

**2009 – 2010**

**Student Medical Insurance Plan  
for Students and Dependents**



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

*Policy Number 711110*

## **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 Boston University Student Health Services at **(617) 353-3575** for medical care and **(617) 353-3569** for mental health care.

### **For questions about:**

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

*Please contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(800) 966-7772**

### **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 at **(800) 966-7772** or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), select “Boston University” from the “Find Your School” drop down menu.

**Once enrolled, you may print a temporary ID card online by registering on the Aetna Navigator<sup>®</sup> at [www.aetnavigators.com](http://www.aetnavigators.com).**

### **For questions about:**

- Dependent Enrollment
- Waiver Process
- Boston University Student Health Services Referrals (if applicable)

*Please refer to:*

- Boston University Student Link at [www.bu.edu/studentlink](http://www.bu.edu/studentlink)
- Student Accounting Services at [www.bu.edu/comp/saweb](http://www.bu.edu/comp/saweb)

### **For questions about:**

- Pharmacy Claims or Benefits
- Excluded Drugs and Pre-Authorization

*Please contact:*

Aetna Pharmacy Management  
**(800) 238-6279** (Available 24 hours)

Aetna Prescription Drug claim forms are available at Boston University Student Health Services, 881 West Commonwealth Avenue, Boston, MA 02215 or may be downloaded from [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**For questions about the prescription drug mail order program administered by Aetna Rx Home Delivery<sup>®</sup> Program visit [www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com).**

**For questions about:**

- Provider Listings

*Please contact:*

Aetna Student Health at **(800) 966-7772** or you can use Aetna's DocFind® at [www.aetnastudenthealth.com](http://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** (001) plus **(603) 328-1956**. Please also visit the Boston University-specific site on [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## **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 Boston University. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the University's Student Health Services or the Office of Risk Management during business hours. Please refer to the Certificate of Coverage on the Boston University-specific site on [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for a complete description of the benefits available.

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.

## TABLE OF CONTENTS

---

	Page Numbers
Boston University Student Health Services.....	5
Policy Period .....	5
Rates .....	5
Deductibles .....	7
Student Coverage – Eligibility .....	8
Enrollment .....	8
Waiver Process/Procedure.....	9
Premium Refund Policy.....	9
Dependent Coverage – Eligibility .....	10
Preferred Provider Network .....	10
Referral Requirement – Charles River Campus Students.....	11
Inpatient Pre-Certification Program .....	11
Description of Benefits.....	12
Benefits Summary Chart .....	13
Inpatient Hospitalization Benefits .....	14
Surgical Benefits .....	15
Outpatient Benefits .....	15
Mental Health Benefits.....	23
Substance Abuse Benefits .....	25
Maternity Benefits .....	25
Additional Benefits.....	26
Additional Services and Discounts.....	39
General Provisions.....	41
Extension of Benefits .....	42
Termination of Insurance .....	42
Exclusions .....	43
Definitions .....	46
Claim Procedure .....	60
Prescription Drug Claim Procedure.....	62
On Call International .....	62
Aetna Navigator® .....	63

## BOSTON UNIVERSITY STUDENT HEALTH SERVICES

---

The Boston University Student Health Services (SHS) is the University's on-campus health facility. Staffed by doctors and nurse practitioners, it is open Monday through Thursday from 8:00 a.m. to 7:00 p.m., Friday from 8:00 a.m. to 4:30 p.m. and Saturday from 9:00 a.m. to 4:30 p.m. during Fall and Spring semesters. A Physician or nurse practitioner is on call at all times, and conducts clinics during the week. SHS is closed on Thursdays between 11:00 a.m. and 1:00 p.m. for staff meetings. For more information, on the Boston University Student Health Services visit the web site at [www.bu.edu/shs](http://www.bu.edu/shs) or call at **(617) 353-3575 for medical care** and **(617) 353-3569 for mental health care**.

You may use Student Health Services if you are:

- A full-time BU student, regardless of your insurance choice.
- A student who participates in at least 75% of the full-time curriculum.
- Any student with the Boston University Student Medical Insurance Plan.
- A summer student or a participant in one of the high school summer programs.

In the event of an emergency, call should be directed to the Boston University Police Department at **(617) 353-2121 (3-2121 from a campus phone)** or to **911** emergency. Urgent, but non-emergency, questions can be directed to the on-call provider by calling Student Health Services at **(617) 353-3575 (3-3575 from a campus phone)**.

### POLICY PERIOD

---

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 a.m. on **the effective date of the policy** and will terminate at 12:01 a.m. on **the day after the termination date**. **Please see the Rates section below to determine which student category you belong to for exact Policy Period dates.**
2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:01 a.m. on **January 1, 2010**, and will terminate at 12:01 a.m. on **the day after the termination date**.
3. **Insured dependents:** Coverage will become effective on **the same date the insured student's coverage becomes effective, or the day after the qualifying life event for late enrollment**. 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 (44) of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

### RATES

---

*Charles River Campus (CRC), School of Public Health (SPH) and Division of Graduate Medical Sciences (GMS)*

Student Rates*	Annual 8/23/09 to 8/22/10	Spring/Summer 1/1/10 to 8/22/10
<b>Basic Plan</b>	\$1,517	\$1,042
<b>Plus Plan</b>	\$2,067	\$1,400
<b>Dependent Rates (Basic Plan ONLY)</b>		
<b>Spouse</b>	\$3,018	\$1,935
<b>Child(ren)</b>	\$1,651	\$1,059

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$194 for the Basic Plan and \$211 for the Plus Plan.*

**School of Medicine (MED) and Goldman School of Dental Medicine (SDM)**

**Medical and Dental – Returning Students**

<b>8/23/09 to 8/22/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,067</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,018</b>
<b>Child(ren)</b>	<b>\$1,651</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

**Dental – Returning (Graduating in 2009/2010)**

<b>8/23/09 to 8/31/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,113</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,092</b>
<b>Child(ren)</b>	<b>\$1,692</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

**Medical – New Students**

<b>8/10/09 to 8/22/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,133</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,125</b>
<b>Child(ren)</b>	<b>\$1,710</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

**Dental – New Postdoctoral (Except Oral Biology)**

<b>7/1/09 to 8/22/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,337</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,456</b>
<b>Child(ren)</b>	<b>\$1,891</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

### Dental – New General Dentistry

<b>7/1/09 to 8/31/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,383</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,531</b>
<b>Child(ren)</b>	<b>\$1,931</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

### Dental – New Predoctoral

<b>7/27/09 to 8/22/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,204</b>
<b>Dependents Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,241</b>
<b>Child(ren)</b>	<b>\$1,773</b>

*\*The student rate above includes both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

### Dental – New Oral Biology

<b>9/1/09 to 8/31/10</b>	<b>Annual</b>
<b>Student Rate – Plus*</b>	<b>\$2,067</b>
<b>Dependent Rates (Basic Plan ONLY)</b>	
<b>Spouse Only</b>	<b>\$3,018</b>
<b>Child(ren)</b>	<b>\$1,651</b>

*\*The student rate above includes both premiums for the Student Health Plan underwritten by Aetna Life Insurance Company, as well as Boston University's administrative fee of \$211 for the Plus Plan.*

## DEDUCTIBLES

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

- Student: **\$250** per Policy Year
- Spouse: **\$250** per Policy Year
- Child: **\$250** per Policy Year

## BOSTON UNIVERSITY STUDENT MEDICAL INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Boston University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at Boston University Student Health Services or the Office of Risk Management during business hours or call Aetna Student Health at **(800) 966-7772**. Please refer to the Certificate of Coverage for a complete description of the benefits available.

## STUDENT COVERAGE

---

### **ELIGIBILITY**

Boston University requires that all full-time, three-quarter time, and international students (i.e., visa code F1, F2, J1, or J2) participate in a qualifying health insurance plan.

Full-time students are those registered for at least 12 credits a semester in the Fall and Spring Semesters for most schools within Boston University and graduate students registered below 12 credit-hours who have certified full-time status.

Three-quarter time students are those certified as part-time, but registered for 75% or more of a full-time course load (nine or more credit hours for most schools within Boston University).

Certified part-time students registered for fewer than nine credit hours may be eligible for coverage under the Plan. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

### **ENROLLMENT**

---

**Students required to carry health insurance will be automatically enrolled in this Plan, unless the completed online Waiver has been received by the University, by the specified enrollment/waiver deadline dates listed in the next section of this Brochure. Waivers are effective for this Policy period only. A new waiver is required each Academic Year at Boston University.**

#### ***Charles River Campus (CRC), School of Public Health (SPH), Division of Graduate Medical Sciences (GMS) and Extension Campuses***

Eligible students will be enrolled in the Boston University Student Medical Insurance Plan – **Basic Plan**. Students may elect to upgrade to the **Plus Plan**.

#### ***School of Medicine (MED) and Goldman School of Dental Medicine (SDM)***

Eligible students will be automatically enrolled in the Boston University Student Medical Insurance Plan – **Plus Plan**. Due to the clinical nature of their studies these Students do not have the option to opt into the Basic Plan.

#### ***Insurance Enrollment for Part-Time Students***

Some part-time students may have their student account automatically assessed for medical insurance. If your student account was assessed for medical insurance, you will automatically be enrolled in the Student Medical Insurance Plan unless you actively decline (waive) enrollment by the Medical Insurance Waiver deadline.

Those part-time students whose student account is not automatically assessed for medical insurance for the 2009/2010 Policy Year may enroll by contacting Student Accounting Services in writing by **September 30, 2009**. The enrollment deadline for new students entering Boston University in the Spring 2010 semester is **February 1, 2010**. Requests for an application to add insurance may also be made via the Student Link.

#### ***Options for Confirming Enrollment or Changing Plan Selection:***

- Student link at [www.bu.edu/studentlink](http://www.bu.edu/studentlink). Starting at the main menu, select Money Matters, then Medical Insurance. An Academic Computing System (ACS) account is required to access the system.
- Contact Student Accounting Services at 881 Commonwealth Avenue, Boston, MA 02215 or call **(617) 353-2264**.

Note: Students who waive the coverage may later enroll up to **September 30, 2009 (February 1, 2010** for newly enrolled Spring Semester students). Coverage will be effective on the first day of the semester.



## WAIVER PROCESS/PROCEDURE

---

Students required to carry health insurance will be automatically be enrolled in this Plan, unless the completed online Waiver has been received by the University, by the specified enrollment/waiver deadline dates listed below. Waivers are effective for this Policy period only. A new waiver is required each Academic Year at Boston University.

Category	Waiver Deadline Date
Students enrolling for the Annual Plan	<b>09/30/09</b>
New students enrolling for the Spring/Summer Semester	<b>02/01/10*</b>

*\*Also applies to Students who increase their part-time course load to 75% of the full course load (nine or more credit-hours) or who change to full-time status effective **Spring Semester 2010**.*

### OPTIONS FOR WAIVING INSURANCE

- Student link at [www.bu.edu/studentlink](http://www.bu.edu/studentlink). To file a Waiver electronically, select Money Matters from the main menu, then Medical Insurance. An Academic Computing System (ACS) account is required to access the system.
- Download Waiver Forms from the Student Accounting Services website at [www.bu.edu/comp/saweb](http://www.bu.edu/comp/saweb) under Medical Insurance.
- Contact Student Accounting Services at 881 Commonwealth Avenue, Boston, MA 02215 or call **(617) 353-2264**.

**Note:** If the student is under the age of 18, the parent or guardian must cosign the Medical Insurance Waiver. Students under age 18 should use the paper Medical Insurance Waiver form (rather than the Student Link) which may downloaded from the Student Accounting Services website [www.bu.edu/comp/saweb](http://www.bu.edu/comp/saweb).

Waiver submissions may be audited by Boston University, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Medical Insurance Plan. By submitting the Waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable Policy Year and that it meets the school's waiver requirements.

## 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.

### INSURANCE ENROLLMENT FOR STUDENTS GRADUATING IN DECEMBER, 2009

Insured students graduating in December, 2009 are eligible to request a Fall Semester Only student medical insurance premium. The annual premium rate will be charged until a student applies for and receives approval for the Fall Semester Only coverage option. A premium adjustment request must be made prior to **January 1, 2010**. Approval will not be given if a claim is received with a date of service after **December 31, 2009**. Students approved for an adjusted premium, who register for Spring 2010 or who do not graduate in December, 2009, will be responsible for the full annual premium.

Eligible students may contact Student Accounting Services at **(617) 353-2264** to request a Medical Insurance Premium Adjustment Form or may download the form from the Student Accounting Services website at [www.bu.edu/comp/saweb](http://www.bu.edu/comp/saweb).

**Please note:** Students approved for the Fall Semester Only adjusted coverage who also have dependent coverage through Aetna Student Health, must be aware that the dependent coverage will not continue beyond **December 31, 2009**. A pro-rated dependent premium will be refunded.

## **DEPENDENT COVERAGE**

---

### ***ELIGIBILITY***

Students covered under the Boston University Student Medical Insurance Plan may also enroll their lawful spouse, and unmarried dependent children under age 19, who reside with and are fully supported by the covered student. Dependents are eligible for the **Basic Plan ONLY**.

### ***ENROLLMENT***

Insured students may enroll their eligible dependent(s) in the Basic Plan through the secure online enrollment system at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). The Fall enrollment deadline is **September 30, 2009**. Dependent enrollment applications will not be accepted after **September 30, 2009** unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage under another health plan.) The Spring enrollment deadline is **February 1, 2010** for eligible dependents. Premiums for dependent coverage are billed through Student Accounting Services and are added to your Boston University student account.

### ***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 Boston University Student Medical 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, if necessary, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a covered student for 31 days immediately from the date of the filing of a petition to adopt if the child has been residing in the home of the policyholder as a foster child, or, in all other cases, immediately from the date of placement of the child for purposes of adoption in the home of a policyholder. To extend coverage for an adopted child past the 31 days, the covered student must 1) enroll the child within 31 days of placement of such child, and 2) pay any additional premium, if necessary, starting from the date of placement.

### ***DEPENDENTS OF INTERNATIONAL STUDENTS***

The United States Federal Government requires all J-2 Visa dependents to have insurance coverage under an approved insurance plan. Also, all F-2 Visa holders and other dependents are strongly recommended to have insurance coverage under an approved Plan. The Boston University Student Medical Insurance Plan described in this Brochure meets the State and Federal requirements.

For information or general questions on dependent enrollment, contact Aetna Student Health at **(800) 966-7772**.

## **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 Boston University campus.

To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider\*. It is to your advantage because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

You may obtain information regarding Preferred Providers by contacting Aetna Student Health at **(800) 966-7772**, or by accessing DocFind® at [www.aetna.com/docfind/custom/studenthealth/index.html](http://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 Boston University, Aetna Student Health, or Aetna.*

## **REFERRAL REQUIREMENT – CHARLES RIVER CAMPUS STUDENTS**

---

When Student Health Services is available, all full-time and insured three-quarter time Charles River Campus students must first report to the Student Health Services for treatment. A referral for each condition is required from Student Health Services prior to receiving treatment in the community. If you do not obtain a referral from Student Health Services prior to receiving treatment, no benefits are payable. A new referral is required at the beginning of each Policy Year prior to obtaining treatment for ongoing conditions.

A referral is not required in the following circumstances:

- Treatment of an Emergency Medical Condition. (*NOTE: A Student Health Service referral is also not required for follow-up treatment related to emergency care.*)
- For services rendered outside the Route 128 area.
- All obstetrical and gynecological services including maternity care and treatment for an acute or emergency gynecological condition.
- Treatment of dental injuries.
- Part-Time students.
- Dependents.

**While they have access to Student Health Services, students in the School of Public Health, the Division of Graduate Medical Sciences, the School of Medicine and the Goldman School of Dental Medicine do not have a referral requirement.**

## **INPATIENT PRE-CERTIFICATION PROGRAM**

---

Inpatient Pre-Certification simply means calling Aetna Student Health to obtain approval for a medical procedure or service prior to any Inpatient treatment. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for pre-certification must be obtained by contacting Aetna Student Health at **(800) 966-7772** (attention Managed Care Department).

***NOTE: A referral from Student Health Services may also be required before treatment is obtained. Please see the Referral Requirements section of this brochure.***

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

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

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

**Pre-Certification 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 Boston University Student Medical Insurance Plan.

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

The patient, Physician or hospital must telephone at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin. In the case of a maternity claim, notification is required three days prior to planned delivery or within two business days of a spontaneous delivery. Although pre-certification is not required for pre/post-natal care, it is beneficial for the Covered Person to notify Aetna Student Health at the time prenatal care begins.

**Notification of Emergency Admissions:**

The patient, patient's representative, Physician or hospital must telephone within **two (2) business days** following inpatient (or partial hospitalization) admission.

## **DESCRIPTION OF BENEFITS**

---

**The Boston University Student Medical 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 Boston University Student Medical 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 Boston University, you may view it at Boston University Student Health Services or the Office of Risk Management or you may contact Aetna Student Health at (800) 966-7772. Please refer to the Certificate of Coverage for a complete description of the benefits available.**

**This Plan will never pay more than \$500,000 per condition in a Policy Year. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.**

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

**Please Note: While traveling abroad, charges incurred outside the United States would be covered at the Preferred Care benefit level of the actual charge.**

**SUMMARY OF BENEFITS CHART**

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>DEDUCTIBLES</b>	The following deductibles are applied before <b>Covered Medical Expenses</b> for <b>Non-Preferred Care</b> are payable: <ul style="list-style-type: none"> <li>• Student: <b>\$250</b> per Policy Year</li> <li>• Spouse: <b>\$250</b> per Policy Year</li> <li>• Child: <b>\$250</b> per Policy Year</li> </ul>	The following deductibles are applied before <b>Covered Medical Expenses</b> for <b>Non-Preferred Care</b> are payable: <ul style="list-style-type: none"> <li>• Student: <b>\$250</b> per Policy Year</li> <li>• Spouse: <b>\$250</b> per Policy Year</li> <li>• Child: <b>\$250</b> per Policy Year</li> </ul>
<b>COINSURANCE</b>	<b>Covered Medical Expenses</b> are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of <b>\$500,000</b> for any one condition per Policy Year.	<b>Covered Medical Expenses</b> are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of <b>\$500,000</b> for any one condition per Policy Year.
<b>OUT-OF-POCKET MAXIMUMS</b>  Copays, deductibles and non-covered expenses do not apply towards meeting the out-of-pocket maximum.  <i>(Once the Individual out-of-pocket maximum has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply.)</i>	<u>Preferred Care</u> : Individual Out-of-Pocket per Covered Person: <b>\$2,500</b> <u>Non- Preferred Care</u> : Individual Out-of-Pocket per Covered Person: <b>\$2,500</b>  <b>Combined Preferred Care and Non-Preferred Care Individual Out-of-Pocket Maximum per Covered Person is \$5,000.</b>	<u>Non-Preferred Care</u> : Individual Out-of-Pocket: <b>\$2,500</b>

**All coverage is based on Reasonable Charges unless otherwise specified.**

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Inpatient Hospitalization Benefits</b>		
Hospital Room and Board Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> per admission copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge for a semi-private room.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> per admission copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge for a semi-private room.</p>
Intensive Care Unit Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> per admission copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> per admission copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expense	<p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Physician Hospital Visit Expenses	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Surgical Benefits (Inpatient and Outpatient)</b>		
Surgical Expense	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:  <u>Preferred Care:</u> After a <b>\$75</b> per surgery Copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:  <u>Preferred Care:</u> After a <b>\$50</b> per surgery Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Ambulatory Surgical Expense	<p><b>Covered Medical Expenses</b> for outpatient surgery performed in an ambulatory surgical center are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery.</p>	<p><b>Covered Medical Expenses</b> for outpatient surgery performed in an ambulatory surgical center are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery.</p>
<b>Outpatient Benefits</b>		
<p><b>Covered Medical Expenses</b> 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>		
Emergency Room Expense	<p><b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> Copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> After a <b>\$100</b> deductible, <b>80%</b> of the Reasonable Charge.  (Copay or Deductible is waived if the member is admitted. CRC Students: Copay or Deductible can also be waived if a referral from Student Health Services is obtained before the visit.)</p>	<p><b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows:  <u>Preferred Care:</u> After a <b>\$75</b> Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> After a <b>\$75</b> Deductible, <b>100%</b> of the Reasonable Charge.  (Copay or deductible is waived if the member is admitted. CRC Students: Copay or deductible can also be waived if a referral from Student Health Services is obtained before the visit.)</p>
Chiropractic Care	<p><b>Covered Medical Expenses</b> for Chiropractic Care are payable as follows:  <u>Preferred Care:</u> After a <b>\$25</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> for Chiropractic Care are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Ambulance Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <b>80%</b> 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>	<p><b>Covered Medical Expenses</b> are payable as follows:  <b>100%</b> 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>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Pre-Admission Testing Expense	<p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Physical Therapy Expense	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$25</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Physician's Office Visits	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$25</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$15</b> per visit Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>
Laboratory and X-Ray Expense	<p><b>Covered Medical Expenses</b> include expenses for diagnostic services, laboratory, and X-ray examinations. This includes human leukocyte antigen or histocompatibility locus antigen testing necessary to establish bone marrow transplant suitability. Also included is testing for A, B or DR antigens or any combination thereof. The testing must be consistent with rules, regulations and criteria established by the Massachusetts Department of Public Health.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include expenses for diagnostic services, laboratory, and X-ray examinations. This includes human leukocyte antigen or histocompatibility locus antigen testing necessary to establish bone marrow transplant suitability. Also included is testing for A, B or DR antigens or any combination thereof. The testing must be consistent with rules, regulations and criteria established by the Massachusetts Department of Public Health.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>



	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
High Cost Procedures Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p>For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over <b>\$200</b>.</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over <b>\$200</b>.</p>
Durable Medical Equipment Expense	<p><b>Covered Medical Expenses</b> for Durable Medical Equipment (DME) are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> include a scalp hair prosthesis worn for hair loss suffered as the result of any form of cancer or leukemia.</p> <p>This Scalp Hair Prosthesis benefit is payable as any other DME, and limited to <b>\$350</b> per Policy Year.</p>	<p><b>Covered Medical Expenses</b> for Durable Medical Equipment (DME) are payable as follows:</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.</p> <p><u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> include a scalp hair prosthesis worn for hair loss suffered as the result of any form of cancer or leukemia.</p> <p>This Scalp Hair Prosthesis benefit is payable as any other DME, and limited to <b>\$350</b> per Policy Year.</p>
Dental Injury Expense	<p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• 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.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> </ul> <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p>	<p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• 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.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> </ul> <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Dental Injury Expense ( <i>Cont'd</i> )	<p>If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> </ul> <p>are installed due to such injury, <b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul> <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p><b>Covered Medical Expenses</b> are payable as follows: <b>100%</b> of Actual Charge.</p> <p>Benefits are limited to <b>\$300</b> per Policy Year.</p>	<p>If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> </ul> <p>are installed due to such injury, <b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul> <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p><b>Covered Medical Expenses</b> are payable as follows: <b>100%</b> of Actual Charge.</p> <p>Benefits are limited to <b>\$300</b> per Policy Year.</p>
Impacted Wisdom Teeth Expense	<p><b>Covered Medical Expenses</b> for removal of one or more impacted wisdom teeth are payable as follows: <b>100%</b> of Actual Charge.</p> <p>Benefits are included in the Dental Injury Expense <b>\$300</b> per Policy Year maximum.</p>	<p><b>Covered Medical Expenses</b> for removal of one or more impacted wisdom teeth are payable as follows: <b>100%</b> of Actual Charge.</p> <p>Benefits are included in the Dental Injury Expense <b>\$300</b> per Policy Year maximum.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Allergy Testing and Treatment Expense <i>(Allergy Treatment covered under the Plus Plan ONLY)</i>	<p>Benefits include charges incurred for diagnostic testing of allergies and immunology services.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>laboratory tests, physician office visits, including visits to administer injections,</li> <li>prescribed medications for testing of the allergy, including any equipment used in the administration of prescribed medication, and</li> <li>other medically necessary supplies and services.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>laboratory tests, physician office visits, including visits to administer injections,</li> <li>prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and</li> <li>other medically necessary supplies and services.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p>
Routine Physical Exam Expense	<p>Benefits are limited to dependent children age 17 and younger. Please see the Well Baby Expense for complete benefit details.</p> <p>Women's Health <b>Covered Medical Expenses</b> include expenses for an annual Pap-smear screening for women age 18 and older. <b>Covered Medical Expenses</b> are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap-smears are Medically Necessary, they will be covered on the same basis as any outpatient expense.</p> <p><b>Covered Medical Expenses</b> include coverage for one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for one annual mammogram per Policy Year. Thereafter, <b>Covered Medical Expenses</b> are payable on the same basis as any other X-ray expense. Men's Health preventative exams are covered <b>100%</b> at the Boston University Student Health Services only. Males under the age of 40 are eligible for one exam per their college career. Males age 40 and older are eligible for one exam per Policy Year.</p>	<p>Benefits include expenses for a routine physical exam performed by a physician for a reason other than to diagnose or treat a suspected or identified injury or sickness.</p> <p>Included as a part of the exam are:</p> <ul style="list-style-type: none"> <li>X-rays, lab, and other tests given in connection with the exam, and</li> <li>materials for the administration of immunizations for infectious disease and testing for tuberculosis.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: After a \$15 per visit copay, 100%</u> of Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Routine Screening for Sexually Transmitted Disease Expense	Not a Covered Benefit.	Benefits include charges for Covered Persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases. <b>Covered Medical Expenses</b> are payable as follows: <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.
Chlamydia Screening Test Expense	Not a Covered Benefit.	<b>Covered Medical Expenses</b> include charges incurred for an annual Chlamydia screening test.  Benefits will be paid for Chlamydia screening expenses incurred for: <ul style="list-style-type: none"> <li>• Women who are under the age of 20 if they are sexually active, and at least 20 years old if they have multiple risk factors.</li> <li>• Men who have multiple risk factors.</li> </ul> Benefits are payable as follows: <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.
Well Baby Care Expense	<b>Covered Medical Expenses</b> include charges incurred by a Covered Person for Well Baby Care. Well Baby Care includes routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis. Routine preventive and primary care services are services rendered to a covered dependent child of a Covered Person, from the date of birth through the attainment of two (2) years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.  <i>(continued)</i>	<b>Covered Medical Expenses</b> include charges incurred by a Covered Person for Well Baby Care. Well Baby Care includes routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis. Routine preventive and primary care services are services rendered to a covered dependent child of a Covered Person, from the date of birth through the attainment of two (2) years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.  <i>(continued)</i>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Well Baby Care Expense (continued)	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.  Benefits are limited to dependents 18 years and younger.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.  Benefits are limited to dependents 18 years of age and younger.</p>
Well Newborn Nursery Care Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person, for routine care of a Covered Person's newborn child as follows:</p> <ul style="list-style-type: none"> <li>• hospital charges for routine nursery care during the mother's confinement, but for not more than four days,</li> <li>• physician's charges for circumcision, and</li> <li>• physician's charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person, for routine care of a Covered Person's newborn child as follows:</p> <ul style="list-style-type: none"> <li>• hospital charges for routine nursery care during the mother's confinement, but for not more than four days (for a normal delivery),</li> <li>• physician's charges for circumcision, and</li> <li>• physician's charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Immunizations Expense	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• charges incurred by a covered student and dependent spouse for the materials for the administration of influenza, tetanus and Human Papilloma Virus (HPV) vaccines as well as testing for tuberculosis, and</li> <li>• charges incurred by a covered dependent up to age 19, for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</li> </ul> <p>(continued)</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• charges incurred for the materials for the administration of appropriate and <b>medically necessary</b> routine immunizations as defined as in the Clinical Policy Bulletins available on <a href="http://www.aetna.com">www.aetna.com</a>,</li> <li>• immunizations required to travel to foreign countries,</li> <li>• charges incurred for the materials for the administration of influenza, tetanus and Human Papilloma Virus (HPV) vaccines and testing for tuberculosis, and</li> <li>• charges incurred by a covered dependent up to age 19, for the materials for the</li> </ul> <p>(continued)</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Outpatient Benefits (Continued)</b>		
Immunizations Expense (continued)	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a \$25 copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Covered immunizations received at Student Health Services are payable at <b>100%</b> of the Actual Charge.</p> <p><b>Covered Medical Expenses</b> do not include a physician's office visit in connection with immunization or testing for tuberculosis.</p>	<p>administration of appropriate and <b>medically necessary</b> immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> include a physician's office visit in connection with immunization or testing for tuberculosis.</p>
Consultant or Specialist Expense	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant or specialist. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant or specialist. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p>Benefits are payable as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Patient Care Service Expense (pursuant to a Qualified Clinical Trial)	<p><b>Covered Medical Expenses</b> include patient care service provided to an individual who is participating in a Qualified Clinical trial. This benefit includes only reasonable charges that:</p> <ul style="list-style-type: none"> <li>• are consistent with the customary standard of care for someone with the patient's diagnosis,</li> <li>• are consistent with the study protocol for the clinical trial, and</li> <li>• would be covered if the patient did not participate in the trial.</li> </ul> <p><b>Benefits are payable on the same basis as any other condition.</b></p>	<p><b>Covered Medical Expenses</b> include patient care service provided to an individual who is participating in a Qualified Clinical trial. This benefit includes only reasonable charges that:</p> <ul style="list-style-type: none"> <li>• are consistent with the customary standard of care for someone with the patient's diagnosis,</li> <li>• are consistent with the study protocol for the clinical trial, and</li> <li>• would be covered if the patient did not participate in the trial.</li> </ul> <p><b>Benefits are payable on the same basis as any other condition.</b></p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Mental Health Benefits</b>		
Biologically-Based Mental Illness & Other Mental Illnesses – Inpatient Expense	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of the following mental illnesses are payable as any condition.</p> <ul style="list-style-type: none"> <li>to biologically based mental disorders,</li> <li>rape related mental or emotional disorders for victims of rape or victims of assault with intent to commit rape,</li> <li>non-biologically based mental, behavioral or emotional disorders described in the Diagnostic and Statistical Manual (DSM) that substantially interfere with or substantially limit the functioning and social interactions of children and adolescents under the age of 19,</li> <li>psychopharmacological services and neuropsychological assessment services.</li> </ul> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of the following mental illnesses are payable as any condition.</p> <ul style="list-style-type: none"> <li>to biologically based mental disorders,</li> <li>rape related mental or emotional disorders for victims of rape or victims of assault with intent to commit rape,</li> <li>non-biologically based mental, behavioral or emotional disorders described in the Diagnostic and Statistical Manual (DSM) that substantially interfere with or substantially limit the functioning and social interactions of children and adolescents under the age of 19,</li> <li>psychopharmacological services and neuropsychological assessment services.</li> </ul> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
Biologically-Based Mental Illness & Other Mental Illnesses - Outpatient Expense	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of the following mental illnesses are payable as follows:</p> <ul style="list-style-type: none"> <li>to biologically based mental disorders,</li> <li>rape related mental or emotional disorders for victims of rape or victims of assault with intent to commit rape,</li> <li>non-biologically based mental, behavioral or emotional disorders described in the Diagnostic and Statistical Manual (DSM) that substantially interfere with or substantially limit the functioning and social interactions of children and adolescents under the age of 19, or</li> </ul> <p><i>(continued)</i></p>	<p><b>Covered Medical Expenses</b> for the diagnosis and treatment of the following mental illnesses are payable as follows:</p> <ul style="list-style-type: none"> <li>to biologically based mental disorders,</li> <li>rape related mental or emotional disorders for victims of rape or victims of assault with intent to commit rape,</li> <li>non-biologically based mental, behavioral or emotional disorders described in the Diagnostic and Statistical Manual (DSM) that substantially interfere with or substantially limit the functioning and social interactions of children and adolescents under the age of 19, or</li> <li>psychopharmacological services and neuropsychological assessment services.</li> </ul> <p><i>(continued)</i></p>

	BASIC PLAN BENEFITS	BASIC PLAN BENEFITS
<b>Mental Health Benefits (Continued)</b>		
Biologically-Based Mental Illness & Other Mental Illnesses - Outpatient Expense (continued)	<ul style="list-style-type: none"> <li>psychopharmacological services and neuropsychological assessment services.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>
Non-Biologically Based Mental & Emotional Disorders - Inpatient Expense	<p><b>Covered Medical Expenses</b> for the treatment of a mental health while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>	<p><b>Covered Medical Expenses</b> for the treatment of a mental health while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows:  <u>Preferred Care:</u> After a <b>\$100</b> copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
Non-Biologically Based Mental & Emotional Disorders - Outpatient Expense	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health condition are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health condition are payable as follows:  <u>Preferred Care:</u> After a <b>\$10</b> copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>36</b> visits per condition per Policy Year.</p>



	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Substance Abuse Benefits</b>		
Substance Abuse Inpatient Expense	<p><b>Covered Medical Expenses</b> include <b>inpatient</b> treatment in an accredited or licensed Hospital or in any other public or private facility thereof providing services especially for the detoxification or rehabilitation of any intoxicated persons or alcoholics and which is licensed by the Dept. of Public Health for those services, or in a residential alcohol treatment program as defined by Massachusetts law.</p> <p><u>Preferred Care:</u> After a <b>\$100</b> copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p>If a person is being treated for both a mental disorder and substance abuse, substance abuse limits will not apply.</p>	<p><b>Covered Medical Expenses</b> include <b>inpatient</b> treatment in an accredited or licensed Hospital or in any other public or private facility thereof providing services especially for the detoxification or rehabilitation of any intoxicated persons or alcoholics and which is licensed by the Dept. of Public Health for those services, or in a residential alcohol treatment program as defined by Massachusetts law.</p> <p><u>Preferred Care:</u> After a <b>\$100</b> copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>If a person is being treated for both a mental disorder and substance abuse, substance abuse limits will not apply.</p>
Substance Abuse Outpatient Expense	<p><b>Covered Medical Expenses</b> include <b>outpatient</b> services furnished by licensed physicians or psychotherapists working in an accredited or licensed Hospital or in any other public or private facility thereof providing services especially for the detoxification or rehabilitation of any intoxicated persons or alcoholics and which is licensed by the Dept. of Public Health for those services.</p> <p><u>Preferred Care:</u> After a <b>\$10</b> Copay, <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p><b>Outpatient</b> benefits will be limited to 36 visits per condition per Policy Year. If a person is being treated for both a mental disorder and substance abuse, substance abuse limits will not apply.</p>	<p><b>Covered Medical Expenses</b> include <b>outpatient</b> services furnished by licensed physicians or psychotherapists working in an accredited or licensed Hospital or in any other public or private facility thereof providing services especially for the detoxification or rehabilitation of any intoxicated persons or alcoholics and which is licensed by the Dept. of Public Health for those services.</p> <p><u>Preferred Care:</u> After a <b>\$10</b> Copay, <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p><b>Outpatient</b> benefits will be limited to 36 visits per condition per Policy Year. If a person is being treated for both a mental disorder and substance abuse, substance abuse limits will not apply.</p>
<b>Maternity Benefits</b>		
Maternity Expense	<p><b>Covered Medical Expenses</b> include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the (continued)</p>	<p><b>Covered Medical Expenses</b> include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverages shall be made by the attending Physician in (continued)</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Maternity Benefits (Continued)</b>		
Maternity Expense (continued)	<p>attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p><b>Covered Medical Expenses</b> for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other condition.</p> <p>A referral is not required for this benefit.</p>	<p>consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p><b>Covered Medical Expenses</b> for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other condition.</p> <p>A referral is not required for this benefit.</p>
<b>Additional Benefits</b>		
Pap Smear Expense	<p><b>Covered Medical Expenses</b> include one annual routine Pap-smear screening for women age 18 and older.</p> <p>Benefits are payable as any other condition.</p> <p>A referral is not required for this benefit.</p>	<p><b>Covered Medical Expenses</b> include one annual routine Pap-smear screening for women age 18 and older.</p> <p>Benefits are payable as any other condition.</p> <p>A referral is not required for this benefit.</p>
Mammogram Expense	<p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40.</p> <p>Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> <li>• Prior personal history of breast cancer</li> <li>• Positive Genetic Testings</li> <li>• Family history of breast cancer, or</li> <li>• Other risk factors</li> </ul> <p>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p>Benefits are payable as any other condition.</p> <p>A referral is not required for this benefit.</p>	<p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40.</p> <p>Risk factors for women under 40 are:</p> <ul style="list-style-type: none"> <li>• Prior personal history of breast cancer</li> <li>• Positive Genetic Testings</li> <li>• Family history of breast cancer, or</li> <li>• Other risk factors</li> </ul> <p>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p>Benefits are payable as any other condition.</p> <p>A referral is not required for this benefit.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Prescription Drug Benefit	<p>Prescription Drug Benefits are payable as follows:</p> <p><u>Preferred Care Pharmacy: 100%</u> following a <b>\$30</b> copay for each Brand Name Prescription Drug or a <b>\$5</b> copay for each Generic Prescription Drug.</p> <p><u>Non-Preferred Care Pharmacy: 80%</u> of the Reasonable Charge per Prescription Drug.</p> <p><b>Covered Medical Expenses</b> are payable to the maximum of <b>\$2,000</b> per Policy Year. (Maximum is combined Preferred Care and Non-Preferred Care.)</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 growth hormones, Malaria drugs for treatment (prevention not covered) and for any Prescription quantities larger than a 30-day supply (Retail Only).</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. <i>(This is only a partial list.)</i></p> <p>For assistance or <b>for a complete list of excluded medications</b>, or drugs requiring <b>prior authorization</b>, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (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 <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p>	<p>Prescription Drug Benefits are payable as follows:</p> <p><u>Preferred Care Pharmacy: 100%</u> following a <b>\$30</b> copay for each Brand Name Prescription Drug or a <b>\$5</b> copay for each Generic Prescription Drug.</p> <p><u>Non-Preferred Care Pharmacy: 80%</u> of the Reasonable Charge per Prescription Drug.</p> <p><b>Covered Medical Expenses</b> are payable up to the Policy Year Maximum of <b>\$500,000</b>. (Maximum is combined Preferred Care and Non-Preferred Care.)</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 growth hormones, Malaria drugs for treatment and prevention, and for any Prescription quantities larger than a 30-day supply (Retail only).</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, and non-self injectables. <i>(This is only a partial list.)</i></p> <p>For assistance or <b>for a complete list of excluded medications</b>, or drugs requiring <b>prior authorization</b>, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (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 <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Prescription Drug Mail-Order Program  <i>(Additional information may be found at <a href="http://www.AetnaRxHomeDelivery.com">www.AetnaRxHomeDelivery.com</a>)</i>	<p><b>Covered Medical Expenses</b> for a 90-day supply of drugs ordered through the Aetna Rx Home Delivery Program are covered at <b>100%</b> after a <b>\$10</b> copay for generic prescription drugs or a <b>\$60</b> copay for Brand-Name prescription drugs.</p> <p>For assistance, or for a complete list of excluded medications or drugs available with prior authorization, please contact <b>(800) 238-6279</b>.</p>	<p><b>Covered Medical Expenses</b> for a 90-day supply of drugs ordered through the Aetna Rx Home Delivery Program are covered at <b>100%</b> after a <b>\$10</b> copay for generic prescription drugs or a <b>\$60</b> copay for Brand-Name prescription drugs.</p> <p>For assistance, or for a complete list of excluded medications or drugs available with prior authorization, please contact <b>(800) 238-6279</b>.</p>
Non Prescription Enteral Formula Expense	<p><b>Covered Medical Expenses</b> include Non Prescription Enteral formulas for which a physician has issued a written order. Such formulas must be medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudoobstruction, and inherited diseases of amino acids and organic acids.</p> <p><b>Covered Expenses</b> for inherited diseases of amino acids and organic acids will include food products modified to be low protein in an amount not to exceed <b>\$5,000 per Policy Year</b> for any Covered Person.</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include Non Prescription Enteral formulas for which a physician has issued a written order. Such formulas must be medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudoobstruction, and inherited diseases of amino acids and organic acids.</p> <p><b>Covered Expenses</b> for inherited diseases of amino acids and organic acids will include food products modified to be low protein in an amount not to exceed <b>\$5,000 per Policy Year</b> for any Covered Person.</p> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Elective Abortion Expenses	<p>If, as a result of pregnancy having its inception during the Policy Year, a Covered Person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p><b>Covered Medical Expenses</b> for Elective Abortion Expense are covered as follows:  <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p> <p>This benefit is in lieu of any other Policy benefits.</p> <p>Benefits are limited to <b>\$200</b> per occurrence.</p>	<p>If, as a result of pregnancy having its inception during the Policy Year, a Covered Person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p><b>Covered Medical Expenses</b> for Elective Abortion Expense are covered as follows:  <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p> <p>This benefit is in lieu of any other Policy benefits.</p> <p>Benefits are limited to <b>\$200</b> per occurrence.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Elective Surgical Second Opinion Expense	<p><b>Covered Medical Expenses</b> 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.</p> <p>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: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 100%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$100</b> maximum per surgery.</p>	<p><b>Covered Medical Expenses</b> 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.</p> <p>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: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 100%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$100</b> maximum per surgery.</p>
Hospice Care Expense	<p><b>Covered Medical Expenses</b> include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p> <p><b><i>Benefits for Hospice expenses require pre-certification.</i></b></p>	<p><b>Covered Medical Expenses</b> include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p><u>Preferred Care: After a \$100 Copay, 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p> <p><b><i>Benefits for Hospice expenses require pre-certification.</i></b></p>
Home Health Care Expenses	<p><b>Covered Medical Expenses</b> 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"> <li>• The services are furnished by, or under arrangements made by, a licensed home health agency.</li> <li>• 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</li> </ul> <p><i>(continued)</i></p>	<p><b>Covered Medical Expenses</b> 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"> <li>• The services are furnished by, or under arrangements made by, a licensed home health agency.</li> <li>• 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</li> </ul> <p><i>(continued)</i></p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Home Health Care Expenses (continued)	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The care starts within seven days after discharge from a hospital as an inpatient, and</li> <li>• The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>100%</b> of the Reasonable Charge.</p>	<p>and supplies were not provided under the home health care Plan. The physician must examine the Covered Person at least once a month.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The care starts within seven days after discharge from a hospital as an inpatient, and</li> <li>• The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <p><u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>100%</b> of the Reasonable Charge.</p>
Licensed Nurse Expense	<p>Benefits include charges incurred by a Covered Person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Expenses</b> for a Licensed Nurse are covered as follows: <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>60%</b> of the Reasonable Charge.</p>	<p>Benefits include charges incurred by a Covered Person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Expenses</b> for a Licensed Nurse are covered as follows: <u>Preferred Care:</u> <b>100%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.</p>
Skilled Nursing Facility Expense	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time inpatient, or</li> <li>• within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p>Benefits are payable as any other condition.</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a Covered Person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time inpatient, or</li> <li>• within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p>Benefits are payable as any other condition.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Rehabilitation Facility Expense	<p><b>Covered Medical Expenses</b> 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 are payable as any other condition.</p> <p><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></p>	<p><b>Covered Medical Expenses</b> 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 are payable as any other condition.</p> <p><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></p>
Speech, Hearing and Language Disorders Expense	<p><b>Covered Medical Expenses</b> include medically necessary diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists.</p> <p><b>Covered Medical Expenses</b> are payable for diagnosis or treatment of speech, hearing and language disorder services provided in a hospital, clinic or private office.</p> <p>Benefits are payable as any other condition.</p>	<p><b>Covered Medical Expenses</b> include medically necessary diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists.</p> <p><b>Covered Medical Expenses</b> are payable for diagnosis or treatment of speech, hearing and language disorder services provided in a hospital, clinic or private office.</p> <p>Benefits are payable as any other condition.</p>
Bone Marrow Transplants For Breast Cancer	<p>Benefits are payable for expenses incurred by a Covered Person who has been diagnosed with breast cancer that has progressed to metastatic disease as follows:</p> <ul style="list-style-type: none"> <li>referral to and participation in clinical trials when an oncologist recommends participation on the grounds that the proposed procedure shows promise as a useful treatment for that Covered Person and the proposed procedure is likely to be at least as effective as conventional treatment for that Covered Person, and</li> <li>a bone marrow transplant, provided that the Covered Person has been found to meet eligibility criteria established for enrollment in a clinical trial even if the Covered Person is not formally enrolled in that clinical trial, and</li> </ul> <p><i>(continued)</i></p>	<p>Benefits are payable for expenses incurred by a Covered Person who has been diagnosed with breast cancer that has progressed to metastatic disease as follows:</p> <ul style="list-style-type: none"> <li>referral to and participation in clinical trials when an oncologist recommends participation on the grounds that the proposed procedure shows promise as a useful treatment for that Covered Person and the proposed procedure is likely to be at least as effective as conventional treatment for that Covered Person, and</li> <li>a bone marrow transplant, provided that the Covered Person has been found to meet eligibility criteria established for enrollment in a clinical trial even if the Covered Person is not formally enrolled in that clinical trial, and</li> <li>coverage for a bone marrow transplant to the extent that benefits generally are provided for other medical procedures.</li> </ul> <p><i>(continued)</i></p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Bone Marrow Transplants For Breast Cancer <i>(continued)</i>	<ul style="list-style-type: none"> <li>coverage for a bone marrow transplant to the extent that benefits generally are provided for other medical procedures.</li> </ul> <p>The clinical trial will be conducted:</p> <ul style="list-style-type: none"> <li>at a licensed health facility which is located at the principal site of an academic medical center which participates in National Cancer Institute (NCI) sponsored or approved research in any cancer specialty area, or</li> <li>at a licensed health facility which has a formal affiliation agreement with an academic medical center to provide bone marrow transplantation as part of a NCI sponsored or approved research protocol.</li> </ul> <p><b>DEFINITIONS</b>  <b>"Bone marrow transplant"</b> means use of high dose chemotherapy and radiation in conjunction with transplantation of autologous bone marrow or peripheral blood stem cells which originate in the bone marrow.</p> <p><b>"Metastatic disease"</b> means Stage III and Stage IV breast cancer, as well as Stage II breast cancer which has spread to ten or more lymph nodes, as defined by the American College of Surgeons.</p> <p>Benefits are payable as any other condition.</p>	<p>The clinical trial will be conducted:</p> <ul style="list-style-type: none"> <li>at a licensed health facility which is located at the principal site of an academic medical center which participates in National Cancer Institute (NCI) sponsored or approved research in any cancer specialty area, or</li> <li>at a licensed health facility which has a formal affiliation agreement with an academic medical center to provide bone marrow transplantation as part of a NCI sponsored or approved research protocol.</li> </ul> <p><b>DEFINITIONS</b>  <b>"Bone marrow transplant"</b> means use of high dose chemotherapy and radiation in conjunction with transplantation of autologous bone marrow or peripheral blood stem cells which originate in the bone marrow.</p> <p><b>"Metastatic disease"</b> means Stage III and Stage IV breast cancer, as well as Stage II breast cancer which has spread to ten or more lymph nodes, as defined by the American College of Surgeons.</p> <p>Benefits are payable as any other condition.</p>
Pediatric Preventive Care Expense	<p><b>Covered Medical Expenses</b> include services rendered to a dependent child of a Covered Person from the moment of birth through the attainment of six years. This shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals:</p> <p>Birth to under age 1: 6 exams per year  Age 1 to under age 2: 3 exams per year  Age 2 to under age 6: 1 exam per year</p> <p>Services shall include hereditary and metabolic screening at birth, appropriate immunization and tuberculin tests,  <i>(continued)</i></p>	<p><b>Covered Medical Expenses</b> include services rendered to a dependent child of a Covered Person from the moment of birth through the attainment of six years. This shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals:</p> <p>Birth to under age 1: 6 exams per year  Age 1 to under age 2: 3 exams per year  Age 2 to under age 6: 1 exam per year</p> <p>Services shall include hereditary and metabolic screening at birth, appropriate immunization and tuberculin tests, hemoglobin, or other appropriate blood tests, and urinalysis as recommended by the doctor.  Benefits are payable as any other condition.</p>



	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Pediatric Preventive Care Expense (continued)	hematocrit, hemoglobin, or other appropriate blood tests, and urinalysis as recommended by the doctor.  Benefits are payable as any other condition.	
Early Intervention Services Expense	<p><b>Covered Medical Expenses</b> include medically necessary early intervention services for dependent children from birth until three months after their third birthday, or until September 1<sup>st</sup> of the year of the child's third birthday if the child was born after April 1<sup>st</sup>. These services include:</p> <ul style="list-style-type: none"> <li>• occupational therapy,</li> <li>• physical therapy,</li> <li>• speech, therapy,</li> <li>• nursing care, and</li> <li>• psychological counseling.</li> </ul> <p>Such medically necessary services shall be provided by persons licensed and working in early intervention programs approved by the Department of Public Health.</p> <p><u>Preferred Care: 80% of the Actual Charge.</u> <u>Non-Preferred Care: 80% of the Actual Charge.</u></p> <p>This benefit is limited to <b>\$5,200</b> per child per Policy Year and <b>\$15,600</b> per child over the child's total enrollment period (lifetime maximum).</p>	<p><b>Covered Medical Expenses</b> include medically necessary early intervention services for dependent children from birth until three months after their third birthday, or until September 1<sup>st</sup> of the year of the child's third birthday if the child was born after April 1<sup>st</sup>. These services include:</p> <ul style="list-style-type: none"> <li>• occupational therapy,</li> <li>• physical therapy,</li> <li>• speech, therapy,</li> <li>• nursing care, and</li> <li>• psychological counseling.</li> </ul> <p>Such medically necessary services shall be provided by persons licensed and working in early intervention programs approved by the Department of Public Health.</p> <p><u>Preferred Care: 100% of the Actual Charge.</u> <u>Non-Preferred Care: 80% of the Actual Charge.</u></p> <p>This benefit is limited to <b>\$5,200</b> per child per Policy Year and <b>\$15,600</b> per child over the child's total enrollment period (lifetime maximum).</p>
Infertility Expense	<p><b>Covered Medical Expenses</b> include medically necessary expenses for the diagnosis and treatment of infertility. Benefits are payable for non-experimental infertility procedures including:</p> <ul style="list-style-type: none"> <li>• Artificial insemination (AI),</li> <li>• In Vitro Fertilization and Embryo Placement (IVF),</li> <li>• Gamete Intrafallopian Transfer (GIFT),</li> <li>• sperm, egg and/or inseminated egg procurement, processing, and banking to the extent such costs are not covered by the donor's insurer, if any,</li> <li>• intracytoplasmic Sperm Injection (ICSI) for treatment of male factor infertility, and</li> <li>• Zygote Intrafallopian Transfer (ZIFT).</li> </ul> <p>(continued)</p>	<p><b>Covered Medical Expenses</b> include medically necessary expenses for the diagnosis and treatment of infertility. Benefits are payable for non-experimental infertility procedures including:</p> <ul style="list-style-type: none"> <li>• Artificial Insemination (AI),</li> <li>• In Vitro Fertilization and Embryo Placement (IVF),</li> <li>• Gamete Intrafallopian Transfer (GIFT),</li> <li>• sperm, egg and/or inseminated egg procurement, processing, and banking to the extent such costs are not covered by the donor's insurer, if any,</li> <li>• Intracytoplasmic Sperm Injection (ICSI) for treatment of male factor infertility, and</li> <li>• Zygote Intrafallopian Transfer (ZIFT).</li> </ul> <p>(continued)</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Infertility Expense (Continued)	<p><b>DEFINITIONS</b>  <b>"Infertility"</b> means the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year.</p> <p><b>"Non-experimental infertility procedure"</b> means a procedure recognized as generally accepted as non-experimental by: (a) the American Fertility Society, (b) the American College of Obstetrics and Gynecology, or (c) a fertility expert recognized by the Insurance Commissioner.</p> <p><b>EXCLUSIONS</b>  The following services do <b>not</b> qualify as non-experimental procedures:</p> <ul style="list-style-type: none"> <li>• any experimental infertility procedure, until the procedure becomes recognized as non-experimental and is so recognized by the Commissioner,</li> <li>• surrogacy,</li> <li>• reversal of voluntary sterilization, and</li> <li>• cryopreservation of eggs.</li> </ul> <p>Benefits are payable on the same basis as any pregnancy-related procedure.</p>	<p><b>DEFINITIONS</b>  <b>"Infertility"</b> means the condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year.</p> <p><b>"Non-experimental infertility procedure"</b> means a procedure recognized as generally accepted as non-experimental by: (a) the American Fertility Society, (b) the American College of Obstetrics and Gynecology, or (c) a fertility expert recognized by the Insurance Commissioner.</p> <p><b>EXCLUSIONS</b>  The following services do <b>not</b> qualify as non-experimental procedures:</p> <ul style="list-style-type: none"> <li>• any experimental infertility procedure, until the procedure becomes recognized as non-experimental and is so recognized by the Commissioner,</li> <li>• surrogacy,</li> <li>• reversal of voluntary sterilization, and</li> <li>• cryopreservation of eggs.</li> </ul> <p>Benefits are payable on the same basis as any pregnancy-related procedure.</p>
Speech Or Hearing Therapy Expenses	<p><b>Covered Medical Expense</b> includes coverage for expenses incurred for the diagnosis or treatment by a <b>physician</b> for acute speech, hearing and language disorders, but only if the charges are made for:</p> <ul style="list-style-type: none"> <li>• Diagnostic services rendered to find out if and to what extent the person's ability to speak or hear is lost or impaired.</li> <li>• Rehabilitative services rendered that are expected to restore or improve a person's ability to speak or hear.</li> </ul> <p>Not covered are charges for:</p> <ul style="list-style-type: none"> <li>• Diagnostic or rehabilitative services rendered before the person becomes eligible for coverage or after termination of coverage.</li> <li>• Hearing aids, hearing aid evaluation tests and hearing aid batteries.</li> <li>• Hearing exams required as a condition of employment.</li> <li>• Special education (including lessons in sign language) to instruct a person, whose ability to speak or hear is lost or</li> </ul> <p>(continued)</p>	<p><b>Covered Medical Expense</b> includes coverage for expenses incurred for the diagnosis or treatment by a <b>physician</b> for acute speech, hearing and language disorders, but only if the charges are made for:</p> <ul style="list-style-type: none"> <li>• Diagnostic services rendered to find out if and to what extent the person's ability to speak or hear is lost or impaired.</li> <li>• Rehabilitative services rendered that are expected to restore or improve a person's ability to speak or hear.</li> <li>•</li> </ul> <p>Not covered are charges for:</p> <ul style="list-style-type: none"> <li>• Diagnostic or rehabilitative services rendered before the person becomes eligible for coverage or after termination of coverage.</li> <li>• Hearing aids, hearing aid evaluation tests and hearing aid batteries.</li> <li>• Hearing exams required as a condition of employment.</li> <li>• Special education (including lessons in sign language) to instruct a person, whose ability to speak or hear is lost or</li> </ul> <p>(continued)</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Speech Or Hearing Therapy Expenses (Continued)	<p>impaired, to function without that ability.</p> <ul style="list-style-type: none"> <li>• Diagnostic or rehabilitative services for treatment of speech, hearing and language disorders: <ul style="list-style-type: none"> <li>○ that any school system, by law, must provide, or</li> <li>○ as to speech therapy, to the extent such coverage is already provided for under Early Intervention and Home Health Care Services.</li> </ul> </li> <li>• Any services unless they are provided in accordance with a specific treatment plan which details the treatment to be rendered and the frequency and duration of the treatment, and provides for ongoing services and is renewed only if such treatment is still <b>necessary</b>.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as any other condition.</p>	<p>impaired, to function without that ability.</p> <ul style="list-style-type: none"> <li>• Diagnostic or rehabilitative services for treatment of speech, hearing and language disorders: <ul style="list-style-type: none"> <li>○ that any school system, by law, must provide, or</li> <li>○ as to speech therapy, to the extent such coverage is already provided for under Early Intervention and Home Health Care Services.</li> </ul> </li> <li>• Any services unless they are provided in accordance with a specific treatment plan which details the treatment to be rendered and the frequency and duration of the treatment, and provides for ongoing services and is renewed only if such treatment is still <b>necessary</b>.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as any other condition.</p>
Newborn Infants and Adoptive Children Care Expense	<p><b>Covered Medical Expenses</b> include coverage of injury or sickness for newly born infants and adoptive children, including hereditary and metabolic screening at birth, and the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities, or premature birth.</p> <p><b>Covered Medical Expenses</b> include special medical formulas which are approved by the commissioner of the department of public health, prescribed by a physician, and are medically necessary for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or medically necessary to protect the unborn fetuses of pregnant women with phenylketonuria.</p> <p><b>Covered Medical Expenses</b> include hearing tests performed on a newborn dependent child of a Covered Person before the infant is discharged from the hospital or birthing center and screening for lead poisoning.</p> <p>Benefits are payable as any other condition.</p>	<p><b>Covered Medical Expenses</b> include coverage of injury or sickness for newly born infants and adoptive children, including hereditary and metabolic screening at birth, and the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities, or premature birth. <b>Covered Medical Expenses</b> include special medical formulas which are approved by the commissioner of the department of public health, prescribed by a physician, and are medically necessary for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or medically necessary to protect the unborn fetuses of pregnant women with phenylketonuria.</p> <p><b>Covered Medical Expenses</b> include hearing tests performed on a newborn dependent child of a Covered Person before the infant is discharged from the hospital or birthing center and screening for lead poisoning.</p> <p>Benefits are payable as any other condition.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Outpatient Contraceptive Drugs, Devices and Services Expense	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• Charges incurred for contraceptive drugs and devices that by law need a physician's prescription and that have been approved by the FDA.</li> <li>• Related outpatient contraceptive services such as: <ul style="list-style-type: none"> <li>• Consultations,</li> <li>• Exams,</li> <li>• Procedures, and</li> <li>• Other medical services and supplies.</li> </ul> </li> </ul> <p><b>Covered Medical Expenses</b> do <b>not</b> include:</p> <ul style="list-style-type: none"> <li>• charges for services which are covered to any extent under any other part of this Plan, or under any other group plan, and</li> <li>• charges incurred for contraceptive services while confined as an inpatient, and</li> <li>• charges incurred for duplicate, lost, stolen or damaged contraceptive devices.</li> </ul> <p>Benefits for contraceptive <b>services</b> are covered at the same level, and subject to the same terms and conditions as any other outpatient <b>services</b>.</p> <p>Benefits for contraceptive <b>drugs</b> and <b>devices</b> are covered at the same level, and subject to the same terms and conditions as any other prescription <b>drugs</b> and <b>devices</b>.</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• Charges incurred for contraceptive drugs and devices that by law need a physician's prescription and that have been approved by the FDA.</li> <li>• Related outpatient contraceptive services such as: <ul style="list-style-type: none"> <li>• Consultations,</li> <li>• Exams,</li> <li>• Procedures, and</li> <li>• Other medical services and supplies.</li> </ul> </li> </ul> <p><b>Covered Medical Expenses</b> do <b>not</b> include:</p> <ul style="list-style-type: none"> <li>• charges for services which are covered to any extent under any other part of this Plan, or under any other group plan, and</li> <li>• charges incurred for contraceptive services while confined as an inpatient, and</li> <li>• charges incurred for duplicate, lost, stolen or damaged contraceptive devices.</li> </ul> <p>Benefits for outpatient contraceptive <b>services</b> are covered at the same level, and subject to the same terms and conditions as any other outpatient <b>services</b>.</p> <p>Benefits for contraceptive <b>drugs</b> and <b>devices</b> are covered at the same level, and subject to the same terms and conditions as any other prescription <b>drugs</b> and <b>devices</b>.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Hormone Replacement Therapy Expense	<p><b>Covered Medical Expenses</b> include charges for outpatient prescription <b>drugs</b> and <b>devices</b> incurred in connection with hormone replacement therapy for peri and post menopausal women.</p> <p>Benefits are payable under the same terms and conditions as other prescription <b>drugs</b> or <b>devices</b>.</p> <p><b>Covered Medical Expenses</b> include charges for outpatient <b>services</b> incurred in connection with hormone replacement therapy for peri and post menopausal women.</p> <p>Benefits are payable under the same terms and conditions as for such other outpatient <b>services</b>.</p>	<p><b>Covered Medical Expenses</b> include charges for outpatient prescription <b>drugs</b> and <b>devices</b> incurred in connection with hormone replacement therapy for peri and post menopausal women.</p> <p>Benefits are payable under the same terms and conditions as other prescription <b>drugs</b> or <b>devices</b>.</p> <p><b>Covered Medical Expenses</b> include charges for outpatient <b>services</b> incurred in connection with hormone replacement therapy for peri and post menopausal women.</p> <p>Benefits are payable under the same terms and conditions as for such other outpatient <b>services</b>.</p>
Prosthetic Device Expense	<p><b>Covered Medical Expenses</b> include expenses incurred by a covered person for prosthetic devices, including repairs. For purposes of this benefit, “prosthetic device” means an artificial limb device to replace, in whole or in part, an arm or a leg.</p> <p><b>Covered Medical Expenses</b> will include the most appropriately medically necessary model that adequately meets the need of the Covered Person.</p> <p>Benefits are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 60%</u> of the Reasonable Charge.</p>	<p><b>Covered Medical Expenses</b> include expenses incurred by a covered person for prosthetic devices, including repairs. For purposes of this benefit, “prosthetic device” means an artificial limb device to replace, in whole or in part, an arm or a leg.</p> <p><b>Covered Medical Expenses</b> will include the most appropriately medically necessary model that adequately meets the need of the Covered Person.</p> <p>Benefits are payable as follows:  <u>Preferred Care: 100%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p>

	<b>BASIC PLAN BENEFITS</b>	<b>PLUS PLAN BENEFITS</b>
<b>Additional Benefits (Continued)</b>		
Cardiac Rehabilitation Expense Benefits	<p><b>Covered Medical Expenses</b> include cardiac rehabilitation treatment in connection with documented cardiovascular disease.</p> <p>Such treatment shall include, but not be limited to, outpatient treatment which is to be initiated within 26 weeks after the diagnosis of such disease.</p> <p><b>DEFINITIONS</b>  <b>"Cardiac Rehabilitation"</b> means multidisciplinary, medically necessary treatment of persons with documented cardiovascular disease, which shall be provided in either a hospital or other setting and which shall meet standards promulgated by the Commissioner of Public Health.</p> <p><b>"Cardiac Rehabilitation Program"</b> is a program operated by a duly licensed clinic or hospital which treats cardiovascular disease through cardiac rehabilitation treatment.</p> <p><b>"Cardiac Rehabilitation Treatment"</b> means treatment of cardiovascular disease by a cardiovascular rehabilitation program that teaches and monitors the following:</p> <ul style="list-style-type: none"> <li>• risk reduction,</li> <li>• lifestyle adjustment to such disease,</li> <li>• therapeutic exercise,</li> <li>• proper diet,</li> <li>• use of proper prescription drugs,</li> <li>• self-assessment skills, and</li> <li>• self-help skills.</li> </ul> <p>Benefits are payable as any other condition.</p>	<p><b>Covered Medical Expenses</b> include cardiac rehabilitation treatment in connection with documented cardiovascular disease.</p> <p>Such treatment shall include, but not be limited to, outpatient treatment which is to be initiated within 26 weeks after the diagnosis of such disease.</p> <p><b>DEFINITIONS</b>  <b>"Cardiac Rehabilitation"</b> means multidisciplinary, medically necessary treatment of persons with documented cardiovascular disease, which shall be provided in either a hospital or other setting and which shall meet standards promulgated by the Commissioner of Public Health.</p> <p><b>"Cardiac Rehabilitation Program"</b> is a program operated by a duly licensed clinic or hospital which treats cardiovascular disease through cardiac rehabilitation treatment.</p> <p><b>"Cardiac Rehabilitation Treatment"</b> means treatment of cardiovascular disease by a cardiovascular rehabilitation program that teaches and monitors the following:</p> <ul style="list-style-type: none"> <li>• risk reduction,</li> <li>• lifestyle adjustment to such disease,</li> <li>• therapeutic exercise,</li> <li>• proper diet,</li> <li>• use of proper prescription drugs,</li> <li>• self-assessment skills, and</li> <li>• self-help skills.</li> </ul> <p>Benefits are payable as any other condition.</p>

## ADDITIONAL SERVICES AND DISCOUNTS

---

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

**Aetna Vision<sup>SM</sup> Discount Program:** The Aetna Vision discount program helps you save on vision exams and many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

**Aetna Fitness<sup>SM</sup> Discount Program:** Aetna's Fitness discount program provides members with access to preferred membership rates at nearly 10,000 fitness clubs nationwide and in Canada in the GlobalFit<sup>TM</sup> network. Members can also save on GlobalFit's other programs and services, such as at-home weight loss programs, home fitness equipment and videos and even one-on-one health coaching services\* to help them quit smoking, reduce stress, lose weight, or meet any other health goal.

*\*Offered by WellCall, Inc. through GlobalFit.*

**Aetna Weight Management<sup>SM</sup> Discount Program:** Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members, and their eligible family members, access to discounts on Jenny Craig<sup>®</sup> weight loss programs and products. Start with a FREE 30-day trial membership\* then choose either a 6\* -or 12\* -month program\*\* that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

*\* Offer is good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping where applicable.*

*\*\*Additional weekly food discounts will grow throughout the year, based on active participation.*

**Find a meal plan that works for you at eDiets<sup>®</sup>:** Get a personalized plan for healthy eating that fits your lifestyle, and save 25% on weekly eDiets' dues. You'll have access to customized weekly menus, recipes, support boards, chats, nutrition tools and fitness tips.

**Use Zagat<sup>®</sup> reviews as a guide for your night out:** Planning a night on the town? Or, want to visit a city where you've never been? Subscribe to Zagat online and get a 30% discount on their members-only services. You can sign up for access to restaurant reviews only, or choose full access and get ratings and reviews on hotels, restaurants, movies and other attractions. You can even order printed guides at a discount!

**Give the gift of relaxation to yourself or a friend through SpaWish<sup>®</sup>:** Get a 10% discount when you buy a gift certificate of at least \$100, good for services at any of over 1,000 spas across the U.S. Choose a spa close to home or near your favorite place to visit!

**Get trusted health information from the MayoClinic.com Bookstore:** Choose from newsletters and books — with recipes for healthy living, advice on staying in shape, guides on living with certain health conditions and more. It's all at your fingertips — and at a discount! The size of the discount will depend on the item price and other available discounts.

**Aetna's Informed Health<sup>®</sup> Line:** Get answers from a registered nurse at any time — just call our toll-free Informed Health Line. With one simple call, you can:

- Learn more about health conditions that you or your family members have.
- Find out more about a medical test or procedure.
- Come up with questions to ask your doctor.

**Talk to a registered nurse:** Our nurses can discuss more than 5,000 health and wellness topics. Call them anytime you have a health question.

**Listen to our Audio Health Library:**\* Call and learn about a topic that interests you. Choose from thousands of health conditions. Listen in English or Spanish. You can also transfer to a registered nurse at any time during your call.

*\*Not all topics discussed within the Audio Health Library are covered expenses under your health insurance Plan.*

**Go online for even more health information:** If you like to go online for health information, check out the Healthwise® Knowledgebase. You can learn more about a health condition you have, medications you take, and more. Link to it through your secure Aetna Navigator® website at [www.aetn navigator.com](http://www.aetn navigator.com).

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

**Beginning Right® Maternity Program:** Give your baby a healthy start. Our Beginning Right Maternity Program comes with your health insurance plan. Use it throughout your pregnancy and after your baby is born. If you have health conditions or risk factors that may need special attention, we can help. Our nurses can give you personal case management to help you find ways to lower your risks. The more you know the better chance you have for good health ... for you and your baby.

**Aetna Natural Products and Services<sup>SM</sup> Discount Program:** Offers members access to reduced rates on services from natural therapy professionals, including acupuncturists, chiropractors, massage therapists and dietetic counselors, and access to discounts on over-the-counter vitamins, herbal and nutritional supplements and health-related products, such as foot care and natural body care products.

**Quit Tobacco Cessation Program:** Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads®, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

**Aetna Health Connections<sup>SM</sup> Disease Management Program:** This program offers support for over 35 conditions with smart technology and supportive services to ensure a healthier you. Our goal is to make it easier to manage your health and live your life well. Our CareEngine® system continuously scans your health data to identify safety risks and solutions. Using technology to look for opportunities for better care and programs and services helps to meet your individual needs. You may also receive a call or letter from the Aetna Health Connections Disease Management nurse. Call us at **(866) 269-4500** to get started.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna.

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



## **GENERAL PROVISIONS**

---

### ***STATE MANDATED BENEFITS***

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

### ***SUBROGATION/REIMBURSEMENT***

#### ***RIGHT OF RECOVERY PROVISION***

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illness, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by the Covered Person for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives, from all potentially responsible parties. A "Covered Person" includes for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

### **Non-Duplication of Benefits**

This provision applies if a covered student:

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

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

### **EXTENSION OF BENEFITS**

---

If a **Covered Person** is confined to a **hospital** on the date his or her coverage terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term "Expense", but only while they are incurred during the 90 day period following such termination of insurance.

If a **Covered Person** is unable to renew coverage due to a loss of eligibility due to his or her graduation, expenses incurred after the termination of insurance will be payable provided they commenced while insured and resulted from a covered **Accident** or **Sickness**. However, no payment will be made under this provision beyond 52 weeks from the date of the **Accident** or the date of the first treatment of the **Sickness**.

### **TERMINATION OF INSURANCE**

---

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

#### ***TERMINATION OF STUDENT COVERAGE***

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

- the date this Policy terminates,
- the last day for which any required premium has been paid,
- 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,
- 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:

- For a child, on the first premium due date following the first to occur of:
  - the date the child is no longer chiefly dependent upon the student for support and maintenance,
  - the date of the child's marriage, and
  - the child's 19<sup>th</sup> birthday,
- The date the **covered student** fails to pay any required premium.
- For the spouse, the date the marriage ends in divorce or annulment.
- The date **dependent** coverage is deleted from this Policy.
- The date the **dependent** ceases to be in an eligible class.

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

#### ***INCAPACITATED DEPENDENT CHILDREN***

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

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 31 days after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna at reasonable intervals during the two (2) years following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

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

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

## **EXCLUSIONS**

---

This Policy does not cover nor provide benefits for:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from **injury to sound, natural teeth**, wisdom teeth removal, and extraction unless provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
4. Expenses incurred as a result of **injury** due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an **accident** occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. 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.
7. 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.
8. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expenses covered by any other valid and collectible medical, health, or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
11. 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.
12. Expenses incurred as a result of commission of a felony.
13. Expenses for the elective sterilization or its reversal.
14. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.

15. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
16. Expenses incurred for any services rendered by a member of the **Covered Person's** immediate family or a person who lives in the **Covered Person's** home.
17. 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.
18. Expenses incurred by a **Covered Person** not a United States Citizen for services performed within the **Covered Person's** home country.
  19. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain unless otherwise provided in this Policy.
  20. Expenses incurred for allergy shots and injections (allergy serums are not a **Covered Medical Expense**), preventive medicines, serums, vaccines, or oral contraceptives unless otherwise provided in the Policy.
  21. Treatment for **injury** to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
  22. Expenses for contraceptive methods, devices or aids, and charges for or related to elective sterilization or its reversal unless coverage for such methods, devices, aids, or procedures are specifically provided for in this Policy.
  23. Expenses for treatment of **injury** or **sickness** to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their insurers).

24. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
- There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or **injury** involved, or
  - If required by the FDA, approval has not been granted for marketing, or
  - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or
  - The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

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

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

Also, this exclusion will not apply with respect to: drugs and medicines 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, or to the extent coverage for such drug and medicine is specifically provided in the Policy.

25. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.
26. 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.
27. Expenses incurred for blood or blood plasma, except charges by a **hospital** for the processing or administration of blood.
28. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
29. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.
30. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
31. Expenses incurred for breast reduction/mammoplasty.
32. Expenses incurred for gynecal mastea (male breasts).
33. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
34. Expenses for charges that are not **reasonable charges**, as determined by Aetna.

35. 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.
36. Expenses for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when **medically necessary**, because the **Covered Person** is diabetic, or suffers from circulatory problems.
37. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
38. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
39. Expenses incurred for massage therapy.

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

## DEFINITIONS

---

### **Accident**

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

### **Actual Charge**

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

### **Aggregate Maximum**

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

### **Ambulatory Surgical Center**

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - physicians who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least 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.

### **Biologically Based Mental Illness**

The definition of "mental illness" means "biologically based" mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual (DSM). These include:

- Schizophrenia
- Schizoaffective disorder
- Major depressive disorder
- Bipolar disorder
- Paranoia and other psychotic disorders
- Obsessive compulsive disorder
- Panic disorder
- Delirium and dementia
- Affective disorders
- Eating Disorders
- Post-Traumatic Stress Disorder
- Substance Abuse
- Autism

The definition of "mental illness" also includes:

- rape-related mental disorders for victims of a rape or victims of an assault with intent to commit rape.
- non biologically based mental, behavioral disorders described in the DSM that substantially interfere with or substantially limit the functioning of a student under the age of 19.
- any biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Commissioner of Department of Mental Health in consultation with the Commissioner of the Division of Insurance, and all other mental disorders described in the most recent edition of the DSM.

### **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.

### **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 preeclampsia, 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.)

### **Copay**

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

### **Covered Dental Expenses**

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

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

### **Covered Dependent**

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

### **Covered Medical Expense**

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

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

### **Covered Person**

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

### **Covered Student**

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

### **Deductible**

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **Policy Year** before benefits are paid.

### **Dental Consultant**

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

### **Dental Provider**

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



**Dentist**

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

**Dependent**

(a) the **covered student's** spouse residing with the **covered student**, or (b) the **covered student's** unmarried child, from the moment of birth, and under the age of 19 years (or 23 if a student). The child must reside with, and be fully supported by, the **covered student**.

The term "child" includes: a **covered student's** biological child, step-child, adopted child, and a child for whom a petition for adoption is pending, and who is residing with the **covered student**, and who is chiefly **dependent** on the **covered student** for his or her full support.

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

No person may be covered both as a **covered student** and **dependent**, and no person may be covered as a **dependent** of more than one **covered student**. This does not apply to a former spouse, whose coverage is being continued under the "Continuation of Coverage for Your Former Spouse" provision in this Policy.

Please refer to the Effective Date of Coverage and the Late Enrollment sections for information on how to report new **dependents**.

**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**.

**Directory**

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

**Durable Medical and Surgical Equipment**

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

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

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

**Effective Treatment of Alcoholism or Drug Abuse**

This means a program of alcoholism or drug abuse therapy that is prescribed and supervised by a **physician**, and either:

- has a follow-up therapy program directed by a **physician**, on at least a monthly basis, or
- includes meetings at least twice a month, with organizations devoted to the treatment of alcoholism or drug abuse.

These are not effective treatment:

- As to drug abuse:
  - **Detoxification** and Maintenance care. This means providing an environment free of drugs.
- As to alcoholism:
  - Maintenance care. This means providing an environment free of alcohol.
  - **Detoxification**- This is care mainly to overcome the aftereffects of a specific episode of drinking.

### **Effective Treatment of A Mental Disorder or Biologically-Based Mental Illness and Rape Related Mental or Emotional Disorders**

This is a program that:

- is prescribed and supervised by a **physician**,
- is for a **mental disorder** or a **biologically-based mental illness** that can be favorably changed,
- is for Rape-related mental or emotional disorders for victims of rape, or victims of an assault with intent to commit rape.

Treatment is generally provided by or under the direction of a mental health professional such as psychotherapist, psychologists, licensed **independent** clinical social workers, certified clinical specialist in psychiatric and mental health nursing, and mental health counselors.

### **Elective Treatment**

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

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

### **Emergency Admission**

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

- requires confinement right away as a full-time inpatient, and
- if immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - placing the person's health or that of another person in serious jeopardy, or
  - serious impairment to bodily function, or
  - serious dysfunction of any body part or organ, or
  - in the case of a pregnant woman, serious jeopardy to the health of the fetus.

### **Emergency Condition**

This is any traumatic injury or condition which:

- occurs unexpectedly,
- requires immediate diagnosis and treatment, in order to stabilize the condition, and
- is characterized by symptoms such as severe pain and bleeding.

### **Emergency Dental Care**

**Medically necessary** care or treatment for an **emergency medical condition**. Such care is subject to specific limitations set forth in this Policy.

### **Emergency Medical Condition**

A recent and severe medical condition, including, but not limited to, severe pain that in the absence of prompt medical attention, could reasonably be expected by a prudent person who possesses an average knowledge of medicine and health, to believe that his or her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

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

It does include an **accident** or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, care for non-emergency illness, or care required as a result of circumstances which would have been foreseen, prior to the **Covered Person's** departure from the College area.

### **Generic Prescription Drug or Medicine**

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

### **High Cost Procedure**

High Cost Procedures include the following procedures and services:

- C.A.T. Scan,
- Magnetic Resonance Imaging,
- Laser treatment, which must be provided on an outpatient basis, and may be incurred in the following:
  - (a) A **physician's** office, or
  - (b) **Hospital** outpatient department, or emergency room, or
  - (c) Clinical laboratory, or
  - (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

### **Home Health Agency**

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

### **Home Health Aide**

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

### **Home Health Care**

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

### **Home Health Care Plan**

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

### **Hospice**

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

social, and economic stresses. The **hospital** administration must meet the standards of the National Hospice Organization, and any licensing requirements.

### **Hospice Benefit Period**

A period that begins on the date the attending **physician** certifies that the **Covered Person** is a terminally ill patient who has less than 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.

### **Hospital**

A facility which meets all of these tests:

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

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

### **Hospital Confinement**

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

### **Injury**

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

### **Intensive Care Unit**

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

### **Jaw Joint Disorder**

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

### **Mail Order Pharmacy**

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

### **Medically Necessary**

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

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

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

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

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,

- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Aetna's attention.

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

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

### **Medication Formulary**

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

### **Member Dental Provider**

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

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

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

### **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 Policy.

### **Non-Occupational Disease**

A **non-occupational disease** is a disease that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:

- is covered under any type of workers' compensation law, and
- is not covered for that disease under such law.

### **Non-Occupational Injury**

A non-occupational injury is an accidental bodily **injury** that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from an **injury** which does.

### **Non-Preferred Care**

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:

- the service or supply could have been provided by a Preferred Care Provider, and
- the provider is of a type that falls into one or more of the categories of providers listed in the directory.

### **Non-Preferred Care Provider**

- a health care provider that has not contracted to furnish services or supplies at a **negotiated charge**, or
- a **Preferred Care Provider** that is furnishing services or supplies without the referral of a **School Health Services**.

### **Non-Preferred Pharmacy**

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

### **Non-Preferred Prescription Drug Expense**

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

### **One Sickness**

A **sickness** and all recurrences and related conditions which are sustained by a **Covered Person**.

### **Orthodontic Treatment**

Any:

- medical service or supply, or
- dental service or supply,
- furnished to prevent or to diagnose or to correct a misalignment:
  - of the teeth, or
  - of the bite, or
  - of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain. Not included is:

- the installation of a space maintainer, or
- surgical procedure to correct malocclusion.

### **Out-of-Area Emergency Dental Care**

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

### **Out of Pocket Limit**

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

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

- **deductibles**,
- **copays**,
- expenses that are not **Covered Medical Expenses**,
- expenses for **designated care** or **Non-Preferred Care**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Policy.

### **Partial Hospitalization**

Continuous treatment consisting of not less than four hours and not more than twelve 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, and (b) any licensed nurse midwife, registered nurse, anesthetist, or other licensed medical practitioner, whose services are required to be covered by law, and who renders such services within the scope of his or her license. For the treatment of Mental Illness, the “**physician**” also includes a licensed clinical psychologist, licensed clinical social worker, and a licensed clinical psychiatric nurse practitioner, who is acting within the scope of his or her license, and any other practitioner whose services are required to be covered by law, when rendered by that practitioner.

**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.

**Preferred Care**

A health care service or supply that is provided by:

- a **Covered Person’s primary care physician**, or a **Preferred Care Provider** on the referral of the **primary care physician**, or
- a **Non-Preferred Urgent Care Provider**, when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, or
- a health care provider that is not a **Preferred Care Provider** for the following situations:
  - for an **emergency medical condition** when travel to a **Preferred Care Provider**, is not feasible, or
  - for treatment or services furnished by a **physician** that has a type of practice that is not listed in the Directory, but whose services are required to be covered by law, or
  - for treatment or services furnished by a **physician**, within a geographic area covered in the Directory, but only if a **Preferred Care Provider** is not reasonably available, provided you contact Aetna, and Aetna confirms that a **Preferred Care Provider** is not reasonably available.

**Preferred Care Provider**

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

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

**Preferred Pharmacy**

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

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

**Preferred Prescription Drug Expense**

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

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

**Prescriber**

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

## **Prescription**

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

**Prescription Drugs** are any of the following:

- A drug, biological, or compounded **prescription** which, by law, may be dispensed only by **prescription**.
- Injectable insulin, disposable needles and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.

**Prescription drugs** include:

- (1) “Off-label” drugs for the HIV/AIDS treatment, provided such drugs (i) are prescribed by a Doctor for HIV/AIDS treatment, or medical condition arising from or related to HIV infection, and (ii) are prescribed or administered with the treatment protocol for coverage of “Off-label” drugs, determined in accordance with Massachusetts law. “Off-label” means a drug that has not been specifically approved by the Federal Food and Drug Administration for HIV/AIDS treatment, but is a drug approved for other indications by the Federal Food and Drug Administration.
- (2) “Off-label” drugs for cancer treatment, provided such drugs (i) are prescribed by a Doctor for cancer, and (ii) are prescribed or administered with the treatment protocol for coverage of “Off-label” drugs, determined in accordance with Massachusetts law. “Off-label” means a drug that has not been specifically approved by the Federal Food and Drug Administration for cancer treatment, but is a drug approved for other indications by the Federal Food and Drug Administration.
- (3) Drugs and medicines which, by law, need a **physician's** prescription. This includes those prescribed for the treatment of cancer or HIV/AIDS, even if the off-label use of the drug has not been approved by the FDA for that indication. However, such drug for the treatment of Cancer or HIV/AIDS must be recognized for treatment of such indication in one of the standard reference compendia, or in medical literature. The term “standard reference compendia” means: the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American **Hospital** Formulary Service Drug Information. The term “medical literature” means published scientific studies appearing in any peer-reviewed national professional journal.

## **Primary Care Physician**

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

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

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

## **Prosthetic Device**

An artificial limb device to replace, in whole or in part, an arm or leg.

## **Reasonable and Customary**

The charge which is the smallest of:

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

## **Reasonable Charge**

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

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



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

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

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

Aetna may take into account factors, such as:

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

### **Recognized Charge**

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

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

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

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

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

Aetna may take into account factors, such as:

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

### **Residential Treatment Facility**

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

### **Respite Care**

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

### **Room and Board**

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

**Student Health Services**

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

**Semi-Private Rate**

The charge for **room and board** which an institution applies to the most beds in its semiprivate rooms with 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 RNs,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- a **physician** available at all times.

**Sound Natural Teeth**

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

**Specialist:**

A **physician** who:

- practices in any generally accepted medical or surgical sub-specialty, and is providing other than routine medical care.

A **physician** who:

- practices in such a sub-specialty, and
  - is providing routine medical care (such as could be given by a **primary care physician**),
- will not be considered a **Specialist** for purposes of applying this plan's **copay** provisions.

**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**

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

### **Urgent Admission**

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

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

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within two 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 above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna, within one year from the date appearing on the Explanation of Benefits.
5. 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.

### ***INQUIRIES***

The Inquiry process is a process prior to the Appeal process during which Aetna may attempt to answer questions and/or resolve concerns communicated on behalf of the claimant to their satisfaction within three (3) business days. This process shall not be used for review of an Adverse Determination, which must be reviewed through the Appeal process.

### ***COMPLAINTS***

If an inquiry is not resolved in three (3) business days or if you are dissatisfied with the service you receive from the Plan or want to complain about a participating provider you must call Aetna Customer Service within 30 calendar days of the incident. You must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter. Aetna will review the information and provide you with a written response within 30 calendar days of the receipt of the complaint, unless additional information is needed and

it cannot be obtained within this period. The notice of the decision will tell you what you need to do to seek an additional review.

### ***APPEALS OF ADVERSE BENEFIT DETERMINATIONS***

You may submit an Appeal if Aetna gives notice about a Complaint or an Adverse Benefit Determination. This Plan provides for two levels of Appeal. It will also provide an option to request an external review of the Adverse Benefit Determination.

You have 180 calendar days with respect to Health claims (and 60 calendar days with respect to all other claims) following the receipt of notice about a Complaint or an Adverse Benefit Determination to request your level one Appeal. Your appeal must be made by telephone, in person, by mail, or by electronic means and should include:

- Your name,
- Your school's name,
- A copy of Aetna's notice of an Adverse Benefit Determination,
- Your reasons for making the appeal, and
- Any other information you would like to have considered.

A claimant may contact Member Services at the toll-free telephone number on their ID card for assistance in resolving Appeals. A claimant may also contact the Office of Patient Protection at their toll-free number **(800) 436-7757**, facsimile **(617) 624-5046** or via the internet site [www.state.ma.us/dph/opp](http://www.state.ma.us/dph/opp) regarding an external appeal.

You may also choose to have another person (an authorized representative) make the appeal on your behalf by providing written consent to Aetna. All rights of the claimant also extend to the claimant's authorized representative, which includes a claimant's guardian, conservator, holder of a power of attorney, health care agent designated pursuant to the law, family member, or another person authorized by the claimant in writing or by law with respect to a specific Appeal or external review, provided that if the claimant is unable to designate a representative, where such designation would otherwise be required, a conservator, holder of a power of attorney, or family member in that order or priority may be the claimant's representative or appoint another responsible party to serve as the claimant's authorized representative. If the authorized representative is a health care provider, the claimant must specify a named individual who will act on behalf of the authorized representative and a telephone number for that individual.

### ***EXPEDITED APPEALS REVIEW PROCESS***

In the event the claimant is a hospital inpatient, the claimant shall receive a written resolution of an expedited review of the Appeal prior to hospital discharge and the opportunity to request continuation of services.

In the event the Appeal is of an emergent or urgent nature where the physician believes that denial of coverage for a medically necessary service would cause serious harm to the claimant, an Aetna Medical Director shall review the matter as soon as possible or within 48 hours and communicate a decision to the claimant by telephone. In addition, Aetna will provide the claimant with a written resolution which shall include identification of the specific information considered and an explanation of the basis for the decision. The written resolution shall include a substantive clinical justification therefore that is consistent with generally accepted principles of professional medical practice.

### ***EXTERNAL REVIEW***

A claimant, who remains aggrieved by an Adverse Determination and has exhausted at least one level of Appeal, may seek further review of the Appeal by filing a request in writing with the Office of Patient Protection. The request for an external review must be made within 45 days of receipt of the Aetna determination. For the purposes of this provision, an Adverse Determination is based upon a review of information provided by Aetna to deny, reduce, modify, or terminate an admission, continued inpatient stay, or the availability of any other health care services, for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting and level of care or effectiveness.

**Please review your Certificate of Coverage for additional information concerning your appeal rights.**

## **PRESCRIPTION DRUG CLAIM PROCEDURE**

---

### ***PREFERRED CARE***

When obtaining a covered Prescription, please present your Aetna ID card to Preferred Pharmacy along with your applicable copay. The Pharmacy will submit a claim to Aetna for the drug.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. A claim form is available at Student Health Services or by calling **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna.

**Please note:** In addition to your copay, you may be required to pay the difference between the retail price you paid for the prescription drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). From the "Find Your School" drop down menu, select "Boston University".

### ***NON-PREFERRED CARE***

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

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

Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. When submitting a claim, please include all Prescription receipts, indicate that you attend Boston University, 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) Benefits**

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

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

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

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

### ***MEDICAL EVACUATION AND REPATRIATION (MER) BENEFITS.***

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

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

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

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will NOT be provided for any such services not provided and arranged through On Call. Although certain medical services may be covered under the terms of the Covered Person's Student Health Insurance Plan (the "Plan"), On Call does not provide coverage for medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.**

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

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

### **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 into Aetna Navigator, you can:

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

- View the latest health information and news, and more!

#### **How do I register?**

- Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- From the “Find Your School” drop down menu, select “Boston University”.
- 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](http://www.aetnastudenthealth.com).

#### Administered by:

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(800) 966-7772**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

#### Underwritten by:

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

Policy No. 711110

*The Boston University Student Medical Insurance Plan (Group Number 711110) is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.*









