2017-2018
Northwestern Polytechnic University
Domestic & International Student Health Insurance Plan

https://studentinsurance.wellsfargo.com

aetna℠

Underwritten by:
Aetna Life Insurance Company
Policy #697417

Plan Brokered by:
Wells Fargo Insurance Services USA, Inc.
CA License No. 0D08408

The Northwestern Polytechnic University student health insurance plan is underwritten by Aetna Life Insurance Company (Aetna). Aetna Student Health℠ is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).
You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: *https://studentinsurance.wellsfargo.com*
or call **800-853-5899** to request a paper copy free of charge.

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IMPORTANT NOTICE

This is a brief description of the Student Health Plan underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance, including definitions, are contained in the Master Policy issued to your school and may be viewed online at *www.aetnastudenthealth.com*. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits. For information regarding the full Master Policy, please call Aetna Student Health at **(866) 378-8885** or send an email through your Aetna Navigator Account. You will be able to obtain a copy of the full Master Policy as soon as it is available.

When Coverage Begins

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the later of, but no sooner than:

- The Master Policy effective date;
- The beginning date of the term for which premium has been paid
- The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Student Insurance, Authorized Agent or University; or
- The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Aetna Student Health.

The below enrollments will be allowed a **30 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **30 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **30 days** of the prior policy termination date.

When Coverage Ends

Insurance of all Insured Persons terminates at 11:59 p.m. ***on the earlier of***:

- Date the Master Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.

In the event there is overlapping coverage under the same Master Policy number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. No notification of plan expiration or renewal will be sent.

Coordination of Benefits

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

Extension of Benefits

If a covered person is totally disabled on the termination date of the Policy, benefits will be extended to provide covered benefits that are necessary to treat medical conditions causing or directly related to the disability as determined by Aetna.

If a Covered Person is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the policy, but only while they are incurred during the 31 day period, following such termination of insurance.

Notice

Aetna considers non-public personal member information ("NPI") 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 NPI internally, share it with our affiliates, and disclose it to healthcare providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law. Participating Network/Preferred Care Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of NPI, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health on the internet at: *www.aetnastudenthealth.com*.

Plan Cost - Note: Coverage is for students only. Dependents are not covered.

TERMS OF COVERAGE	ANNUAL 9/1/17 - 8/31/18	FALL 9/1/17 - 12/31/17	SPRING 1/1/18 - 4/30/18	SUMMER 5/1/18 - 8/31/18
Student only	$1,055.00	$351.67	$351.67	$351.66

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to Northwestern Polytechnic University and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

Health Insurance Requirement and Eligibility

Students enrolled in NPU for three (3) or more credit hours **are required to be insured and are automatically enrolled in** this insurance plan, unless a waiver request is submitted to the school by the deadline date and approved. Waiver out of the school's insurance plan may only be granted to people already insured under equivalent plans.

Coverage is available for students engaged in "Practical Training". Contact the NPU Business Office located at 47671 Westinghouse Drive for more information. Dependent coverage is not available under the plan.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **45 consecutive days** following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details.

Withdrawal From School - If you leave Northwestern Polytechnic University for reason of a covered accident or sickness, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. Please contact Wells Fargo Student Insurance at **(800) 853-5899** regarding continuation of coverage.

Aetna Life Insurance Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met.

Eligible students who have a change in status and involuntarily lose coverage under another group insurance plan are also eligible to purchase the Northwestern Polytechnic University Student Health Insurance Plan. These students must provide Wells Fargo Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **30 days** of the qualifying event. The effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends.

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

For questions regarding eligibility for this plan, please call Wells Fargo Student Insurance at **(800) 853-5899**.

Premium Refund/Cancellation

If you are engaged in Optional Practical Training (OPT), refund requests should be directed to Wells Fargo Student Insurance at **(800) 853-5899** or via email at: *studentinsurance@wellsfargo.com*. Otherwise, please see the NPU Financial Office.

A refund of premium will only be granted for the reasons listed below. Refunds for any other reason will not be granted.

1. If you withdraw from school within the first **45 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **45 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled and your premium will be refunded.

INSURANCE PAYMENTS WITH PERSONAL CHECK OR CREDIT CARD/ CANCELLATION FOR NONPAYMENT

If you make your insurance payment via personal check or credit card and we are unable to process the payment (due to insufficient funds, closure of account, overlimit etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.)

How Do I File a Claim?

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

Aetna Student Health
P.O. Box 981106, El Paso, TX 79998
(877) 378-9478 (toll-free)

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting *www.aetnastudenthealth.com*.

- Bills must be submitted within **90 days** from the date of treatment.
- Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
- 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.
- In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within **180 days** from the date appearing on the Explanation of Benefits (EOB).
- You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

How to Appeal a Claim

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

Aetna
P.O. Box 14464
Lexington, KY 40512

Where Do I Go For Care?

You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Care Provider, you'll generally have less out of pocket expense for your care. To learn more about Preferred Care Providers, visit *www.aetnastudenthealth.com*.

*Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

Preferred Care Provider Network

Aetna Student Health has arranged for you to access the Aetna Preferred Care Provider network. It is to your advantage to utilize a Preferred Care Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Care Provider and a Non-Preferred Care Provider. Preferred Care Providers are independent contractors and are neither employees nor agents of the **Northwestern Polytechnic University** system nor Aetna Student Health.

To find a Preferred Care Provider, you can use Aetna's online DocFind® service located at *www.aetnastudenthealth.com*. Click on "Find Your School" and enter your school name. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find Preferred Care Providers practicing in your area.

If a service or supply that a covered person needs is covered under the Plan but not available from a Preferred Care Provider, covered persons should contact Member Services for assistance at the toll-free number on the back of the ID card. In this situation, Aetna may issue a pre-approval for a covered person to obtain the service or supply from a Non-Preferred Care Provider. When a pre-approval is issued by Aetna, covered medical expenses are reimbursed at the Preferred Care network level of benefits.

Prescription Drug Claim Procedure

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

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

For an Aetna Prescription claim form go to *www.aetnastudenthealth.com*. Find your school, then click "Prescription" to obtain an RX claim form. Or call **(877) 378-9478**.

Prescriptions from a Non-Preferred Pharmacy, or a health center pharmacy incapable of billing, must be paid for in full at the time of service and submitted for reimbursement.

Informed Health Line

The Informed Health Line is a 24-hours-a-day, 7-days-a-week toll-free line for insured students to access confidential medical advice, or get assistance with locating nearby preferred network providers. Just call **(800) 556-1555** to talk to a registered nurse who can provide information on a range of topics. Callers must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Informed Health Line.

Electronic ID Cards

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. You do not have to have your member ID card with you to be eligible to receive benefits; if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

To access your Member ID Card, go to *www.aetnastudenthealth.com*, search for your school name, and click "Print your ID card" to view and/or print a temporary Medical ID card that contains your Medical ID number. **Note: you will need your Student ID number to log in.**

You may also use the Aetna Mobile App to view your member ID card, find a doctor, check your benefits, and more. First, log in to *www.aetnastudenthealth.com* and create your Aetna Navigator® account. Next, download the Aetna Mobile App to your mobile device and log in using your Medical ID number (obtained from Aetna's website, see instructions above).

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at **(866) 378-8885**.

Member Web: Aetna Navigator®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information.

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.
- Find healthcare professionals and facilities that participate in your plan.
- Send an e-mail to Aetna Student Health Customer Service, and more!

How do I register?

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

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

Additional Discounts and Services

As a member of the Plan, you can also take advantage of additional discounts, and programs such as fitness discounts and weight management programs. These are not underwritten by Aetna and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit, *www.aetnastudenthealth.com*.

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

Waiver of Annual Deductible

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care Covered Medical Expenses rendered as part of the following benefit types: Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Preventive Care Immunizations (Facility or Office Visits), Well Woman Preventive Visits (Office Visits), Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type, Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps & Supplies, Family Contraceptive Counseling Services (Office Visits), Female Voluntary Sterilization (Inpatient and Outpatient), Pediatric Preventive Vision and Dental Service, Female Contraceptives Generic Prescription Drugs, Brand Prescription Drugs if no Generic equivalent. FDA-Approved Female Generic Emergency Contraceptives.

Schedule of Benefits

Deductibles & Maximums	
Benefit year deductible The Deductibles are applied before Covered Medical Expenses are payable.	Student: $750 per Insured per Policy Year *Per visit or admission deductibles do not apply towards satisfying the plan Deductible.
Coinsurance	Covered Medical Expenses are payable at the coinsurance percentage specified in the following Schedule of Benefits, after any applicable deductible, up to an Unlimited maximum benefit.
Out of Pocket Maximums	Preferred and Non Preferred Care Individual Out-of-Pocket: $5,250 per Insured per Policy Year Once the Individual Out-of-Pocket Limit 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. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; penalties,and other expenses not covered by this Plan.

Schedule of Benefits

Inpatient Hospitalization Expenses	Preferred Care	Non-Preferred Care
Room and Board Expense, Semi-private room.	100% of the Negotiated Charge after a $500 Co-pay per admission	50% of the Recognized Charge after a $500 Deductible per admission
Intensive Care Room and Board Expense, Overnight stay.	70% of the Negotiated Charge after a $500 Co-pay per admission	50% of the Recognized Charge after a $500 Deductible per admission
Non-Surgical Physicians Expense, Non-surgical services of the attending Physician, or a consulting Physician.	70% of the Negotiated Charge	50% of the Recognized Charge
Miscellaneous Hospital Expense, includes; among others; expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x rays; oxygen tent; and drugs; medicines; and dressings.	70% of the Negotiated Charge	50% of the Recognized Charge
Surgical Expenses (Inpatient and Outpatient)	**Preferred Care**	**Non-Preferred Care**
Surgical Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	70% of the Negotiated Charge	50% of the Recognized Charge
Ambulatory Surgical Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense	70% of the Negotiated Charge	50% of the Recognized Charge

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Schedule of Benefits

Outpatient Benefits	Preferred Care	Non-Preferred Care
Walk-In Clinic Expense, Copay is due at the time of visit.	100% of the Negotiated Charge after a $25 Co-pay per visit (Deductible waived)	50% of the Recognized Charge after a $25 Co-pay per visit
Emergency Room Visit Expense. Important note: Please note that as Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill. The copay is in addition to the plan deductible. **Important Notice:** A separate hospital emergency room visit benefit deductible or copay applies for each visit to an emergency room for emergency care. If a covered person is admitted to a hospital as an inpatient immediately following a visit to an emergency room, the emergency room visit benefit deductible or copay is waived. Covered medical expenses that are applied to the emergency room visit benefit deductible or copay cannot be applied to any other benefit deductible or copay under the plan. Likewise, covered medical expenses that are applied to any of the plan's other benefit deductibles or copays cannot be applied to the emergency room visit benefit deductible or copay. Separate benefit deductibles or copays may apply for certain services rendered in the emergency room that are not included in the hospital emergency room visit benefit. These benefit deductibles or copays may be different from the hospital emergency room visit benefit deductible or copay, and will be based on the specific service rendered. Similarly, services rendered in the emergency room that are not included in the hospital emergency room visit benefit may be subject to coinsurance rates that are different from the coinsurance rate applicable to the hospital emergency room visit benefit.	70% of the Negotiated Charge after $200 Co-pay per visit (Co-pay waived if admitted)	70% of the Recognized Charge after $200 Deductible per visit (Deductible waived if admitted)
Urgent Care Expense. Please note: A covered person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance.	100% of the Negotiated Charge after a $25 Co-pay per visit (Deductible waived)	50% of the Recognized Charge after a $25 Co-pay per visit
Ambulance Expense	70% of the Negotiated Charge	70% of the Recognized Charge
Physician's Office Visit Expense, Copay is due at time of visit.	100% of the Negotiated Charge after a $25 Co-pay per visit (Deductible waived)	50% of the Recognized Charge after a $25 Co-pay per visit
Laboratory and X-Ray Expense	70% of the Negotiated Charge (Deductible waived)	50% of the Recognized Charge
Therapy Expense, for the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, Inhalation Therapy, Cardiac Rehabilitation, or Occupational Therapy. Benefits for Chiropractic Care are limited to 50 visits per Policy Year.	70% of the Negotiated Charge	50% of the Recognized Charge
Breast Feeding Durable Medical Equipment Expense, Includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support.	100% of the Negotiated Charge	50% of the Recognized Charge
Allergy Testing and Treatment Expense, Includes laboratory tests, physician office visits to administer injections, prescribed medications for testing and treatment of the allergy, and other medically necessary supplies and services.	Payable on the same basis as any other Sickness	
Routine Physical Exam Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Hospital Outpatient Department Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Consultant Expense	70% of the Negotiated Charge	50% of the Recognized Charge
High Cost Procedures Expense, Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests.	70% of the Negotiated Charge	50% of the Recognized Charge
Prosthetic and Orthotic Devices Expense, Includes prosthetic devices to restore a method of speaking for laryngectomy patient.	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Preventive Care Expense, For the comprehensive preventive care of children 16 years of age or younger, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Preventive Care Expense, For the comprehensive preventive care of children 17 and 18 years of age, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	50% of the Recognized Charge

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Schedule of Benefits

Mental Health Benefits	Preferred Care	Non-Preferred Care
Severe Mental Illness Expense, Inpatient. For the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child.	Payable as any other Sickness	
Severe Mental Illness Expense, Outpatient	100% of the Negotiated Charge after a $25 Co-pay per visit (Deductible waived)	50% of the Recognized Charge after a $25 Deductible per visit
Mental and Nervous Disorders Expense, Inpatient and outpatient.	70% of the Negotiated Charge after a $500 Co-pay per admission	50% of the Recognized Charge after a $500 Deductible per admission
Alcoholism and Drug Addiction Treatment	**Preferred Care**	**Non-Preferred Care**
Inpatient Expense, For the treatment of alcohol and drug addiction.	70% of the Negotiated Charge after a $500 Co-pay per admission (Deductible waived)	50% of the Recognized Charge after a $500 Deductible per admission
Outpatient Expense, For the treatment of alcohol and drug addiction.	100% of the Negotiated Charge after a $25 Co-pay per visit	50% of the Recognized Charge after a $25 Deductible per visit
Maternity Benefits	**Preferred Care**	**Non-Preferred Care**
Maternity Expense, For the care of the covered person and any newborn child.	Payable on the same basis as any other Sickness	
Well Newborn Nursery Care Expense, For the routine care of a covered person's newborn child.	70% of the Negotiated Charge	50% of the Recognized Charge
Contraceptives Important Note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.	70% of the Negotiated Charge	50% of the Recognized Charge
Additional Benefits	**Preferred Care**	**Non-Preferred Care**
Pap Smear Screening Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Family Planning Expense, Includes charges incurred for services and supplies that are provided to prevent pregnancy.	100% of the Negotiated Charge	50% of the Recognized Charge
Routine Screening Expense, Includes charges for Chlamydia, Sexually Transmitted Disease, and Colorectal Cancer screenings.	100% of the Negotiated Charge	50% of the Recognized Charge
Rehabilitation Facility Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Cochlear Implant Expense, Internally implanted devices.	70% of the Negotiated Charge	50% of the Recognized Charge
Adult Routine Eye Exam, Eye exams for refraction.	70% of the Negotiated Charge after a $40 Co-pay per visit	50% of the Recognized Charge after a $40 Deductible per visit
Acupuncture Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Hospice Benefit	70% of the Negotiated Charge	50% of the Recognized Charge
Home Health Care Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Licensed Nurse Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Skilled Nursing Facility Expense, Benefits are limited to **100 days** per policy year.	70% of the Negotiated Charge for the semi-private room rate after $500 Co-pay per admission	50% of the Recognized Charge for the semi-private room rate after $500 Deductible per admission
Elective Abortion Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Bariatric Surgery Expense, Expenses include services rendered as part of medically necessary bariatric surgery treatment for morbid obesity.	Payable on the same basis as any other Sickness	
Human Organ Transplant Expense	Payable on the same basis as any other Sickness	
Non-Prescription Enteral Formula Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Vision Care Services and Supplies	100% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Vision Care Exam Expense Benefits are provided to covered persons until the end of the month in which the covered person turns 19.	100% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Dental Diagnostic and Preventive Care Benefits are provided to covered persons until the end of the month in which the covered person turns 19.	70% of the Negotiated Charge	50% of the Recognized Charge

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Schedule of Benefits

Additional Benefits (continued)	Preferred Care	Non-Preferred Care
Pediatric Dental Basic Restorative Care Benefits are provided to covered persons until the end of the month in which the covered person turns 19.	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Dental Major Restorative Care Benefits are provided to covered persons until the end of the month in which the covered person turns 19.	50% of the Negotiated Charge	50% of the Recognized Charge

Outpatient Drugs and Medications	PPO Providers & Other Health Care Providers	Non-PPO Providers
Prescribed Medicine Expense Note: Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit, as noted in the Benefits Description.	**Preferred Care Pharmacy:** 100% of the Negotiated Amount after a $30 Copay for Generic Drugs, or $60 Copay for Preferred Brand Name Drugs, or $100 Copay for Non-Preferred Brand Name Drugs **Non-Preferred Care Pharmacy:** 100% of the Recognized Charge after a $30 Copay for Generic Drugs, or $60 Copay for Preferred Brand Name Drugs, or $100 Copay for Non-Preferred Brand Name Drugs	

Benefit Descriptions

Routine Physical Exam Expense: Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.

A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:

- Routine vision and hearing screenings given as part of the routine physical exam.
- X-rays, lab, and other tests given in connection with the exam, and
- Materials for the administration of immunizations for infectious disease and testing for tuberculosis.

In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with,

- Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
- For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:
- Screening and counseling services, such as:
  - Interpersonal and domestic violence;
  - Sexually transmitted diseases*; and
  - Human Immune Deficiency Virus (HIV) infections.
- Screening for gestational diabetes.
- High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years.

*Sexually transmitted disease screening expense is limited to two screenings per Policy Year.

- X-rays, lab and other tests given in connection with the exam.
- Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- If the plan includes dependent coverage, for covered newborns, an initial hospital check up.

Important Note:

For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, a covered person may contact his or her physician or Member Services by logging onto the Aetna website *www.aetna.com* or calling the toll-free number on the back of the ID card.

Screening and Counseling Services: Covered Medical Expenses include charges made by a physician in an individual or group setting for the following:

Depression Screening: This service is limited to once per year.

Obesity: Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:

- Preventive counseling visits and/or risk factor reduction intervention;
- Medical nutrition therapy;
- Nutritional counseling; and
- Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.
- Services in this category are subject to a combined limit of 26 individual or group visits by any recognized provider per Policy Year.
- The 10 Healthy Diet Counseling visits will be counted toward the total number of visits allowed for Obesity counseling.

Misuse of Alcohol and/or Drugs: Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.

- Services in this category are subject to a combined limit of 5 individual or group visits by any recognized provider per Policy Year.

Use of Tobacco Products: Screening and counseling services to aid a covered person to stop the use of tobacco products.

Coverage includes:

- Preventive counseling visits;
- Treatment visits; and
- Class visits;

To aid a covered person to stop the use of tobacco products.

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Tobacco product means a substance containing tobacco or nicotine including:

- cigarettes;
- cigars;
- smoking tobacco;
- snuff;
- smokeless tobacco; and
- candy-like products that contain tobacco.

Limitations: Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for:

- Services which are covered to any extent under any other part of this Plan
- Services in this category are subject to a combined limit of 8 individual or group visits by an recognized provider per Policy Year.

Family Planning Expense: For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies that are provided to prevent pregnancy. All services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).

Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting. The following contraceptive methods are covered expenses under this benefit:

Voluntary Sterilization: Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.

Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

Limitations:

Unless specified above, not covered under this benefit are charges for:

- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;
- Male contraceptive methods, sterilization procedures or devices;
- The reversal of voluntary sterilization procedures, including any related follow-up care.

Important note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

Pediatric Preventive Care Expense: Covered Medical Expenses include charges for the comprehensive preventive care of children 16 years of age or younger, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services.

Pediatric Preventive Care Expense: Covered Medical Expenses include charges for the comprehensive preventive care of children 17 and 18 years of age, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services

Therapy Expense: Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:

- Physical Therapy,
- Chiropractic Care,
- Speech Therapy,
- Inhalation Therapy,
- Cardiac Rehabilitation, or
- Occupational Therapy.

Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.

Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.

Covered Medical Expenses for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. Covered Medical Expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy.

Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness.

Allergy Testing and Treatment Expense: Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.

Covered Medical Expenses include, but are not limited to, charges for the following:

- laboratory tests,
- physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and
- other medically necessary supplies and services.

Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense: Covered Medical Expenses for the diagnosis and medically necessary inpatient treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other Sickness.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health.

Clinical Review Services for Minors - If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

- Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- Charges, if any, for services of an interpreter, and
- Charges, if any, for services of a patients' rights advocate.

Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense: Covered Medical Expenses for the diagnosis and medically necessary outpatient treatment, including prescription drugs, of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other sickness.

Mental and Nervous Disorders Inpatient Expense: Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health.

Clinical Review Services for Minors: If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

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- Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- Charges, if any, for services of an interpreter, and
- Charges, if any, for services of patients' rights advocate.

Mental and Nervous Disorders Outpatient Expense: Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges for treatment of mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.

Maternity Expense: Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of **48 hours** after a vaginal delivery and for a minimum of **96 hours** after a cesarean delivery.

Any decision to shorten such minimum coverage shall be made by the attending Physician, in consultation with the mother. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle-feeding.

Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy, Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.

Prenatal Care: Prenatal care will be covered for services received by a pregnant female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

Comprehensive Lactation Support and Counseling Services: Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post-partum period by a certified lactation support provider. The "post-partum period" means the 60 day period directly following the child's date of birth. Covered expenses incurred during the post-partum period also include the rental or purchase of breast feeding equipment.

Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

Well Newborn Nursery Care Expense: Benefits include charges for routine care of a covered person's newborn child as follows:

- Hospital charges for routine nursery care during the mother's confinement, but for not more than **four days**,
- Physician's charges for circumcision, and
- Physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day.

Pap Smear Screening Expense: Covered Medical Expenses include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA approved human papillomavirus screening test for women age 18 and older.

Mammogram Expense: Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician.

Pediatric Vision Care Services and Supplies: Covered expenses include charges for the following vision care services and supplies:

- Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses.
- Eyeglass frames, prescription lenses or prescription contact lenses

Coverage includes charges incurred for:

- Non-conventional prescription contact lenses that are required to correct visual acuity to 20/40 or better in the better eye and that correction cannot be obtained with conventional lenses. Aphakic prescription lenses prescribed after cataract surgery has been performed.
- Low vision services.

A listing of the locations of the vision network providers under this Plan can be accessed at *www.aetna.com* website. Be sure to look at the appropriate vision network provider listing that applies to your plan, since different Aetna plans use different networks of providers. You must present your ID card to the vision network provider at the time of service. This benefit is subject to the maximums shown on the Schedule of Benefits. As to coverage for prescription lenses in a calendar year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.

Limitations: Unless specified above, not covered under this benefit are charges incurred for services and supplies:

- Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes.

Human Organ Transplant Expense: Transplants of organs, tissue, or bone marrow. We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge.

Exclusions and Limitations

IMPORTANT NOTICE: This is just a brief description of your benefits. You will be able to obtain a copy of the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) as soon as it is available. For information regarding the full Master Policy please call Aetna Student Health at **(877) 378-9478** or send an email through your Aetna Navigator Account or at *www.aetnastudenthealth.com/customer-service/customer-service.aspx*

Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The plan neither covers nor provides benefits for the following:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury or as provided elsewhere in this plan unless otherwise provided in this policy.
3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.
4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.

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Exclusions and Limitations

9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
10. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
11. Expense incurred as a result of commission of a felony.
12. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
13. Expense incurred for voluntary or elective abortions unless otherwise provided in this Policy.
14. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
15. Expense for the contraceptive methods; devices or aids; and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
16. 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).
17. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
18. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.
19. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse; child; brother; sister; or parent.
20. 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: (a) 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 (b) 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 (c) 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: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) 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; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or (b) 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.
21. Expense incurred as a result of dental treatment; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures as provided elsewhere in this Policy.
22. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person's home country; if the covered person's home country has a socialized medicine program.
23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
24. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the covered person is diabetic; or suffers from circulatory problems.
25. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.
26. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
27. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
28. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B; even though the covered person is eligible; but did not enroll in Part B.
29. Expense for telephone consultations (except Telemedicine services); charges for failure to keep a scheduled visit; or charges for completion of a claim form.
30. Expense for the cost of supplies used in the performance of any occupational therapy.
31. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
32. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless otherwise provided in this plan.
33. Expense for incidental surgeries; and standby charges of a physician.
34. Expense for treatment and supplies for programs involving cessation of tobacco use, except as otherwise provided in this Plan.
35. Expense incurred for the use of orthotics; unless used exclusively to promote healing.
36. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness.
37. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.

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Exclusions and Limitations (continued)

38. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
39. 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.
40. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending physician; or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must: (a) 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; (b) 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 (c) 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: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) 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 (c) 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.
41. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss except as provided elsewhere in the policy.

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.

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

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

- not in excess of the recognized 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.

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

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; and has an agreement with the School Health Services to furnish services and supplies at a negotiated charge.

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

- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.
- Generic Prescription Drug or Medicine: A prescription drug which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Hospice: 1. "Hospice care" means a centrally administered program of palliative services and supportive services provided by an interdisciplinary team directed by a physician. The program includes the provision of physical, psychological, custodial and spiritual care for persons who are terminally ill and their families. The care may be provided in the home, at a residential facility or at a medical facility at any time of the day or night. The term includes the supportive care and services provided to the family after the patient dies.

2. As used in this section: (a) "Family" includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood.

(b) "Interdisciplinary team" means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, registered nurse, social worker, clergyman and trained volunteer.

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

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

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

- Be care or treatment which is likely to produce as significant 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

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sickness or injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition, and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply,) than any alternative service or supply to meet the above tests.

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

In no event will the following services or supplies be considered to be medically necessary:
- Those that do not require the technical skills of a medical, a mental health, or a dental professional, or
- Those furnished mainly for: the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any healthcare provider, or healthcare facility, or
- Those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined, or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a physician's or a dentist's office, or other less costly setting.

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

Non-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

Pharmacy: An establishment where prescription drugs are legally dispensed.

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

Preferred Care: Care provided by:
- a covered person's primary care physician, or a preferred care provider of the primary care
- physician, or
- a health care provider that is not a Preferred Care Provider for an emergency medical condition when travel to a Preferred Care Provider, is not feasible, or
- a Non-Preferred Urgent Care Provider when travel to a Preferred Urgent Care Provider for treatment is not feasible, and if authorized by Aetna.

Preferred Care Provider: A health care provider that has contracted to furnish services or supplies for a negotiated charge, but only if the provider is, with Aetna's consent, included in the directory as a Preferred Care Provider for:
- the service or supply involved, and
- the class of covered persons of which you are member.

Preferred Pharmacy: A pharmacy, including a mail order pharmacy, which is party to a contract with Aetna to dispense drugs to persons covered under this Policy, but only:
- while the contract remains in effect, and
- while such a pharmacy dispenses a prescription drug, under the terms of its contract with Aetna.

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.

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 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 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 prevailing charge in other areas.

Emergency Assistance Services: On Call International

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

Services rendered without On Call International's coordination and approval are not covered. No claims for reimbursement will be accepted. If the Member is able to leave the Member's host country by normal means, On Call International will assist the Member in rebooking flights or other transportation. Expenses
for non-emergency transportation are the Member's responsibility.

On Call phone number: **1-866-525-1956** or collect **1-603-328-1956.**

A brief description of these benefits is outlined below.

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

Medical Evacuation and Repatriation (MER) Benefits
The following benefits are underwritten by United States Fire Insurance Company (USFIC) 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 Necessary Repatriation
- Unlimited Return of Deceased Remains
- Unlimited Family Reunion (airfare only)
- $2,500 Return of Traveling Companion
- $2,500 Return of Dependent Children
- $2,500 Bereavement Reunion - in the event of a Covered Person's death, On Call will fly a family member to identify the remains and accompany the remains back to the deceased's home country
- $2,500 Emergency Return Home in the event of death or life-threatening illness of a parent, sibling or spouse
- $1,000 Return of Personal Belongings

Natural Disaster and Political Evacuation Services (NDPE)

The following benefits are underwritten by United States Fire Insurance Company (USFIC) with medical, travel, and security assistance services provided by On Call. If a Covered Person requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then a one-way economy class airline ticket to his/her home country.

If a Covered Person requires emergency evacuation due to a natural disaster, which makes his/her location Uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point to the nearest safe haven, and then home.

If the Covered Person is delayed at the safe haven, On Call shall arrange and pay for reasonable lodging expenses up to $100 per day for a maximum of **three days**. (Economy airfare and lodging costs shall not exceed a combined single limit of $5,000 USD per Covered Person). Subject to a maximum benefit of $100,000 per Covered Person per Event.

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

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

The On Call International Global Response Center can be reached 24 hours a day, 365 days a year.
The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at *www.aetnastudenthealth.com* or **(800) 859-8475**.

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the"Plan"), neither On Call nor its contracted insurance providers provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes. To file a claim for ADD benefits, or to obtain MER, WETA or NDPE benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free at (866) 525-1956 or Collect at (603) 328-1956. All Covered Persons should carry their On Call ID card when traveling. Aetna Life Insurance Company provides access to certain Accidental Death and Dismemberment (AD&D); Medical Evacuation/Repatriation (MER); Natural Disaster and Political Evacuation (NDPE); and Worldwide Emergency Travel Assistance (WETA) coverages and services through a contractual relationship with On Call International, LLC (On Call).

AD&D coverage is underwritten by Fairmont Specialty dba United States Fire Insurance Company (USFIC).
MER, NDPE and WETA membership services are administered by On Call.
Aetna Life Insurance Company and On Call are independent contractors and not employees or agents of the each other. Neither Aetna nor any of its affiliates provides or administers ADD, MER, NPDE and WETA benefits/services and neither Aetna nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call.
These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at **800-853-5899** or by visiting us at *https://studentinsurance.wellsfargo.com.*

Important Contacts

CLAIMS AND COVERAGE QUESTIONS:	Aetna Student Health P.O. Box 981106 El Paso, TX 79998 **(866) 378-8885** (toll-free) *www.aetnastudenthealth.com*
FIND A MEDICAL PROVIDER IN THE PREFERRED CARE NETWORK:	Aetna Preferred Care Provider Network **(866) 381-1529** (toll-free) *http://www.aetna.com/docfind/custom/studenthealth*
24-HOUR NURSE ADVICE:	Aetna Informed Health® Line **(800) 556-1555** TDD **(800) 270-2386**
EMERGENCY TRAVEL ASSISTANCE: *(Provide this information to your Emergency Contact)*	On Call International One Delaware Drive Salem, NH 03079 **(866) 525-1956** (Toll-free within the U.S.) **(603) 328-1956** (Outside the U.S.) *www.oncallinternational.com*
ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:	Wells Fargo Student Insurance **(800) 853-5899** Mon-Fri, 8am-5pm PST Fax: **(877) 612-7966** Email: studentinsurance@wellsfargo.com *https://studentinsurance.wellsfargo.com*

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. Policy forms issued in OK include: GR-96134.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The Northwestern Polytechnic University student health insurance plan is underwritten by Aetna Life Insurance Company (Aetna). Aetna Student Health℠ is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).