

2008 – 2009

**University of Missouri System
(MU, UMKC, UMSL, Missouri S&T)**

**Student Accident and Sickness
Insurance Plan**

For International Students/Scholars

Aetna Student Health

Underwritten by:

Aetna Life Insurance Company (ALIC)

**Policy No. 890430 (MU)
 890439 (UMKC)
 890440 (UMSL)
 890441 (Missouri S&T)**

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The University of Missouri System International Student/Scholar Accident and Sickness Insurance Plan has been developed especially for international students/scholars attending the University of Missouri System. The Plan provides coverage for illnesses and Injuries that occur on and off campus, worldwide coverage overseas, and includes special cost-saving features to keep the coverage as affordable as possible. The University of Missouri System is pleased to offer the Plan as described in this Brochure.

A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Read this Brochure carefully. The Aggregate Maximum benefit under the International Student/Scholar Accident and Sickness Insurance Plan is described in the Summary of Benefits section.

Some benefits are limited and should be carefully noted. If you or your Physician have any questions regarding benefits, please contact Aetna Student Health at (877) 375-7905. Benefit information can also be accessed at www.aetnastudenthealth.com. Click on "Find Your School" and enter either MU, UMKC, UMSL or Missouri S&T, or your school-specific Policy Number. Please see your school-specific pamphlet for additional information.

Where To Find Help

Got Questions? Get Answers with Aetna Navigator®

As a Student Accident and Sickness Insurance Plan member, you have access to Aetna Navigator, your secure member website, packed with personalized claims and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Aetna Navigator, you can:

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

How do I register?

- Go to www.aetnastudenthealth.com.
- Click on "Find Your School."
- Enter either MU, UMKC, UMSL or Missouri S&T 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 9:30 a.m. to 6:30 p.m. Eastern Time at **(877) 375-7905**.

For Questions About:

- Insurance Benefits
- Enrollment
- Claims Processing

Please contact:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7905
www.aetnastudenthealth.com

For Questions About:

- On-Campus Health Services
- Dependent Enrollment Forms

Please contact your school's International Office.

Identification Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. **You do not need to have 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.

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, contact:

Aetna Student Health
(877) 375-7905 or visit www.aetnastudenthealth.com, click on "Find Your School" and enter either MU, UMKC, UMSL or Missouri S&T, or your school-specific Policy Number.

Provider Listings:

Use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "Find Your School" and enter either MU, UMKC, UMSL or Missouri S&T, or your school-specific Policy Number.

You can use DocFind to find out whether a specific doctor belongs to Aetna's network, or to find Preferred Providers practicing in your area.

For Questions About:

- On Call International Worldwide Emergency Travel Assistance Services

Please contact:

On Call International at **1- (866) 525-1956** (within U.S.).

If outside the U.S., call collect by **dialing the U.S. access code plus 1- (603) 328-1956.**

Please also visit ***www.aetnastudenthealth.com*** and visit your school-specific site for further information.

Worldwide Web Access:

- Aetna Student Health: ***www.aetnastudenthealth.com***

<p style="text-align: center;">The University of Missouri System International Student/Scholar Accident and Sickness Insurance Plan</p>
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This Brochure provides a brief description of the International Student/Scholar Accident and Sickness Insurance Plan benefits available for the University of Missouri System students and scholars and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. See your school-specific pamphlet for additional information. The Plan is administered by Aetna Student Health, P.O. Box 15708, Boston, MA 02215-0014.

Eligibility

Please refer to your school-specific pamphlet for student/scholar and dependent eligibility guidelines, enrollment and payment options, refer to your school's International Office, or call Aetna Student Health at (877) 375-7905.

Policy Period

Annual Coverage: August 1, 2008 – July 31, 2009

Fall Coverage: August 1, 2008 – December 31, 2008

Spring/Summer Coverage: January 1, 2009 – July 31, 2009

Summer Coverage: June 1, 2009 – July 31, 2009

International Student/Scholar Accident and Sickness Insurance Plan Rates

Please refer to your school-specific pamphlet for student/scholar and dependent Plan rates or call Aetna Student Health at (877) 375-7905.

Premium Refund Policy

Any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made, less any claims paid. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. No refund will be allowed.

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

Pre-Existing Conditions

Definition:

Any Injury, Sickness, or condition for which medical advice or treatment was received within 12 months prior to the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Limitation:

Pre-Existing Conditions in excess of \$3,500 are not covered.

Preferred Provider Network

The Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Provider and mental health networks are available nationally if you require hospitalization outside the immediate area of your school's campus.

The International Student/Scholar Accident and Sickness Insurance Plan for the 2008-2009 Policy Year has a Preferred Provider Network through Aetna. To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of University of Missouri System, Aetna Student Health, or Aetna. Use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "Find Your School" and enter either MU, UMKC, UMSL or Missouri S&T, or your school-specific Policy Number. You can use DocFind to find out whether a specific doctor belongs to Aetna's network or to find Preferred Providers practicing in your area.

Referral Requirements

International Students/Scholars (refer to your school-specific pamphlet for a listing of who is allowed to use the SHC) are expected to use the resources of the Student Health Center (SHC) prior to seeking medical care outside. The SHC can administer treatment or issue a referral to a Preferred Provider.* A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical emergency. The student must return to the SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation period;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity/Gynecology; or
7. Psychotherapy.

Note: Description of the Student Health Center services is provided for informational purposes only. SHC is not affiliated with Aetna Student Health.

*It is the student's responsibility to verify the provider's contract status at the time of service.

Inpatient Admission Pre-Certification Program

Pre-admission certification is designed to help you receive quality, cost-effective medical care. All inpatient admissions, including length of stay, must be pre-certified by contacting Aetna Student Health.

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

Pre-Certification of Non-Emergency Inpatient Admissions:

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions:

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Aetna Student Health
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7905

Description of Benefits

Payment will be made as allocated herein for Covered Expenses incurred for any Injury or Sickness, for students and their dependents, while insured under the Plan, not to exceed a lifetime Aggregate Maximum of \$250,000.

The payment of any Deductibles, the balance above any Coinsurance amount, amounts above the Reasonable Charge and any medical expenses not covered are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan, and may be the responsibility of the patient.

Please contact Aetna Student Health at **(877) 375-7905** for specific provider information or use Aetna's online DocFind service located at www.aetnastudenthealth.com. Click on "Find Your School" and enter either MU, UMKC, UMSL or Missouri S&T or the school-specific Policy Number. You can use DocFind to find out whether a specific doctor belongs to Aetna's network or to find Preferred Providers practicing in your area.

Summary of Benefits

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on Reasonable Charges unless otherwise specified.

This Plan always pays benefits in accordance with any applicable Missouri Insurance Law(s).

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this brochure for any additional benefit level maximums.

Basic Injury and Sickness Benefits for Covered Medical Expenses incurred during the Benefit Period will be paid as set forth below, limited by all maximums, Deductibles, covered percentages and benefit limits.

Benefits will be paid at the percentage shown for the Negotiated Charge for Preferred Care or the Reasonable Charge for Non-Preferred Care. Benefits are provided for, but not limited to, services listed in the Medical Benefits Schedule.

International Plan

Deductible <i>(Per Policy Year)</i>	Students: \$ 0 if using SHC \$100 with a SHC Referral \$250 without SHC Referral Dependents: \$100
Lifetime Aggregate Maximum <i>(for each Injury or Sickness)</i>	Students: \$250,000 Dependents: \$250,000
Coinsurance	80% Preferred Provider; 50% Non-Preferred Provider Subject to the maximums stated below Preferred Provider Out-of Pocket Maximum of \$3,000. Once this maximum is reached, charges for Preferred Provider services are covered at 100%.
Pre-Existing Conditions Coverage	Not covered except for those who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for those students covered under a creditable policy, if the plan was continuous to a date without a break of more than 63 days prior to the insured's effective date under this Policy. For students covered by a similar policy offered by the University, a break of coverage will not be considered if the plan was continuous to a date without a break of more than 31 days prior to the insured's effective date under this Policy. Coverage is excluded for conditions in excess of \$3,500.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Hospital Miscellaneous Expenses <i>(services and supplies including but not limited to: the cost of the operating room; lab tests; X-rays; anesthesia; drugs – excluding take-home drugs or medications; supplies)</i>	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Physician Hospital Visit Expenses <i>(limited to one visit per day and not paid on day of surgery)</i>	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Day Surgery Miscellaneous Expenses	Covered Medical Expenses related to a scheduled surgery, including the cost of the operating room, lab and X-ray, professional fees, anesthesia, drugs or medicines and supplies are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Outpatient Benefits	
Office Visit Expenses <i>(limited to one visit per day and not paid on day of surgery)</i>	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Hospital Outpatient Surgical Expenses	Covered Surgical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.

Outpatient Benefits (Continued)	
Outpatient Miscellaneous Expenses (hospital emergency room; diagnostic, X-ray and lab services; chemotherapy and/or radiation therapy; miscellaneous tests and procedures)	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Injection Expenses (when administered at a doctor's office)	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Chiropractic Therapy Expenses (limited to one visit per day)	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Physical Therapy Expenses (limited to one visit per day)	Covered Medical Expenses are payable as follows up to a maximum of \$1,500: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Mental Health and Substance Abuse Benefits	
Inpatient Mental Health Expenses	Inpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Outpatient Mental Health Expenses	Outpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Inpatient Substance Abuse Expenses	Inpatient substance abuse: Covered Medical Expenses for the treatment of substance abuse by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Outpatient Substance Abuse Expenses	Outpatient substance abuse: Covered Medical Expenses for the treatment of a substance abuse condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.

Maternity Benefits	
Maternity Expenses (any applicable referral requirements and associated penalties are waived for these services)	Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for 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. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Additional Benefits	
Women's Health Benefit Expenses (any applicable referral requirements and associated penalties are waived for these services)	Covered Medical Expenses will include one baseline mammogram for Benefit Expenses women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense. Covered Medical Expenses include an annual Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any outpatient expense. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Consultant Expenses (when requested and approved by attending Physician)	Covered Medical Expenses are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Club Sports Expenses	Covered Medical Expenses for any Injury related to the practice and play of club sports are payable on the same basis as any other Injury. Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.
Child Health Supervision Expenses (per visit Deductible/ copays apply to all Child Health Supervision Services, except immunizations received ages 0 to 5.)	Covered Medical Expenses are payable on the same basis as any other outpatient expense for covered dependent children up to age 19 based on the guidelines established by the American Academy of Pediatrics. The current service and frequency guidelines are as follows: <ul style="list-style-type: none"> • A review and written record of the child's complete medical history; • Physical examination; • Developmental assessment; • Immunizations, including diphtheria, haemophilus influenza type B, Hepatitis A, Hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, and any other immunization as recommended by the American Academy of Pediatrics; • Anticipatory guidance; and • Laboratory tests.

Additional Benefits (continued)	
Child Health Supervision Expenses <i>(continued)</i>	<p>Covered Medical Expenses for insured dependent children will only include charges of one Physician visit for well Child Health Supervision Services performed at birth and approximately each of the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, one per year from 10 years to 19 years.</p> <p><i>Preferred Care:</i> 80% Negotiated Charge. <i>Non-Preferred Care:</i> 50% Reasonable Charge.</p>
Speech and Hearing Expenses	<p>Covered Medical Expenses are provided for charges incurred for the diagnosis or non-surgical treatment for loss or impairment of speech or hearing. Covered Medical Expenses will include: (a) diagnostic services rendered to find out if, and, to what extent the Covered Person's ability to speak or hear is impaired; and (b) rehabilitative services rendered that are expected to restore or improve a person's ability to speak.</p> <p>Covered Medical Expenses are payable as follows: <i>Preferred Care:</i> 80% Negotiated Charge. <i>Non-Preferred Care:</i> 50% Reasonable Charge.</p>
Early Intervention Services Expenses	<p>The charges below are included as Covered Medical Expenses even though they may not be incurred in connection with an Injury or disease. They are included only for: a covered dependent child from birth to 3 years of age, who is identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, as amended. You must submit proof of such identification with the initial claim.</p> <p>These are the charges incurred for Early Intervention Services.</p> <p>These are services, provided as part of an active individualized family service plan, that enhance functional ability without effecting cure. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Speech therapy given in connection with a speech impairment resulting from a congenital abnormality, disease, or Injury. • Occupational or physical therapy expected to result in significant improvement of a body function impaired by a congenital abnormality, disease, or Injury. • Assistive technology devices. <p>Covered Medical Expenses are payable as any other outpatient expense.</p>
Ambulance Expenses	<p>Covered Medical Expenses for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Injury or Sickness are payable as follows: <i>Preferred Care:</i> 80% Negotiated Charge. <i>Non-Preferred Care:</i> 50% Reasonable Charge.</p>

Additional Benefits (continued)	
Prescription Drug Benefit Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Injury occurring during the Policy Year, are payable at 100% after the applicable per Prescription Copay (\$10 for Generic and \$20 Brand-Name Prescription Drugs) subject to the Plan Maximum of \$1,500 per Policy Year. Benefits are not payable for more than a 30 day supply per Prescription or refill unless Medically Necessary or if you are traveling on vacation outside of the United States. Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.
Dental Expenses	Covered Medical Expenses for accidental Injury to Natural Sound Teeth are payable as follows: Preferred Care: 80% Negotiated Charge. Non-Preferred Care: 50% Reasonable Charge.

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. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com.

Aetna Vision SM Discount Program ¹ (Available to UMSL, UMKC and MU students)	Aetna VisionSM Discount Program: The Aetna Vision Discount Program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).
Aetna Fitness SM Discount Program ¹ (Available to UMSL and UMKC students)	Aetna FitnessSM Discount Program: Aetna's Fitness Program provides members with access to preferred membership rates at nearly 10,000 fitness clubs nationwide in the GlobalFit TM network, as well as discounts on home fitness equipment, exercise videos and more!
Aetna Natural Products and Services SM Discount Program ^{1,2,3} (Available to MU, UMSL, UMKC and Missouri S&T students)	Aetna Natural Products and ServicesSM Discount Program: Offers members access to reduced rates from natural therapy professionals, including acupuncturists, chiropractors, massage therapists and diet counselors, and access to discounts on health-related products, such as over-the-counter vitamins, supplements and more!

Additional Services and Discounts (continued)

<p>Health and Wellness Resources² (Available to MU, UMSL, UMKC and Missouri S&T students)</p>	<p>Health and Wellness Resources: This dynamic, interactive website 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.</p>
<p>Aetna's Informed Health[®] Line² (Available to MU, UMSL, UMKC and Missouri S&T students)</p>	<p>Aetna's Informed Health[®] Line* Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.</p> <p>You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week. You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.</p> <p>Or, to get credible health information online, register for Aetna Navigator[®] (visit www.aetnastudenthealth.com to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness and then Health A-Z</i>.</p> <p>To reach an Informed Health Line Nurse, please call (800) 556-1555. For TDD (hearing and speech impaired only), please call (800) 270-2386.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>
<p>eDiets^{®1} (Available to MU, UMSL, UMKC and Missouri S&T students)</p>	<p>eDiets[®]: 25% discount on weekly dues for an eDiet membership.</p>
<p>Mayo Clinic Bookstore.com¹ (Available to MU, UMSL, UMKC and Missouri S&T students)</p>	<p>Mayo Clinic Bookstore.com: Discounts for books on health and wellness.</p>

¹ Discount programs provide access to discounted prices and are NOT insured benefits.

² Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

³ These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

Optional Dental Coverage

<p>Aetna Dental® PPO Plan¹ (Available to <i>UMKC</i> and <i>UMSL</i> students)</p>	<p>With our Aetna Dental® PPO plan, you can choose to visit a participating or non-participating dentist for care. Enroll and search dentists online at www.aetnastudenthealth.com.</p> <p>Annual Student Rate: \$381.00</p>
<p>Aetna Dental® Indemnity Plan¹ (Available to <i>MU</i> and <i>Missouri S&T</i> students)</p>	<p>Aetna Dental® Indemnity plan gives you the freedom to visit any licensed dentist in the country for covered services – with no referrals required. Enroll and search dentists online at www.aetnastudenthealth.com.</p> <p>Annual Student Rate: \$381.00</p>
<p>Vital SavingsSM on Dental² (Available to <i>UMSL</i> and <i>UMKC</i> students)</p>	<p>Vital SavingsSM on Dental is a dental discount program helping you save an average of 15% to 50% on a wide array of dental services – with one low annual fee of \$25 per person. Enroll online at www.aetnastudenthealth.com.</p> <p><i>* Actual costs and savings vary by provider and geographic area.</i></p>
<p>¹ The University of Missouri Student Health Insurance Plan (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies.</p> <p>² The Vital Savings by Aetna® program (the “Program”) is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.</p>	

General Provisions

State Mandated Benefits

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

Coordination of Benefits

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

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 actual charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug, which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Student Accident and Sickness Insurance Plan.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges; or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Elective Treatment: Medical treatment that 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 (TMJ) dysfunction; immunization (except for covered dependent children); vaccines; treatment of infertility; and routine physical examinations.

Emergency Medical Condition: The sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that their 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 significant serious jeopardy;
- Serious impairment to a bodily function;
- Serious dysfunction of any bodily organ or part;
- Inadequately controlled pain; or,
- With respect to a pregnant woman who is having contractions: That there is inadequate time to effect a safe transfer to another hospital before delivery, or that transfer to another hospital may pose a threat, serious jeopardy, to the health or safety of the woman or unborn child.

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.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

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 a 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, mental health, or dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

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

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider if, as determined by Aetna: (a) the service or supply could have been provided by a Preferred Care Provider; and (b) 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.

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician licensed by the state in which they practice, any other practitioner that must, by law, be recognized as a doctor legally qualified to render treatment, and, an Advance Practical Nurse acting within the scope of practice of such nurse.

Pre-Existing Condition: Any Injury, Sickness, or condition for which medical advice or treatment was received within 12 months prior to the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the International Student/Scholar Accident and Sickness Insurance Plan from one year to the next, an Injury or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered a Covered Medical Expense unless (a) no charges are incurred or treatment rendered for the condition for a period of six months while covered under this Policy, or (b) the Covered Person has been covered under this Policy for 12 consecutive months, whichever happens first.

Preferred Care: Care provided by a Preferred Care Provider (or any health care provider for an Emergency Medical Condition when travel to a Preferred Care Provider is not feasible).

Preferred Care Provider: A health care provider that has contracted to furnish services or supplies for a Negotiated Charge, but only if the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved, and the class of which the Covered Person is a member.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect, and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

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.

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.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

Exclusions

This is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions.

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses 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. Expenses 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. Expenses 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. Expenses 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 regularly published schedules on a regularly established route.

6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.

7. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person's entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.

8. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

9. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.

10. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

- (a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or surgery performed to treat a Sickness or Injury.
- (b) 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 the Plan. Surgery must be performed in the Policy Year of the Accident which causes the Injury, or in the next Policy Year.

11. Expenses for Injuries sustained as a result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

12. Expenses incurred for allergy shots and injections, preventive medicines, serums, vaccines or oral contraceptives unless otherwise provided in the Policy.

13. Expense incurred for a treatment, service, or supply which is not Medically Necessary as determined by Aetna, for the diagnosis, care, or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending Physician, or dentist.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care, or treatment, which is as 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 health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

14. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.

15. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.

16. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.

17. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.

18. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed, or by whom they are recommended, or by whom or by which they are performed.
19. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
20. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).
21. Expenses covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
22. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
23. Expenses for treatment of Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.
24. Expenses for the contraceptive methods, devices or aids, and charges for, or related to, artificial insemination, in vitro fertilization or embryo transfer procedures, elective sterilization or its reversal, or elective abortion unless otherwise provided in the Policy.
25. Expenses incurred as a result of commission of a felony.
26. Expenses incurred for voluntary or elective abortions unless otherwise provided in the Policy.
27. Expenses for outpatient Prescription Drugs unless otherwise provided in the Policy.
28. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.
29. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
 - There are insufficient outcomes data available from controlled clinical trials published in the peer-reviewed literature to substantiate its safety and effectiveness for the disease or Injury involved; or

- If required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

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

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

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

- Have been granted treatment investigational new drug (IND), or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute;

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

30. 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).

31. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

32. Expenses incurred for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services or supplies is specifically provided in the Policy.

33. Expenses incurred for gastric bypass and any restrictive procedures for weight loss.

34. Expenses incurred for breast reduction/mammoplasty.

35. Expenses incurred for gynecomastia (male breasts).

36. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.

37. Expense for charges that are not Reasonable Charges, as determined by Aetna.

38. 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.

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

Extension of Benefits

If a Covered Person is totally disabled on the date his or her insurance terminates, benefits will continue to be available for expenses incurred for that person only while the Covered Person continues to be totally disabled. Benefits may continue for up to 12 months after the termination date.

Termination of Insurance

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

Continuation Provision

A covered student who has graduated or is otherwise ineligible for coverage under the Policy, and has been continuously insured under the Plan offered by the Policyholder (regular student Plan), may be covered for up to six months provided that: 1) a written request for continuation has been forwarded to Aetna Student Health 31 days prior to the termination of coverage; and 2) premium payment has been made. Contact the Plan Administrator for information regarding premium rates.

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 Student Health
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7905
(617) 218-8400 (outside United States)

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

1. Bills must be submitted within one year 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. When submitting a claim, include available itemized medical bills.

In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health, within 60 days from the date appearing on the Explanation of Benefits (EOB).

Prescription Drug Claim Procedure

Preferred Care: When obtaining a covered Prescription, please present your Aetna Student Health ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug.

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. A claim form is available at Student Health Services or by calling **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the Prescription Drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at: www.aetnastudenthealth.com. Click on “Find Your School” and enter your school-specific Policy Number.

Non-Preferred Care: You may obtain your Prescription from a Non-Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable Deductible, directly by Aetna. You will be responsible for any amount in excess of the Reasonable Charge.

Please note: You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.

Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. You may also download claim forms at www.aetnastudenthealth.com. Click on “Find Your School” and enter your school-specific Policy Number, then click on Prescriptions.

When submitting a claim, please include all Prescription receipts, indicate the school you attend and include your name, address, and student identification number.

How to Appeal a Claim

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person’s requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person’s request must include why they disagree 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 15717
Boston, MA 02215-0014

Grievance Procedure

Aetna has established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- A Grievance is defined as a written complaint submitted by or on behalf of the Covered Person regarding the (a) availability, delivery, or quality of health care services including a complaint regarding an adverse determination made pursuant to review determinations; (b) claim payment, handling, or reimbursement for health care services; or (c) matters pertaining to the contractual relationship between the Covered Person and Aetna.

The address is as follows:

Aetna Student Health
P.O. Box 15717
Boston, MA 02215-0014

- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Grievance.
- The Covered Person will be sent a response within 20 days of Aetna's receipt of the Grievance. The response will be based on the information provided with or subsequent to the Grievance.
- If investigation of the complaint cannot be completed within 20 working days, Aetna will notify the Covered Person with specific reasons before the 20th day and complete the investigation within 30 working days thereafter.
- After the completion of the investigation, Aetna will have someone not involved in circumstances or investigation make a decision and notify, within five days, the Covered Person in writing, of the appropriate resolution of the Grievance. The notice will explain the resolution of the Grievance and the right to appeal.
- After the completion of the investigation, the person who submitted the Grievance will be sent a notice, within 15 days, of Aetna's resolution of the Grievance.
- If the Covered Person is not satisfied with a response to a Grievance, a written appeal for a complaint advisory panel hearing may be requested. The written request for a hearing may be submitted to the representative within 30 days after the Covered Person receives the response. If the notification process, hearing, and response letter cannot be completed within 20 working days, Aetna will notify the Covered Person with specific reasons before the 20th day and provide resolution within 30 working days thereafter.
- After the completion of the hearing, Aetna will have someone not involved in the circumstances or investigation notify, within five days, the Covered Person in writing of the appropriate resolution of the Grievance. The notice of the Grievance Advisory Panel decision will include notice of the Covered Person's right to file an appeal with the Director's Office.
- In any urgent or emergency situation, an Expedited Review of a Grievance may be initiated by a telephone call to Customer Services. The Customer Services telephone number is on your ID card. You may also request an expedited review of a Grievance in writing. A verbal response to your complaint will be given within 72 hours, provided that all necessary information is available. Written notice of the decision will be sent within three business days of Aetna's verbal response.
- Aetna will keep the records of any complaint for seven years.

The Covered Person may contact the Missouri Department of Insurance for assistance at any time at:

Missouri Department of Insurance
P.O. Box 690
Jefferson City, MO 65102-0690
Toll-free telephone number: **(800) 726-7390**

On Call International

Aetna Student Health has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits¹

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

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

Medical Evacuation and Repatriation (MER) Benefits¹

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)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

Worldwide Emergency Travel Assistance (WETA) Services¹

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

- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

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

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

NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.

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

Aetna Student Health is the brand name for products and services provided by Aetna Life Insurance Company and Chickering Claims Administrators, Inc, (CCA). CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER or WETA benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

¹ *These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

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. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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.

Administered by:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7905 (toll free)
www.aetnastudenthealth.com

Underwritten by:



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

Policy No. **890430 (MU)**
 890439 (UMKC)
 890440 (UMSL)
 890441 (Missouri S&T)

The University of Missouri Student Health Insurance Plan (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student Health is the brand name for products and services provided by these companies.**

Notice

Aetna considers non-public 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 the Aetna Student Health's Student Connection Link on the Internet at www.aetnastudenthealth.com.

Notes

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