

2010 - 2011

Student Health Insurance Plan

**Western Oregon University
International Students**



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

Policy Number 474904



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 the Student Health and Wellness Center at **(541)-552-6136**.

Student Health and Wellness Center
345 N. Monmouth Ave.
Monmouth, OR 97520
<https://www.wou.edu/student/health/>

For questions about:

- * Insurance Benefits
- * Enrollment/ Eligibility
- * To obtain a supplemental and dependent enrollment form

Please contact:
Gallagher Koster Customer Service
800-466-7103
On-line at: www.gallagherkoster.com/wou

For questions about:

- *Claims Processing

Please contact:
Aetna
P.O. Box 981106
El Paso, TX 79998
(866) 746-4050

For questions about:

ID Cards:

Temporary ID cards:

Temporary ID card will be made available to students at the beginning of the academic year on-line at www.gallagherkoster.com/wou. Temporary cards are for verification purposes only.

Permanent ID cards:

Permanent ID cards will be issued by Aetna **after add/drop period** to the address provided by the University. If you need medical attention before your permanent ID card is received, you may obtain a temporary ID card on-line at www.gallagherkoster.com/wou. 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.

Replacement ID cards:

Replacement ID cards are made available on-line **after add/drop period** and can be printed by the school administrator or student. Replacement cards can be used as a permanent ID card.

Replacement ID cards can be obtained on-line at www.gallagherkoster.com/wou click on the "My Account" tab.

For questions about:

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

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For questions about:

* Provider Listings

Please contact:

Aetna Student Health

(866) 746-4050

A complete list of providers can be found at the University Health Services Office, or you can use Aetna's **DocFind**[®] Service at **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 Western Oregon 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 Student Health Center during business hours.

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

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POLICY PERIOD

1. **Students:** Coverage for all insured students enrolled for the Fall Term, will become effective at 12:01 AM on **September 1, 2010**, and will terminate at 12:01 AM on **January 4, 2011**.
2. **Students:** Coverage for all insured students enrolled for the Winter Term, will become effective at 12:01 AM on **January 4, 2011**, and will terminate at 12:01 AM on **March 29, 2011**.
3. **Students:** Coverage for all insured students enrolled for the Spring Term, will become effective at 12:01 AM on **March 29, 2011**, and will terminate at 12:01 AM on **June 21, 2011**.
4. **Students:** Coverage for all insured students enrolled for the Summer Term, will become effective at 12:01 AM on **June 21, 2011**, and will terminate at 12:01 AM on **September 1, 2011**.
5. **Insured dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the date the completed application is received 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 pages (38) of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

RATES

Cost				
Automatic Basic Plan				
	Fall	Winter	Spring	Summer
Student	\$77	\$77	\$77	\$77
Supplemental Plan				
Student	\$256	\$256	\$256	\$256
Spouse	\$663	\$663	\$663	\$663
Per Child	\$354	\$354	\$354	\$354

All International Students attending Western Oregon University are required to have the Basic and Supplemental plans and are automatically assessed the premium for the Basic and Supplemental student health insurance plan each term (Fall, Winter, Spring and Summer).

DEDUCTIBLES

The following Deductibles are applied before **Covered Medical Expenses** for Preferred and Non-Preferred Care are payable:

Basic Plan

No Deductible

Supplemental Plan

Student: **\$100** per Policy Year

Spouse: **\$100** per Policy Year

Child: **\$100** per Child per Policy Year

WESTERN OREGON UNIVERSITY STUDENT HEALTH INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Western Oregon University International 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 Student Health and Wellness Center during business hours.

STUDENT COVERAGE

ELIGIBILITY

All International Students attending Western Oregon University are required to have the Basic and Supplemental plans.

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

ENROLLMENT

All International students will be automatically enrolled in the Basic and Supplemental Health Insurance Plans, regardless of other insurance. Students enrolled at Western Oregon University may not waive this charge or coverage.

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 Gallagher Koster within 90 days of withdrawal from school.

ENROLLMENT PROCESS/PROCEDURE

Eligible students will be automatically enrolled in this Basic Plan. Below are the deadline dates to enroll in the Supplemental Plan.

Supplemental Enrollment Deadline Dates			
Fall	Winter	Spring	Summer
10/28/2010	2/4/2011	4/29/2011	7/21/2011

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be rescinded in accordance with its terms.

REFUND POLICY

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

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

DEPENDENT COVERAGE

ELIGIBILITY

Covered students may also enroll their lawful spouse or domestic partner, and unmarried dependent children under age 19 (or 25 if a student), who reside with and are fully supported by the covered student in the Optional Supplemental Plan.

ENROLLMENT

To enroll the dependent(s) of a covered student in the Optional Supplemental Plan, download and complete an Optional Supplemental Enrollment Form found at www.gallagherkoster.com/wou. Completed forms should be returned to the business office at the address on the bottom of the form. For your convenience, the premium will be charged to your student account. Enrollment Forms received after the published deadlines **will not be accepted unless** there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage, under another health plan.)

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 Western Oregon 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.

Please note: Previously Covered Persons must re-enroll their dependents by October 28, 2010 for the Fall Term, February 4, 2011 for the Winter Term, April 29, 2011 for the Spring Term, and July 21, 2011 for the Summer Term in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, a condition existing during such a break which is a Pre-Existing Condition will not be payable. See Continuously Insured Section of this Brochure.

For information or general questions on dependent enrollment contact Gallagher Koster at **(800) 466-7103**.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Policy or other policies will be covered for any Pre-Existing Condition, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Policy. Previously Covered Persons enrolled in the Optional Supplemental Plan must re-enroll in the Optional Supplemental Plan for coverage, including dependent coverage, by **October 28, 2010 for the Fall Term, February 4, 2011 for the Winter Term, April 29, 2011 for the Spring Term, and July 21, 2011 for the Summer Term** in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the Pre-Existing Conditions Limitation will apply (see page 9). As a student you are permitted to have a one term or semester break per policy year without restarting the pre-existing condition period.

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 Western Oregon 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 Western Oregon University, Aetna Student Health, or Aetna. A complete listing of participating providers is available at the Western Oregon University Student Health and Wellness Center.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **(866) 746-4050**, or through the Internet by accessing DocFind at www.aetnastudenthealth.com.

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 **(866) 746-4050** (attention Managed Care Department).

- **If you do not secure pre-certification** for non emergency inpatient admissions, or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a **\$200** per admission deductible.
- **If you do not secure pre-certification** for partial hospitalizations, your Covered Medical Expenses will be subject to a **\$200** per admission deductible.

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.

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 **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 **1 business day** following inpatient (or partial hospitalization) admission.

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS

Pre-existing Condition

A pre-existing condition is an injury or disease that was present before your first day of coverage under a group health insurance plan. If you received medical advice, treatment or services for that injury or disease or you took prescription drugs or medicines for that injury or disease during the **6 months** prior to your first day of coverage, that injury or disease will be considered a pre-existing condition.

Limitation

Pre-existing conditions are not covered during the first **6 months** that you are covered under this plan. However, there is an important exception to this general rule if you have been Continuously Insured.

Continuously Insured

You have been continuously insured if you (i) had “creditable health insurance coverage” (such as COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this plan, and (ii) the creditable coverage ended within **63 days** of the date you enrolled under this plan. If both of these tests are met, then the pre-existing limitation period under this plan will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage. You will be asked to provide evidence of your prior creditable coverage.

Once a break (of more than **63 days**) in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply. As a student you are permitted to have a one term or semester break per Policy Year without restarting the pre-existing period.

Physical or mental injuries sustained as a result of domestic violence or sexual violence or treatment received for such injuries will not be considered a pre-existing condition.

DESCRIPTION OF BENEFITS

Please Note:

THE WESTERN OREGON 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. 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 Western Oregon University you may view it at Student Health and Wellness Center or you may contact Aetna Student Health at (866) 746-4050.

This Plan will never pay more than \$5,000 for the Basic Plan and \$100,000 for the Supplemental Plan per Covered Accident or Illness per Policy Year. 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- BASIC PLAN

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of **\$5,000** for any one Accident, or any one Sickness per Policy Year.

Additional Internal Plan maximums apply. Please refer to the Summary of Benefits Chart below.

All coverage is based on Reasonable Charges unless otherwise specified. Please see definition of Reasonable Charge on page 53.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$250 per admission Deductible, 60% of the Reasonable Charge for a semi-private room.</p>
Intensive Care Unit Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$250 per admission Deductible, 60% of the Reasonable Charge for the Intensive Care room rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Reasonable Charge.</p>
Physician Hospital Visit/ Consultation Expenses	<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:</u> After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$40 Deductible, 60% of the Reasonable Charge.</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:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Reasonable Charge.</p>
Anesthetist Expense	<p>Covered Medical Expenses for the charges of an anesthetist, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 20% of the Surgical Allowance. <u>Non-Preferred Care:</u> 20% of the Surgical Allowance.</p>
Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 20% of the Surgical Allowance. <u>Non-Preferred Care:</u> 20% of the Surgical Allowance.</p>

Outpatient Hospital Services for Surgery Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</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>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</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>	
Outpatient Hospital Expense	<p>Covered Medical Expenses for outpatient treatment in a hospital are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care</u>: After a \$150 Copay (waived if admitted), 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$150 Deductible (waived if admitted), 100% of the Reasonable Charge.</p> <p><i>Please note: This per visit Deductible does not apply towards meeting the annual Deductible.</i></p> <p>Benefits are limited to a \$1,000 maximum per Accident or Sickness per policy year.</p>
Urgent Care Expense	<p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</p> <p>Urgent Care Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
Ambulance Expense	<p>Covered Medical Expenses are payable as follows for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 75% of the Reasonable Charge.</p> <p>Benefit Maximum of \$750 per trip.</p>

Pre-Admission Testing Expense	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other condition.</p> <p><i>Please see the Definition of Pre-Admission Testing on page 52 for more detailed information on this benefit.</i></p>
Physician's Office Visits	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p> <p><i>Please note: This per visit Deductible does not apply towards meeting the annual Deductible.</i></p>
Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 Deductible, 60% of the Reasonable Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</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 48 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 • Chiropractic Care • Speech Therapy • Inhalation Therapy • Occupational Therapy <p>Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of an Injury or Sickness.</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 • Respiratory Therapy <p>Benefits for these types of therapies are payable for Covered Medical Expenses as any other condition.</p> <p>Benefits are limited to ten (10) visits per Policy Year combined for Physical and Occupational Therapies, and ten (10) visits per Policy Year for Chiropractic Care.</p>

Durable Medical Equipment Expense	Covered Medical Expenses are payable as any other condition.
Prosthetic Devices Expense	<p>Covered Medical Expenses include charges for prosthetic and orthotic devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.</p> <p>Covered Medical expenses will include all services and supplies medically necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device.</p> <p>As used in this section: Orthotic device means a rigid or semi-rigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck.</p> <p>Prosthetic device means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p>
Outpatient Physical Therapy Expense	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$40 per visit Deductible, 60% of the Reasonable Charge.</p> <p>Benefits are limited to ten (10) visits per Policy Year combined for Physical and Occupational Therapies.</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 • 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 • In good repair • Firmly attached to the jawbone at the time of the injury <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps) • Dentures (false teeth) • Bridgework • In-mouth appliances are installed due to such injury <p>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 • 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: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p> <p>Benefits are limited to \$100 per tooth, per condition, per Policy Year.</p>
Impacted Wisdom Teeth Expense	<p>Covered Medical Expenses for removal of one or more impacted wisdom teeth are payable as follows:</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 75% of the Reasonable Charge.</p> <p>Benefits maximum of \$500 per Policy Year.</p>
Allergy Testing and Treatment Expense	<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 • Other medically necessary supplies and services <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Reasonable Charge.</p>
Diagnostic Testing for Attention Disorders and Learning Disabilities Expense	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder • attention deficit hyperactive disorder • dyslexia <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$25 Deductible, 60% of the Reasonable Charge.</p> <p>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Policy.</p>

<p>Immunizations Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> Charges incurred by a covered student for the materials for the administration of appropriate and medically necessary immunizations, and testing for tuberculosis. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p> <p>Covered Medical Expenses do not include a physician’s office visit in connection with immunization or testing for tuberculosis.</p>
<p>Consultant or Specialist Expense</p>	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist. 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 payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p>
<p>Mental Health Benefits</p>	
<p>Mental and Nervous Disorder Inpatient Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$40 per visit Deductible, 60% of the Reasonable Charge.</p>
<p>Mental and Nervous Disorder Outpatient Expense</p>	<p>Covered Medical Expenses include charges for treatment of mental and nervous disorders while the covered person is not confined as an inpatient in a hospital.</p> <p>Charges for marriage and family therapies are not Covered Medical Expenses.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p>

Substance Abuse Benefits	
Inpatient Expense	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or facility licensed for such treatment.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$40 per visit Deductible, 60% of the Reasonable Charge.</p>
Outpatient Expense	<p>Covered Medical Expenses include charges for outpatient treatment of a substance abuse condition.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</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, childbirth, and complications of pregnancy are payable as any other condition.</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 4 days for a normal delivery • Physician's charges for circumcision • 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 any other condition.</p>

Additional Benefits	
Diabetic Supplies and Equipment Expense	<p>Covered Medical Expenses 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 Supplies are limited to: test strips, diabetic test agents, glucose tablets, lancets, lancet devices, alcohol swabs, insulin, oral hypoglycemics and blood glucose monitors.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 75%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p>
Hypodermic Needles Expense	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable as follows: <u>Preferred Care: 75%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p>
Outpatient Diabetic Self-Management Education Programs Expense	<p>Covered Medical Expenses for outpatient diabetic self-management education programs are payable as follows: <u>Preferred Care: 75%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p> <p><i>Please see the definition on page 46 of this Brochure for more information on Diabetic Self-Management Education Programs.</i></p>
Non-Prescription Enteral Formula Expense	<p>Covered Medical Expenses include expenses for Prescription and Non-Prescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period.</p> <p>Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein, in an amount not to exceed \$2,500 annually for any insured individual, through the age of 24. For purposes of this benefit, pre-existing condition limitations do not apply.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 75%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p>

Pap Smear Expense	<p>Covered Medical Expenses include a pap smear and a pelvic examination annually for women age 18 to 64 and any time upon referral from the woman’s health care provider.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p>
Mammography Expense	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman’s health care provider • An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman’s health care provider <p>Benefits are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 Deductible, 60% of the Reasonable Charge.</p>
Mastectomy and Breast Reconstruction Expense Benefit	<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> <ul style="list-style-type: none"> • All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola • Surgery and reconstruction of the other breast to produce a symmetrical appearance • Prostheses • Treatment of physical complications of the mastectomy, including lymphedemas • Inpatient care related to the mastectomy and post-mastectomy services <p>Covered Medical Expenses are payable as any other condition.</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>
Breast Exam Expense	<p>Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention.</p> <p>This expense will be paid annually for women 18 and older, and at any time as recommended by woman’s health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.</p> <p>Covered Medical Expenses are payable as any other condition.</p>

<p>Routine Colorectal Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges for colorectal cancer examination and laboratory tests:</p> <p>For any person age 50 or more:</p> <ul style="list-style-type: none"> • One fecal occult blood test every year plus one flexible sigmoidoscopy every 5 years • One colonoscopy every 10 years • One double contrast barium enema every 5 years <p>For any person who is at high risk for colorectal cancer:</p> <ul style="list-style-type: none"> • Colorectal screening examinations and laboratory tests as recommended by the treating physician <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$40 Deductible, 60% of the Reasonable Charge.</p> <p>Benefits are limited to \$500 per Policy Year for all Cancer screenings.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Covered Medical Expenses 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 every 2 years, or as recommended by their Physician • For men younger than 50 who are at high risk for prostate cancer, as determined by their Physician <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$40 Deductible, 60% of the Reasonable Charge.</p> <p>Benefits are limited to \$500 per Policy Year for all Cancer screenings.</p>
<p>Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 per visit Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p>

<p>Elective Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$20 per visit Copay 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$25 per visit Deductible, 60% of the Reasonable Charge.</p>
<p>Acupuncture Expense</p>	<p>Covered Medical Expenses include medically necessary acupuncture treatments for indications including:</p> <ul style="list-style-type: none"> • Adult postoperative and chemotherapy nausea and vomiting • Nausea of pregnancy • Postoperative dental pain • Fibromyalgia/myofascial pain • Chronic low back pain secondary to osteoarthritis <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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$20 per visit Copay, 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$40 per visit Deductible, 60% of the Reasonable Charge.</p> <p>Benefits are limited to ten (10) visits per Policy Year.</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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> After a \$20 Copay, 75% of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$40 Deductible, 60% of the Reasonable Charge.</p>

Dermatological Expense	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 Deductible, 60% of the Reasonable Charge.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>
Podiatric Expense	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: After a \$20 Copay, 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$25 Deductible, 60% of the Reasonable Charge.</p> <p><i>Covered Medical Expenses do not include expenses for routine foot care, such as trimming of corns, calluses, and nails.</i></p>
Home Health Care Expenses	<p>Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> (a) The services are furnished by, or under arrangements made by, a licensed home health agency (b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital or skilled nursing facility if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month (c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined (d) The care starts within 7 days after discharge from a hospital as an inpatient (e) The care is for the same condition that caused the hospital confinement, or one related to it <p>Home Health Care Services</p> <ul style="list-style-type: none"> (1) Part-time or intermittent nursing care by: a Registered Nurse (RN), a Licensed Practical Nurse (LPN), or under the supervision on an RN if the services of an RN are not available (2) Part-time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an RN (3) Physical, occupational, speech, or respiratory therapy (4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital (5) Medical social services by licensed or trained social workers (6) Nutritional counseling <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p> <p>There is a benefit maximum of 40 visits per Policy Year. A visit means a maximum of 4 continuous hours of Home Health Services.</p>

Transfusion or Dialysis of Blood Expense	<p>Covered Medical Expenses 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 as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p>
Hospice Benefit	<p>Covered Medical Expenses include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p> <p><i>Please see definition on page 48 for more information on Hospice Care Expenses.</i></p>
Licensed Nurse Expense	<p>Benefits include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a Registered Nurse or Licensed Practical Nurse.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Reasonable Charge.</p>
Skilled Nursing Facility Expense	<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 • 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>: 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$250 per admission Deductible, 60% of the Reasonable Charge.</p>
Rehabilitation Facility Expense	<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 are payable as follows: <u>Preferred Care</u>: After a 75% of the Negotiated Charge. <u>Non-Preferred Care</u>: After a \$250 per admission Deductible, 60% of the Reasonable Charge.</p>

Supplemental Medical Coverage

The Aggregate Maximum benefit under the Student Health Insurance described above is **\$5,000**. If you have purchased the Basic Student Health Insurance Plan at Western Oregon University, you are eligible to purchase this Supplemental Plan to extend a combined maximum of **\$105,000** for students and **\$50,000** for their dependents.

SUMMARY OF BENEFITS CHART- SUPPLEMENTAL PLAN

DEDUCTIBLES

The following Deductibles are applied before Covered Medical Expenses for Preferred or Non-Preferred Care are payable:

- Student: **\$100** per Policy Year
- Spouse: **\$100** per Policy Year
- Child: **\$100** per Child per Policy Year

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of **\$100,000** for any one Accident, or any one Sickness per Policy Year per Student and up to a maximum benefit of **\$50,000** for any one Accident, or any one Sickness per Policy Year per Dependent.

Additional Internal Plan maximums apply. Please refer to the Summary of Benefits Chart below.

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:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter for a semi-private room.</p>
Intensive Care Unit Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter for the Intensive Care room rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Physician Hospital Visit/ Consultation Expenses	<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:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Anesthetist Expense	Covered Medical Expenses for the charges of an anesthetist, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Assistant Surgeon Expense	Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Outpatient Hospital Services for Surgery Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Ambulatory Surgical Expense	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 to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.
Outpatient Benefits	
Covered Medical Expenses include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.	
Outpatient Hospital Expense	Covered Medical Expenses for outpatient treatment in a hospital are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Emergency Room Expense	Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Ambulance Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.
Pre-Admission Testing Expense	Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other condition. <i>Please see the Definition of Pre-Admission Testing on page 52 for more detailed information on this benefit.</i>
Physician's Office Visits	Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.

Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Urgent Care Expense	<p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</p> <p>Urgent Care 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 to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
High Cost Procedures Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</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 48 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 • Chiropractic Care • Speech Therapy • Inhalation Therapy • Occupational Therapy <p>Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of an Injury or Sickness.</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 • Respiratory Therapy <p>Benefits for these types of therapies are payable for Covered Medical Expenses as any other condition.</p> <p>Benefits are limited to \$300 per Policy Year for Chiropractic Care.</p>

Durable Medical Equipment Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100%</u> of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care: 100%</u> of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Prosthetic Devices Expense	<p>Covered Medical Expenses include charges for prosthetic and orthotic devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.</p> <p>Covered Medical expenses will include all services and supplies medically necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device.</p> <p>As used in this section: Orthotic device means a rigid or semi-rigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck.</p> <p>Prosthetic device means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100%</u> of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care: 100%</u> of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Outpatient Physical Therapy Expense	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist: <u>Preferred Care: 100%</u> of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care: 100%</u> of the Reasonable Charge to \$10,000, 80% thereafter.</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 • 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 • In good repair • Firmly attached to the jawbone at the time of the injury <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps) • Dentures (false teeth) • Bridgework • In-mouth appliances are installed due to such injury <p>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 • 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

	<ul style="list-style-type: none"> • 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: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge.</p> <p>Benefits are limited to \$100 per tooth, per condition, per Policy Year.</p>
<p>Impacted Wisdom Teeth Expense</p>	<p>Covered Medical Expenses for removal of one or more impacted wisdom teeth are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge.</p> <p>Benefits are limited to \$500 per Policy Year.</p>
<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 • Other medically necessary supplies and services <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expense</p>	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder • attention deficit hyperactive disorder • dyslexia <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Policy.</p>

Immunizations Expense	<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 Charges incurred by a covered dependent up to age 26, for the materials for the administration of appropriate and medically necessary immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p>Covered Medical Expenses do not include a physician’s office visit in connection with immunization or testing for tuberculosis.</p>
Consultant or Specialist Expense	<p>Covered Medical Expenses include the expenses for the services of a consultant or specialist. 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 payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Mental Health Benefits	
Mental and Nervous Disorder Inpatient Expense	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Mental and Nervous Disorder Outpatient Expense	<p>Covered Medical Expenses include charges for treatment of mental and nervous disorders while the covered person is not confined as an inpatient in a hospital.</p> <p>Charges for marriage and family therapies are not Covered Medical Expenses.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Substance Abuse Benefits	
Inpatient Expense	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or facility licensed for such treatment.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>

Outpatient Expense	<p>Covered Medical Expenses include charges for outpatient treatment of a substance abuse condition.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</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, childbirth, and complications of pregnancy are payable as any other condition.</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 4 days for a normal delivery • Physician's charges for circumcision • 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 any other condition.</p>
Additional Benefits	
Prescription Drug Benefit	<p>Prescription Drug Benefits are payable as follows:</p> <p><u>Preferred Care Pharmacy:</u> Generic Drugs: 100% of the Negotiated Charge after a \$10 Copay. Preferred Brand Name Drugs: 100% of the Negotiated Charge after a \$20 Copay. Non-Preferred Brand Name Drugs: 100% of the Negotiated Charge after a \$40 Copay.</p> <p><u>Non-Preferred Care Pharmacy:</u> Generic Drugs: 100% of the Reasonable Charge after a \$10 Deductible. Preferred Brand Name Drugs: 100% of the Reasonable Charge after a \$20 Deductible. Non-Preferred Brand Name Drugs: 100% of the Reasonable Charge after a \$40 Deductible.</p> <p>Prescription Drug Benefits are limited to \$3,000 maximum per Policy Year.</p> <p>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior Authorization is required for certain Prescription Drugs, including Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a 30-day supply. <i>(This is only a partial list.)</i></p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, inhalers, all acne medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. <i>(This is only a partial list.)</i></p> <p>For assistance or for a complete list of excluded medications, or drugs requiring prior</p>

	<p>authorization, please contact Aetna Pharmacy Management at (800) 238-6279 (Available 24 hours).</p> <p>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth.</p> <p>For additional information please go to www.AetnaSpecialtyRx.com.</p>
Diabetic Supplies and Equipment Expense	<p>Covered Medical Expenses 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 Supplies are limited to: test strips, diabetic test agents, glucose tablets, lancets, lancet devices, alcohol swabs, insulin, oral hypoglycemics and blood glucose monitors.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Hypodermic Needles Expense	<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 to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Outpatient Diabetic Self-Management Education Programs Expense	<p>Covered Medical Expenses for outpatient diabetic self-management education programs are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p><i>Please see the definition on page 46 of this Brochure for more information on Diabetic Self-Management Education Programs.</i></p>
Prescription Contraceptive Drugs & Devices	<p>Covered Medical Expenses include charges incurred for contraceptive drugs, devices and services that by law need a physician's prescription and that have been approved by the FDA.</p> <p>Related outpatient contraceptive services such as:</p> <ul style="list-style-type: none"> • Consultations • Exams • Procedures • Other medical services and supplies <p>Covered Medical Expenses for contraceptive drugs and devices are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>

<p>Non-Prescription Enteral Formula Expense</p>	<p>Covered Medical Expenses include expenses for Prescription and Non-Prescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period.</p> <p>Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein, in an amount not to exceed \$2,500 annually for any insured individual, through the age of 24. For purposes of this benefit, pre-existing condition limitations do not apply.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
<p>Pap Smear Expense</p>	<p>Covered Medical Expenses include a pap smear and a pelvic examination annually for women age 18 to 64 and any time upon referral from the woman's health care provider.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
<p>Breast Exam Expense</p>	<p>Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention.</p> <p>This expense will be paid annually for women 18 and older, and at any time as recommended by woman's health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.</p> <p>Covered Medical Expenses are payable as any other condition.</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> <ul style="list-style-type: none"> • All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola • Surgery and reconstruction of the other breast to produce a symmetrical appearance • Prostheses • Treatment of physical complications of the mastectomy, including lymphedemas • Inpatient care related to the mastectomy and post-mastectomy services <p>Covered Medical Expenses are payable as any other condition.</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>

Mammography Expense	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman’s health care provider • An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman’s health care provider <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Routine Colorectal Cancer Screening Expense	<p>Covered Medical Expenses include charges for colorectal cancer examination and laboratory tests:</p> <p>For any person age 50 or more:</p> <ul style="list-style-type: none"> • One fecal occult blood test every year plus one flexible sigmoidoscopy every 5 years • One colonoscopy every 10 years • One double contrast barium enema every 5 years <p>For any person who is at high risk for colorectal cancer:</p> <ul style="list-style-type: none"> • Colorectal screening examinations and laboratory tests as recommended by the treating physician <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p>Benefits are limited to \$500 per Policy Year for all Cancer screenings.</p>
Routine Prostate Cancer Screening Expense	<p>Covered Medical Expenses 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 every 2 years, or as recommended by their Physician • For men younger than 50 who are at high risk for prostate cancer, as determined by their Physician <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p>Benefits are limited to \$500 per Policy Year for all Cancer screenings.</p>
Surgical Second Opinion Expense	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>

<p>Elective Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
<p>Acupuncture Expense</p>	<p>Covered Medical Expenses include medically necessary acupuncture treatments for indications including:</p> <ul style="list-style-type: none"> • Adult postoperative and chemotherapy nausea and vomiting • Nausea of pregnancy • Postoperative dental pain • Fibromyalgia/myofascial pain • Chronic low back pain secondary to osteoarthritis <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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</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>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>

Dermatological Expense	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>
Podiatric Expense	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p><i>Covered Medical Expenses do not include routine foot care, such as trimming of corns, calluses, and nails.</i></p>
Transfusion or Dialysis of Blood Expense	<p>Covered Medical Expenses 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 as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Hospice Benefit	<p>Covered Medical Expenses include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p> <p>The maximum benefit is \$4,000 per Policy Year.</p> <p><i>Please see definition on page 48 for more information on Hospice Care Expenses.</i></p>
Home Health Care Expenses	<p>Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> (a) The services are furnished by, or under arrangements made by, a licensed home health agency (b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital or skilled nursing facility if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month (c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined (d) The care starts within 7 days after discharge from a hospital as an inpatient (e) The care is for the same condition that caused the hospital confinement, or one related to it <p>Home Health Care Services</p>

	<p>(1) Part-time or intermittent nursing care by: a Registered Nurse (RN), a Licensed Practical Nurse (LPN), or under the supervision on an RN if the services of an RN are not available</p> <p>(2) Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an RN</p> <p>(3) Physical, occupational, speech, or respiratory therapy</p> <p>(4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital</p> <p>(5) Medical social services by licensed or trained social workers</p> <p>(6) Nutritional counseling</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Licensed Nurse Expense	<p>Benefits include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a Registered Nurse or Licensed Practical Nurse.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Skilled Nursing Facility Expense	<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 • 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 to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</p>
Rehabilitation Facility Expense	<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 are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge to \$10,000, 90% thereafter. <u>Non-Preferred Care:</u> 100% of the Reasonable Charge to \$10,000, 80% thereafter.</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 ratesSM 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 on-line 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 on-line 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.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

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

REIMBURSEMENT AND SUBROGATION

When a **covered person's injury** appears to be someone else's fault, benefits otherwise payable under this Policy for **Covered Medical Expenses** incurred as a result of that **injury** will not be paid unless the **covered person** or his legal representative agrees:

- (a) To repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the **covered person** by or on behalf of the person at fault,
- (b) To allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna, and
- (c) To execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

Further, when Aetna has paid benefits to or on behalf of the injured **covered person**, Aetna will be subrogated to all rights or recovery that the **covered person** has against the person at fault. These subrogation rights will extend only to recovery of the amount Aetna has paid. The **covered person** must execute and deliver any instruments needed and do whatever else is necessary to secure those rights to Aetna.

Non-Duplication of Benefits

After the Plan pays **\$250**, benefits under the Plan (Basic and/or Supplemental) are reduced if a covered student:

- a) Is covered by any other group or blanket health care plan; and other such coverage makes payment on any expenses; 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 the Plan (Basic and/or Supplemental) will pay will be reduced by such Excess, and benefits payable under this Plan (Basic and/or Supplemental) up to the Annual Maximum Benefits as indicated in the Schedule of Medical Expense Benefits

EXTENSION OF BENEFITS

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 INSURANCE

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,
- (e) The date the Continuation of Coverage terminates.

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. In the case of the Continuation of Coverage, no premium refunds will be made.

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 19th birthday, 25 if a full-time Student, who resides with and is fully supported by the covered student.
- (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) For a domestic partner, the earlier to occur of:
 - (1) The date this Policy no longer allows coverage for domestic partners, and
 - (2) The date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- (f) The date the **dependent** ceases to be in an eligible class.
- (g) The date the Continuation of Coverage terminates.

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

INCAPACITATED DEPENDENT CHILDREN

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

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 31 days 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 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 3 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. This period of time is referred to in the Policy as the Continuation Period.

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, natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
3. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision 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. However, this exclusion will not apply where prohibited by law. It does not apply to services rendered at any **hospital** owned or operated by the state of Oregon or any state approved community mental health and developmental disabilities program.

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 incurred as a result of preventive medicines, serums, vaccines or oral contraceptive.
12. Expense incurred as a result of commission of a felony.
13. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
14. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
15. Expense incurred by a **covered person** not a United States Citizen for services performed within the **covered person's** home country.
16. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
17. Expense for outpatient **prescriptions** (applies to base plan only).
18. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
19. 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 in conjunction with the Oregon Health Resources Commission determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

20. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
21. Expenses incurred for breast reduction/mamoplasty.
22. Expenses incurred for gynecal mastea (male breasts).
23. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
24. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
25. 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.
26. Expense for **injuries** sustained as the result of a motor vehicle **accident**, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
27. Eincurred for **custodial care**, private duty nursing services and supplies, provided by a sanitarium, or rest cures. **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.
28. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
29. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.
30. Expenses incurred for hearing exams.
31. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
32. 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**.
33. Expense for services or supplies provided for the treatment of obesity and/or weight control.

34. Expense for incidental surgeries, and standby charges of a **physician**.
35. Expense for treatment and supplies for programs involving cessation of tobacco use.
36. Expense incurred for **injury** resulting from the plan or practice of intercollegiate sports (participating in sports clubs, or intramural athletic activities, is not excluded) when the covered person has not obtained a medical release for a similar injury.
37. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
38. Expenses incurred for massage therapy.
39. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
40. Expense for charges that are not **reasonable charges**, as determined by Aetna, 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.
41. 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.
42. Expenses for treatment of **injury** or **sickness** to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their Insurers).
43. 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.
44. Expense incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Aetna, for the diagnosis care expense 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.

45. Expense for charges that are not **recognized charges**, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the **recognized charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.

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 **in 1 Policy Year**.

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

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

Convalescent Facility

This is an institution that:

Is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from disease or injury:

- Professional nursing care by a RN, or by a LPN directed by a full-time RN, and
- Physical restoration services to help patients to meet a goal of self-care in daily living activities.
 - Provides 24 hour a day nursing care by licensed nurses directed by a full-time RN.
 - Is supervised full-time by a physician or RN.
 - Keeps a complete medical record on each patient.
 - Has a utilization review plan.
 - Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of mental disorders.
 - Makes charges.

Copay

This is a fee charged to a person for **Covered Medical Expenses**.

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

Covered Dental Expenses

Those charges for any treatment, service, or supplies, covered by this 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**.

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.

Dental consultant

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

Dental provider

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

Dentist

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

Dependent

(a) the **covered student's** spouse residing with the **covered student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**, and (c) the **covered student's** unmarried child under the age of 19 years (or 25 if a student). 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.

Designated Care

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

Designated Care Provider

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

Diabetic Self-Management Education Course

A program of assessment and training after diagnosis and no more than three hours per year of assessment and training upon a material change of condition, medication or treatment that is provided by: An education program credentialed or accredited by a state or national entity accrediting such programs, or A program provided by a licensed physician, a registered nurse, a nurse practitioner, a certified diabetes educator or a licensed dietitian with demonstrated expertise in 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.

Generic Prescription Drug or Medicine

A **prescription drug** which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

High Cost Procedure

High Cost Procedures include the following procedures and services:

- C.A.T. Scan,
- Magnetic Resonance Imaging,
- 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.

Home Health Agency

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

Home Health Aide

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

Home Health Care

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

Home Health Care Plan

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

Hospice

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

Hospice Benefit Period

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

Hospice Care Expenses

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

Hospital

A facility which meets all of these tests:

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

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

Hospital Confinement

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

Injury

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

Intensive Care Unit

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

Jaw Joint Disorder

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

Mail Order Pharmacy

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

Medically Necessary

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

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

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

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

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

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

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

Medication Formulary

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

Member Dental Provider

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

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

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

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**, or
- A **Preferred Care Provider** that is furnishing services or supplies without the referral of a **School Health Services**.

Non-Preferred Pharmacy

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

Non-Preferred Prescription Drug Expense

An expense incurred for a **prescription drug** that is not a **preferred prescription drug expense**.

One Sickness

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

Orthodontic treatment

Any

- Medical service or supply, or
- Dental service or supply,
furnished to prevent or to diagnose or to correct a misalignment:
 - Of the teeth, or
 - Of the bite, or
 - Of the jaws or jaw joint relationship,
whether or not for the purpose of relieving pain. Not included is:
 - The installation of a space maintainer, or
 - Surgical procedure to correct malocclusion.

Outpatient Diabetic Self-Management Education Program

A program of assessment and training after diagnosis and no more than three hours per year of assessment and training upon a material change of condition, medication or treatment that is provided by: An education program credentialed or accredited by a state or national entity accrediting such programs, or A program provided by a licensed physician, a registered nurse, a nurse practitioner, a certified diabetes educator or a licensed dietitian with demonstrated expertise in 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**.

Pharmacy

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

Physician

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

Policy Year

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

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

Preferred Care Provider

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

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

Preferred Pharmacy

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

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

Preferred Prescription Drug Expense

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

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

Prescriber

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

Prescription

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

Prescription Drugs

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal law, may be dispensed only by **prescription** and which is required to be labeled “Caution: Federal Law prohibits dispensing without **prescription**”,
- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.
- Enteral formulas including food products modified to be low protein, which are prescribed, and certified by Aetna as a medically necessary, for the treatment of inherited disease of amino acids, organic acids, carbohydrate or fat metabolism, or malabsorption originating from congenital defects.

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 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.

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.

School Health Services

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

Semi-private Rate

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

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.

Usual, Customary and Reasonable

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.

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, E.S.T. for any questions.

Please send claims to:

Aetna
P.O. Box 981106
El Paso, TX 79998

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 Student Health
P.O. Box 14464
Lexington, KY 40512

PRESCRIPTION DRUG CLAIM PROCEDURE

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

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

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) Benefits

Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of Ten Thousand Dollars (\$10,000).

NOTE: For most school plans, ADD benefits are provided by Aetna Life Insurance Company (ALIC). However, in some states, ADD benefits may be provided through a contractual relationship between Chickering Claims Administrators, Inc. (CCA) and On Call International (On Call). ADD coverage provided through On Call is underwritten by United States Fire Insurance Company (USFIC). Please refer to your school's policy to determine whether ALIC or USFIC underwrites ADD benefits for your specific Plan. Should you have questions or need to file a claim please contact (866) 378-8885.

MEDICAL EVACUATION AND REPATRIATION (MER) AND WORLDWIDE EMERGENCY TRAVEL ASSISTANCE (WETA) SERVICES PROVIDED THROUGH ON CALL INTERNATIONAL, INC.

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International, Inc. (On Call) to provide Covered Persons with access to certain Medical Evacuation and Repatriation (MER) and Worldwide Emergency Travel Assistance (WETA) benefits and/or services.

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 (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- Return of Traveling Companion
- \$2,500 Emergency Return Home in the event of death or life-threatening illness of a parent 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

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 such services not provided and arranged through On Call. Although certain medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), On Call does not provide coverage for 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 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 cards when traveling.

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to certain ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates underwrites or administers any MER or WETA benefits/services. Neither CCA nor any of its affiliates underwrites or administers any ADD benefits that are provided through On Call. 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.

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 on-line. **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**.
- Click on **"Find Your School."**
- Enter your school name and then click on "Search."
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

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.

Serviced by :

Gallagher Koster
500 Victory Rd
Quincy, MA 02171
800-466-7103

Administered by:

Aetna
P.O. Box 981106
El Paso, TX 79998
866-746-4050
www.aetnastudenthealth.com

Underwritten by:

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

Policy No. **474904**

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