

# Oregon University System



## STUDENT HEALTH INSURANCE

Brokered by:  
Wells Fargo of California Insurance Services, Inc.  
Student Insurance Division

*studentinsurance.wellsfargo.com*  
**2009-10 International**

EASTERN OREGON UNIVERSITY • OREGON INSTITUTE OF TECHNOLOGY • SOUTHERN OREGON UNIVERSITY • WESTERN OREGON UNIVERSITY



Underwritten by:  
Aetna Life Insurance Company (ALIC)  
Policy #: EOU #474905, OIT #474894, SOU #474906, WOU #474904

## TO PARENTS & STUDENTS

Having health insurance is important because, while medical care in the U.S. is excellent, the costs may be very high. Health insurance coverage helps minimize the risk that could force you to interrupt your education because of a financially devastating injury or illness. It may allow you to focus on your studies instead of worrying about what would happen if faced with overwhelming medical bills.

Promotion of good health for our students has always been our concern. This brochure summarizes how the Student Health Insurance Plan works, what it covers and how the plan may help you with medical costs. After you've read about the Student Health Insurance Plan, keep these important facts in mind:

- All students enrolled in the Basic Plan will receive a Medical ID card 6-8 weeks from the beginning of the term. Please keep your insurance card with you at all times and show it to the doctor or hospital when you seek medical treatment. *As long as you continue to meet eligibility requirements, your card will be valid during the entire policy year (9/1/09 - 9/1/10). You will not receive a new card each term.*
- Learn about your university's Student Health Center (SHC), its location hours of operation, and the types of services it offers. If possible, go first to SHC for treatment during their regular hours of operation. They can help you locate medical providers when you need additional care or specialists.
- You may choose any provider you wish, however, your out-of-pocket costs may be considerably less if you seek treatment from an Aetna Preferred Provider.



## WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on the later of:

1. The Policy effective date;
2. The beginning date of the term for which premium has been paid;

**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.

Waivers with proof of Comparable Coverage and/or dependent enrollment applications must be received by the deadline date (see below), and coverage will begin on the start date for the period of coverage for which you are applying. No policy shall ever start prior to the coverage period start date. All re-enrollments into the same exact policy will be allowed a 30 day grace period, provided re-enrollment occurs within 30 days of the prior policy termination date.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 12:01 a.m. on **the earlier of:**

- Date the 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.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

## PLAN COST

	FALL	WINTER	SPRING	SUMMER
	9/1/09- 1/4/10	1/4/10- 3/29/10	3/29/10- 6/21/10	6/21/10- 9/1/10
<b>Enrollment Deadline**</b>	10/28/09	2/4/10	4/29/10	7/21/10
<b>WOU* Basic Plan</b>	\$54	\$54	\$54	\$54
<b>EOU*</b>	\$39	\$39	\$39	\$39
<b>OIT &amp; SOU* Basic Plan</b>	\$38	\$38	\$38	\$38
*included in your Student Health Fee; **OIT has different enrollment deadlines. Visit <a href="http://www.oit.edu/health">www.oit.edu/health</a> to learn more.				
Supplemental Plan				
<b>Enrollment Deadline</b>	10/28/09	2/4/10	4/29/10	7/21/10
Student	\$ 181	\$ 181	\$ 181	\$181
Spouse	\$ 470	\$ 470	\$ 470	\$ 470
Per Child	\$ 251	\$ 251	\$ 251	\$ 251

Rates include premium payable to Aetna Life Insurance Company as well as administrative fees payable to other third parties. Rates also include premiums and fees for Accidental Death and Dismemberment, Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through OnCall International and its contracted underwriting companies.

## HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

### MANDATORY BASIC HEALTH INSURANCE COVERAGE (For Students Only)

All international students or other persons possessing and maintaining a current passport and valid visa status (F-1 or J-1), or pending reinstatement, engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status, are eligible to be insured under the Policy. Coverage is available for students engaged in "Practical Training." Contact the International Students Office for more information. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international 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 30 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 in the case of medical withdrawal or during school authorized breaks.

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

#### **DEPENDENT COVERAGE - Eligibility**

Dependents of an eligible International student must possess a valid passport and a proper visa (F-2 or J-2) or pending reinstatement.

Covered students may also enroll their eligible dependents for the same coverage (except where noted). Eligible dependents are a covered student's lawful spouse or domestic partner and unmarried dependent children under age 19, or up to age 23 if a full-time student, who reside with, and are fully supported by, the covered student. An exception may be made for non-custodial parent court decreed health insurance for minor children not at the same residence.

Please note that dependents must be enrolled during the open enrollment period at the start of each term. The only exception to this rule is for newborn children who must be enrolled within 31 days from their date of birth. To enroll a newborn child, you must contact Wells Fargo Insurance Services at **(800) 853-5899**.

#### **Newborn Infant 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 Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Person must (1) enroll the child within 31 days of birth, and (2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. To extend coverage for an adopted child past the 31 days, the Covered Person 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.

Aetna maintains its right to investigate student and dependent status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

### WITHDRAWAL FROM SCHOOL

If you leave the 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 may not be automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. Please contact your school International Student Office regarding continuation of coverage.

### PRE-EXISTING CONDITION

**Basic Plan Pre-Existing Condition limitation:** Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless the Covered Person has been covered under the Basic Policy or other creditable coverage for six consecutive months. This limitation is subject to all other policy limitations; including benefits listed under the Outpatient section. See the definition of Pre-Existing Conditions in the definition section of this Brochure.

**Supplemental Plan Pre-Existing Condition limitation:** Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless (a) no charges are incurred or treatment rendered for the condition for a period of six months while covered under the Supplemental Policy; or (b) the covered person has been covered under the Supplemental Policy for six consecutive months; or (c) the covered person has been covered under a policy considered creditable coverage, **other than the Basic Policy**, immediately prior to becoming a covered person under the Supplemental Policy.

**Special Rules as to a Pre-Existing Condition:** If a Covered Person had Creditable Coverage and such coverage terminated within 63 days prior to the date they become eligible for coverage under the Policy, any period of time that they had the Creditable Coverage may be counted toward the above requirement provided that coverage under the Policy is applied within 30 days of the person's eligibility.

### CONTINUOUSLY INSURED

Persons who have remained continuously insured under the Policy; and prior student health insurance policies issued to the school; will be covered for any Pre-Existing Condition; which manifests itself while continuously insured; except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage; including dependent coverage; by the specified enrollment deadline dates (see page 2) in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in Continuous Coverage of 63 days or greater occurs; the Pre-Existing Conditions Limitation will apply. The student is permitted to have a one term or semester break per policy year without restarting the pre-existing condition period.

## PREMIUM REFUND

**REFUNDS** - A refund of premium will be granted for the reasons below only. No other refunds will 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 Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by WFIS within 45 days of entry into service.

Refund requests should be directed to Wells Fargo Student Insurance at (800) 853-5899. Approved refunds will be assessed a \$25 processing fee.

## PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access the Aetna Preferred Provider Network. It is to your advantage to utilize a Preferred 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 Provider and a Non-Preferred Provider. Preferred Providers are independent contractors and are neither employees nor agents of EOU, OIT, SOU, and WOU, Aetna Student Health, or Aetna Life Insurance Company. To find a preferred provider, you can use Aetna's online DocFind® service located at [www.aetmastudenthealth.com](http://www.aetmastudenthealth.com). Click on "Find Your School" and enter your University's name. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.



## DEFINITIONS

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

**Actual Charge:** The actual charge made for a covered service by the provider who furnishes it.

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

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

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

**Co-pay:** The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Co-pay amounts are the responsibility of the Covered Person.

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

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

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

**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.

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 University/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.

**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 Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than

## DEFINITIONS (CONTINUED)

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 healthcare 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 has agreed to make as to any service or supply for the purpose of the benefits under this Plan.

**Non-Preferred Care:** A healthcare service or supply furnished by a healthcare provider that is not a Preferred Care Provider; if, as determined by Aetna; (a) the service or supply could have been provided by a Preferred Care Provider; and (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

**Non-Preferred Care Provider (or Non-Preferred Provider):** A healthcare 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 any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

**Pre-Existing Condition:** Any injury, sickness or condition for which a person received treatment or services, or took prescribed drugs or medicines within six months of the Covered Person's effective date of insurance.

**Preferred Care:** Care provided by a Preferred Care Provider; or any healthcare provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

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

**Preferred Pharmacy:** A pharmacy; including a mail order Pharmacy; which is party to a contract with Aetna to dispense drugs to persons covered under the Policy; but only while

the contract remains in effect; and when the pharmacy dispenses a prescription drug under the terms of its contract with Aetna.

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

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

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

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

In determining the Reasonable Charge for a service or supply that is:

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

Aetna may take into account factors, such as:

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

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

## PRE-CERTIFICATION PROGRAM

Pre-Admission Certification is designed to help you receive quality cost effective medical care. All requests for certification must be obtained by contacting Aetna Student Health. The following inpatient services 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.
- ♦ **Pre-Certification does not guarantee the payment of benefits for your inpatient admission.** Each claim is subject to medical policy review; in accordance with the exclusions and limitations contained in the Policy; as well as a review of eligibility; adherence to notification guidelines; and benefit coverage under the student Accident and Sickness Plan.
- ♦ 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.

**Notification of Emergency Admissions:**

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

Aetna Student Health

Attention: Managed Care Dept.

P.O. Box 15708

Boston, MA 02215-0014

See page 14 for school assigned phone numbers and policy numbers.

## SCHEDULE OF MEDICAL EXPENSE BENEFITS FOR SOU AND WOU

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review this SOU and WOU Summary of Benefits section for any additional benefit level maximums. If you or your physician have any questions regarding benefits, please contact Aetna Student Health. Please refer to the Exclusions and Definitions listed in this Brochure for more detailed information on covered benefits. The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be reviewed through the Student Insurance Coordinator during business hours.

<b>Mandatory Basic Plan Policy Year Maximum</b>	<b>\$2,500 per Covered Accident or Illness (SOU) \$5,000 per Covered Accident or Illness (WOU)</b>
<b>Mandatory Waiver Supplemental Plan Policy Year Maximum</b>	<b>\$100,000 per Covered Accident or Illness (student) \$50,000 per Covered Accident or Illness (dependents)</b> Benefits will be payable under the Supplemental Plan <i>after</i> benefits have been exhausted under the Basic Plan.
<b>Mandatory Basic Plan Policy Year Deductible</b> (in addition to applicable Copays and/or Per Visit or Per Admission Deductibles)	None
<b>Mandatory Waiver Supplemental Plan Policy Year Deductible</b> (in addition to applicable Copays and/or Per Visit or Per Admission Deductibles)	\$100 per individual

After Supplemental Plan Deductible has been met, eligible expenses for SOU and WOU are covered at:  
The first \$10,000 in Covered Medical Expenses under the Supplemental Plan are reimbursed at 100% of Negotiated Charge for Preferred Care and 100% of Reasonable Charge for Non-Preferred Care; **Eligible Expenses thereafter are payable at 90% of Negotiated Charge for Preferred Care, and 80% of Reasonable Charge for Non-Preferred Care.**

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT:	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
<b>INPATIENT HOSPITAL EXPENSES</b>				
<b>Room and Board Expense</b> , daily semi-private room rate; general nursing care provided by Hospital.	75% of Negotiated Charge	60% of Reasonable Charge after \$250 Per Admission Deductible	100% of Negotiated Charge	100% of Reasonable Charge
<b>Intensive Care Room and Board Expenses</b> , benefits not to exceed 2.5 times the semi-private room rate.	75% of Negotiated Charge	60% of Reasonable Charge after \$250 Per Admission Deductible	100% of Negotiated Charge	100% of Reasonable Charge
<b>Miscellaneous Hospital Expense</b> , includes, amongst others, expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x-rays; oxygen tent; and drugs; medicines; and dressings.	75% of Negotiated Charge	60% of Reasonable Charge after \$250 Per Admission Deductible	100% of Negotiated Charge	100% of Reasonable Charge
<b>Physician Hospital Visit Expense</b> , benefits limited to one visit per day.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible Per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Licensed Nurse Expense</b>	75% of Negotiated Charge	60% of Reasonable Charge after \$250 Per Admission Deductible	100% of Negotiated Charge	100% of Reasonable Charge
<b>SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)</b>				
<b>Surgical Expense</b> , covered Medical Expenses for charges submitted by a physician.	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Anesthetist &amp; Assistant Surgeon Expense</b>	20% of Surgical Allowance	20% of Surgical Allowance	100% of Negotiated Charge	100% of Reasonable Charge
<b>OUTPATIENT EXPENSES</b>				
<b>Physician's Office Visit Expenses</b> , limited to one visit per day. <i>Copay waived when services performed at SHC, and payable at 100% of Actual Charge.</i>	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Emergency Room Visits</b> , use of the emergency room and supplies. Copay/ Per Visit Deductible waived if admitted. Benefits limited to \$1,000 maximum per Condition, per Policy Year for the Basic Plan	100% of Negotiated Charge after \$150 Copay per visit	100% of Reasonable Charge after \$150 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT:	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
<b>OUTPATIENT EXPENSES CONTINUED</b>				
Ambulatory Surgical Expense	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
Chemotherapy & Radiation Therapy Expense, including anti-nausea drugs used in conjunction with chemotherapy.	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
Hospital Outpatient Department or Walk-In Visit Expense	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES</b>				
Inpatient Mental Health and Substance Abuse Expense, include charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained from Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Outpatient Mental Health Expense, Copay waived when services performed at SHC, and payable at 100% of Actual Charge.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Outpatient Substance Abuse Expense (Drug/Alcohol Treatment)	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>ADDITIONAL EXPENSES</b>				
Pap Smear Screening Expense, annual screening for women 18 and older, and anytime upon referral from a woman's health care provider. Copay waived when services performed at SHC, and payable at 100% of Actual Charge.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Mammogram Expense, Covered Medical Expenses includes: Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman's health care provider; and An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Breast Exam Expense, Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention. This expense will be paid annually for women 18 and older, and at any time as recommended by woman's health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Diagnostic X-Ray and Laboratory Expense, Copay waived when services performed at SHC, and payable at 100% of Actual Charge	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
High Cost Procedure Expense, Covered Procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. scans, Magnetic Resonance Imaging and Laser treatments	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
Physical/Occupational Therapy Expense, benefits limited to combined maximum of 10 visits per Policy Year for Basic Plan.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Acupuncture Expense, benefits limited to a maximum of 10 visits per Policy Year for Basic Plan.	75% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Copay per visit	100% of Negotiated Charge	100% of Reasonable Charge
Chiropractic Expense, benefits limited to a maximum of 10 visits per Policy Year for Basic Plan; \$300 maximum per Policy Year for Supplemental Plan.	75% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Copay per visit	100% of Negotiated Charge	100% of Reasonable Charge
Allergy Testing or Treatment Expense	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT: ADDITIONAL EXPENSES	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
Testing for Learning Disability/ Attention Deficit Disorder Expense	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Consultant or Specialist Physician Expense, when requested/approved by attending Physician.	75% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$25 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Maternity Expense	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
Outpatient Diabetic Self-Management Education Program Expense	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$25 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
Diabetic Testing Supplies Expense, including needles/syringes, test strips, diabetic test agents, glucose tablets, lancets, lancets/lancing devices; and alcohol swabs; insulin and oral hypoglycemic as well as blood glucose monitors.	75% of Negotiated Charge	60% of Reasonable Charge	See Prescription Drug Expense	
Prosthetic Devices Expense	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
Durable Medical Equipment Expense	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
Ambulance Expense	75% of Reasonable Charge to a maximum of \$750 per trip		100% of Reasonable Charge	
Dental Expense, benefits limited \$100 per tooth for treatment made necessary for injury to sound, natural tooth; maximum of \$500 per Policy Year for wisdom teeth removal.	75% of Reasonable Charge		100% of Reasonable Charge	
Enteral Formula Expense	75% of Negotiated Charge	60% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
Hospice Expense, benefits limited to \$4,000 maximum per Policy Year	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
Home Health Care Expense	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
Cancer Screening Expenses, including but not limited to routine colorectal and prostate cancer screening. Benefits limited to a maximum of \$500 per Policy Year.	100% of Negotiated Charge after \$20 Copay per visit	60% of Reasonable Charge after \$40 Deductible per visit	Not Covered	Not Covered
<b>PRESCRIPTION DRUG EXPENSE</b>				
<p><b>Prescription Drug Expense</b>, includes diabetic testing supplies; prescription contraceptives. Benefits limited to \$3,000 maximum for the Supplemental Plan, per Policy Year. Medication not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or stimulate hair growth; appetite suppressants; smoking deterrents; immunization agents and vaccines; and non-self-injectables.</p> <p><b>Please Note:</b> You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</p>	Not Covered		<p>Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit</p> <p>Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit</p> <p>Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit</p>	<p>Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit</p> <p>Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit</p> <p>Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit</p>

Aetna negotiates rates with health care providers to help you save money. We refer to these providers as being “in our network”. Some plans pay for services from providers who are not in our network. Those plans pay for out of network services based on a Plan allowance that may be connected to “prevailing charges” or “usual and customary” or “reasonable” charges. In order to figure out the Plan allowance for doctors’ services, we currently utilize a database of charge information from Ingenix, which is owned by United HealthCare. A new, independent database (not owned by a health insurer) is being created. When it is ready, we will use the new database instead of Ingenix. For more information, please refer to the [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## SCHEDULE OF MEDICAL EXPENSE BENEFITS FOR EOU AND OIT

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review this Summary EOU and OIT of Benefits section for any additional benefit level maximums. If you or your physician have any questions regarding benefits, please contact Aetna Student Health.

Please refer to the Exclusions and Definitions listed in Brochure for more detailed information on covered benefits.

The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be reviewed through the Student Insurance Coordinator during business hours.

<b>Mandatory Basic Plan Policy Year Maximum</b>	<b>\$2,500 per Covered Accident or Illness (EOU) \$2,500 per Covered Accident or Illness (OIT)</b>
<b>Mandatory Waiver Supplemental Plan Policy Year Maximum</b>	<b>\$100,000 per Covered Accident or Illness (student) \$50,000 per Covered Accident or Illness (dependents)</b> Benefits will be payable under the Supplemental Plan <i>after</i> benefits have been exhausted under the Basic Plan.
<b>Mandatory Basic Plan Policy Year Deductible (in addition to applicable Copays and/or Per Visit or Per Admission Deductibles)</b>	None
<b>Mandatory Waiver Supplemental Plan Policy Year Deductible (in addition to applicable Copays and/or Per Visit or Per Admission Deductibles)</b>	\$100 per individual

After Supplemental Plan Deductible has been met, eligible expenses for EOU and OIT are covered at:

The first \$10,000 in Covered Medical Expenses under the Supplemental Plan are reimbursed at 100% of Negotiated Charge for Preferred Care and 100% of Reasonable Charge for Non-Preferred Care; **Eligible Expenses thereafter are payable at 90% of Negotiated Charge for Preferred Care, and 90% of Reasonable Charge for Non-Preferred Care.**

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT:	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
<b>INPATIENT HOSPITAL EXPENSES</b>				
<b>Room and Board Expense</b> , daily semi-private room rate; general nursing care provided by Hospital.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Intensive Care Room and Board Expenses</b> , benefits not to exceed 2.5 times the semi-private room rate.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Miscellaneous Hospital Expense</b> , includes, amongst others, expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x-rays; oxygen tent; and drugs; medicines; and dressings.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Physician Hospital Visit Expense</b> , benefits limited to one visit per day.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Licensed Nurse Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)</b>				
<b>Surgical Expense</b> , covered Medical Expenses for charges submitted by a physician.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Anesthetist &amp; Assistant Surgeon Expense</b>	20% of Surgical Allowance	20% of Surgical Allowance	100% of Negotiated Charge	100% of Reasonable Charge
<b>OUTPATIENT EXPENSES</b>				
<b>Physician's Office Visit Expenses</b> , limited to one visit per day. <i>Copay waived when services performed at SHC, and payable at 100% of Actual Charge.</i>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Emergency Room Visits</b> , use of the emergency room and supplies. Copay/ Per Visit Deductible waived if admitted. Benefits limited to \$1,000 maximum per Condition, per Policy Year for the Basic Plan.	100% of Negotiated Charge after \$150 Copay per visit	100% of Reasonable Charge after \$150 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Ambulatory Surgical Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Chemotherapy &amp; Radiation Therapy Expense</b> , including anti-nausea drugs used in conjunction with chemotherapy.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Hospital Outpatient Department or Walk-In Visit Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT:	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
<b>MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES</b>				
<b>Inpatient Mental Health and Substance Abuse Expense</b> , include charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained from Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Outpatient Mental Health Expense</b> , <i>Copay waived when services performed at SHC, and payable at 100% of Actual Charge.</i>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Outpatient Substance Abuse Expense (Drug/Alcohol Treatment)</b>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>ADDITIONAL EXPENSES</b>				
<b>Pap Smear Screening Expense</b> , annual screening for women 18 and older, and anytime upon referral from a woman's health care provider. <i>Copay waived when services performed at SHC, and payable at 100% of Actual Charge.</i>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Mammogram Expense</b> , Covered Medical Expenses includes: Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman's health care provider; and An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Breast Exam Expense</b> , Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention. This expense will be paid annually for women 18 and older, and at any time as recommended by woman's health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Diagnostic X-Ray and Laboratory Expense</b> , <i>Copay waived when services performed at SHC, and payable at 100% of Actual Charge.</i>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>High Cost Procedure Expense</b> , Covered Procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. scans, Magnetic Resonance Imaging and Laser treatments.	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Physical/Occupational Therapy Expense</b> , benefits limited to combined maximum of 10 visits per Policy Year for Basic Plan.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Acupuncture Expense</b> , benefits limited to a maximum of 10 visits per Policy Year for Basic Plan.	75% of Negotiated Charge after \$20 Copay per visit	75% of Reasonable Charge after \$20 Copay per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Chiropractic Expense</b> , benefits limited to a maximum of 10 visits per Policy Year for Basic Plan; \$300 maximum per Policy Year for Supplemental Plan.	75% of Negotiated Charge after \$20 Copay per visit	75% of Reasonable Charge after \$20 Copay per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Allergy Testing or Treatment Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Testing for Learning Disability/ Attention Deficit Disorder Expense</b>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Consultant or Specialist Physician Expense</b> , when requested/approved by attending Physician.	75% of Negotiated Charge after \$20 Copay per visit	75% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>Maternity Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Outpatient Diabetic Self-Management Education Program Expense</b>	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge

AFTER SUPPLEMENTAL DEDUCTIBLE, ELIGIBLE EXPENSES ARE COVERED AT ADDITIONAL EXPENSES	BASIC PLAN		SUPPLEMENTAL PLAN	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
<b>Diabetic Testing Supplies Expense</b> , including needles/syringes, test strips, diabetic test agents, glucose tablets, lancets, lancets/lancing devices; and alcohol swabs; insulin and oral hypoglycemic as well as blood glucose monitors.	75% of Negotiated Charge	75% of Reasonable Charge	See Prescription Drug Expense	
<b>Prosthetic Devices Expense</b>	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
<b>Durable Medical Equipment Expense</b>	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
<b>Ambulance Expense</b>	75% of Reasonable Charge to a maximum of \$750 per trip		100% of Reasonable Charge	
<b>Dental Expense</b> , benefits limited \$100 per tooth for treatment made necessary for injury to sound, natural tooth; maximum of \$500 per Policy Year for wisdom teeth removal.	75% of Reasonable Charge		100% of Reasonable Charge	
<b>Enteral Formula Expense</b>	75% of Negotiated Charge	75% of Reasonable Charge	100% of Negotiated Charge	100% of Reasonable Charge
<b>Hospice Expense</b> , benefits limited to \$4,000 maximum per Policy Year.	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
<b>Home Health Care Expense</b>	Not Covered	Not Covered	100% of Negotiated Charge	100% of Reasonable Charge
<b>Cancer Screening Expenses</b> , including but not limited to routine colorectal and prostate cancer screening. Benefits limited to a maximum of \$500 per Policy Year.	100% of Negotiated Charge after \$20 Copay per visit	100% of Reasonable Charge after \$20 Deductible per visit	100% of Negotiated Charge	100% of Reasonable Charge
<b>PRESCRIPTION DRUG EXPENSE</b>				
<b>EOU Prescription Drug Expense</b> , includes diabetic testing supplies; prescription contraceptives. Benefits limited to \$500 maximum for the Basic Plan, and an additional \$3,000 maximum for the Supplemental Plan, per Policy Year. Medication not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or stimulate hair growth; appetite suppressants; smoking deterrents; immunization agents and vaccines; and non-self-injectables. <i>Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</i>	Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit	Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit	Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit	Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit
<b>OIT Prescription Drug Expense</b> , includes diabetic testing supplies; prescription contraceptives. Benefits limited to \$3,000 maximum per Policy Year. Medication not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or stimulate hair growth; appetite suppressants; smoking deterrents; immunization agents and vaccines; and non-self-injectables. <i>Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</i>	Not Covered		Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit	Generic Drugs: 100% of Negotiated Charge after \$10 Copay per visit Preferred Brand Name Drugs: 100% of Negotiated Charge after \$20 Copay per visit Non-Preferred Brand Name Drugs: 100% of Negotiated Charge after \$40 Copay per visit

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## NON-DUPLICATION OF BENEFITS

After the Basic Plan pays \$250, benefits under the Basic Plan are reduced if a covered student:

- a) Is covered by any other group or blanket health care plan; and other such coverage makes payment on any expenses; and
- b) Would, as a result, receive Medical Expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the Basic Plan will pay will be reduced by such Excess, and benefits payable under this Basic Plan up to the Annual Maximum Benefits as indicated in the Schedule of Medical Expense Benefits.

## GENERAL PROVISIONS

**State Mandated Benefits:** This plan will always pay benefits in accordance with any applicable Oregon Insurance Law(s). Mandated benefits include: Prostate Screening Exam; Prescription Contraceptive Drugs and Devices; Elemental Enteral Formula for home use; and Colorectal Cancer Screening.

### **Reimbursement and Subrogation:**

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

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

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

## EXCLUSIONS & LIMITATIONS

The Plan neither covers nor provides benefits for the following:

1. Expense incurred as a result of dental treatment; except for treatment resulting from injury to sound natural teeth as provided elsewhere in this policy.
2. Expense incurred for services normally provided without charge by this policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by this policyholder.
3. Expense incurred for eye refractions; vision therapy; radial keratotomy; eye-glasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury.
4. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.

5. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to this policyholder.
8. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion will not apply where prohibited by law. It does not apply to services rendered at any hospital owned or operated by the state of Oregon or any state approved community mental health and developmental disabilities program.
9. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this policy and performed while this policy is in effect.
10. Expense 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.
11. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to:  
(a) Improve the function of a part of the body that: is not a tooth or structure that supports the teeth; and is malformed as a result of a severe birth defect; including harelip; webbed fingers; or toes; or as 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 this policy year of the accident which causes the injury; or in the next policy year.
12. Expense incurred as a result of preventive medicines; serums; vaccines.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
15. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
16. 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.
17. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports; club sports and intramurals are not excluded benefits.
18. Expense incurred by a covered person not a United States Citizen for services performed within the covered person's home country.
19. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
20. Expense incurred for experimental or investigative procedures.
21. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
22. Expenses incurred for breast reduction/mamoplasty.
23. Expenses incurred for gynecomastia (male breasts).

## EXCLUSIONS AND LIMITATIONS (CONTINUED)

24. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
25. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
26. 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.
27. 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. This policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.
28. Expense incurred for custodial care; private duty nursing services and supplies; provided by a sanitarium; or rest cures. Custodial care means services and supplies furnished to a person; mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.
29. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
30. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
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.
33. Expense for incidental surgeries; and standby charges of a physician.
34. Expense for treatment and supplies for programs involving cessation of tobacco use.
35. Expense for contraceptive methods; devices or aids; and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; **unless specifically provided for in this policy.**
36. Expenses incurred for massage therapy.
37. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder (with the exception of psychotherapy or counseling).
38. 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**
39. 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.
40. Expenses for treatment of injury or sickness to the extent payment is made; as a judgment or settlement; by any person deemed responsible for the **injury or sickness** (or their Insurers).
41. 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 this policy.
42. Expense incurred for a treatment; service; or supply; which is not medically necessary; as determined by Aetna; for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed; recommended; or approved; by the person's attending physician; or dentist. In order for a treatment; service; or supply; to be considered medically necessary; the service or supply must: be care; or treatment; which is likely to produce a significant positive outcome as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved; and the person's overall health condition; be a diagnostic procedure which is indicated by the health status of the person; and be as likely to result in information that could affect the course of treatment as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved; and the person's overall health condition; and as to diagnosis; care; and treatment; be no more costly (taking into account all health expenses incurred in connection with the treatment; service; or supply); than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances; Aetna will take into consideration: information relating to the affected person's health status; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; generally recognized professional standards of safety and effectiveness in the United States for diagnosis; care; or treatment; the opinion of health professionals in the generally recognized health-specialty involved; and any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: those that do not require the technical skills of a medical; a mental health; or a dental professional; or those furnished mainly for the personal comfort or convenience of the person; any person who cares for him or her; or any persons who is part of his or her family; any health-care provider; or 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.
43. 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

## EXCLUSIONS AND LIMITATIONS (CONTINUED)

A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or

The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.

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

The disease can be expected to cause death within one year; in the absence of effective treatment; and

The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

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

Have been granted treatment investigational new drug (IND); or Group c/ treatment IND status; or

Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;

If Aetna in conjunction with the Oregon Health Resources Commission determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.

44. 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.
45. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
46. Expense for charges that are not reasonable charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the reasonable charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.

## EXTENSION OF BENEFITS

If a Covered Person is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the policy, but only while they are incurred during the 90 day period, following such termination of insurance.

### Termination of Insurance

Benefits are payable under the 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.

## AETNA CONTACT INFORMATION

Eastern Oregon University – Policy #474905

Aetna Customer Service – (866) 746-6586

Oregon Institute of Technology – Policy #474894

Aetna Customer Service – (866) 618-0023

Southern Oregon University – Policy #474906

Aetna Customer Service – (866) 746-6588

Western Oregon University – Policy #474904

Aetna Customer Service – (866) 746-4050

## 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 15708, Boston, MA 02215-0014**

**See customer service phone numbers to the left.**

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

1. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
2. 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.
3. 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).
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

## HOW TO APPEAL A CLAIM

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

**Please submit all requests to:**  
Aetna Student Health  
P.O. Box 15717  
Boston, MA 02215-0014

**If the dispute is not resolved, you may also write or call the:**

**Office of Insurance Commissioner**  
Consumer Advocacy Unit  
350 Winter Street NE, Room 440  
P.O. Box 14480  
Salem, OR 97309-0405  
(503) 947 7984 or  
(888) 877-4894 (toll-free)

## PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to a Preferred Pharmacy, along with your applicable co-pay. The pharmacy will bill Aetna for the cost of the drug; plus a dispensing fee, less the co-pay amount. When you need to fill a prescription and do not have your ID card, you may obtain your prescription from an Aetna Preferred Pharmacy; and be reimbursed by submitting a completed Aetna Prescription Drug claim form found at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). You will be reimbursed for covered medications, less your co-pay. Prescriptions from a Non-Preferred Pharmacy must be paid for in full at time of service, and submitted for reimbursement. If a plan covers prescription drugs it must cover off label drugs that are medically necessary and meet the criteria for use as an off label drug as stated in Oregon law. If an urgent condition exists, the plan must cover prescription drugs rendered in or provided by a rural clinic.

## 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 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](http://www.aetnastudenthealth.com).



## MEMBER WEB: AETNA NAVIGATOR®

### Got Questions? Get Answers with 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. 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 healthcare services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find healthcare 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)
- 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.

### 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 **1-800-225-3375**.

## ADDITIONAL DISCOUNTS AND SERVICES

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<sup>1</sup>** — The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

**Aetna Beginning Right Maternity Management Program<sup>®2</sup>** — The tools you need to give your baby a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician — in person, by phone or through a website — throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, dental screening and healthy initiatives, such as smoking.

**Fitness Program<sup>1</sup>** — Aetna's Fitness Program provides members with access to services provided by GlobalFit™, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates\* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services.

\*At some clubs, participation may be restricted to new club members.

**Aetna's Informed Health<sup>®</sup> Line<sup>2</sup>** — Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year. You never know when a health question might come up. Informed

Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics — 24 hours a day, 7 days a week.

You also have access to our Audio Health Library, a recorded collection of thousands of health topics that are available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call. Or, to get credible health information online, register for Aetna Navigator™ (visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to register), our password-protected member website. After logging in, click on *Take Action on Your Health, Treating Illness* and then *Health A-Z*.

**To reach an Informed Health Line Nurse, please call (800) 556-1555.**

For TDD (hearing and speech impaired only), please call **(800) 270-2386**.

*\*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other healthcare professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*

**Aetna Natural Products and Services<sup>SM</sup> Program<sup>1, 2</sup>** — Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.

**Health and Wellness Portal<sup>2</sup>** — This dynamic, interactive website will give you healthcare 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.

**Quit & Fit<sup>SM 2</sup>** — This tobacco cessation program that will provide support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.

<sup>1</sup> 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.

<sup>2</sup> Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other healthcare professionals.

## ON CALL INTERNATIONAL

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits. A brief description of these benefits is outlined below.

### Accidental Death and Dismemberment (ADD) Benefits

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

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

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

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

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist Covered Persons when traveling in a foreign country or when 100 or more miles from their primary residence, whether on campus or on a trip.

- ♦ Unlimited Emergency Medical Evacuation
- ♦ Unlimited Medically Supervised Repatriation
- ♦ Unlimited Return of Mortal Remains
- ♦ Visit by Family Member/Friend During Hospitalization
- ♦ 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
- ♦ Legal Referral
- ♦ Bail Bonds 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.*







**WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY**

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at <https://studentinsurance.wellsfargo.com>.

**CLAIMS ADMINISTERED BY:  
Claims and Coverage Questions**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Aetna Student Health**  
P.O. Box 15708  
Boston, MA 02215-0014

**AND**  
**To Find an Aetna Preferred Provider:**  
[www.aetna.com/docfind/custom/studenthealth](http://www.aetna.com/docfind/custom/studenthealth)

**EOU Students call:** (866) 746-6586  
**OIT Students call:** (866) 618-0023  
**SOU Students call:** (866) 746-6588  
**WOU Students call:** (866) 746-4050

**EMERGENCY TRAVEL ASSISTANCE:**  
*(Provide this information to your  
Emergency Contact)*

**On Call International 24/7 Emergency  
Travel Assistance Services**

(866) 525-1956 (within U.S.).  
If outside the U.S., call collect by dialing the U.S. access code plus (603) 328-1956.  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**24-HOUR NURSE ADVICE:**

**Aetna Informed Health® Line**  
(800) 556-1555

**PRESCRIPTIONS:**

**Aetna Pharmacy Management**  
(800) 238-6279  
[www.aetna.com/docfind/custom/studenthealth](http://www.aetna.com/docfind/custom/studenthealth)

**THE PLAN ADMINISTERED BY:**  
*Eligibility, Enrollment and  
General Questions*

**Wells Fargo of California Insurance  
Services, Inc.**  
**Student Insurance Division**  
OR License No. 802263  
11017 Cobblerock Drive, Suite 100  
Rancho Cordova, CA 95670  
(800) 853-5899 or (916) 231-3399  
Fax: (916) 231-3398  
<https://studentinsurance.wellsfargo.com>

For the most current Plan brochure, please refer to the online edition found at <https://studentinsurance.wellsfargo.com>. The brochure contains a brief description of the student health insurance and related benefits available for EOU, OIT, SOU, & WOU students. The exact provisions of the Plan, including a complete list of exclusions and limitations, are contained in the Master Policy available through the Student Insurance Coordinator on campus. This Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc., an affiliate of ALIC. Aetna Student Health is the brand name for products and services provided by these companies. Certain administrative services are also provided by Wells Fargo of California Insurance Services, Inc.

**IMPORTANT NOTE**

Please keep this Brochure; as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy; the Master Policy will govern and control the payment of benefits.