

2011 - 2012

Student Health Insurance Plan

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



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

*Policy Numbers:
890430 – MU
890439 – UMKC
890440 – UMSL
890441 – Missouri S&T*

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 your local campus health care facility:

Columbia- Student Health Center – **(573) 882-7481**

Kansas City – Student Health & Wellness – **(816) 235-6133**

St. Louis – University Health, Wellness & Counseling Services – **(314) 516-5671**

Rolla – Student Health Services – **(573) 341-4284**

For questions about:

- Insurance Benefits
- Enrollment
- Enrollment Forms
- Claims Processing

Please contact:

Aetna Student Health
(877) 375-7905

For questions about:

- ID Cards

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

For lost ID cards, contact:

Aetna Student Health

(877) 375-7905 or visit www.aetnastudenthealth.com and search for your school. Request a replacement using the “Help” tab. Or register for Aetna Navigator® and download a copy.

For questions about:

- On-Campus Health Services & Referrals

Please contact:

Columbia- Student Health Center – **(573) 882-7481**

Kansas City – Student Health & Wellness – **(816) 235-6133**

St. Louis – University Health, Wellness & Counseling Services – **(314) 516-5671**

Rolla – Student Health Services – **(573) 341-4284**

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
(877) 375-7905

A complete list of providers can be obtained using Aetna's **DocFind**[®] Service at either:
www.aetna.com/docfind/custom/studenthealth/index.html or www.aetnastudenthealth.com

For questions about:

On Call International 24/7 Emergency Travel Assistance Services

Please contact:

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

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

The University of Missouri System 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.

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 The University of Missouri System. 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 www.aetnastudenthealth.com. Or contact us at **(877) 375-7905**.

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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UNIVERSITY HEALTH SERVICES

Campus Health locations provide services to students and scholars. The primary objective is to assist students in maintaining their optimum level of wellness so that they are able to achieve their maximum academic potential. For more information, contact your school's Student Health Center:

Columbia- Student Health Center

(573) 882-7481

Hours: M, Tu, Th, F: 8 a.m. – 5 p.m.

W: 9 a.m. – 5 p.m.

Closed daily: 11:45 a.m. – 12:45 p.m.

In the event of an emergency, call **911** or the Campus Police at **(573) 882-7201**.

Kansas City – Student Health & Wellness

(816) 235-6133

Hours: M, Th, F: 8:30 a.m. – 4:30 p.m.

Tu, W: 8:30 a.m. – 6:30 p.m.

Closed daily: 12 p.m. – 1:30 p.m.

In the event of an emergency, call **911** or the Campus Police at **(816) 235-1515**.

St. Louis – University Health, Wellness & Counseling Services

(314) 516-5671

Hours: M-Th: 8 a.m. – 6 p.m.

F: 8 a.m. – 5 p.m.

In the event of an emergency, call **911** or the Campus Police at **(314) 516-5155**.

Rolla – Student Health Services

(573) 341-4284

Hours: M-F: 8 a.m. – 5:00 p.m.

In the event of an emergency, call **911** or the Campus Police at **(573) 341-4300**.

POLICY PERIOD

Please refer to your school-specific Pamphlet or contact Aetna Student Health at **(877) 375-7905**.

Insured dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see page 29 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.

PREMIUM RATES

Please refer to your school-specific Pamphlet, or contact Aetna Student Health at **(877) 375-7905**.

DEDUCTIBLES

Students:	\$0 if using SHC \$100 with an SHC Referral per Policy Year \$250 without an SHC Referral per Policy Year
Spouse:	\$100 per Policy Year
Child:	\$100 per Policy Year

UNIVERSITY OF MISSOURI SYSTEM STUDENT HEALTH INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for University of Missouri System 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 obtained by contacting us at **(877) 375-7905**.

STUDENT COVERAGE

ELIGIBILITY

Refer to your school-specific Pamphlet, or contact Aetna Student Health at **(877) 375-7905**.

ENROLLMENT

Refer to your school-specific Pamphlet, or contact Aetna Student Health at **(877) 375-7905**.

LATE ENROLLMENT

Coverage for late enrollees may be possible only under certain conditions. After the enrollment deadline, only those students who have involuntarily lost health insurance coverage through a “Qualifying Life Event” such as (1) removal from a parent’s health insurance plan after achieving a landmark birthday that disqualifies them from a parent’s health insurance plan or (2) losing private insurance through loss of employment or divorce, may apply for late enrollment. Additional unforeseen and/or unavoidable life changes will be reviewed on a case-by-case basis. A certificate of credible coverage stating the date of the involuntary loss of health coverage and a signed application must be submitted to Aetna Student Health within **31 days** of the qualifying life event. Please contact Aetna Student Health at **(877) 375-7905** for details.

PREMIUM 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 Aetna Student Health within **90 days** of withdrawal from school.

DEPENDENT COVERAGE

ELIGIBILITY

Eligible dependents are defined as spouses residing with Insured Students or children under 26 years of age, regardless of whether or not they are married, or a full or part-time student, or dependent upon the parent for financial support.

ENROLLMENT

Refer to your school-specific Pamphlet, or contact Aetna Student Health at **(877) 375-7905**.

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 University of Missouri System Student Accident & Sickness 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 month of birth.

Coverage is provided for a child legally placed for adoption with a Covered Student from the date of birth if petition for adoption is filed within **31 days** of the birth of such child, or from the date of placement for the purpose of adoption if petition is filed within **31 days** of placement of such child. 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 month of placement.

Please note: Continuously Insured Provision noted below applies to dependents.

For information or general questions on dependent enrollment, contact Aetna Student Health at **(877) 375-7905**.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Plan 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 Plan. Previously covered persons must re-enroll for coverage, including dependent coverage, by **September 16, 2011** for the Fall Semester, and by **February 10 2012**, for the Spring Semester 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.

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 University of Missouri System campuses.

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 the University of Missouri System, Aetna Student Health, or Aetna. A complete listing of participating Providers is available by contacting Aetna Student Health at **(877) 375-7905**.

You may also obtain information regarding Preferred Providers through the Internet by accessing DocFind[®] at www.aetna.com/docfind/custom/studenthealth/index.html.

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

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

REFERRAL REQUIREMENTS

Students' health care needs can best be satisfied when an organized system of health care providers at University of Missouri System's Health Service locations manages the treatment. If you do not obtain a referral from your student health center, you will be subject to the non-referral deductible. A referral is not required in the following circumstances:

- When treatment is for a Medical emergency. The student must return to their Student Health Center for necessary follow-up care.
- When the Student Health Center is closed.
- When service is rendered at another facility during break or vacation period.
- When medical care is received when the student is more than **50 miles** from campus. The student must return to their Student Health Center for necessary follow-up care.
- For medical care obtained when a student is no longer able to use their Student Health Center due to a change in student status.
- Maternity/Gynecology.
- Psychotherapy.

Dependents not eligible to use the services of the University Health Services are not subject to the referral requirements and penalties.

PRE-CERTIFICATION REQUIREMENTS

Pre-certification simply means calling Aetna Student Health prior to a HOSPITAL ADMISSION. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives.

All requests for certification must be obtained by contacting Aetna Student Health at (877) 375-7905 (attention Managed Care Department).

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

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

The patient, patient's representative, Physician or hospital must telephone at least **three (3) business days** prior to the planned admission.

Notification of Emergency Admissions:

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

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS

PRE-EXISTING CONDITION

A pre-existing condition is any injury or condition 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 **12 months** prior to your first day of coverage, that injury or disease will be considered a pre-existing condition.

LIMITATION

Domestic Students: Pre-existing conditions are not covered during the first **12 months** that you are covered under this Plan. However, there is an important exception to this general rule if you have been Continuously Insured.

International Students: Pre-existing conditions in excess of **\$3,500** are not covered during the first **12 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.

DESCRIPTION OF BENEFITS

THE UNIVERSITY OF MISSOURI SYSTEM STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN MAY NOT COVER ALL OF YOUR HEALTH CARE EXPENSES

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the University of Missouri System Student Accident and Sickness Insurance Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to University of Missouri System, you may contact Aetna Student Health at (877) 375-7905.

This Plan will never pay more than \$250,000 per Lifetime per condition, \$1,500 per Policy Year for combined Physical and/or Occupational Therapy, \$1,500 per Policy Year for Prescription Drugs, \$1,000 per Policy Year for Durable Medical Equipment, or \$3,000 per Policy Year for Early Intervention Services. 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 Certificate of Coverage for a complete description of the benefits available.

SUMMARY OF BENEFITS CHART

DEDUCTIBLES

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

Students: **\$0 if using SHC**
\$100 with an SHC Referral per Policy Year
\$250 without an SHC Referral per Policy Year
 Spouse: **\$100 per Policy Year**
 Child: **\$100 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 **\$250,000 Lifetime Aggregate Maximum for each Injury or Sickness**.

OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum is met by an accrual of coinsurance for which the member is responsible. Please see the definition of out-of-pocket limit for further details.

Once the Individual **Out-of-Pocket Limit** has been satisfied, Preferred Care **Covered Medical Expenses** will be payable at **100%** for the remainder of the Policy Year, up to any benefit maximum that may apply.

Preferred Care Individual Out-of-Pocket: **\$3,000**

Non-Preferred Care Individual Out-of-Pocket: **N/A**

All coverage is based on Recognized Charges, unless otherwise specified.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 50% of the Recognized Charge for a semi-private room.
Intensive Care Unit Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 50% of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.
Miscellaneous Hospital Expense	Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines. Benefits are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 50% of the Recognized Charge.
Physician Hospital Visit/ Consultation Expenses	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> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 50% of the Recognized Charge. Benefits are limited to one visit per day and not paid on day of surgery.

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: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of Anesthesia during a surgical procedure, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</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: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>

Outpatient Benefits	
<p>Covered Medical Expenses include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department and Walk-in Clinic Visit Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for diagnostic X-ray and laboratory services; consultants or specialists, etc. Benefits do not include expenses incurred for the use of an outpatient surgical facility.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Urgent Care Expense	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p>Please note: A Covered Person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The Covered Person should go directly to the emergency room of a hospital or call 911 for an ambulance and medical assistance.</p> <p><u>Urgent Care</u> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition. Covered Medical Expenses for urgent care treatment are payable as follows:</p>

Urgent Care Expense (cont.)	<p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized 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: 80% of the Actual Charge 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>
Pre-Admission Testing Expense	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Physician's Office Visits	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits are limited to one visit per day and are not paid on day of surgery.</p>
Laboratory and X-ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses include charges incurred by a Covered Person are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over \$200.</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"> • Chiropractic Care, • Speech Therapy, • Inhalation 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>Covered Medical Expenses for Chiropractic Care include initial diagnosis and clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder.</p> <p>Covered Medical Expenses include Chiropractic care. Benefits are payable on the same basis as any other sickness or injury.</p> <p>Prior authorization is not required on the first 26 visits in a policy year. Prior authorization may be required after the 26th visit.</p>

<p>Therapy Expense (cont.)</p>	<p>Benefits for Therapy Expenses (Including chiropractic care) are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Expenses for Speech Therapy are Covered Medical Expenses only if such therapies are a result of injury or sickness.</p>
<p>Chemotherapy Expense</p>	<p>Covered Medical Expenses for chemotherapy, include anti-nausea drugs used in conjunction with chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility.</p> <p>Covered Medical Expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Such expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Routine Patient Care (pursuant to a Qualified Clinical Trial)</p>	<p>Covered Medical Expenses include routine patient care costs incurred as the result of phase II, III, or IV of a clinical trial and is undertaken for the purposes of the prevention, early detection, or treatment of cancer.</p> <p>Benefits will include routine patient care costs incurred for drugs and devices that have been approved for sale by the Food and Drug Administration (FDA), regardless of whether approved by the FDA for use in treating the patient's particular condition, including coverage for reasonable and medically necessary services needed to administer the drug or use the device under evaluation in the clinical trial.</p> <p>"Routine patient care costs" will include coverage for reasonable and medically necessary services needed to administer the drug or device under evaluation in the clinical trial. Routine patient care costs include all items and services that are otherwise generally available to a qualified individual that are provided in the clinical trial except:</p> <ul style="list-style-type: none"> •The investigational item or service itself; •Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and •Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial. <p>Benefits will be payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Bone Marrow Antigen Testing</p>	<p>Covered Medical Expenses include charges for the cost for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation.</p> <p>Benefits will be payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>

<p>Durable Medical Equipment Expense</p>	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits for Durable Medical Equipment are limited to a maximum of \$1,000 per Policy Year.</p>
<p>Prosthetic Devices Expense</p>	<p>Covered Medical Expenses include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness.</p> <p>Covered Medical Expenses do not include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Outpatient Physical Therapy Expense (includes Occupational Therapy)</p>	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Benefits are limited to \$1,500 per Policy Year combined maximum for Physical Therapy and Occupational Therapy.</p>
<p>Dental Injury Expense</p>	<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"> • Sound Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p><i>The treatment must be done in the calendar year of the accident or the next calendar year.</i></p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, <p>are installed due to such injury.</p> <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, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound, • Cut out cysts, tumors, or other diseased tissues,

Dental Injury Expense (cont.)	<ul style="list-style-type: none"> 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: 80% of Actual Charge.</p>
Anesthesia and Hospital Charges for Dental Care	<p>Covered Medical Expenses include charges incurred by a Covered Person for the administration of general anesthesia and hospital charges for dental care only to the following Covered Persons:</p> <ul style="list-style-type: none"> a child under the age of five, a person who is severely disabled, or a person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided. <p><u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
Allergy Testing and Treatment Expense	<p>Covered Medical Expenses include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> laboratory tests, physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and other medically necessary supplies and services. <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized 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, or attention deficit hyperactive disorder <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized 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 Plan.</p>
Early Intervention Services	<p>Covered Medical Expenses include early intervention services for children from birth to age three. "Early intervention services" means:</p> <ul style="list-style-type: none"> medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices. <p>Such coverage shall be limited to \$3,000 for each covered child per Policy Year, with a maximum of \$9,000 per child.</p>

Early Intervention Services (cont.)	<p>No payment made for specified early intervention services shall be applied against any maximum lifetime aggregate specified in the Policy.</p> <p>Covered Medical Expenses are payable on the same basis as any other sickness.</p>
Child Health Supervision Services	<p>Covered Medical Expenses include Child Health Supervision Services for a dependent child from birth to age 19.</p> <p>Covered Medical Expenses will only include charges of one physician for Child Health Supervision Services performed at birth and at 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, 1 per year 10 years to 19 years.</p> <p>Not covered are charges incurred for:</p> <ul style="list-style-type: none"> • services which are covered to any extent under any other part of this Plan; • services which are for diagnosis or treatment of a suspected or identified injury or disease; • services not performed by a physician or under his or her direct supervision; • medicines, drugs, appliances, equipment, or supplies; or • dental exams. <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
Child Immunizations	<p>Covered Medical Expenses include coverage for dependent children from birth to five years of age for the following:</p> <ul style="list-style-type: none"> • Charges made by a physician for materials and the administration of the following immunizations given to covered dependent children from birth to age five: <ul style="list-style-type: none"> • diphtheria; • haemophilus influenza type B; • Hepatitis B; • measles; • mumps; • pertussis; • poliomyelitis; • rubella; • rubeola; • tetanus; and • varicella. <p>In addition, immunizations recognized by the Advisory Committee on Immunization Practices (ACIP) will also be included as Covered Medical Expenses. Not included are charges made by a physician for an office visit for such administration. This coverage is not subject to the annual deductible.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>

Consultant or Specialist Expense	<p>Covered Medical Expenses include coverage for a second opinion rendered by a specialist in that specific cancer diagnosis area when a patient with a newly diagnosed cancer is referred to such specialist by his or her attending physician.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
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Mental Health Benefits	
Treatment of Mental Health Conditions, Inpatient Expense	<p>Covered Medical Expenses for the diagnosis and treatment of Mental Health Conditions are payable on the same basis as any other sickness:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized charge.</p> <p>A Mental Health Condition is defined as follows: Any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, but shall not include chemical dependency.</p>
Treatment of Mental Health Conditions, Outpatient Expense	<p>Covered Medical Expenses for the diagnosis and treatment Mental Health Conditions are payable on the same basis as any other sickness:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized charge.</p> <p>A Mental Health Condition is defined as follows: Any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, but shall not include chemical dependency.</p>
Autism Spectrum Disorder	<p>Covered Medical Expenses include charges incurred by a covered person for the diagnosis and treatment of Autism Spectrum Disorder (including treatment that is educational or habilitative in nature.)</p> <p>Benefits are payable on the same basis as any other sickness.</p> <p>Applied Behavior Analysis benefits are limited to \$40,000 per policy year up to age 19.</p>

Chemical Dependency Benefits	
Inpatient Expense	<p>Covered Medical Expenses include expenses incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a facility established primarily for the treatment of chemical dependency.</p> <p>Benefits for the inpatient treatment of chemical dependency will be payable on the same terms applicable to the treatment of any other disease, subject to the following limitations:</p> <ul style="list-style-type: none"> • 30 days of inpatient treatment per Policy Year through a treatment program licensed by the Department of Mental Health, • *6 days of medical or social setting detoxification treatment per Policy Year. <p>*There is a total detoxification benefit of 6 days per Policy Year, except in life-threatening situations.</p>

<p>Outpatient Expense</p>	<p>Covered Medical Expenses include charges for treatment of chemical dependency while the covered person is not confined as a full-time inpatient in a hospital.</p> <p>Benefits for the outpatient treatment of chemical dependency will be payable on the same terms applicable to the treatment of any other disease, subject to the following limitations:</p> <ul style="list-style-type: none"> • 26 days of outpatient treatment per Policy Year through a non-residential treatment program licensed by the Department of Mental Health, • *6 days of detoxification treatment per Policy Year. <p>*There is a total detoxification benefit of 6 days per Policy Year, except in life-threatening situations.</p>
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<p>Maternity Benefits</p>	
<p>Maternity Expense</p>	<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 following an uncomplicated cesarean section for the mother and her newly born child. 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: two post-delivery visits by a health care provider either at the mother’s home, a health care provider’s office or a health care facility for purposes of post discharge care including: parent education and assistance, and training in breast or bottle-feeding. For the purposes of this provision, “health care provider” would include the Covered Person’s physician or other provider qualified to provide post discharge care and acting within the scope of his or her license.</p> <p>Complications of pregnancy, including spontaneous and non-elective abortions, are considered a sickness, and are covered under this benefit. Voluntary or elective abortions are not covered.</p> <p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p> <p>Coverage for testing for lead poisoning for pregnant women will be covered same as any other expense.</p> <p>A referral is not required for this benefit.</p>
<p>Well Newborn Nursery Care Expense</p>	<p>Covered Medical Expenses include charges for routine care of a Covered Person’s newborn child as follows:</p> <ul style="list-style-type: none"> • hospital charges for routine nursery care during the mother’s confinement, but for not more than four days for a normal delivery, • physician’s charges for circumcision, and • physician’s charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day. <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>

Additional Benefits

<p>Prescription Drug Benefit</p>	<p>Prescription Drug Benefits are payable as follows: <u>Preferred Care Pharmacy:</u> Following a \$20 copay for each Brand Name Prescription Drug or a \$10 copay for each Generic Prescription Drug;</p> <p><u>Non-Preferred Care Pharmacy:</u> You must pay out of pocket for Prescriptions at a Non-Preferred Pharmacy and then submit the receipt with a Prescription Claim Form for reimbursement.</p> <p>Covered Medical Expenses are payable up to a maximum of \$1,500 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 (90 days if maintenance) . <i>(This is only a partial list.)</i></p> <p>Medications not covered by this benefit include, but are not limited to: 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 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. For additional information please go to www.AetnaSpecialtyRx.com.</p> <p>Mail-Order Drug Program</p> <p>To obtain your prescription medication through mail-order delivery, download an Aetna Rx Home Delivery Mail-Order Form at www.aetnastudenthealth.com and mail your prescription to: Aetna Rx Home Delivery P.O. Box 417019 Kansas City, MO 64179-9892</p> <p>Covered Medical Expenses for a 90-Day supply of drugs ordered through the Aetna Rx Home Delivery Program are covered at 100% after a \$20 copay for Generic Prescription Drugs, \$40 for Name Brand Prescription Drugs. Remember, you do not need to file a claim form – just complete the Aetna Rx Home Delivery Form and mail with your prescription. For more information on the mail-order program or to re-order a prescription, please visit www.aetnarxhomedelivery.com.</p>
<p>Diabetic Treatment, Equipment and Supplies Expense</p>	<p>Covered Medical Expenses include all physician-prescribed medically appropriate and necessary treatment, equipment and supplies used in the management and treatment of diabetes. Coverage shall include persons with gestational, type I or type II diabetes.</p> <p>Benefits are payable same as any other condition.</p>

Hypodermic Needles Expense	Covered Medical Expenses incurred for hypodermic needles and syringes used in the treatment of diabetes are payable on the same basis as any other sickness .
Diabetic Self-Management Training Expense	Covered Medical Expenses for diabetic self-management training are payable as follows: Benefits are payable same as any other condition.
Osteoporosis Screening Expense	Covered Medical Expenses include coverage for services related to diagnosis, treatment and appropriate management of osteoporosis for individuals with a condition or medical history for which bone mass measurement is medically indicated. Benefits are payable on the same basis as any other condition.
Non-Prescription Enteral Formula Expense	Covered Medical Expenses include charges incurred by a Covered Person for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by: <ul style="list-style-type: none"> • Crohn’s Disease, • ulcerative colitis, • gastroesophageal reflux, • gastrointestinal motility, • chronic intestinal pseudoobstruction, and • phenylketonuria or any inherited diseases of amino acids and organic acids. Covered Medical Expenses for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein. Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.
Children’s Formula and Low-Protein Modified Food Products Expense	Covered Medical Expenses include coverage for formula and low protein modified food products recommended by a physician for the treatment of a covered person with phenylketonuria or any inherited disease of amino and organic acids who is less than six years of age . For purposes of this section, “low protein modified food products” means foods that are specifically formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of any inherited metabolic disease. Low protein modified food products do not include foods that are naturally low in protein. Benefits are payable on the same basis as any other condition up to a benefit maximum of \$5,000 per policy year .
Prescription Contraceptive Devices	Covered Medical Expenses include: Charges incurred for contraceptive drugs and devices that by law need a physician's prescription and that have been approved by the FDA. Related outpatient contraceptive services such as: <ul style="list-style-type: none"> • Consultations, • Exams, • Procedures, and • Other medical services and supplies.

<p>Prescription Contraceptive Devices (cont.)</p>	<p>Benefits for contraceptive drugs are payable same as any other condition. Benefits for contraceptive devices and outpatient contraceptive services are payable as any other condition.</p>
<p>Pap-Smear Expense</p>	<p>Covered Medical Expenses include one annual routine Pap-smear screening and pelvic examination for women age 18 and older.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
<p>Mammography Expense</p>	<p>Covered Medical Expenses will be paid for charges incurred for the following:</p> <ul style="list-style-type: none"> • A baseline F for women between the ages of 35 to 40; • A mammogram on an annual basis for women 40 years of age and older; • A mammogram for any women, upon the recommendation of a physician, where such woman, her mother, or her sister has a prior history of breast cancer. <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 50% of the Recognized Charge.</p>
<p>Mastectomy and Breast Reconstruction Expense</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"> • reconstruction of the breast on which a mastectomy has been performed, • surgery and reconstruction of the other breast to produce a symmetrical appearance, • prostheses, • treatment of physical complications of all stages of mastectomy, including lymphedemas, and • reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician. <p>Benefits are payable on the same basis 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>
<p>Routine Colorectal Cancer Screening Expense</p>	<p>Even though not incurred in connection with a sickness or injury, benefits include charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following:</p> <ul style="list-style-type: none"> • One fecal occult blood test every 12 months in a row. • A Sigmoidoscopy at age 50 and every 3 years thereafter. • One digital rectal exam every 12 months in a row. • A double contrast barium enema, once every 5 years. • A colonoscopy, once every 10 years. • Virtual colonoscopy. • Stool DNA. <p>Benefits are payable on the same basis as any other condition.</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 each Policy Year. <p>Benefits are payable on the same basis as any other condition.</p>
<p>Elective Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include 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>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</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>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Dermatological Expense</p>	<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>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p><i>Covered Medical Expenses do not include cosmetic treatment and procedures.</i></p>
<p>Podiatric Expense</p>	<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: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>

<p>Home Health Care Expense</p>	<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"> • The services are furnished by, or under arrangements made by, a licensed home health agency; • 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; • 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; • The care starts within seven days after discharge from a hospital as an inpatient; and • The care is for the same condition that caused the hospital confinement, or one related to it. <p>Home Health Care Services</p> <ol style="list-style-type: none"> 1. Part-time or intermittent nursing care by: a registered nurse (R. N.), a licensed Practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R. N. are not available, 2. Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an R.N., 3. Physical, occupational. speech therapy, 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 will not include: 1) services by a person who resides in the covered person's home, or is a member of the covered person's immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p>A visit means a maximum of 4 continuous hours of home health service</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Transfusion or Dialysis of Blood Expense</p>	<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>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized 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>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p> <p><i>Please see definition on page 41 for more information on Hospice Care Expenses.</i></p>
Licensed Nurse Expense	<p>Covered Medical Expenses include charges incurred by a Covered Person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized 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, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care: 50%</u> of the Recognized Charge for the semi-private room rate.</p> <p><i>Benefits for Skilled Nursing require Pre-Certification.</i></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>Benefits for Rehabilitation Facility Expense are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations. <u>Non-Preferred Care: 50%</u> of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p> <p><i>Benefits for Rehabilitation Facility expenses require Pre-Certification.</i></p>
Newborn Hearing Screening	<p>Covered Medical Expenses include these newborn services: hearing screening, necessary rescreening, audiological assessment and follow-up and initial amplification.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician certified as an otolaryngologist or otologist, or an audiologist who either:</p> <ul style="list-style-type: none"> • Is legally qualified in audiology; or • Holds a certificate of Clinical Competence in Audiology from the American Speech and Hearing Association in the absence of any applicable licensing requirements; and

<p>Newborn Hearing Screening (cont.)</p>	<p>Who performs the exam at the written direction of a legally qualified otolaryngologist or otologist.</p> <p>Benefits will be payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</p>
<p>Loss or Impairment of Speech or Hearing Expense</p>	<p>Benefits will be paid for expenses incurred for the diagnosis or non-surgical treatment by a physician for loss or impairment of speech or hearing; but only if the charge is made for:</p> <ul style="list-style-type: none"> • Diagnostic services rendered to find out if and to what extent the person's ability to speak or hear is lost or impaired. • Rehabilitative services rendered that are expected to restore or improve a person's ability to speak. <p>Not covered are charges for:</p> <ul style="list-style-type: none"> • Diagnostic or rehabilitative services rendered before the person becomes eligible for coverage or after termination of coverage. • Hearing aids, hearing aid evaluation tests and hearing aid batteries. • Hearing exams required as a condition of employment. • Special education for a person whose ability to speak or hear is lost or impaired. This includes lessons in sign language. <p>Except as provided in this special provision, expenses for treatment of diagnosis or non-surgical treatment by a physician for loss or impairment of speech or hearing are payable on the same basis as any other sickness.</p> <p>Benefits will be payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 50%</u> of the Recognized Charge.</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. Please note that these programs are subject to change. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com.

Aetna BookSM discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the **MayoClinic.com** Bookstore and Pranamaya.
Available to MU, UMSL, UMKC and Missouri S&T students.

Aetna FitnessSM discount program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFitTM.
Available to MU, UMSL, UMKC and Missouri S&T students.

Aetna HearingSM discount program: Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing* on over 1000 models from seven leading manufacturers.
Available to MU, UMSL, UMKC and Missouri S&T students.
**Competitor copy required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local provider quotes only will be matched, no internet quotes*

Aetna Natural Products and 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.
Available to MU, UMSL, and UMKC students.

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.
Available to MU, UMSL, and UMKC students.

Aetna Weight ManagementSM discount program: Access to discounts on eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and products, and Nutrisystem[®] weight loss meal plans.
Available to MU, UMSL, UMKC and Missouri S&T students.

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.
Available to MU, UMSL, UMKC and Missouri S&T students.

Zagat discounts: Discount off a one-year online membership to **ZAGAT.com**, with access to ratings and reviews of over 40,000 restaurants, hotels and more in hundreds of cities worldwide.
Available to MU, UMSL, UMKC and Missouri S&T students.

At Home Products discount program: Access to discounts on health care products that members can use in the privacy and comfort of their home.
Available to MU, UMSL, UMKC and Missouri S&T students.

Aetna Specialty Pharmacy: provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. Custom compounded doses and forms are also available. For additional information please go to **www.AetnaSpecialtyRx.com**.
Available to MU, UMSL, UMKC and Missouri S&T students.

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. Available to MU, UMSL, UMKC and Missouri S&T students.

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. Available to MU, UMSL, UMKC and Missouri S&T students.

Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discount programs and wellness services are subject to change without notice. Not all programs are available in all states.

Aetna's Informed Health® Line*:

Call toll free **1-800-556-1555** 24 hours a day, 7 days a week.

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

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

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

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

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

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

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

Get to it through your secure Aetna Navigator® member website, at www.aetnastudenthealth.com.

OPTIONAL DENTAL:

Aetna Dental® PPO

Our Aetna Dental® PPO insurance plan provides coverage for both in and out of network services (member coinsurance levels may vary). Participating dentists have agreed to provide covered services at negotiated rates, so you will generally pay less out of pocket when you visit a network dentist. (Participating dentists may also offer discounted rates on additional services such as tooth whitening.*) Enroll and search for dentists online at www.aetnastudenthealth.com.

Annual Student Rate:	\$508
Fall Student Rate:	\$212
Spring/Summer Student Rate:	\$296
Summer Student Rate:	\$ 85

For dependent rates go to www.aetnastudenthealth.com and search for your school.

Available to UMSL and UMKC students.

**Discounts for non-covered services may not be available in all states. The Aetna Dental PPO insurance plan is underwritten by Aetna Life Insurance Company. Policy form numbers in Oklahoma include: GR-9 and/or GR-9N, GR-23, GR-29 and/or GR-29N.*

Aetna Dental® Indemnity insurance 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**.

Annual Student Rate: \$508

Fall Student Rate: \$212

Spring/Summer Student Rate: \$296

Summer Student Rate: \$ 85

For dependent rates go to **www.aetnastudenthealth.com** and search for your school.

Available to MU and Missouri S&T students.

The Aetna Dental® Indemnity insurance plan is underwritten by Aetna Life Insurance Company.

Vital Savings by Aetna® on Dental* is a dental discount program helping you and your dependents save. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces) No claims to file. Enroll online at **www.aetnastudenthealth.com**.

Student only: \$25

Student & one dependent: \$44

Student & two or more dependents: \$63

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

Available to UMSL and UMKC students.

The Vital Savings by Aetna® program (the “Program”) is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-BeVital, is the Discount Medical Plan Organization.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

The Plan will pay benefits in accordance with any applicable Missouri State 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.

EXTENSION OF BENEFITS

If the Basic Sickness Expense coverage for a **Covered Person** ends while he is **totally disabled**, then benefits will continue to be available for expenses incurred for that person only while the **Covered Person** continues to be **totally disabled**. Benefits will end **12 months** from the date coverage ends.

TERMINATION OF INSURANCE

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

TERMINATION OF STUDENT COVERAGE

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

- (a) the date this Plan terminates,
- (b) the last day for which any required premium has been paid,
- (c) the date on which the **covered student** withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
- (d) the date the **covered student** is no longer in an eligible class.

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

TERMINATION OF DEPENDENT COVERAGE

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

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

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

INCAPACITATED DEPENDENT CHILDREN

Insurance may be continued for an 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 each year; that the child remains physically or mentally unable to earn his own living. Such proof will not be required more often than once each year after **two years** from the date the child reached the age at which insurance would have ceased if the child were not incapacitated. 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 the Policy, and has been continuously insured under the plan offered by the Policyholder (regular student Plan), may be covered until the first to occur of the following:

- (a) The date **nine months** after the date the student's or member's coverage under the group would have terminated because of termination of membership,
- (b) If the member fails to make timely payment of a required premium contribution, the end of the period for which contributions were made,
- (c) The date on which the group Policy is terminated.

A member must request such continuation in writing within **31 days** of the date coverage would otherwise terminate and must pay to the group policyholder, on a monthly basis, the amount of contribution required to continue the coverage. Such premium contribution shall not be more than the group rate of the insurance being continued on the due date of each payment. Aetna must notify members, in writing, of the duties of such members under this subdivision no later than the date on which membership would otherwise terminate.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. 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.
2. 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**.
3. 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.
4. 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 regular published schedules on a regularly established route.
5. Expenses 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.
6. Expenses 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.
7. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
9. Expenses 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** (including reconstructive surgery and prosthetic devices recommended by the oncologist or primary care physician as necessary to restore symmetry. Reconstructive surgery or receipt of prosthetic devices may be performed any time following a mastectomy covered under the **Policy**, while the **Covered Person** is insured under the **Policy**).
10. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.

11. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
12. Expenses incurred for injury resulting from the play or practice of collegiate or intercollegiate sports, including collegiate or intercollegiate club sports and intermural.
13. Expenses for allergy serums and injections.
14. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.
15. 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.
16. Expenses incurred for the removal of an organ from a **Covered Person** for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a **Covered Person** to a spouse, child, brother, sister, or parent.
17. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
 - There is insufficient outcome 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(s) used by the treating facility, or the protocol(s) 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.

Also, this exclusion will not apply with respect to **Routine Patient Care Costs** as the result of a phase III or IV of a clinical trial that is approved or funded by an **Official Entity** and is undertaken for the purposes

of the prevention, early detection or treatment of cancer. **Routine Patient Care Costs** are the reasonable and medically necessary services needed to administer the drug or device under evaluation in the clinical trial and the costs incurred for drugs and devices that have been approved for sale by the Food and Drug Administration (FDA), regardless of whether approved by the FDA for use in treating the patient's particular condition. **Routine Patient Care Costs** do not include: (a) The investigational item or service itself, (b) Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient, and (c) Items and services customarily provided by the research sponsors free of charge for any enrollee in the trial. The treating facility and personnel must be approved by an **Official Entity**, and have the expertise and training to provide the treatment and treat a sufficient volume of patients. There must be equal to or superior noninvestigational treatment alternatives and the available clinical or preclinical data must provide a reasonable expectation that the treatment will be superior to the non-investigational alternatives. **Official Entity**, for purposes of this paragraph, is one of the following entities: (1) One of the National Institutes of Health (NIH), (2) An NIH cooperative group or center as defined in subsection six of this section, (3) The FDA in the form of an investigational new drug application, (4) The federal Departments of Veterans' Affairs or Defense, (5) An institutional review board in this state that has an appropriate assurance approved by the Department of Health and Human Services assuring compliance with and implementation of regulations for the protection of human subjects (45 CFR 46), or (6) A qualified research entity that meets the criteria for NIH Center support grant eligibility.

18. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
19. Expenses incurred for breast reduction/mamoplasty.
20. Expenses incurred for gynecomastia (male breasts).
21. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
22. Expenses incurred by a **Covered Person**, not a United States citizen, for services performed within the **Covered Person's** home country, if the **Covered Person's** home country has a socialized medicine program.
23. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
24. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
25. Expenses 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.
26. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
27. Expenses incurred for hearing exams.
28. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
29. Expenses 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**.
30. Expense for services or supplies provided for the treatment of obesity and/or weight control.
31. Expenses for incidental surgeries; and standby charges of a **physician**.
32. Expenses for treatment and supplies for programs involving cessation of tobacco use.

33. Expenses incurred as a result of **dental** treatment, including extraction of wisdom teeth, except for treatment resulting from **injury to sound natural teeth**, as provided elsewhere in the Policy.
34. Expenses 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 the Policy.
35. Expenses incurred for massage therapy.
36. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
37. Expenses 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.
38. Expenses 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.
39. Expenses arising from a **pre-existing condition**.
40. Expenses 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 of such exams, immunizations, services, or supplies is specifically provided in the Policy.
41. Expenses incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Aetna, for the diagnosis care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed, recommended, or approved, by the person's attending **physician**, or **dentist**.

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

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

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

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

- those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility, or

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

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.

Advanced Practice Nurse

A nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing.

Aggregate Maximum

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

Alcoholism Treatment Facility

This is an institution that is a residential or non-residential facility certified by the Department of Mental Health to provide treatment of alcoholism.

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

Birthing Center

A freestanding facility that:

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

Brand-Name Prescription Drug or Medicine

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

Chlamydia Screening Test

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

Coinsurance

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

Complications of Pregnancy

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

- acute nephritis or nephrosis, or
- cardiac decompensation or missed abortion, or
- similar conditions as severe as these.

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

Complications of Pregnancy also include:

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

Convalescent Facility

This is an institution that:

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

Copay

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

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

Covered Dental Expenses

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

- not in excess of the **Recognized Charges**, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Plan is in force as to the **Covered Person**.

Covered Dependent

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

Covered Medical Expenses

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

- not in excess of the **Recognized Charges**, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Plan is in force as to the **Covered Person** 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 Plan is in effect.

Covered Student

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

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 **covered student's** child under the **age of 26**.

The term "child" includes a **covered student's** step-child, adopted child, and a child for whom a petition for adoption is pending.

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

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

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

Directory

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

Durable Medical and Surgical Equipment

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

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

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, over-bed 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 except for covered dependent children from birth to five years,
- treatment of infertility, and
- routine physical examinations.

Emergency Medical Condition

This means the sudden and, at the time, unexpected 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 immediate medical care is required, which may include, but shall not be limited to:

- Placing the person's health in significant jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of any bodily organ or part, or
- 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 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.

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:
 1. A **physician's** office, or
 2. **Hospital** outpatient department, or emergency room, or
 3. Clinical laboratory, or
 4. 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 R.N., L.P.N., or L.V.N., 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 **six months** to live. It ends after **six months** (or such later period for which treatment is certified) or on the death of the patient, if sooner.

Hospice Care Expenses

The Recognized Charges made by a hospice for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by an R.N., L.P.N., or L.V.N., 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 **three months** after, the covered person's death, and charges for respite care for up to **five days** in any **30 day period**.

Hospital

This is a place that:

- Mainly provides inpatient facilities for the surgical and medical diagnosis, treatment, and care of injured and sick persons.
- Is supervised by a staff of one or more physicians. Provides **24 hour** nursing service by registered nurse or duty or call.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, or a nursing home.
- Makes charges.

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 into 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.

Member Dental Provider Service Area

The area within a 50 mile radius of the **covered student's member dental provider**.

Negotiated Charge

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

Non-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**.

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.

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.

Out-of-Area Emergency Dental Care

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

Out-of-Pocket Limit

The amount that must be paid, by the **covered student**, or the **covered student** and their **covered dependents**, before **Covered Medical Expenses** will be payable at **100%** for the remainder of the **Policy Year**.

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

- **deductibles**,
- **copays**,
- expenses that are not **Covered Medical Expenses**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Plan.

Outpatient Diabetic Self-Management Education Program

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

Partial Hospitalization

Continuous treatment consisting of not less than **four hours** and not more than **12 hours** in any **24 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, (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment, and (c) an Advanced Practice Nurse acting within the scope of practice of such nurse.

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 seven 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 for which medical advice or treatment was received within **12 months** prior to the **Covered Person's** effective date of insurance.

Preferred Care

Care provided by

- a **preferred care provider**, 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 Plan, but only while the contract remains in effect.

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
 - 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.

Recognized Charge

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

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

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

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

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

Aetna may take into account factors, such as:

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

Residential Treatment Facility

A treatment center 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.

Semi-Private Rate

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

Service Area

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

Sickness

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

Skilled Nursing Facility

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

- organized facilities for medical services,
- 24 hours nursing service by one or more professional nurses and nursing personnel,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- **physician** services under an established agreement if not supervised by a physician or R.N.

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 two 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

Means the insured's inability because of disease or injury, to perform the material and substantial duties of his occupation, including the inability to work at their current job with their current employer.

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 an **emergency medical condition**, 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 eight consecutive hours.
 - Makes charges.
 - Is licensed and certified as required by any state or federal law or regulation.
 - Keeps a medical record on each patient.
 - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
 - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
 - Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
 - has contracted with Aetna to provide urgent care, and
 - is, with Aetna's consent, included in the Provider **Directory** as a Preferred Urgent Care Provider.

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

Walk-in Clinic

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

CLAIM PROCEDURE

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

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

1. Bills must be submitted within **90 days** from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the below 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. Please submit all claims to:
Aetna Student Health
P.O. Box 981106
El Paso, TX 79998

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

Aetna has established a procedure for resolving complaints by **Covered Persons**. If a **Covered Person** has a complaint, he or she 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 Aetna address is on your Identification Card.
- 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 can not 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 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. If the notification process, hearing and response letter can not 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 Member Services. Aetna's Member 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
PO Box 690
Jefferson City, MO 65102-0690

Toll free Telephone number: **(800) 726-7390**

PRESCRIPTION DRUG CLAIM PROCEDURE

Preferred Care: 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. Claim forms can be obtained by calling **(800) 238-6279** or at www.aetnastudenthealth.com. Search for your school and access Prescriptions in the "Plans and Products" section.

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 calling Aetna Pharmacy Management at **(800) 238-6279** or at www.aetnastudenthealth.com. Search for your school and access DocFind[®].

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 Recognized Charge allowance, less any applicable deductible, directly by Aetna. You will be responsible for any amount in excess of the Recognized Charge.

Please note: You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Preferred Pharmacy. Claim forms and Pharmacy locations and claim status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. When submitting a claim, please include all Prescription receipts, indicate that you attend a University of Missouri System school and include your name, address and student identification number.

ON CALL INTERNATIONAL

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits¹

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following: Benefits are payable for the Accidental Death and Dismemberment of **Covered Persons**, up to a maximum of **\$10,000**.

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

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

Natural Disaster and Political Evacuation Services (NDPE)

The following benefits are underwritten by an insurer contracted with On Call, with medical and travel assistance services provided by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a **Covered Person** requires emergency evacuation due to a natural disaster, which makes his/her location uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point. Benefits are payable up to \$100,000 per event per person.

Worldwide Emergency Travel Assistance (WETA) Services. On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of **Physician**
- Emergency Medical Record Assistance
- Legal Referral
- Bail Bonds Assistance

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

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

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither OnCall, USFIC, VSC nor CV provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.

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

All Covered Persons should carry their On Call ID card when traveling.

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

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

AETNA NAVIGATOR®

Got Questions? Get Answers with Aetna's Navigator®

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

By logging onto 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.
- Search for your school.
- Click on Aetna Navigator Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

Need help with registering onto Aetna Navigator?

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

NOTICE

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

Administered by:

Aetna Student Health.
P.O. Box 981106
El Paso, TX 79998
(877) 375-7905
www.aetnastudenthealth.com

Underwritten by:

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

Policy Numbers:

890430 – MU
890439 – UMKC
890440 – UMSL
890441 – Missouri S&T

The University of Missouri Student Accident & Sickness 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.