

2010 - 2011

Student Health Insurance Plan



ROSS
UNIVERSITY

EST. 1978

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

Policy Number 474883



WHERE TO FIND HELP

In case of an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.
For non-emergency situations please visit or call Ross University Health Services at **(732) 509-4000**.

For questions about:

- * Insurance Benefits
- * Enrollment
- * Claims Processing
- * Pre-Certification Requirements

Please contact:

Aetna
PO Box 981106
El Paso, TX 79998
(877) 381-3551

For questions about:

ID Cards

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

For lost ID cards, contact:

Aetna Student Health
(877) 381-3551

For questions about:

- * Enrollment Forms
- * Waiver Process

Please contact:

Ross University
Student Finance Department – Health Insurance
630 US Highway 1, Suite 300
North Brunswick, NJ 08902-3311

P: **(732) 509-4600** ext. **4906**

F: **(732) 509-4821**

For questions about:

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

Please contact:

Aetna Student Health
(877) 381-3551

For questions about:

- * Provider Listings

Please contact:

Aetna Student Health
(877) 381-351

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

For questions about:

On Call International 24/7 Emergency Travel Assistance Services

Please contact:

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

If outside the U.S., call collect by dialing **the U.S. access code** plus **(603) 328-1956**. Please also visit www.aetnastudenthealth.com and visit your school-specific site for further information.

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Ross University. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the University's Office of Student Accounts 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.

Subject to the terms of the policy, benefits are available for you and your eligible dependents only for the coverages listed below, and only up to the maximum amounts shown.

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POLICY PERIOD

1. **Students Annual Term:** Coverage for all insured students enrolled for the Full Policy Year will become effective at 12:01 AM on **September 1, 2010**, and will continue to be effective through 12:01 AM on **September 1, 2011**.
2. **Insured dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured **dependents** terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of **Covered Dependents** see page (28) of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the **dependent** no longer meets the definition of a **dependent**.

RATES

Student Health Insurance Plan Premiums	First Trimester 09/01/10- 12/31/10	Second Trimester 01/01/11- 04/30/11	Third Trimester 05/01/11- 08/31/11
Student under age 30	\$318	\$318	\$318
Student under age 30-39	\$397	\$397	\$397
Student under age 40-49	\$560	\$560	\$560
Student age 50 and older	\$687	\$687	\$687
Spouse under age 30	\$942	\$942	\$942
Spouse age 30 and older	\$1,229	\$1,229	\$1,229
All Children	\$475	\$475	\$475

MERP Student Rates	First Trimester 08/01/10- 12/31/10	Second Trimester 11/22/10- 04/30/11	Third Trimester 04/01/11- 08/31/11
Student Under Age 30	\$398	\$398	\$398
Student age 30-39	\$496	\$496	\$496
Student age 40-49	\$700	\$700	\$700
Student age 50 or older	\$860	\$860	\$860
Spouse under age 30	\$1,178	\$1,178	\$1,178
Spouse age 30 or older	\$1,537	\$1,537	\$1,537
All Children	\$593	\$593	\$593

The rate above includes both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as Ross University administrative fee.

DEDUCTIBLES

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

Preferred Care

Student: **\$250** per Policy Year

Dependent: **\$250** per Policy Year

Non Preferred Care

Student: **\$500** per Policy Year

Dependent: **\$500** per Policy Year

ROSS UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Ross University students and their eligible **dependents**. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the University's Office of Student Account during business hours.

STUDENT COVERAGE

ELIGIBILITY

Ross University requires all students enrolled in six or more credits (both science and clinical) to enroll in the Ross University sponsored Student Health Insurance Plan or to provide proof of comparable coverage under another insurance plan. Students provided coverage under an alternative plan must sign and submit a completed waiver form which includes the plans policy number.

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

ENROLLMENT

At the beginning of each billing period students are automatically enrolled, billed, and responsible for the insurance charges. This coverage is also automatically applied to students on a leave of absence, vacation or temporary withdrawals. Coverage will continue to be charged until the student officially graduates or permanently withdraws from the University. Please note that completion of clinical rotations does not constitute graduation from the University. Health Insurance coverage will continue to be charged until the date of official graduation as determined by the University. For further information regarding the date of official graduation, contact the Registrar's office at **(732) 509-4600 ext. 4906**. To decline coverage, a waiver form must be submitted to the Office of Student Accounts.

REFUND POLICY

Any student withdrawing from school during the first 31 days of the period, for which premium has been paid, shall not be covered under the Policy, and a full refund of the premium will be made. Students withdrawing after such 31 days, will remain covered under the Policy for the full period, for which premium has been paid. **No refund will be allowed.** (This refund policy will not apply to any student withdrawing 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. A pro rata refund of premium will be made for such person, and any covered **dependents**, upon written request, received by Aetna within 90 days of withdrawal from school.

WAIVER PROCESS/PROCEDURE

At the start of each billing period students may waive participation in the Student Health Insurance Plan provided that evidence of comparable health insurance coverage is presented. Students must present the evidence of coverage and a completed Waiver Form to Ross University's Office of Student Accounts within 30 days of the start of each session. Students who do not complete a waiver form by these dates will be automatically billed for the Student Health Insurance Plan. Incomplete or late waivers will not be processed and you will be billed for that period. A waiver once submitted will remain in effect until the student cancels it. All waivers and cancellations must be submitted on a timely basis at the start of the affected billing period or the insurance charges/waiver cancellation will remain in effect for that time period. Waivers received by the Office of Student Accounts more than 30 days from the statement date located at the top right of your statement will not serve to cancel the insurance charge until the next billing period.

Billing Periods for the insurance are listed below. Approximately 6 weeks prior to the start of the bill period you will be billed for your insurance coverage along with any other unpaid University charges. Insurance charges will appear on your billing statement as a separate item.

Billing Periods:

9/1/10 - 12/31/10

1/1/11 - 4/30/11

5/1/11 - 8/31/11

Waiver Deadlines

First Trimester	October 1, 2010
Second Trimester	February 1, 2011
Third Trimester	June 1, 2011

DEPENDENT COVERAGE

ELIGIBILITY

Covered students may also enroll their lawful spouse, and unmarried **dependent** children under age 26.

Dependent children who are covered because they are full-time college students will be allowed to continue on the plan if they are on medical leave or reduce to part-time due to a catastrophic illness or injury. Coverage to extend for 12 months or the normal terminating age (earlier of). The plan will allow unmarried **dependents** up to age 30 if they reside in IL, have served in the US Armed Forces (AF), and were discharged from the AF other than dishonorable discharge.

DEPENDENT ENROLLMENT DEADLINES

Annual Policy: If the online Enrollment Form is submitted after the effective date but prior to the deadline date, coverage will be effective the first date of the coverage period. If the online Enrollment Form is submitted after the deadline date, it will not be accepted in the absence of a significant life change, and the **Dependent** will have to wait until the next open enrollment period to apply. A completed online Enrollment Form should be submitted directly to Aetna Student Health

First Trimester	October 1, 2010
Second Trimester	February 1, 2011
Third Trimester	June 1, 2011

Dependent Enrollment Deadlines for MERP students

First Trimester	September 10, 2010
Second Trimester	December 3, 2011
Third Trimester	April 1, 2011

Mid-Session Enrollment: Dependents may enroll after the deadline only if there has been a significant life change (i.e., marriage, birth, loss of job). If the Enrollment Form is submitted within 30 days of the qualifying event, coverage will be backdated to the date of the qualifying event. If the Enrollment Form is submitted 30 days after the qualifying event, it will not be accepted, and the **dependents** will have to wait until the next open enrollment period to enroll.

NEWBORN INFANT AND ADOPTED CHILD COVERAGE

A child born to a **Covered Person** shall be covered for Accident, Sickness, and congenital defects, for 31 days from the date of birth. At the end of this 31 day period, coverage will cease under the Ross University Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the **Covered Student** must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

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

For information or general questions on **dependent** enrollment, contact Aetna Student Health at, **(877) 381-3551**.

PREFERRED PROVIDER NETWORK

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

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **(877) 381-3551**, or through the Internet by accessing DocFind at www.aetna.com/docfind/custom/studenthealth/index.html

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

Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.

PRE-CERTIFICATION PROGRAM

Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(877) 381-3551** (attention Managed Care Department).

The following inpatient and outpatient services or supplies require pre-certification:

- All inpatient admissions, including length of stay, to a hospital, convalescent facility, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility.
- All inpatient maternity care, after the initial 48/96 hours.
- All partial hospitalization in a hospital, residential treatment facility, or facility established primarily for the treatment of substance abuse
- All outpatient care for the treatment of mental and nervous disorders, and substance abuse.
- Home Health Care

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student Accident and Sickness Plan.

Pre-Certification of Non-Emergency Inpatient Admissions, Partial Hospitalization, Identified Outpatient Services and Home Health Services:

The patient, Physician or hospital must telephone at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

Notification of Emergency Admissions:

The patient, patient's representative, Physician or hospital must telephone within **one (1) business day** following inpatient (or partial hospitalization) admission.

Aetna
PO Box 981106
El Paso, TX 79998
(877) 381-3551

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS/PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition

A Pre-Existing Condition is defined as any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the **Covered Person's** effective date. Expenses incurred by a **Covered Person** as a result of a Pre-Existing Condition will not be considered a **Covered Medical Expense** unless (a) no charges are incurred or treatment rendered for the condition for a period of six months while covered under this Policy, or (b) the **Covered Person** had been covered under this Policy for 12 consecutive months, whichever happens first.

Special Rules as to Pre-Existing Conditions

If a **Covered Person** has creditable coverage in force within 63 days prior to the date he or she enrolled (or was enrolled) in this Plan, then any limitation as to a Pre-Existing Condition under this Plan will apply for that person only to the extent that such limitation would have applied if they had remained covered under the prior creditable coverage.

As used above, creditable coverage means a person's prior medical coverage as defined in HIPAA. Such coverage includes coverage issued on a group or individual basis: Medicare, Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee's Health Benefit Plan (FEHBP); a public health plan as defined in the regulations and any health benefit plan under Section 5(e) of the Peace Corps Act, and any National Health Program.

Continuously Insured Provision

Continuously insured means a person who was insured under prior Student Health Insurance policies issued to Ross University and is now insured under this Policy. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for expenses payable under prior policies issued in the absence of this Policy. Previously insured **dependents** and students must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous insurance occurs, the definition of Pre-Existing Conditions will apply in determining coverage of any condition which existed during such break.

DESCRIPTION OF BENEFITS

Please Note:

The Ross University 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 Ross University 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 Ross University, you may view it at Student Health Insurance Office or you may contact Aetna Student Health at (877) 381-3551.

This Plan will never pay more than \$250,000 per condition per lifetime. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.

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

SUMMARY OF BENEFITS CHART

DEDUCTIBLES

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

Preferred Care

Student: **\$250** per Policy Year

Dependent: \$250 per Policy Year

Non Preferred Care

Student: **\$500** per Policy Year

Dependent: \$500 per Policy Year

PLAN COINSURANCE (Preferred Care)

After the Preferred Care Plan Deductible has been satisfied, benefits will be paid at **100%** of the **Negotiated Charge** for **Covered Medical Expenses** incurred up to **\$5,000** maximum. After Aetna has paid **\$5,000**, benefits will be paid at **80%** for additional **Covered Medical Expenses** incurred up to **\$50,000**, and then benefits will be paid at **100%** for remaining **Covered Medical Expenses** not to exceed the **\$250,000** Maximum Lifetime (combined preferred care and non-preferred care) for each Accident or Sickness.

All coverage is based on Reasonable Charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge</u> for a semi-private room.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Intensive Care Unit Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge</u> for the Intensive Care Room Rate for an overnight stay.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Miscellaneous Hospital Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Physician Hospital Visit/ Consultation Expense	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Anesthetist and Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon, during a surgical procedure, are payable as followed: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>

Ambulatory Surgical Expense	<p>Covered Medical Expenses for outpatient surgery performed in an ambulatory surgical center are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reason able Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p>Please note: \$3000 maximum benefit per condition per policy year</p>
<p>Outpatient Benefits Covered Medical Expenses include but are not limited to: Physician’s office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department or Walk-in Clinic Visit Expense	<p>Covered Medical Expenses for outpatient treatment in a hospital are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Actual Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Urgent Care Expense	<p>Benefits include charges for treatment by an urgent care provider.</p> <p><i>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. The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</u></i></p> <p><u>Urgent Care</u> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p>
Ambulance Expense	<p>Covered Medical Expenses are payable at 100% of the Actual Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Pre-Admission Testing Expense	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable on the same basis as any other condition.</p> <p><i>Please see the Definition of Pre-Admission Testing on page 41 for more detailed information on this benefit.</i></p>

Physician's Office Visits	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses include charges incurred by a covered person are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over \$200.</p> <p><i>Please see the Definition of High Cost Procedures on page 38 for more detailed information on this benefit.</i></p>
Therapy Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Physical Therapy, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.</p> <p>All therapy must be provided by a therapist who is licensed in accordance with state law, and practicing within the scope of their license.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Chemotherapy Expense</p>	<p>Covered Medical Expenses also include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Radiation therapy, • Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, • Dialysis, and • Respiratory therapy. <p>Benefits for these types of therapies are payable for Covered Medical Expenses on the same basis as any other sickness:</p> <p><u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Durable Medical Equipment Expense</p>	<p>Covered Medical Expenses are payable as follows:</p> <p><u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Orthotic and Prosthetic Devices Expense</p>	<p>Covered Medical Expenses include charges for medically necessary prosthetic devices and customized orthotic devices.</p> <p>For purposes of this benefit:</p> <p>"Customized orthotic device" means a supportive device for the body or a part of the body, the head, neck, or extremities, and includes the replacement or repair of the device based on the patient's physical condition as medically necessary, <u>excluding</u> foot orthotics defined as an in-shoe device designed to support the structural components of the foot during weight-bearing activities.</p> <p>"Prosthetic device" means an artificial device to replace, in whole or in part, an arm or leg and includes accessories essential to the effective use of the device and the replacement or repair of the device based on the patient's physical condition as medically necessary.</p> <p>Benefits are payable on the same basis as any other condition.</p>

Dental Injury Expense	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p>The treatment must be done in the calendar year of the accident or the next one.</p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, <p>are installed due to such injury, Covered Medical Expenses include only charges for:</p> <ul style="list-style-type: none"> • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p>Covered Medical Expenses are payable as follows:</p> <p>100% of the Actual Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p>Benefits are limited to \$100 per tooth and \$500 per Policy Year.</p>
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<p>Allergy Testing and Treatment Expense</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> • Laboratory tests, • Physician office visits, including visits to administer injections, • Prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and • Other medically necessary supplies and services, <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expense</p>	<p>Covered Medical Expenses for diagnostic testing only; treatment is not covered.</p> <p>Benefits are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Routine Physical Exam Expense</p>	<p>Benefits include expenses for a routine physical exam performed by a physician. A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:</p> <ul style="list-style-type: none"> • X-rays, lab, and other tests given in connection with the exam, and • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. <p><u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p><u>One annual physical exam per policy year.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Immunizations Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and medically necessary immunizations, and testing for tuberculosis. <p>Benefits for materials for the administration of immunizations are covered at 100% actual,</p> <p>Limited to \$100 per Policy Year for one titer antibodies and MMR vaccination</p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Consultant or Specialist Expense</p>	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist, when referred by the School Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p>Covered Medical Expenses are covered as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Mental Health Benefits</p>	
<p>Inpatient Expense</p>	<p>Covered Medical Expenses for the treatment of a mental health condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable charge.</u></p> <p>Inpatient mental health treatment is limited to a maximum of \$1,000 per day for 30 days.</p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>
<p>Outpatient Expense</p>	<p>Covered Medical Expenses for outpatient treatment of a mental health condition are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Benefits are limited to \$1,000 per Policy Year.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>

Substance Abuse Benefits	
Alcoholism Inpatient Expense	<p>Covered Medical Expenses for the diagnosis, detoxification, inpatient confinement, and treatment of medical complications resulting from alcoholism are payable on the same basis as any other sickness.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>
Alcoholism Outpatient Expense	<p>Covered Medical Expenses for outpatient treatment of alcoholism are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Benefits are limited to \$1,000 per Policy Year.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Substance (other than alcohol) Abuse Inpatient Expense	<p>Covered Medical Expenses for the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p> <p>Benefits are limited to \$1,000 per day, for 30 days.</p>
Substance (other than alcohol) Abuse Outpatient Expense	<p>Covered Medical Expenses for outpatient treatment of a substance abuse condition are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Benefits are limited to \$1,000 per policy year.</p>

Maternity Benefits	
Maternity Expense	<p>Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Covered Medical Expenses for pregnancy, complications of pregnancy, Prenatal HIV Testing, and childbirth are payable on the same basis as any other Sickness.</p>
Well Newborn Nursery Care Expense	<p>Benefits include charges for routine care of a covered person's newborn child as follows:</p> <ul style="list-style-type: none"> • Hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery, • Physician's charges for circumcision, and • Physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
Additional Benefits	
Prescription Drug Benefit	<p>Prescription Drug Benefits are payable as follows: After a \$100 Annual Prescription Deductible, Covered Medical Expenses are payable at 100% of the Reasonable Charge.</p> <p>Please note: You must pay out of pocket for Prescriptions and then submit the receipt for reimbursement.</p>
Diabetic Testing Supplies Expense	<p>Benefits include charges for testing material used to detect the presence of sugar in the person's urine or blood for monitoring glycemic control.</p> <p>Diabetic Testing Supplies are limited to</p> <ul style="list-style-type: none"> • Lancet devices, • Glucose monitors, and • Test strips. <p>Syringes, insulin, or other items used in the treatment of diabetes are not covered by this benefit.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Hypodermic Needles Expense</p>	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Outpatient Diabetic Self-management Education Programs Expense</p>	<p>Covered Medical Expenses for Outpatient Diabetic Self-Management Education Programs are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p><i>Please see the definition on page 36 of this Brochure for more information on Outpatient Diabetic Self-Management Education Programs.</i></p>
<p>Non-Prescription Enteral Formula Expense</p>	<p>Benefits include charges for amino acid-based elemental formulas, regardless of delivery method for the diagnosis and treatment of Eosinophilic disorders and Short Bowel Syndrome.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>
<p>Prescription Contraceptive</p>	<p>Covered Medical Expenses for contraceptive are payable on the same basis as any other condition.</p> <p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Charges incurred for contraceptive drugs and devices that by law need a physician's prescription, and that have been approved by the FDA. • Related outpatient contraceptive services such as: <ul style="list-style-type: none"> • Consultations, • Exams, • Procedures, and • Other medical services and supplies
<p>Pap Smear Expense</p>	<p>Covered Medical Expenses include one annual routine pap smear screening for women age 18 and older.</p> <p>Covered Medical Expenses are payable on the same basis as any other outpatient expense.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Mammography Expense</p>	<p>Covered Medical Expenses include one baseline mammogram for women between ages 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> • Prior personal history of cancer • Positive Genetic Testings • Family history of breast cancer; or • Other risk factors <p>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogenous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Mastectomy and Breast Reconstruction Expense Benefit</p>	<p>Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ol style="list-style-type: none"> (1) Reconstruction of the breast on which a mastectomy has been performed, (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance, (3) Prostheses, (4) Treatment of physical complications of all stages of mastectomy, including lymphedemas, and (5) Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician. <p>Coverage will be provided for all medically necessary pain medication and pain therapy related to the treatment of breast cancer.</p> <p>Benefits are paid on the same basis as any other disease.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p>
<p>Elective Abortion Expenses</p>	<p>If, as a result of pregnancy having its inception during the Policy Year, a covered person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p>Covered Medical Expenses for Elective Abortion Expense are covered as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-preferred Care: 80% of the Reasonable Charge.</u></p> <p>Benefits are payable up to \$500 per policy year.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Chlamydia Screening Test Expense</p>	<p>Benefits include charges incurred for an annual chlamydia screening test.</p> <p>Benefits will be paid for chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> • Women who are: <ul style="list-style-type: none"> • Under the age of 20 if they are sexually active, and • At least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p><i>Please see definition on page 35 for more information on this benefit.</i></p>
<p>Routine Colorectal Cancer Screening Expense</p>	<p>Even though not incurred in connection with a sickness or injury, benefits include charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following:</p> <ul style="list-style-type: none"> • One fecal occult blood test every 12 months in a row • A Sigmoidoscopy at age 50 and every 3 years thereafter • One digital rectal exam every 12 months in a row • A double contrast barium enema, once every 5 years • A colonoscopy, once every 10 years. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Benefits include charges incurred by a covered person for the screening of cancer as follows:</p> <ul style="list-style-type: none"> • For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100% of the Negotiated Charge.</u> <u>Non-Preferred Care: 80% of the Reasonable Charge.</u></p> <p>Please see page 10 for more details about the plan coinsurance.</p>

<p>Elective Surgical Second Opinion Expense</p>	<p>To the extent that this Policy provides coverage for surgery, this Policy shall provide coverage for expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses will not include any charge in excess of the daily room and board maximum for semi-private accommodations.</p> <p>Covered Medical Expenses for Elective Surgical Second Opinion Expense are covered as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Acupuncture in Lieu of Anesthesia Expense</p>	<p>Covered Medical Expenses 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 physician, practicing within the scope of their license.</p> <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Dermatological Expense</p>	<p>Benefits 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>Covered Medical Expenses are payable on the same basis as any other condition.</p> <p>Covered Medical Expenses do not include treatment for cosmetic treatment and procedures.</p>
<p>Podiatric Expense</p>	<p>Benefits include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Covered Medical Podiatric Expenses are covered at: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p> <p>Please see page 10 for more details about the plan coinsurance.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<p>Benefits include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>

<p>Licensed Nurse Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Covered Expenses for a Licensed Nurse are covered as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge.</p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p>For purposes of determining this maximum, a shift means 8 consecutive hours.</p>
<p>Skilled Nursing Facility Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • In lieu of confinement in a hospital as a full time inpatient, or • Within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care:</u> 80% of the Reasonable Charge for the semi-private room rate.</p> <p>Please see page 10 for more details about the plan coinsurance.</p> <p><i>Benefits for Skilled Nursing require pre-certification.</i></p>
<p>Rehabilitation Facility Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations <u>Non-Preferred Care:</u> 80% of the Reasonable Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.</p> <p><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></p>
<p>Shingles Vaccine Expense</p>	<p>Must provide a shingles vaccine approved for marketing by the federal Food and Drug Administration. The vaccine is covered when: ordered by a physician for members 60 years of age or older.</p> <p>Covered Medical Expenses are covered on the same basis as any other condition.</p>

ADDITIONAL SERVICES AND DISCOUNTS

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are not insurance. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com.

Aetna BookSM Discount Program: Access to a 10% discount on any book or DVD purchase from the MayoClinic.com Bookstore.

Aetna FitnessSM 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 GlobalFitTM.

Aetna HearingSM Discount Program: Access to discounts on hearing devices and hearing exams from HearPO[®]. Average savings on hearing aids is 25%.

Aetna Natural Products and ServicesSM 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 VisionSM 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 ManagementSM Discount Program: Access to discounts on Jenny Craig[®] weight loss programs and products. Also, access to a 30% discount on monthly eDiet membership dues. eDiets is an online diet, fitness and healthy living website.

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

Zagat Discounts: Access to a 30% discount on a one-year online subscription fee to Zagat.com. The Zagat website provides access to over 40,000 restaurants, nightspots, hotels and attractions around the world.

These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Chickering Claims Administrators, Inc., Aetna Life Insurance or their affiliates.

Discount programs and other programs above provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna.

Aetna'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.

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**.

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

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

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.

Aetna Health ConnectionsSM Disease Management Program: This program addresses over 35 health conditions, using smart technology and supportive services to personalize your experience. The program helps you learn ways to improve your health. Our CareEngine® system compares your health data with over 1,000 current evidence-based guidelines of care. It runs constantly to identify safety risks and solutions, opportunities for better care and program services that can help you reach your health goals. You may receive a call or letter, depending on the situation. Or, to get started right away, call us at **(866) 269-4500**.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

This plan will pay benefits in accordance with any applicable Illinois Insurance Law(s).

RIGHT OF RECOVERY

Subrogation

Whenever Aetna has paid benefits due to sickness or injury of an **Covered Person** under this Policy, resulting from a **Third Party's** wrongful act or negligence, to the extent of its payment Aetna shall reserve the right to assume the legal claim any **Covered Person** may have against that **Third Party**. This means that Aetna may choose to take legal action against the negligent **Third Party** or their representatives and to recover from them the amount of claim benefits paid to the **Covered Person** for loss caused by the **Third Party**.

Reimbursement

By accepting benefits under this Plan, the **Covered Person** also specifically acknowledges Aetna's right of reimbursement. If a **Covered Person** incurs expenses for sickness or injury that occurred due to the negligence of a **Third Party**: (A) Aetna has the right to reimbursement for all benefits Aetna paid from any and all damages collected from the **Third Party** for those same expenses whether by action at law, settlement, or compromise, by the **Covered Person**, **Covered Person's** parents, if the **Covered Person** is a minor, or **Covered Person's** legal representative as a result of that sickness or injury, and (B) Aetna is assigned the right to recover from the **Third Party**, or his or her insurer, to the extent of the benefits Aetna paid for that sickness or injury.

Aetna shall have the right to first reimbursement out of all funds the **Covered Person**, the **Covered Person's** parents, if the **Covered Person** is a minor, or the **Covered Person's** legal representative, is or was able to obtain for the same expenses Aetna has paid as a result of that sickness or injury.

The **Covered Person** is required to furnish any information or assistance or provide any documents that Aetna may reasonably require in order to obtain our rights under this provision. This provision applies whether or not the **Third Party** admits liability.

This right of reimbursement attaches when this Plan has paid health care benefits for expenses incurred due to **Third Party Injuries** and the **Covered Person** or the **Covered Person's** representative has recovered any amounts from a **Third Party**. By providing any benefit under this Certificate, Aetna is granted an assignment of the proceeds of any recovery, settlement, or judgment received by the **Covered Person** to the extent of the full cost of all benefits provided by this Plan. Aetna's right of reimbursement is cumulative with and not exclusive of Aetna's subrogation right and Aetna may choose to exercise either or both rights of recovery.

General Provisions

As used herein, the term:

"**Third Party**", means any party that is, or may be, or is claimed to be responsible for injuries or illness to a **Covered Person**. Such injuries or illness are referred to as "**Third Party Injuries**." "**Third Party**" includes any party responsible for payment of expenses associated with the care or treatment of **Third Party Injuries**.

EFFECT OF OTHER PLAN COVERAGE: This provision applies if a **covered student**:

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

In this case, the medical expense benefits Aetna will pay will be reduced by such excess.

EXTENSION OF BENEFITS

If Basic Sickness Expense, Supplemental Sickness Expense coverage for a **covered person** ends while he 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 three months from the date coverage ends.

If a **Covered Person** is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the policy, but only while they are incurred during the 90 day period, following such termination of insurance.

TERMINATION OF INSURANCE

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

TERMINATION OF STUDENT COVERAGE

Insurance for a **covered student** will end on the first of these to occur:

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

TERMINATION OF DEPENDENT COVERAGE

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

- (a) For a child, on the first premium due date following the first to occur of:
 - (1) The date the child is no longer chiefly **dependent** upon the student for support and maintenance,
 - (2) The date of the child's marriage, and
 - (3) The child's 26 birthday,
- (b) The date the **covered student** fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date **dependent** coverage is deleted from this Policy.
- (e) The date the **dependent** ceases to be in an eligible class.

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

INCAPACITATED DEPENDENT CHILDREN

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

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 120 after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna at reasonable intervals during the two (2) years following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- (a) The date specified under the provision entitled Termination of **Dependent** Coverage, or
- (b) The date the child is no longer incapacitated and **dependent** on the **covered student** for support.

Continuation of Coverage

A **covered student** who has graduated or is otherwise ineligible for coverage under this Policy, and has been continuously insured under the plan offered by the Policyholder (regular student plan), may be covered for up to 12 months provided that: (1) a written request for continuation has been forwarded to Aetna 31 days prior to the termination of coverage, and (2) premium payment has been made. Coverage under this provision ceases on the date this Policy terminates.

EXCLUSIONS

This Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from **injury to sound, and natural teeth as provided elsewhere in this policy**.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
3. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
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.
7. Expense incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **covered person** entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.

10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:

Improve the function of a part of the body that:

- Is not a tooth or structure that supports the teeth, and
- Is malformed:
 - As a result of a severe birth defect, including harelip, webbed fingers, or toes, or
 - As direct result of:
 - Disease, or
 - Surgery performed to treat a disease or **injury**.

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

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

11. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expense for **injuries** sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
15. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
16. Expense incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports, including collegiate or intercollegiate club sports and intermurals.
17. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
18. Treatment for **injury** to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
19. Expense for the contraceptive methods, devices or aids, 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.
20. Expenses for treatment of **injury** or **sickness** to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their insurers).
21. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
22. Expense incurred for **custodial care**. **Custodial care** means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
 - By whom they are prescribed, or
 - By whom they are recommended, or
 - By whom or by which they are performed.

23. 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.
24. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
25. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices unless provided in this policy.
26. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:

There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or **injury** involved, or

If required by the FDA, approval has not been granted for marketing, or

A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or

The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that:

The disease can be expected to cause death within one year, in the absence of effective treatment, and

The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of **independent** medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or

Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute,

If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

27. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
28. Expenses incurred for breast reduction/mammoplasty.
29. Expenses incurred for gynecomastia (male breasts).
30. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
31. Expense incurred for, or related to, services, treatment, training, or medication for Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, or Learning Disabilities, or other developmental delays.

32. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
33. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
34. Expense for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when **medically necessary**, because the **covered person** is diabetic, or suffers from circulatory problems.
35. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
36. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.
37. Expenses incurred for hearing exams.
38. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the **covered person** is eligible, but did not enroll in Part B.
39. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
40. 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**.
41. Expense for services or supplies provided for the treatment of obesity and/or weight control.
42. Expense for treatment and supplies for programs involving cessation of tobacco use.
43. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
44. Expense for charges that are not **recognized charges**, 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.
45. Expense for charges that are not **reasonable charges**, except that this will not apply if the charge for a service, or supply, does not exceed the **reasonable charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
46. 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.
47. Expenses arising from a **pre-existing condition**, unless the **covered person** has been covered under this Policy for twelve consecutive months.
48. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.

49. 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:

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

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

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

- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility, or
- Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a **physician's** or a **dentist's** office, or other less costly setting.

50. Expenses incurred for chiropractic care.

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

DEFINITIONS

Accident

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

Actual Charge

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

Aggregate Maximum

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

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

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

Birth 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 preclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

Complications of Pregnancy also include:

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

Covered dependent

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

Covered Medical Expense

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

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

Covered person

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

Covered student

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

Deductible

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

Dependent

(a) the **covered student's** spouse residing with the **covered student**, (b) the **covered student's** unmarried child under the age of 26. The child must reside with, and be fully supported by, the **covered student**.

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

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

Diabetic Self-Management Education Course

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

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

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

Directory

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

Durable Medical and Surgical Equipment

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

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

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

Elective Treatment

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

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

Emergency Admission

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

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

Emergency Condition

This is any traumatic injury or condition which:

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

Emergency Medical Condition

This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

High Cost Procedure

High Cost Procedures include the following procedures and services:

- (a) C.A.T. Scan,
- (b) Magnetic Resonance Imaging,
- (c) Laser treatment:

which must be provided on an outpatient basis, and may be incurred in the following:

- (a) A **physician's** office, or
- (b) **Hospital** outpatient department, or emergency room, or
- (c) Clinical laboratory, or
- (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

Hospital

A facility which meets all of these tests:

- It provides in-patient 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**.

Medically Necessary

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

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

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

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

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

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

Those that do not require the technical skills of a medical, a mental health, or a dental professional, or

Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any healthcare provider, or healthcare facility, or

Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or

Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a **physician's** or a **dentist's** office, or other less costly setting.

Negotiated Charge

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

Non-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**.

One Sickness

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

Orthodontic treatment

Any

- Medical service or supply, or
- Dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:

- Of the teeth, or
- Of the bite, or
- Of the jaws or jaw joint relationship,
whether or not for the purpose of relieving pain.

Not included is:

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

Out-of-Area Emergency Dental Care

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

Out-of-Pocket Limit

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

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

- **Deductibles**,
- **Copays**,
- Expenses that are not **Covered Medical Expenses**,
- Expenses for **designated care** or **non-preferred care**,
- Penalties,
- Expenses for prescription drugs, and

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.

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.

Partial hospitalization

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

Pervasive Developmental Disorder

A neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Physician

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

Policy Year

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

Pre-Admission Testing:

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

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

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

Pre-Existing Condition

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

Preferred Care

Care provided by

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

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.

Prescriber

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

Prescription

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

Prescription Drugs

Any of the following:

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

Primary Care Physician

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

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

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

Reasonable and customary

The charge which is the smallest of:

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

Reasonable Charge

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

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

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

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

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

Aetna may take into account factors, such as:

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

Recognized Charge

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

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

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

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

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

Aetna may take into account factors, such as:

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

Residential treatment facility

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

Respite care

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

Room and Board

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

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

Semi-private Rate

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

Service Area

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

Sickness

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

Skilled Nursing Facility

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

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

Sound Natural Teeth

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

Surgery Center

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **Physicians** who practice surgery in an area **hospital**, and
 - **Dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:

A **physician** trained in cardiopulmonary resuscitation, and a defibrillator, and a tracheotomy set, and a blood volume expander.

- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

Surgical assistant

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

Surgical expense

Charges by a **physician** for,

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

Surgical procedure

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

Totally Disabled

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

Urgent Admission

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

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

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

Urgent Condition

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

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

Urgent Care Provider

This is:

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

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

Walk-in Clinic

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

CLAIM PROCEDURE

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

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

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

HOW TO APPEAL A CLAIM

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

Aetna
P.O. Box 14464
Lexington, KY 40512

EXTERNAL REVIEW

If you file a claim and the claim is denied, you have the right to file a request for an external review. Your right to an external review is available when an adverse determination or final adverse determination involves an issue of medical necessity, appropriateness, health care setting, level of care, or effectiveness. For questions/assistance, please contact:

The Office of Consumer Health Insurance
320 W. Washington Street
Springfield, IL 62767
(877) 527-9431

PRESCRIPTION DRUG CLAIM PROCEDURE

Prescription Drug Claim Procedure

Claim Forms, Pharmacy locations within the United States, and claims status information can be obtained by accessing the internet at: www.aetnastudenthealth.com, clicking on "**Find Your School**" and entering **Ross University**. When you need to fill a Prescription, you may obtain your Prescription from an Aetna Preferred Pharmacy. Students will be required to pay the full amount of the prescription drug to the pharmacy at the time of service and be reimbursed by submitting a completed Aetna Prescription claim form. You will be reimbursed for covered medications directly by Aetna. When submitting a claim, please include all Prescription receipts; indicate that you attend Ross University; and include your name, address, and student identification number. Please submit claim forms to:

Aetna
PO Box 981106
El Paso, TX 79998

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 travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits¹

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

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Mortal Remains
- Return of Traveling Companion
- **\$2,500** Emergency Return Home in the event of death or life-threatening illness of a parent, spouse, child(ren), or sibling

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 Referral
- Bail Bonds Assistance

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

The information contained above is a just summary of the ADD, MER and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the ADD, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 966-7772.

NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any 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, USFIC nor WETA provides 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 and limitations may apply.

To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free 1- (866) 525-1956 or collect 1-(603) 328-1956. All Covered Persons should carry their On Call ID card when traveling.

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

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

Got Questions? Get Answers with Aetna's Navigator®

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

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

How do I register?

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

Need help with registering onto Aetna Navigator?

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

NOTICE

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

Administered by:

Aetna
PO Box 981106
El Paso, TX 79998
(877) 381-3551
www.aetnastudenthealth.com

Underwritten by:

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

Policy No. 474883

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