
Financial Well-Being  
Intelligent Solutions



## Aetna Student Health

# Plan Design and Benefits Summary Rochester Institute of Technology

Policy Year: 2017 - 2018  
Policy Number: 812809



[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)  
(800) 466-3185



This is a brief description of the Student Health Plan. The Plan is available for Rochester Institute of Technology students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If there is a difference between this Benefit Summary and the Policy, the Certificate of Coverage will control.

## Rochester Institute of Technology

RIT is concerned about the health, safety and general physical and mental well-being of its students. We recognize that students may encounter accidents and sickness while enrolled at RIT. The RIT Student Health Center, as a primary care facility, is available to all students when medical attention is needed. To supplement this, a direct enrollment student insurance program is available through the university. **RIT expects all students to have insurance coverage with local benefits through either their own personal insurance carrier or through this comprehensive Student Health Insurance Plan which is made available through the University.** When choosing a student health plan, please consider the following:

- To what extent will my plan cover me in Rochester if I am from a different city or state? "Out-of-network" coverage can differ significantly from your local area coverage, even if your current coverage is a government-sponsored plan.
- Do I need a referral from my home doctor to see a health care provider in Rochester?
- Does your policy carry a high annual deductible or large co-pays? The Aetna plan can be used to supplement deductibles and co-pays of your existing primary coverage.

Domestic students may enroll themselves directly in the Student Health Plan. Enrollment must be completed by **September 30, 2017** (for students first registered in fall semester). International students should refer to the International Student Enrollment Process below.

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

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

**The 2017-2018 Plan** provides substantial benefits for **Covered Medical Expenses** at a reasonable cost. Coverage is also available for a student's spouse and/or **dependent** children at an additional charge.

### Enrollment Process

RIT expects all students to have adequate medical insurance. If a student does not have coverage, this requirement may be satisfied by enrolling in the Aetna Student Health Plan **BEFORE THE ENROLLMENT DEADLINE DATE OF SEPTEMBER 30, 2017**, or later date if appropriate.

Students can enroll in this Plan by going online at [www.universityhealthplans.com](http://www.universityhealthplans.com). Students have the option to either put the charge on their RIT student account or pay online with a credit card. Students first registering in spring semester must enroll by **February 16, 2018**.

**Note:** Graduate and part-time students may also enroll voluntarily in the Aetna Student Health Plan.

## International Student Enrollment Process

**ALL** international undergraduate and graduate students (full and part-time) on A, B, E, F, G, I, J, K, O, Q, R and V visas will be automatically enrolled in the policy each semester, based on registration status.

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

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

Insurance questions may be directed to University Health Plans at **(800) 437-6448**.

## Health Services

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

## Confidentiality

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

## What is the Student Health Center?

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

## How is the Student Health Center Staffed?

The SHC is staffed by Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Health Educators, Administrative and Support Staff. The SHC providers are licensed/certified (as appropriate) in specialty areas that include Emergency Medicine, Psychiatry and Pediatrics, as well as expertise in Women's Health, Health Education, and American Sign Language Interpreting for the Deaf. The Center also serves as a clinical practicum site for professional students from RIT (Physician Assistants and Sign Language Interpretation) and the University of Rochester Schools of Medicine and Nursing (MD and NP programs) and other local colleges.

## When is the Student Health Center Open?

During the fall and spring semesters, the SHC is open Monday-Thursday, 8:30 a.m. - 6:30 p.m., Friday, 8:30 a.m. - 4:30 p.m., Wednesdays, 8:30 a.m.-12 p.m.; 2:30 p.m. - 6:30 p.m. (between 12:00 p.m. and 2:30 p.m.: open for urgencies and emergencies only, please ring the doorbell). Hours of operation during academic breaks and the summer semester are 8:30 a.m. - 4:30 p.m., Monday through Friday. The Center is closed during weekends and university holidays. When the SHC is closed, students can access medical information through a nurse advice line by calling **(585) 475-2255** and selecting the after-hours nurse triage option. Campus coverage is provided through the RIT Ambulance, which is dispatched by calling Public Safety. This New York State certified ambulance service is staffed by well-trained student volunteer emergency medical technicians who can assess medical conditions, treat and/or transport to a local hospital emergency department as the situation requires. If RIT Ambulance is not available, a local ambulance company will be dispatched to RIT. This may result in a fee charged to the student.

## Who Can Use the Student Health Center?

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

## Student Health Fee Coverage and Financial Responsibility

Most of the clinical and health education services provided by the SHC are paid for by the semester health fee with no additional charge to the student user of the service. This includes office visits, some on-site laboratory testing, immunization administration, minor surgery, bed observation, psychiatric care and women's health services. Diagnostic imaging and an array of laboratory services are provided in cooperation with community based providers, are NOT covered by the Student Health Fee and will be billed by the provider to the student's health insurance carrier. Expenses that are the responsibility of the student, parent/guardian and/or include but are not limited to consultations with community specialists, purchases of medications from the Student Health Center, procedures performed by off-campus providers, vaccinations and Tuberculosis screening tests. In addition, the cost of receiving medical care or psychiatric services beyond that provided by the SHC or other on-campus facilities, use of hospital emergency departments, urgent care and hospitalization, is the responsibility of the student or parent/guardian.

## Coverage Periods

**Students:** Coverage for all insured students enrolled for coverage in the Plan for the following Coverage Periods. Coverage will become effective at 12:01 AM on the Coverage Start Date of August 15, 2017, and will terminate at 11:59 PM on the Coverage End Date of August 14, 2018.

**Eligible Dependents:** Coverage for dependents eligible under the Plan for the following Coverage Periods. Coverage will, will become effective at 12:01 AM on the Coverage Start Date of August 15, 2017, and will terminate at 11:59 PM on the Coverage End Date of August 14, 2018. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Certificate of Coverage.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/15/2017	08/14/2018	09/30/2017
Fall (INT Students Only)	08/15/2017	01/14/2018	09/30/2017
Spring (New Students and Dependents of New Students)	01/15/2018	08/14/2018	02/16/2018

## Rates

The rates below include both premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna), as well as the Rochester Institute of Technology administrative fee.

	Annual	Spring Semester
<b>Student</b>	\$1,850	\$1,075
<b>Spouse</b>	\$1,850	\$1,075
<b>Child</b>	\$1,850	\$1,075
<b>2+Children</b>	\$3,700	\$2,150

## Refund Policy

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period for which you have paid the premium, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness).

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

## Student Coverage

### Eligibility

Enrollment is voluntary for all registered students **except** A,B,E,F,G,I,J,K,O,Q,R or V Visa International Students. All International undergraduate and graduate students (full and part time) on A, B, E, F, G, I, J, K, O, Q, R or V Visas will be automatically enrolled in the Aetna Student Health Plan policy each semester, based on registration status, and billed by Student Financial Services.

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

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

### Enrollment

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

If you withdraw from school within the first **31 days** of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After **31 days**, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness.)

A person who is eligible for Medicare at the time of enrollment under this plan is not eligible for medical expense coverage and prescribed medicines expense coverage. If a covered person becomes eligible for Medicare after he or she is enrolled in this plan, such Medicare eligibility will not result in the termination of medical expense coverage and prescribed medicines expense coverage under this plan. As used within this provision, persons are “eligible for Medicare” if they are entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

## Waiver Process/Procedure

### For International Students only:

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

## Dependent Coverage

### Eligibility

Covered students may also enroll their lawful spouse, including same-sex marriage, domestic partner and dependent children up to the age of 26.

### Enrollment

An Insured may add a dependent by submitting an enrollment form and payment to University Health Plans until the deadline of **September 30, 2017**.

If an Insured adds a new **dependent** after the effective date of coverage, coverage will become effective on the date of their qualifying event. If the **dependent** is a newborn child and no other children are covered under the plan, notification of the birth along with the appropriate premium must be submitted within 60 days of such birth. (Addition of a spouse must be within 60 days of marital status change.)

Premium need not be submitted if the newly added **dependent** is a child and the Insured already has two or more covered children. However, written notice of the new child must be submitted within the 60-day period.

## Newborn Infant and Adopted Child Coverage

A child born to a Covered Person shall be covered for Preventive, Accident, Sickness, and congenital defects for 60 days from the date of birth. At the end of this 60-day period, coverage will cease under the RIT Student Health Plan. To extend coverage for a newborn past the 60 days, the Covered Student must:

- A. Enroll the child within 60 days of birth, and
- B. Pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Student for 60 days from the moment of placement provided the child lives in the household of the Covered Student, and is dependent upon the Covered Student for support. To extend coverage for an adopted child past the 60 days, the Covered Student must:

1. Enroll the child within 60 days of placement of such child, and
2. Pay any additional premium, if necessary, starting from the date of placement.

## Special Enrollment Periods

You, your spouse or child can also enroll for coverage within 60 days of the loss of coverage in a health plan if coverage was terminated because you, your spouse or child are no longer eligible for coverage under the other health plan due to:

- Termination of employment;
- Termination of the other health plan;
- Death of the spouse;
- Legal separation, divorce or annulment;
- Reduction of hours of employment;
- Employer contributions toward a health plan were terminated; or
- A child no longer qualifies for coverage as a child under another health plan.

You, your Spouse or child can also enroll 60 days from exhaustion of your COBRA or continuation coverage. We must receive notice and premium payment within 60 days of the loss of coverage.

In addition, you, your spouse or child can also enroll for coverage within 60 days of losing (or gaining) eligibility for Medicaid or a state child health plan. We must receive notice and premium payment within 60 days of this event.

## Participating Provider Network

Aetna Student Health offers Aetna's broad network of Participating Providers. You can save money by seeing Participating Providers because Aetna has negotiated special rates with them, and because the Plan's benefits are better.

If you need care that is covered under the Plan but not available from a Participating Provider, contact Member Services for assistance at the toll-free number on the back of your ID card. In this situation, Aetna may issue a pre-approval for you to receive the care from a Non-Participating Provider. When a pre-approval is issued by Aetna, the benefit level is the same as for Participating Providers.

## Pre-certification

Some services have to be precertified by Aetna beforehand if you want the Plan to cover them. Participating Providers are responsible for requesting pre-certification for their services. You are responsible for requesting pre-certification if you seek care from a Non-Participating Provider for any of the services listed in the Schedule of Benefits section of the certificate. Pre-certification is not required for Participating facilities certified by the New York office of alcoholism and substance abuse services.

If you want the Plan to cover a service from a Non-Participating Provider that requires pre-certification, you must call Aetna at the number on your ID card. After Aetna receives a request for pre-certification, we will review the reasons for your planned treatment and determine if benefits are available.

### You must contact Aetna to request Pre-certification as follows:

- At least two (2) weeks prior to a planned admission or surgery when your provider recommends inpatient hospitalization. If that is not possible, then as soon as reasonably possible during regular business hours prior to the admission.
- At least two (2) weeks prior to ambulatory surgery or any ambulatory care procedure when your provider recommends the surgery or procedure be performed in an ambulatory surgical unit of a hospital or in an ambulatory surgical center.
- Within the first three (3) months of a pregnancy, or as soon as reasonably possible and again within 48 hours after the actual delivery date if your hospital stay is expected to extend beyond 48 hours for a vaginal birth or 96 hours for cesarean birth.
- Before air ambulance services are rendered for a non-emergency condition.

### You must also contact Aetna to provide notification after the fact as follows:

- As soon as reasonably possible when air ambulance services are rendered for an emergency condition.
- If you are hospitalized in cases of an emergency condition, you must call Aetna within 48 hours after your admission or as soon thereafter as reasonably possible.

## Description of Benefits

The Plan excludes coverage for certain services and has limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Policy issued to you, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If any discrepancy exists between this Benefit Summary and the Policy, the Certificate of Coverage will control the payment of benefits.

All coverage is based on the **Allowed Amount**.

“Allowed Amount” means the maximum amount Aetna will pay for the services or supplies covered under the certificate, before any applicable Copayment, Deductible and Coinsurance amounts are subtracted.

- The Allowed Amount for Participating Providers is the amount we have negotiated with the Participating Provider.
- The Allowed Amount for Non-Participating Facilities is 140% of the Medicare rate.
- The Allowed Amount for all other providers is 105% of the Medicare rate.

Our Allowed Amount is not based on the “usual, customary and reasonable charge.” If a Non-Participating Provider’s actual charge is more than the Allowed Amount, you are responsible for the difference. Call us at the number on your ID card or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for information on your financial responsibility when you receive services from a Non-Participating Provider.

This Plan will pay benefits in accordance with any applicable **New York** Insurance Law(s).

Metallic Level: Platinum, Tested at 90.43%.

<b>COST-SHARING</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Medical Deductible*</b> <b>Individual</b> <b>Family</b>  <b>Out-of-Pocket Limit**</b> <b>Individual</b> <b>Family</b>  *Applicable to benefits unless indicated otherwise below. ** This limit never includes Your Premium, Balance Billing charges or the cost of health care services We do not Cover.	None None  \$6,350 \$12,700	None None  None None  Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible or Out-of-Pocket Limit. You must pay the amount of the Non-Participating Provider’s charge that exceeds Our Allowed Amount.
<b>Outpatient and Professional Services (for other than Mental Health and Substance Use)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Office Visits - Primary Care (or home visits)</b>	10% Coinsurance	30% Coinsurance
<b>Office Visits - Specialists (or home visits)</b>	10% Coinsurance	30% Coinsurance
<b>PREVENTIVE CARE</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
Preventive services are not subject to Cost-Sharing (Copayments, Deductibles or Coinsurance) when performed by a Participating Provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (“USPSTF”), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (“ACIP”).		
<b>Well-Baby and Well-Child Care*</b>	Covered in full	30% Coinsurance
<b>Adult Annual Physical Examinations*</b>	Covered in full	30% Coinsurance
<b>Adult Immunizations*</b>	Covered in full	30% Coinsurance
<b>Well-Woman Examinations *</b>	Covered in full	30% Coinsurance
<b>Mammograms*</b>	Covered in full	30% Coinsurance

<b>PREVENTIVE CARE (Continued)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<p>Family Planning and Reproductive Health Services *</p> <p>We cover family planning services which consist of FDA-approved contraceptive methods prescribed by a Provider, not otherwise covered under the Prescription Drug Coverage section of the certificate, counseling on use of contraceptives and related topics, and sterilization procedures for women.</p> <p>We do not cover services related to the reversal of elective sterilizations.</p>	Covered in full	30% Coinsurance
<p><b>Vasectomy</b></p> <p>We do not cover services related to the reversal of elective sterilizations.</p>	10% Coinsurance	30% Coinsurance
Bone Mineral Density Measurements or Testing*	Covered in full	30% Coinsurance
Screening for Prostate Cancer	Covered in full	30% Coinsurance
All other preventive services required by USPSTF and HRSA	Covered in full	30% Coinsurance
<p>*When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.</p> <p>You may contact Us at the number on Your ID card or visit Our website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> for a copy of the comprehensive guidelines supported by HRSA, items or services with an “A” or “B” rating from USPSTF, and immunizations recommended by ACIP.</p>	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)
<b>EMERGENCY CARE</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<p>Emergency Ambulance Transportation (Pre-Hospital Emergency Medical Services).</p> <p>We do not cover travel or transportation expenses, unless connected to an Emergency Condition or due to a Facility transfer approved by Us, even though prescribed by a Physician.</p> <p>We do not cover non-ambulance transportation such as ambulette, van or taxi cab.</p>	10% Coinsurance	10% Coinsurance
Non-Emergency Ambulance Services	10% Coinsurance	10% Coinsurance

<b>EMERGENCY CARE (continued)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<p><b>Emergency Services</b> *Copayment /Coinsurance waived if Hospital admission.</p> <p><b>Important Notice:</b> A separate hospital emergency room visit benefit deductible or copay applies for each visit to an emergency room for emergency care. If a covered person is admitted to a hospital as an inpatient immediately following a visit to an emergency room, the emergency room visit benefit deductible or copay is waived.</p> <p>Covered medical expenses that are applied to the emergency room visit benefit deductible or copay cannot be applied to any other benefit deductible or copay under the plan. Likewise, covered medical expenses that are applied to any of the plan’s other benefit deductibles or copays cannot be applied to the emergency room visit benefit deductible or copay.</p> <p>Separate benefit deductibles or copays may apply for certain services rendered in the emergency room that are not included in the hospital emergency room visit benefit. These benefit deductibles or copays may be different from the hospital emergency room visit benefit deductible or copay, and will be based on the specific service rendered.</p> <p>Similarly, services rendered in the emergency room that are not included in the hospital emergency room visit benefit may be subject to coinsurance rates that are different from the coinsurance rate applicable to the hospital emergency room visit benefit.</p> <p>In the event that you require treatment for an Emergency Condition, seek immediate care at the nearest Hospital emergency department or call 911. Emergency Department Care does not require Pre-certification. However, only Emergency Services for the treatment of an Emergency Condition are covered in an emergency department.</p> <p>We do not cover follow-up care or routine care provided in a Hospital emergency department.</p>	10% Coinsurance	10% Coinsurance
<p><b>Urgent Care Center</b></p> <p>Urgent Care is medical care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require Emergency Department Care.</p>	10% Coinsurance	30% Coinsurance

<b>Outpatient and Professional Services (for other than Mental Health and Substance Use)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
Advanced Imaging Services (Performed in a Freestanding Radiology Facility or Office Setting)	10% Coinsurance	30% Coinsurance
Advanced Imaging Services (Performed as Outpatient Hospital Services)	10% Coinsurance	30% Coinsurance
Allergy Testing and Treatment (Performed in a PCP Office)	10% Coinsurance	30% Coinsurance
Allergy Testing and Treatment (Performed in a Specialist Office)	10% Coinsurance	30% Coinsurance
Ambulatory Surgery Center	10% Coinsurance	30% Coinsurance
Anesthesia Services (all settings)	10% Coinsurance	30% Coinsurance
Autologous Blood Banking Services	10% Coinsurance	30% Coinsurance
Cardiac & Pulmonary Rehabilitation (Performed in a Specialist Office)	10% Coinsurance	30% Coinsurance
Cardiac & Pulmonary Rehabilitation (Performed as Outpatient Hospital Services)	10% Coinsurance	30% Coinsurance
Cardiac & Pulmonary Rehabilitation (Performed as Inpatient Hospital Services)	Included As Part of Inpatient Hospital Service Cost-Sharing	Included As Part of Inpatient Hospital Service Cost-Sharing
Chemotherapy (Performed in a PCP Office)	10% Coinsurance	30% Coinsurance
Chemotherapy (Performed in a Specialist Office)	10% Coinsurance	30% Coinsurance
Chemotherapy (Performed as Outpatient Hospital Services)	10% Coinsurance	30% Coinsurance
Chiropractic Services	10% Coinsurance	30% Coinsurance
Clinical Trials	Use Cost-Sharing for Appropriate Service	Use Cost-Sharing for Appropriate Service
Diagnostic Testing – (Performed in a PCP Office) We Cover x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic x-rays, x-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services.	10% Coinsurance	30% Coinsurance
Diagnostic Testing – (Performed in a Specialists Office)	10% Coinsurance	30% Coinsurance
Diagnostic Testing – (Performed as Outpatient Hospital Services)	10% Coinsurance	30% Coinsurance
Dialysis – (Performed in a PCP Office)	10% Coinsurance	30% Coinsurance
Dialysis – (Performed in a Freestanding Center or Specialist Office Setting)	10% Coinsurance	30% Coinsurance

Outpatient and Professional Services (continued) for other than Mental Health and Substance Use)	Participating Provider – Member Responsibility for Cost-Sharing	Non-Participating Provider – Member Responsibility for Cost-Sharing
Dialysis – (Performed as Outpatient Hospital Services	10% Coinsurance	30% Coinsurance
Habilitation Services - Physical Therapy, Occupational Therapy, or Speech Therapy	10% Coinsurance	30% Coinsurance
Home Health Care Unlimited Visits per Plan Year.	10% Coinsurance	30% Coinsurance
<p data-bbox="107 470 329 499"><b>Infertility Services</b></p> <p data-bbox="107 520 789 657">We cover services for the diagnosis and treatment (surgical and medical) of infertility when such infertility is the result of malformation, disease or dysfunction. Such coverage is available as follows:</p> <p data-bbox="107 678 805 993"><b>Basic Infertility Services.</b> Basic infertility services will be provided to a Member who is an appropriate candidate for infertility treatment. In order to determine eligibility, We will use guidelines established by the American College of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the State of New York. However, Members must be between the ages of 21 and 44 (inclusive) in order to be considered a candidate for these services.</p> <p data-bbox="107 1014 776 1224"><b>Services include:</b> Initial evaluation; Semen analysis; Laboratory evaluation; Evaluation of ovulatory function; Postcoital test; Endometrial biopsy; Pelvic ultra sound; Hysterosalpingogram; Sono-hystogram; Testis biopsy; Blood tests; and Medically appropriate treatment of ovulatory dysfunction.</p> <p data-bbox="107 1245 670 1308">Additional tests may be covered if the tests are determined to be Medically Necessary.</p> <p data-bbox="107 1329 789 1434"><b>Comprehensive Infertility Services.</b> If the basic infertility services do not result in increased fertility, we cover comprehensive infertility services.</p> <p data-bbox="107 1455 776 1560"><b>Services include:</b> Ovulation induction and monitoring; Pelvic ultra sound; Artificial insemination; Hysteroscopy; Laparoscopy; and Laparotomy.</p> <p data-bbox="107 1581 654 1612"><b>Exclusions and Limitations.</b> We do not cover:</p> <p data-bbox="107 1633 789 1801">In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; Costs for an ovum donor or donor sperm; Sperm storage costs; Cryopreservation and storage of embryos; Ovulation predictor kits; Reversal of tubal ligations; Reversal of</p>	<p data-bbox="829 470 1154 678">Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory &amp; Diagnostic Procedures)</p>	<p data-bbox="1187 470 1511 678">Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory &amp; Diagnostic Procedures)</p>

<b>Outpatient and Professional Services (continued) for other than Mental Health and Substance Use)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<p><b>Infertility Services (continued)</b></p> <p>vasectomies; Costs for and relating to surrogate motherhood (maternity services are covered for Members acting as surrogate mothers); Cloning; or</p> <p>Medical and surgical procedures that are experimental or investigational, unless our denial is overturned by an External Appeal Agent.</p> <p>All services must be provided by Providers who are qualified to provide such services in accordance with the guidelines established and adopted by the American Society for</p> <p>Reproductive Medicine.</p>	<p>Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory &amp; Diagnostic Procedures)</p>	<p>Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory &amp; Diagnostic Procedures)</p>
<p><b>Infusion Therapy – (Performed in a PCP Office)</b></p> <p>We cover infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required you to be hospitalized. Drugs or nutrients administered directly into the veins are considered infusion therapy.</p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Infusion Therapy – (Performed in a Specialists Office)</b></p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Infusion Therapy – (Performed as Outpatient Hospital Services)</b></p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Infusion Therapy – (Home Infusion Therapy)</b></p> <p>Home Infusion counts towards Home Health Care Visit Limits.</p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Laboratory Procedures – (Performed in a PCP Office)</b></p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Laboratory Procedures – (Performed in a Specialist Office)</b></p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Laboratory Procedures – (Performed as Outpatient Hospital Services)</b></p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>
<p><b>Maternity and Newborn Care - Prenatal Care</b></p>	<p>Covered In Full</p>	<p>30% Coinsurance</p>
<p><b>Maternity and Newborn Care - Inpatient Hospital Services and Birthing Center</b></p> <p>One Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early.</p>	<p>10% Coinsurance</p>	<p>30% Coinsurance</p>

<b>Outpatient and Professional Services (continued) for other than Mental Health and Substance Use)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Maternity and Newborn Care - Physician and Midwife Services for Delivery</b>	10% Coinsurance	30% Coinsurance
<b>Maternity and Newborn Care - Breast Pump</b> We cover the cost of renting one breast pump per pregnancy for duration of breast feeding.	Covered in Full	30% Coinsurance
<b>Maternity and Newborn Care - Postnatal Care</b>	0% Coinsurance	30% Coinsurance
<b>Outpatient Hospital Surgery Facility Charge</b>	10% Coinsurance	30% Coinsurance
<b>Preadmission Testing</b>	10% Coinsurance	30% Coinsurance
<b>Diagnostic Radiology Services – (Performed in a PCP Office)</b>	10% Coinsurance	30% Coinsurance
<b>Diagnostic Radiology Services – (Performed in a Freestanding Radiology Facility or Specialist Office)</b>	10% Coinsurance	30% Coinsurance
<b>Diagnostic Radiology Services – (Performed as Outpatient Hospital Services)</b>	10% Coinsurance	30% Coinsurance
<b>Therapeutic Radiology Services – (Performed in a Freestanding Radiology Facility or Specialist Office)</b>	10% Coinsurance	30% Coinsurance
<b>Therapeutic Radiology Services – (Performed as Outpatient Hospital Services)</b>	10% Coinsurance	30% Coinsurance
<b>Rehabilitation Services - Physical Therapy, Occupational Therapy or Speech Therapy</b>	10% Coinsurance	30% Coinsurance
<b>Second Opinions on the Diagnosis of Cancer, Surgery &amp; Other</b>	10% Coinsurance	30% Coinsurance Second Opinions on Diagnosis of Cancer are Covered at Participating Cost-Sharing for Non-Participating Specialist
<b>Surgical Services (surgeon, assistant surgeon, anesthetist) - Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive &amp; Corrective Surgery; Transplants &amp; Interruption of Pregnancy</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Inpatient Hospital Surgery</b>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Outpatient Hospital Surgery</b>	10% Coinsurance	30% Coinsurance
<b>Surgery (Performed at an Ambulatory Surgical Center)</b>	10% Coinsurance	30% Coinsurance
<b>Office Surgery</b>	10% Coinsurance	30% Coinsurance

Additional Benefits, Equipment and Devices	Participating Provider – Member Responsibility for Cost-Sharing	Non-Participating Provider – Member Responsibility for Cost-Sharing
<p><b>Applied Behavioral Analysis Treatment for Autism Spectrum Disorder</b>  “Applied behavior analysis” means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.</p>	10% Coinsurance	30% Coinsurance
<p><b>Assistive Communication Devices for Autism Spectrum Disorder</b>  We cover the rental or purchase of assistive communication devices when ordered or prescribed by a licensed Physician or a licensed psychologist if You are unable to communicate through normal means (i.e., speech or writing) when the evaluation indicates that an assistive communication device is likely to provide You with improved communication. Examples of assistive communication devices include communication boards and speech-generating devices. Coverage is limited to dedicated devices. We will only cover devices that generally are not useful to a person in the absence of communication impairment. We do not cover items, such as, but not limited to, laptops, desktop, or tablet computers. We cover software and/or applications that enable a laptop, desktop, or tablet computer to function as a speech-generating device.</p>	10% Coinsurance	30% Coinsurance
<p><b>Diabetic Equipment, Supplies and Insulin (30 day supply)</b></p>	10% Coinsurance	30% Coinsurance
<p><b>Diabetic Education</b></p>	10% Coinsurance	30% Coinsurance
<p><b>Durable Medical Equipment and Braces</b></p>	10% Coinsurance	30% Coinsurance
<p><b>Hearing Aids - External</b>  Single Purchase Once Every Plan Year.</p>	10% Coinsurance	30% Coinsurance
<p><b>Hearing Aids - Cochlear Implants</b>  One Per Ear Per Time Covered.</p>	10% Coinsurance	30% Coinsurance
<p><b>Hospice Care – Inpatient</b>  Unlimited Days per Plan Year.</p>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<p><b>Hospice Care – Outpatient</b>  5 Visits for Family Bereavement Counseling.</p>	10% Coinsurance	30% Coinsurance

<b>Additional Benefits, Equipment and Devices (continued)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<p><b>Medical Supplies</b> We cover medical supplies that are required for the treatment of a disease or injury which is covered under the certificate. We also cover maintenance supplies (e.g., ostomy supplies) for conditions covered under the certificate. All such supplies must be in the appropriate amount for the treatment or maintenance program in progress. We do not cover over-the-counter medical supplies.</p>	10% Coinsurance	30% Coinsurance
<p><b>Prosthetics – External</b> We do not cover dentures or other devices used in connection with the teeth unless required due to an accidental injury to sound natural teeth or necessary due to congenital disease or anomaly.  We do not cover orthotics (e.g., shoe inserts).</p>	10% Coinsurance	30% Coinsurance
<b>Prosthetics - Internal</b>	10% Coinsurance	30% Coinsurance
<b>Inpatient Services (for other than Mental Health and Substance Use)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac &amp; Pulmonary Rehabilitation, &amp; End of Life Care)</b>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Observation Services</b>	10% Coinsurance	30% Coinsurance
<b>Inpatient Medical Visits Services</b>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Skilled Nursing Facility</b>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Inpatient Rehabilitation Services - Physical Therapy, Occupational Therapy or Speech Therapy</b>	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Mental Health Care and Substance Use Services</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Mental Health Care Services Inpatient Services</b> Pre-certification is Not Required for Emergency Admissions.	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Mental Health Care Services Outpatient Services</b>	10% Coinsurance	30% Coinsurance

<b>Mental Health Care and Substance Use Services (continued)</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Substance Use Services Inpatient Services</b> Pre-certification is Not Required for Emergency Admissions.	10% Coinsurance Pre-certification Required	30% Coinsurance Pre-certification Required
<b>Substance Use Services Outpatient Services</b> Unlimited Visits a Plan Year May Be Used For Family Counseling.	10% Coinsurance	30% Coinsurance
<b>Prescription Drug Coverage</b>	<b>Participating Provider – Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider – Member Responsibility for Cost-Sharing</b>
<b>Retail Pharmacy (30 day supply) - Tier 1 (generic)</b>	\$10 Copayment per supply	\$10 Copayment per supply
<b>Retail Pharmacy (30 day supply) - Tier 2 (formulary brand)</b>	\$30 Copayment per supply	\$30 Copayment per supply
<b>Retail Pharmacy (30 day supply) - Tier 3 (non-formulary brand)</b>	\$30 Copayment per supply	\$30 Copayment per supply
<b>Mail Order Pharmacy (30 day supply) - Tier 1 (generic)</b>	Not Covered	Not Covered
<b>Mail Order Pharmacy (30 day supply) - Tier 2 (formulary brand)</b>	Not Covered	Not Covered
<b>Mail Order Pharmacy (30 day supply) - Tier 3 (non-formulary brand)</b>	Not Covered	Not Covered
<b>Mail Order More than 30-day supply Up to a 90-day supply - Tier 1 (generic)</b>	Not Covered	Not Covered
<b>Mail Order More than 30-day supply Up to a 90-day supply - Tier 2 (formulary brand)</b>	Not Covered	Not Covered
<b>Mail Order More than 30-day supply Up to a 90-day supply - Tier 3 (non-formulary brand)</b>	Not Covered	Not Covered
<b>Enteral Formulas - Tier 1 (Generic)</b>	10% Coinsurance	30% Coinsurance
<b>Enteral Formulas - Tier 2 (formulary brand)</b>	10% Coinsurance	30% Coinsurance
<b>Enteral Formulas - Tier 3 (non-formulary brand)</b>	10% Coinsurance	30% Coinsurance

WELLNESS BENEFITS	Participating Provider – Member Responsibility for Cost-Sharing	Non-Participating Provider – Member Responsibility for Cost-Sharing
<p><b>Exercise Facility Reimbursement</b></p> <p>Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual workout visits. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages, etc.).</p>	<p>Up to \$200 per 6-month period.</p> <p>Up to an additional \$100 per 6-month period for Spouse.</p>	
<p><b>Pediatric Vision Care</b></p> <p>We Cover emergency, preventive and routine vision care for Members through the end of the month in which the Member turns 19 years of age.</p>	Participating Provider – Member Responsibility for Cost-Sharing	Non-Participating Provider – Member Responsibility for Cost-Sharing
<p><b>Vision Examinations</b></p> <p>One Exam per 12-Month Period.</p>	0% Coinsurance	30% Coinsurance
<p><b>Prescribed Lenses and Frames</b></p> <p>We cover standard prescription lenses or contact lenses, one (1) time in any twelve (12) month period, unless it is Medically Necessary for You to have new lenses or contact lenses more frequently, as evidenced by appropriate documentation. Prescription lenses may be constructed of either glass or plastic. We also cover standard frames adequate to hold lenses one (1) time in any twelve (12) month period, unless it is Medically Necessary for you to have new frames more frequently, as evidenced by appropriate documentation.</p>	0% Coinsurance	30% Coinsurance
<p><b>Contact Lenses</b></p>	0% Coinsurance	30% Coinsurance
<p><b>Pediatric Dental Care</b></p> <p>We Cover the following dental care services for Members up through the end of the month in which the Member turns 19 years of age.</p>	Participating Provider – Member Responsibility for Cost-Sharing	Non-Participating Provider – Member Responsibility for Cost-Sharing
<p><b>Preventive/Routine Dental Care</b></p> <p>One Dental Exam &amp; Cleaning Per 6-Month Period Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at 6 to 12-month intervals.</p>	Covered in Full	Covered in full
<p><b>Major Dental - Endodontics, Periodontics and Prosthodontics</b></p>	30% Coinsurance	50% Coinsurance
<p><b>Orthodontia</b></p>	50% Coinsurance	50% Coinsurance

## Exclusions

No coverage is available under the certificate for the following:

A. Aviation

We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care

We do not cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include covered services determined to be Medically Necessary.

C. Cosmetic Services

We do not cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the utilization review process in the Utilization Review and External Appeal sections of this certificate unless medical information is submitted.

D. Dental Services

We do not cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of this certificate.

E. Experimental or Investigational Treatment

We do not cover any health care service, procedure, treatment, device, or Prescription Drug that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for your rare disease or patient costs for your participation in a clinical trial as described in the Outpatient and Professional Services section of this certificate, or when our denial of services is overturned by an External Appeal Agent certified by the state. However, for clinical trials, we will not cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this certificate for a further explanation of your appeal rights.

F. Felony Participation

We do not cover any illness, treatment or medical condition due to your participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of your medical condition (including both physical and mental health conditions).

G. Foot Care

We do not cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will cover foot care when you have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in your legs or feet.

H. Government Facility

We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless you are taken to the hospital because it is close to the place where you were injured or became ill and emergency services are provided to treat your emergency condition.

I. Medically Necessary

In general, we will not cover any health care service, procedure, treatment, test, device or Prescription Drug that we determine is not Medically Necessary. If an External Appeal Agent certified by the state overturns our denial, however, we will cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise covered under the terms of this certificate.

J. Medicare or Other Governmental Program

We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

K. Military Service

We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

L. No-Fault Automobile Insurance

We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if you do not make a proper or timely claim for the benefits available to you under a mandatory no-fault policy.

M Services not Listed

We do not cover services that are not listed in this certificate as being covered.

N. Services Provided by a Family Member

We do not cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of you or your spouse.

O. Services Separately Billed by Hospital Employees

We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.

P. Services With No Charge

We do not cover services for which no charge is normally made.

Q. Vision Services

We do not cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section of this certificate.

R. Workers' Compensation

We do not cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

The Rochester Institute of Technology Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call (800)466-3185.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

To access language services at no cost to you, call 1-800-466-3185.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-466-3185. (Spanish)

如欲使用免費語言服務，請致電 1-800-466-3185。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1 800 466-3185. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-466-3185. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-466-3185 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-466-3185. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-800-466-3185. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800 - 466-3185. (Italian)

言語サービスを無料でご利用いただくには、1-800-466-3185 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-466-3185 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800- 466-3185 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-800-466-3185. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-466-3185. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-466-3185. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-466-3185. (Vietnamese)