WHERE TO FIND HELP

In case of an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call the Patron Health Center at (802)-443-5135.

For questions about:
- Insurance Benefits
- Enrollment
- Waiver Process
- Claims Processing
- Pre-Certification Requirements

Please contact:
Gallagher Koster
500 Victory Road
Qunicy, MA 02171
www.gallagherkoster.com/middlebury
Email: Middleburystudent@gallagherkoster.com
(800) 430-0697

For questions about:
ID Cards

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

For lost ID cards, contact:
Gallagher Koster
500 Victory Road
Qunicy, MA 02171
www.gallagherkoster.com/middlebury
Email: Middleburystudent@gallagherkoster.com
(800) 430-0697

For questions about:
* Status of Pharmacy Claim
* Pharmacy Claim Forms
* Excluded Drugs and Pre-Authorization

Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For questions about:
* Provider Listings

Please contact:
Aetna Student Health
800-867-0724
A complete list of providers can be found at the University Health Services Office, or you can use Aetna’s DocFind® Service at www.aetnastudenthealth.com
For questions about:
On Call International 24/7 Emergency Travel Assistance Services

Please contact:
On Call International at (866) 525-1956 (within U.S.).
If outside the U.S., call collect by dialing the U.S. access code plus (603) 328-1956. Please also visit
www.aetnastudenthealth.com and visit your school-specific site for further information.

The Middlebury College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and
administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services
provided by these companies and their applicable affiliated companies.

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits
and full terms and conditions may be found in the Master Policy issued to Middlebury College. If any discrepancy
exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The
Master Policy may be viewed at the Middlebury College Office of Business Services during business hours.

This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and
Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call
the customer service number on your ID card.
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Middlebury College offers a wide range of health services through Parton Health And Counseling Center, most of which are included in the cost of a student’s comprehensive fee (which is separate from the insurance plan cost). During the academic year Health Service is staffed, weekdays 8:00 am - 9:00 pm and weekends noon - 4:00 pm with a Registered Nurse. Prescriber appointments are scheduled with the doctor or nurse practitioner for weekdays 9:00 am to 4:00 pm. You may schedule an appointment by telephone or walk-in.

The services provided at Health Service include but are not limited to:
- Acute care outpatient clinic
- Allergy shots
- Immunizations
- Men’s and women’s health care including contraceptive management
- Sexually transmitted infection testing and sexuality counseling
- Comprehensive travel clinic
- Limited laboratory services
- Limited over-the-counter medications
- Referrals to appropriate local practitioners.

Counseling Service provides psychological counseling. Four counselors provide short-term counseling, crisis intervention, educational and mental health programs, assessments and referrals to other professional therapists in the area. Students may be expected to pay for psychiatric assessment and follow-up psychiatric treatment.

Sports Medicine provides athletic training and sports medicine services to official team roster members of intercollegiate teams and club rugby and crew. For a complete list of services offered by Parton Health and Counseling Center visit our website at http://www.middlebury.edu/studentlife/services/health or “go/health.”

**Health Center Charges**
There is no charge for visits to Parton. Students will be charged through Health Services for certain lab tests, specifically STD and HIV testing, some vaccines and some medical supplies.

**POLICY PERIOD**

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on September 1, 2011 and will terminate at 11:59 PM on August 31, 2012.

2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:01 AM on February 1, 2012, and will terminate at 12:01 AM on August 31, 2012.

3. **Dependents:** Dependents are not eligible for this plan.
## RATES

<table>
<thead>
<tr>
<th></th>
<th>Annual 9/1/11-8/31/12</th>
<th>Fall 9/1/11-1/31/12</th>
<th>Spring 2/1/12-8/31/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$913</td>
<td>$385</td>
<td>$533</td>
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Rates include a $5.00 fee for the Gallagher Koster Complements discount programs.

## MIDDLEBURY COLLEGE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Middlebury College students. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the Office of Business Services during business hours.

### STUDENT COVERAGE

#### ELIGIBILITY

All undergraduate and graduate students enrolled as full-time students, who actively attend classes for at least the first 31 days, are eligible to enroll in the Student Accident & Sickness Insurance Plan.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

#### ENROLLMENT

**Mandatory Student Accident Only Insurance Plan**

All undergraduate and graduate students enrolled at Middlebury College are automatically enrolled in the Mandatory Student Accident Only Insurance Plan. The Mandatory Student Accident Only Insurance Plan provides coverage for Covered Medical Expenses incurred as a result of an Accident sustained during the academic year, 9/1/11 - 5/31/12.

**Student Accident Only Insurance Plan - Summer Coverage**

Students who are enrolled for classes during the Summer Term will be automatically enrolled in the Mandatory Student Accident Only Insurance Plan for the Summer Term, 6/1/12 - 8/31/12. Students not taking summer classes will not be automatically enrolled, and are not eligible to enroll on a voluntary basis.

**Voluntary Student Accident & Sickness Insurance Plan**

All undergraduate and graduate students enrolled in the Mandatory Student Accident Only Insurance Plan are eligible to enroll in the Student Accident & Sickness Insurance Plan on a voluntary basis. The Voluntary Student Accident & Sickness Insurance Plan combines coverage for Covered Expenses incurred as a result of a Sickness with the coverage available under the Mandatory Student Accident Only Insurance Plan. **Enrollment in the Voluntary Accident & Sickness Insurance Plan extends the Mandatory Accident Only Insurance Plan through August 31, 2011.** The Voluntary Accident & Sickness Insurance Plan also provides coverage for Emergency Medical Evacuation and Repatriation of Remains for the policy year, 9/1/11-8/31/12.

#### Online Enrollment

Students interested in purchasing the Voluntary Accident & Sickness Insurance Plan may enroll and submit the applicable premium online through [www.gallagherkoster.com/Middlebury](http://www.gallagherkoster.com/Middlebury) click on the “Student Direct Pay Enroll” tab and follow the online instructions. Paper enrollment forms can be obtained at [www.gallagherkoster.com/middlebury](http://www.gallagherkoster.com/middlebury). Click on the “Forms and Applications” tab.
If premium is received after the effective date, coverage will be made effective the date the correct premium is received by Gallagher Koster. Premium is not prorated.

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

**REFUND POLICY**

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness.)

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

**CONTINUOUSLY INSURED**

Persons who have remained continuously insured under This Plan or other policies will be covered for any Pre-Existing Condition, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of This Plan. Previously covered persons must re-enroll for coverage, by **August 1, 2011**, for the Fall Semester, and by **January 1, 2011**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the Pre-Existing Conditions Limitation will apply.

**PREFERRED PROVIDER NETWORK**

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Middlebury College campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. A listing of participating providers is available at Middlebury College Health Services.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **800-867-0724**, or through the Internet by accessing DocFind at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

- Click on “Enter DocFind”
- Select zip code, city, or county
- Enter criteria
- Select Provider Category
- Select Provider Type
- Select Plan Type – Student Health Plans
- Select “Start Search” or “More Options”
- “More Options” enter criteria and “Search”

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

REFERRAL REQUIREMENTS

Students’ health care needs can best be satisfied when an organized system of health care providers at Middlebury College’s Health Services manages the treatment. Referrals are required for the following benefits:

- Physical Therapy Expenses
- Chiropractic Care Expense

If you do not obtain a referral from the student health center, benefits will be denied.

PRE-CERTIFICATION PROGRAM

Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at (800) 867-0724 (attention Managed Care Department).

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

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

Each claim is subject to review in order to ascertain eligibility, availability of aggregate plan and individual benefit limits, and determination of responsibility or coverage under another health plan. Aetna will not be responsible for authorizations given based on inaccurate information, or when fraud or intentional misconduct has occurred.

Pre-Certification of Non-Emergency Inpatient Admissions, Partial Hospitalization: The patient, Physician or hospital must telephone at least three (3) business days prior to the planned admission or prior to the date the services are scheduled to begin.

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.

- There is no penalty for procedures that are not pre-certified.
PRE-EXISTING CONDITIONS/
CONTINUOUSLY INSURED PROVISIONS

Pre-existing Condition
Any injury, sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the covered person’s effective date of insurance.

Limitation
Expenses beyond $2,500 incurred by a covered person as a result of a Preexisting Condition will not be considered Covered Medical Expense unless the covered person has been covered under This Plan for six consecutive months. The pre-existing condition limitation does not apply to the Mandatory Accident Plan.

Continuously Insured
You have been continuously insured if you (i) had “creditable health insurance coverage” (such as COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this plan, and (ii) the creditable coverage ended within 63 days of the date you enrolled under this plan. If both of these tests are met, then the pre-existing limitation period under this plan will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage. You will be asked to provide evidence of your prior creditable coverage.

Once a break of more than 63 days in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

DESCRIPTION OF BENEFITS

Please Note:
THE MIDDLEBUY COLLEGE PLAN MAY NOT COVER ALL OF YOUR HEALTH CARE EXPENSES.

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Middlebury College Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Middlebury College, you may view it at the Bursar’s Office or you may contact Gallagher Koster at (800) 430-0697.

This Plan will never pay more than $50,000 in a Policy Year, per Accident or Sickness. The Mandatory Accident Plan will never pay more than $5,000 in a Policy Year, per Accident. Additional Plan maximums may also apply. Some illnesses or injuries may cost more to treat and health care providers may bill you for what the Plan does not cover.

Subject to the terms of the Policy, benefits are available for you only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.
### SUMMARY OF BENEFITS CHART – Mandatory Accident Plan

**COINSURANCE**

Covered Medical Expenses are payable at the coinsurance percentage specified below, up to a maximum benefit of $5,000 for any one accident per policy.

All coverage is based on Recognized Charges unless otherwise specified.

<table>
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<tr>
<th>Inpatient Hospitalization Benefits</th>
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<tr>
<td>Hospital Room and Board Expense</td>
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</tbody>
</table>

| Intensive Care Unit Expense | **Covered Medical Expenses** are payable as follows: |
|                            | Preferred Care: 100% of the Negotiated Charge. |
|                            | Non-Preferred Care: 100% of the Recognized Charge for the Intensive Care Room Rate for an overnight stay. |

| Miscellaneous Hospital Expense | **Covered Medical Expenses** include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines. |
|                               | Benefits are payable as follows: |
|                               | Preferred Care: 100% of the Negotiated Charge. |
|                               | Non-Preferred Care: 100% of the Recognized Charge. |

| Physician Hospital Visit/Consultation Expenses | **Covered Medical Expenses** for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: |
|                                               | Preferred Care: 100% of the Negotiated Charge. |
|                                               | Non-Preferred Care: 100% of the Recognized Charge. |

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<thead>
<tr>
<th>Surgical Benefits (Inpatient and Outpatient)</th>
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<tbody>
<tr>
<td>Surgical Expense</td>
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</table>

| Anesthesia Expense | **Covered Medical Expenses** for the charges of anesthesia, during a surgical procedure, are payable as follows: |
|                   | Preferred Care: 100% of the Negotiated Charge. |
|                   | Non-Preferred Care: 100% of the Recognized Charge. |
| Assistant Surgeon Expense | **Covered Medical Expenses** for the charges of an assistant surgeon, during a surgical procedure, are payable as follows:  
Preferred Care: 100% of the **Negotiated Charge**.  
Non-Preferred Care: 100% of the **Recognized Charge**. |
|----------------------------|------------------------------------------------------------------------------------------------|
| Ambulatory Surgical Expense | Benefits are payable for **Covered Medical Expenses** incurred by a **covered person** for expenses incurred for outpatient surgery performed in a **hospital** outpatient surgery department or in an ambulatory surgical center. **Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery. **Covered Medical Expenses** are payable as follows:  
Preferred Care: 100% of the **Negotiated Charge**.  
Non-Preferred Care: 100% of the **Recognized Charge**.  
**Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery. |
| **Outpatient Benefits** | **Covered Medical Expenses** include but are not limited to: **Physician’s office visits**, **hospital** or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility. |
| Hospital Outpatient Department Expense | **Covered Medical Expenses** include treatment rendered in a Hospital Outpatient Department. **Covered Medical Expenses** do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.  
Preferred Care: 100% of the **Negotiated Charge**.  
Non-Preferred Care: 100% of the **Recognized Charge**. |
| Walk-In Clinic Expense | **Covered Medical Expenses** includes treatment rendered in a Walk-in Clinic.  
Preferred Care: 100% of the **Negotiated Charge**.  
Non-Preferred Care: 100% of the **Recognized Charge**. |
| Emergency Room Expense | **Covered Medical Expenses** incurred for treatment of an emergency medical condition are payable as follows:  
Preferred Care: 100% of the **Negotiated Charge**.  
Non-Preferred Care: 100% of the **Recognized Charge**. |
<table>
<thead>
<tr>
<th>Urgent Care Expense</th>
<th>Benefits include charges for treatment by an urgent care provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Please note:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Urgent Care</strong> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</td>
</tr>
<tr>
<td></td>
<td><strong>Covered Medical Expenses</strong> for urgent care treatment are payable as follows:</td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 100% of the Recognized Charge.</td>
</tr>
<tr>
<td></td>
<td>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows 100% of the Actual Charge to a maximum of $500 per trip for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered accident.</td>
</tr>
<tr>
<td>Pre-Admission Testing Expense</td>
<td><strong>Covered Medical Expenses</strong> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows:</td>
</tr>
<tr>
<td></td>
<td>Preferred Care: Payable as any other condition. Non-Preferred Care: Payable as any other condition.</td>
</tr>
<tr>
<td>Physician’s Office Visits (including specialists)</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows:</td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 100% of the Recognized Charge.</td>
</tr>
<tr>
<td>Laboratory and X-Ray Expense</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows:</td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 100% of the Recognized Charge.</td>
</tr>
<tr>
<td>High Cost Procedures Expense</td>
<td><strong>Covered Medical Expenses</strong> include charges incurred by a covered person are payable as follows:</td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 100% of the Recognized Charge. For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over $200.</td>
</tr>
</tbody>
</table>
| 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  
- 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**.  

**Covered Medical Expenses** are payable as follows:  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge. |
|---|---|
| Durable Medical Equipment Expense | **Covered Medical Expenses** are payable as follows:  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge. |
| Prosthetic Devices Expense | **Covered Medical Expenses** include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an **accident** or **sickness**. Medically necessary repair and replacement is included.  

**Covered Medical expenses** do **not** include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.  

Benefits are payable as follows:  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge.  

**Covered Medical Expenses** include medically necessary prosthetic devices to replace, in whole or in part, an arm or a leg. Coverage will be limited to the most appropriate model that is medically necessary to meet the patient’s needs.  

**Covered Medical Expenses** also include medically necessary repair and replacement. |
### Dental Injury Expense

**Covered Medical Expenses** include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:
- Natural teeth damaged, lost, or removed, or
- Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.

Any such teeth must have been:
- Free from decay, or
- In good repair, and
- Firmly attached to the jawbone at the time of the injury.

If:
- Crowns (caps), or
- Dentures (false teeth), or
- Bridgework, or
- In-mouth appliances, are installed due to such injury, **Covered Medical Expenses** include only charges for:
  - The first denture or fixed bridgework to replace lost teeth,
  - The first crown needed to repair each damaged tooth, and
  - An in-mouth appliance used in the first course of orthodontic treatment after the injury.

Surgery needed to:
- Treat a fracture, dislocation, or wound.
- Cut out cysts, tumors, or other diseased tissues.
- Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.

Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.

**Covered Medical Expenses** are payable as follows:

- **Preferred Care:** 100% of the Actual Charge.
- **Non-Preferred Care:** 100% of the Recognized Charge.

### Dental Anesthesia Expense

**Covered Medical Expenses** include coverage for hospital or ambulatory surgical center charges and administration of general anesthesia administered by a licensed anesthesiologist or CRN anesthetist for dental procedures on covered persons who is:
- A person who has exceptional medical circumstances or developmental disability, which places the person at serious risk.

**Covered Medical Expenses** are payable as follows:

- **Preferred Care:** 100% of the Negotiated Charge.
- **Non-Preferred Care:** 100% of the Recognized Charge.
**Consultant Expense**

**Covered Medical Expenses** include the expenses for the services of a consultant, when referred by the School Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.

**Covered Medical Expenses** are covered as follows:

- **Preferred Care**: 100% of the *Negotiated Charge*.
- **Non-Preferred Care**: 100% of the *Recognized Charge*.

Plan must cover medically necessary health care services when provided by a naturopathic **physician** licensed in the state of Vermont.

### Additional Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drug Benefit</strong></td>
<td>Prescription Drug Benefits are payable as follows:</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred Care Pharmacy</strong>: 100% of the <em>Negotiated Rate</em>.</td>
</tr>
<tr>
<td></td>
<td><strong>Non-Preferred Care Pharmacy</strong>: 100% of the <em>Recognized Charge</em>.</td>
</tr>
<tr>
<td></td>
<td>Prescription Drug Benefits are payable to a maximum of $5,000 per Policy Year.</td>
</tr>
<tr>
<td></td>
<td>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered <strong>Accident</strong> occurring during the Policy Year.</td>
</tr>
<tr>
<td></td>
<td>You must pay out of pocket for Prescriptions and then submit the receipt with a Prescription Claim Form for reimbursement.</td>
</tr>
</tbody>
</table>

| **Surgical Second Opinion Expense**          | **Covered Medical Expenses** will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the **covered person's physician**. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation. |
|                                              | Benefits are payable as follows:                                             |
|                                              | **Preferred Care**: 100% of the *Negotiated Charge*.                         |
|                                              | **Non-Preferred Care**: 100% of the *Recognized Charge*.                    |

| **Elective Surgical Second Opinion Expense** | **Covered Medical Expenses** will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation. |
|                                              | Benefits are payable as follows:                                             |
|                                              | **Preferred Care**: 100% of the *Negotiated Charge*.                         |
|                                              | **Non-Preferred Care**: 100% of the *Recognized Charge*.                    |
| **Acupuncture in Lieu of Anesthesia Expense** | **Covered Medical Expenses** include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.  
The acupuncture must be administered by a health care provider who is a legally qualified **physician**, practicing within the scope of their license.  
Preferred Care: Payable as any other condition.  
Non-Preferred Care: Payable as any other condition. |
|---|---|
| **Podiatric Expense** | **Covered Medical Expenses** include charges for podiatric services, provided on an outpatient basis.  
Benefits are payable as follows:  
Preferred Care: **100%** of the **Negotiated Charge**.  
Non-Preferred Care: **100%** of the **Recognized Charge**.  
Expenses for routine foot care, such as trimming of corns, calluses, and nails, are **not Covered Medical Expenses**. |
| **Transfusion or Dialysis of Blood Expense** | **Covered Medical Expenses** include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.  
Benefits are payable as follows:  
Preferred Care: **100%** of the **Negotiated Charge**.  
Non-Preferred Care: **100%** of the **Recognized Charge**. |
| **Licensed Nurse Expense** | Benefits include charges incurred by a **covered person** who is confined in a **hospital** as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.  
**Covered Expenses** for a Licensed Nurse are covered as follows:  
Preferred Care: **100%** of the **Negotiated Charge**.  
Non-Preferred Care: **100%** of the **Recognized Charge**. |
| **Skilled Nursing Facility Expense** | **Covered Medical Expenses** include charges incurred by a **covered person** for confinement in a skilled nursing facility for treatment rendered:  
- In lieu of confinement in a **hospital** as a full time inpatient, or  
- Within 28 days following a **hospital** confinement and for the same or related cause(s) as such **hospital** confinement.  
**Covered Medical Expenses** are payable as follows:  
Preferred Care: **100%** of the **Negotiated Charge** for the semi-private room rate.  
Non-Preferred Care: **100%** of the **Recognized Charge** for the semi-private room rate. |
Rehabilitation Facility Expense

**Covered Medical Expenses** include charges incurred by a **covered person** for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.

**Covered Medical Expenses** for Rehabilitation Facility Expense are covered as follows:

- **Preferred Care:** 100% of the **Negotiated Charge** for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.
- **Non-Preferred Care:** 100% of the **Recognized Charge** for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.

Coverage below available under the voluntary Accident Plan only.

### SUMMARY OF BENEFITS CHART – Accident Plan

**Covered Medical Expenses** are payable after the Mandatory Accident Plan benefits are exhausted.

**COINSURANCE**

**Covered Medical Expenses** are payable at the coinsurance percentage specified below, up to a maximum benefit of $50,000 for any one Accident per policy.

All coverage is based on Recognized Charges unless otherwise specified.

<table>
<thead>
<tr>
<th>Inpatient Hospitalization Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Room and Board Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> are payable as follows:</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred Care:</strong> 80% of the <strong>Negotiated Charge</strong>.</td>
</tr>
<tr>
<td></td>
<td><strong>Non-Preferred Care:</strong> 80% of the <strong>Recognized Charge</strong> for a semi-private room.</td>
</tr>
<tr>
<td><strong>Intensive Care Unit Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> are payable as follows:</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred Care:</strong> 80% of the <strong>Negotiated Charge</strong>.</td>
</tr>
<tr>
<td></td>
<td><strong>Non-Preferred Care:</strong> 80% of the <strong>Recognized Charge</strong> for the Intensive Care Room Rate for an overnight stay.</td>
</tr>
<tr>
<td><strong>Miscellaneous Hospital Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</td>
</tr>
<tr>
<td></td>
<td>Benefits are payable as follows:</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred Care:</strong> 80% of the <strong>Negotiated Charge</strong>.</td>
</tr>
<tr>
<td></td>
<td><strong>Non-Preferred Care:</strong> 80% of the <strong>Recognized Charge</strong>.</td>
</tr>
<tr>
<td><strong>Physician Hospital Visit/Consultation Expenses</strong></td>
<td><strong>Covered Medical Expenses</strong> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred Care:</strong> 80% of the <strong>Negotiated Charge</strong>.</td>
</tr>
</tbody>
</table>
|                                   | **Non-Preferred Care:** 80% of the **Recognized Charge**.
## Surgical Benefits (Inpatient and Outpatient)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Covered Medical Expenses for charges for surgical services, performed by a <strong>Physician</strong>, are payable as follows:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgical Expense</strong></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Anesthesia Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> for the charges of anesthesia, during a surgical procedure, are payable as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Assistant Surgeon Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> for the charges of an assistant surgeon, during a surgical procedure, are payable as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Surgical Expense</strong></td>
<td>Benefits are payable for <strong>Covered Medical Expenses</strong> incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. <strong>Covered Medical Expenses</strong> must be incurred on the day of the surgery or within 48 hours after the surgery. <strong>Covered Medical Expenses</strong> are payable as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Covered Medical Expenses</strong> must be incurred on the day of the surgery or within 48 hours after the surgery.</td>
<td></td>
</tr>
</tbody>
</table>

## Outpatient Benefits

**Covered Medical Expenses** include but are not limited to: Physician’s office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.

<table>
<thead>
<tr>
<th>Expense</th>
<th><strong>Covered Medical Expenses</strong> includes treatment rendered in a <strong>Hospital</strong> Outpatient Department. <strong>Covered Medical Expenses</strong> do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Outpatient Department Expense</strong></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Walk-In Clinic Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> includes treatment rendered in a Walk-in Clinic.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room Expense</strong></td>
<td><strong>Covered Medical Expenses</strong> incurred for treatment of an Emergency Medical Condition are payable as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Expense</td>
<td>Benefits include charges for treatment by an urgent care provider. <strong>Please note:</strong> A covered person <strong>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</strong> The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance. <strong>Urgent Care</strong> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition. <strong>Covered Medical Expenses</strong> for urgent care treatment are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge. No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</td>
<td></td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows <strong>100% of the Actual Charge</strong> to a maximum of $500 per trip for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident.</td>
<td></td>
</tr>
<tr>
<td>Pre-Admission Testing Expense</td>
<td><strong>Covered Medical Expenses</strong> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows: Preferred Care: Payable as any other condition. Non-Preferred Care: Payable as any other condition.</td>
<td></td>
</tr>
<tr>
<td>Physician’s Office Visits (including specialists)</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td>Laboratory and X-Ray Expense</td>
<td><strong>Covered Medical Expenses</strong> are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge.</td>
<td></td>
</tr>
<tr>
<td>High Cost Procedures Expense</td>
<td><strong>Covered Medical Expenses</strong> include charges incurred by a covered person are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Recognized Charge. For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over $200.</td>
<td></td>
</tr>
</tbody>
</table>
| 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
- 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**.

**Covered Medical Expenses** are payable as follows:

- **Preferred Care**: 80% of the **Negotiated Charge**.
- **Non-Preferred Care**: 80% of the **Recognized Charge**.

| Prosthetic Devices Expense | **Covered Medical Expenses** include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness. Medically necessary repair and replacement is included.

**Covered Medical expenses** do not include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.

Benefits are payable as follows:

- **Preferred Care**: 80% of the **Negotiated Charge**.
- **Non-Preferred Care**: 80% of the **Recognized Charge**.

**Covered Medical Expenses** include medically necessary prosthetic devices to replace, in whole or in part, an arm or a leg. Coverage will be limited to the most appropriate model that is medically necessary to meet the patient’s needs.

**Covered Medical Expenses** also include medically necessary repair and replacement.
| Dental Injury Expense | **Covered Medical Expenses** include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:  
- Natural teeth damaged, lost, or removed, or  
- Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.  

Any such teeth must have been:  
- Free from decay, or  
- In good repair, and  
- Firmly attached to the jawbone at the time of the injury.  

If:  
- Crowns (caps), or  
- Dentures (false teeth), or  
- Bridgework, or  
- In-mouth appliances, are installed due to such injury, **Covered Medical Expenses** include only charges for:  
  - The first denture or fixed bridgework to replace lost teeth,  
  - The first crown needed to repair each damaged tooth, and  
  - An in-mouth appliance used in the first course of orthodontic treatment after the injury.  

Surgery needed to:  
- Treat a fracture, dislocation, or wound.  
- Cut out cysts, tumors, or other diseased tissues.  
- Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.  
Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.  

**Covered Medical Expenses** are payable as follows:  

100% of the **Actual Charge**. |
|---|---|
| Dental Anesthesia Expense | **Covered Medical Expenses** include coverage for hospital or ambulatory surgical center charges and administration of general anesthesia administered by a licensed anesthesiologist or CRN anesthetist for dental procedures on covered persons who is:  
- Child seven years of age or younger who is determined by a dentist to be unable to receive needed dental treatment in an outpatient setting;  
- A child 12 years of age or younger with documented phobias or a documented mental illness whose dental needs are complex and urgent that delaying or deferring treatment would result in infection, loss of teeth, or other increased oral or dental morbidity, where a successful result cannot be expected using local anesthesia, and where a superior result is expected with use of general anesthesia; or  
- A person who has exceptional medical circumstances or developmental disability, which places the person at serious risk.  

**Covered Medical Expenses** are payable as follows:  

Preferred Care: 80% of the **Negotiated Charge**.  
Non-Preferred Care: 80% of the **Recognized Charge**. |
| Consultant Expense | **Covered Medical Expenses** include the expenses for the services of a consultant, when referred by the School Health Services. The services must be requested by the attending **physician** for the purpose of confirming or determining to confirm or determine a diagnosis.  

**Covered Medical Expenses** are covered as follows:

- **Preferred Care**: 80% of the **Negotiated Charge**.
- **Non-Preferred Care**: 80% of the **Recognized Charge**.

Plan must cover medically necessary health care services when provided by a naturopathic **physician** licensed in the state of Vermont. |
|---|---|
| **Additional Benefits** | Prescription Drug Benefits are payable as follows:

- **Preferred Care Pharmacy**: 100% of the **Negotiated Rate**, following a **$20 Copay** for each Brand Name Prescription Drug or a **$10 Copay** for each Generic Prescription Drug.

- **Non-Preferred Care Pharmacy**: 100% of the **Recognized Charge**, following a **$20 Deductible** for each Brand Name Prescription or a **$10 Deductible** for each Generic Prescription Drug.

Prescription Drug Benefits are payable to a maximum of **$750** per Policy Year.

This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered **Sickness** or **Accident** occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.

Prior Authorization is required for certain Prescription Drugs, Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a 30-day supply. *(This is only a partial list.)*

Medications not covered by this benefit include, but are not limited to: allergy sera, inhalers, all acne medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. *(This is only a partial list.)*

For assistance or for a complete list of **excluded medications**, or drugs requiring **prior authorization**, please contact Aetna Pharmacy Management at **(800) 238-6279** (available 24 hours).

Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to **www.AetnaSpecialtyRx.com** |
| Surgical Second Opinion Expense | **Covered Medical Expenses** will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the **covered person’s physician**. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.

Benefits are payable as follows:

- **Preferred Care**: 80% of the **Negotiated Charge**.
- **Non-Preferred Care**: 80% of the **Recognized Charge**. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Benefits</th>
</tr>
</thead>
</table>
| Elective Surgical Second Opinion Expense | **Covered Medical Expenses** will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's **physician**. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation. Benefits are payable as follows:  
Preferred Care: **80%** of the **Negotiated Charge**.  
Non-Preferred Care: **80%** of the **Recognized Charge**. |                                                                                                                                                          |
| Acupuncture in Lieu of Anesthesia Expense | **Covered Medical Expenses** include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.  
The acupuncture must be administered by a health care provider who is a legally qualified **physician**, practicing within the scope of their license. Benefits are payable as follows:  
Preferred Care: **80%** of the **Negotiated Charge**.  
Non-Preferred Care: **80%** of the **Recognized Charge**. |                                                                                                                                                          |
| Podiatric Expense | **Covered Medical Expenses** include charges for podiatric services, provided on an outpatient basis. Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not **Covered Medical Expenses**. Benefits are payable as follows:  
Preferred Care: **80%** of the **Negotiated Charge**.  
Non-Preferred Care: **80%** of the **Recognized Charge**. |                                                                                                                                                          |
| Transfusion or Dialysis of Blood Expense | **Covered Medical Expenses** include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof. Benefits are payable as follows:  
Preferred Care: **80%** of the **Negotiated Charge**.  
Non-Preferred Care: **80%** of the **Recognized Charge**. |                                                                                                                                                          |
| Licensed Nurse Expense | Benefits include charges incurred by a **covered person** who is confined in a **hospital** as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse. **Covered Expenses** for a Licensed Nurse are covered as follows:  
Preferred Care: **80%** of the **Negotiated Charge**.  
Non-Preferred Care: **80%** of the **Recognized Charge**. |                                                                                                                                                          |
### Skilled Nursing Facility Expense

**Covered Medical Expenses** include charges incurred by a **covered person** for confinement in a skilled nursing facility for treatment rendered:
- In lieu of confinement in a hospital as a full time inpatient, or
- Within 28 days following a hospital confinement and for the same or related cause(s) as such hospital confinement.

**Covered Medical Expenses** are payable as follows:
- **Preferred Care:** 80% of the **Negotiated Charge** for the semi-private room rate.
- **Non-Preferred Care:** 80% of the **Recognized Charge** for the semi-private room rate.

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### Rehabilitation Facility Expense

**Covered Medical Expenses** include charges incurred by a **covered person** for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.

**Covered Medical Expenses** for Rehabilitation Facility Expense are covered as follows:
- **Preferred Care:** 80% of the **Negotiated Charge** for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.
- **Non-Preferred Care:** 80% of the **Recognized Charge** for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.

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### SUMMARY OF BENEFITS CHART – Sickness Plan

**COINSURANCE** **Covered Medical Expenses** are payable at the coinsurance percentage specified below, after any applicable **deductible**, up to a maximum benefit of **$50,000** for any one **Sickness**, per policy year.

All coverage is based on Recognized Charges unless otherwise specified.

#### Inpatient Hospitalization Benefits

<table>
<thead>
<tr>
<th>Hospital Room and Board Expense</th>
<th>Covered Medical Expenses are payable as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Care: 100% of the <strong>Negotiated Charge</strong> for the first <strong>$1,000</strong>, 80% of the <strong>Negotiated Charge</strong> thereafter, for the semi-private room rate.</td>
</tr>
<tr>
<td></td>
<td>Non-Preferred Care: 100% of the <strong>Recognized Charge</strong> for the first <strong>$1,000</strong>, 80% of the <strong>Recognized Charge</strong> thereafter, for the semi-private room rate.</td>
</tr>
<tr>
<td></td>
<td>Benefits are limited to <strong>$400</strong> per day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensive Care Unit Expense</th>
<th>Covered Medical Expenses are payable as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Care: 100% of the <strong>Negotiated Charge</strong> for the first <strong>$1,000</strong>, 80% of the <strong>Negotiated Charge</strong> thereafter, for the Intensive Care Room Rate for an overnight stay.</td>
</tr>
<tr>
<td></td>
<td>Non-Preferred Care: 100% of the <strong>Recognized Charge</strong> for the first <strong>$1,000</strong>, 80% of the <strong>Recognized Charge</strong> thereafter, for the Intensive Care Room Rate for an overnight stay.</td>
</tr>
<tr>
<td></td>
<td>Benefits are limited to <strong>$400</strong> per day.</td>
</tr>
</tbody>
</table>
| Miscellaneous Hospital Expense | **Covered Medical Expenses** include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines. | Benefits are payable as follows:

Preferred Care: 100% of the **Negotiated Charge** for the first $1,000, 80% of the **Negotiated Charge** thereafter.
Non-Preferred Care: 100% of the **Recognized Charge** for the first $1,000, 80% of the **Recognized Charge** thereafter. |

| Physician Hospital Visit/Consultation Expenses | **Covered Medical Expenses** for charges for the non-surgical services of the attending **Physician**, or a consulting **Physician**, are payable as follows:

Preferred Care: 80% of the **Negotiated Charge**.
Non-Preferred Care: 80% of the **Recognized Charge**. |

| Surgical Benefits (Inpatient and Outpatient) | Surgical Expense | **Covered Medical Expenses** for charges for surgical services, performed by a **Physician**, are payable as follows:

Preferred Care: 80% of the Negotiated Charge.
Non-Preferred Care: 80% of the Recognized Charge.

Benefits are limited to **$5,000** per condition, policy year. |

|  | Anesthesia Expense | **Covered Medical Expenses** for the charges of anesthesia, during a surgical procedure, are payable up to **30%** of the amount paid to the surgeon. |

|  | Assistant Surgeon Expense | **Covered Medical Expenses** for the charges of an assistant surgeon, during a surgical procedure, are payable up to **30%** of the amount paid to the surgeon. |

|  | Ambulatory Surgical Expense | Benefits are payable for **Covered Medical Expenses** incurred by a **covered person** for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. **Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery.

**Designated Care:** 100% of the Negotiated Charge.
Preferred Care: 100% of the Negotiated Charge.
Non-Preferred Care: 100% of the Recognized Charge.

Benefits for Designated Care are limited to **$500** per condition, per policy year.

Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per policy year. |
| Hospital Outpatient Department Expense | Covered Medical Expenses include treatment rendered in a Hospital Outpatient Department. **Covered Medical Expenses** do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.

Preferred Care: 100% of the Negotiated Charge.
Non-Preferred Care: 100% of the Recognized Charge. |
| Walk-In Clinic Expense | **Covered Medical Expenses** includes treatment rendered in a Walk-in Clinic.

Preferred Care: 100% of the Negotiated Charge.
Non-Preferred Care: 100% of the Recognized Charge. |
| Emergency Room Expense | **Covered Medical Expenses** incurred for treatment of an Emergency Medical Condition are payable as follows:

Designated Care: 100% of the Negotiated Charge.
Preferred Care: 100% of the Negotiated Charge.
Non-Preferred Care: 100% of the Recognized Charge.

Benefits for Designated Care are limited to $500 per condition, per policy year.
Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year. |
| Urgent Care Expense | Benefits include charges for treatment by an urgent care provider. **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.

**Urgent Care**
Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.

**Covered Medical Expenses** for urgent care treatment are payable as follows:

Designated Care: 100% of the Negotiated Charge.
Preferred Care: 100% of the Negotiated Charge.
Non-Preferred Care: 100% of the Recognized Charge.

Benefits for Designated Care are limited to $500 per condition, per policy year.
Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year.

No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition. |
<table>
<thead>
<tr>
<th>Ambulance Expense</th>
<th><strong>Covered Medical Expenses</strong> are payable as follows <strong>100% of the Actual Charge</strong> to a maximum of <strong>$500</strong> per trip for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</th>
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</thead>
</table>
| Pre-Admission Testing Expense | **Covered Medical Expenses** for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows:  
Preferred Care: Payable as any other condition.  
Non-Preferred Care: Payable as any other condition. |
| Physician’s Office Visits (including specialists) | **Covered Medical Expenses** are payable as follows:  
**Designated Care:** 100% of the Negotiated Charge.  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge.  
Benefits for Designated Care are limited to **$500** per condition, per policy year.  
Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per policy year. |
| Laboratory and X-Ray Expense | **Covered Medical Expenses** are payable as follows:  
**Designated Care:** 100% of the Negotiated Charge.  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge.  
Benefits for Designated Care are limited to **$500** per condition, per Policy Year.  
Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per Policy Year. |
| High Cost Procedures Expense | **Covered Medical Expenses** include charges incurred by a covered person are payable as follows:  
**Designated Care:** 100% of the Negotiated Charge.  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge.  
For purposes of this benefit, “High Cost Procedure” means any outpatient procedure costing over **$200**.  
Benefits for Designated Care are limited to **$500** per condition, per policy year.  
Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per policy year. |
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
- 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**.

A referral is required for Physical Therapy and Chiropractic Care.

**Covered Medical Expenses** are payable as follows:

- **Designated Care:** 100% of the **Negotiated Charge**.
- **Preferred Care:** 100% of the **Negotiated Charge**.
- **Non-Preferred Care:** 100% of the **Recognized Charge**.

Benefits for Designated Care are limited to **$500** per condition, per policy year.

Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per policy year.

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Chemotherapy Expense

**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), medically necessary growth cell stimulating factor injections taken as part of a prescribed chemotherapy regimen, 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.

Coverage for prescribed, orally administered anticancer medications are payable on the same basis as intravenously/injected anticancer medications covered under this plan.

Such expenses are payable as follows:

- **Designated Care:** 100% of the **Negotiated Charge**.
- **Preferred Care:** 100% of the **Negotiated Charge**.
- **Non-Preferred Care:** 100% of the **Recognized Charge**.

Benefits for Designated Care are limited to **$500** per condition, per policy year.

Benefits for Preferred and Non-Preferred Care are limited to **$250** per condition, per policy year.
| Prosthetic Devices Expense | **Covered Medical Expenses** include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an **accident** or **sickness**. Medically necessary repair and replacement is included.  
**Covered Medical expenses** do **not** include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet.  
Benefits are payable as follows:  
**Preferred Care**: Payable as any other condition.  
**Non-Preferred Care**: Payable as any other condition.  
**Covered Medical Expenses** include medically necessary prosthetic devices to replace, in whole or in part, an arm or a leg. Coverage will be limited to the most appropriate model that is medically necessary to meet the patient’s needs.  
**Covered Medical Expenses** also include medically necessary repair and replacement. |
| --- | --- |
| Allergy Testing Expense | Benefits include charges incurred for diagnostic testing of allergies.  
**Covered Medical Expenses** include, but are not limited to, charges for the following:  
- Laboratory tests,  
- Physician office visits,  
- Prescribed medications for testing,  
- Other medically necessary supplies and services,  
**Covered Medical Expenses** are payable as follows:  
**Preferred Care**: Payable as any other Condition.  
**Non-Preferred Care**: Payable as any other Condition. |
| Diagnostic Testing for Attention Disorders and Learning Disabilities Expense | **Covered Medical Expenses** for diagnostic testing for;  
- Attention deficit disorder, or  
- Attention deficit hyperactive disorder  
are payable as follows:  
**Preferred Care**: Payable as any other condition.  
**Non-Preferred Care**: Payable as any other condition.  
Once a **covered person** has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan. |
| **Immunizations Expense** | **Covered Medical Expenses** include:  
- Charges incurred by a covered student for the materials for the administration of appropriate and **medically necessary** immunizations, and testing for tuberculosis.  

Benefits are payable as follows:  

- **Designated Care:** 100% of the **Negotiated Charge**.  
- **Preferred Care:** 100% of the **Negotiated Charge**.  
- **Non-Preferred Care:** 100% of the **Recognized Charge**.  

Benefits for Designated Care are limited to $500 per condition, per policy year.  
Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year.  

**Covered Medical Expenses do not include** a physician's office visit in connection with immunization or testing for tuberculosis. |
| **Consultant Expense** | **Covered Medical Expenses** include the expenses for the services of a consultant, when referred by the School Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.  

**Covered Medical Expenses** are covered as follows:  

- **Designated Care:** 100% of the **Negotiated Charge**.  
- **Preferred Care:** 100% of the **Negotiated Charge**.  
- **Non-Preferred Care:** 100% of the **Recognized Charge**.  

Benefits for Designated Care are limited to $500 per condition, per policy year.  
Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year. |

| **Mental Health Benefits** | **Mental and Nervous Disorders Inpatient Expense** | **Covered Medical Expenses** for the treatment of mental and nervous disorders while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows:  

- **Designated Care:** 100% of the **Negotiated Charge** for the first 5 days, 80% thereafter.  
- **Preferred Care:** 100% of the **Negotiated Charge** for the first 5 days, 80% thereafter.  
- **Non-Preferred Care:** 100% of the **Recognized Charge** for the first 5 days, 80% thereafter. |
| **Mental and Nervous Disorders Outpatient Expense** | **Covered Medical Expenses** for outpatient treatment of mental and nervous disorders are payable as follows:  

- **Designated Care:** 100% of the **Negotiated Charge**.  
- **Preferred Care:** 100% of the **Negotiated Charge**.  
- **Non-Preferred Care:** 100% of the **Recognized Charge**.  

Benefits are limited to $3,000 per Policy Year. |
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<tr>
<th>Substance Abuse Benefits</th>
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<tr>
<td>Inpatient Expense</td>
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<td>Outpatient Expense</td>
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<th>Maternity Benefits</th>
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<td>Maternity Expense</td>
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<th>Well Newborn Nursery Care Expense</th>
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### Prescription Drug Benefit

<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Coverage Details</th>
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<tbody>
<tr>
<td><strong>Preferred Care Pharmacy</strong></td>
<td>100% of the Negotiated Rate, following a <strong>$20 Copay</strong> for each Brand Name Prescription Drug or a <strong>$10 Copay</strong> for each Generic Prescription Drug.</td>
</tr>
<tr>
<td><strong>Non-Preferred Care Pharmacy</strong></td>
<td>100% of the Recognized Charge, following a <strong>$20 Deductible</strong> for each Brand Name Prescription or a <strong>$10 Deductible</strong> for each Generic Prescription Drug.</td>
</tr>
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</table>

Prescription Drug Benefits are payable to a maximum of **$750** per policy year.

This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered **Sickness** or **Accident** occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.

Prior Authorization is required for certain Prescription Drugs, Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a 30-day supply. *(This is only a partial list.)*

Medications not covered by this benefit include, but are not limited to: allergy sera, inhalers, all acne medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. *(This is only a partial list.)*

For assistance or for a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at (800) 238-6279 (available 24 hours).

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### Diabetic Treatment and Supplies Expense

**Covered Medical Expense** includes expenses incurred for the diagnosis and treatment of insulin-dependent, non-insulin dependent and gestational diabetes, including those for drugs, diabetic supplies and equipment.

### Hypodermic Needles Expense

**Covered Medical Expenses** for hypodermic needles and syringes used in the treatment of diabetes are payable as follows:

- **Preferred Care**: Payable as any other condition.
- **Non-Preferred Care**: Payable as any other condition.

### Outpatient Diabetic Self-management Education Programs Expense

**Covered Medical Expense** includes expenses incurred for an outpatient diabetic self-management education program prescribed as part of a treatment plan.

Benefits are payable as follows:

- **Preferred Care**: Payable as any other condition.
- **Non-Preferred Care**: Payable as any other condition.

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Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to [www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com)
| Non Prescription Enteral Formula Expense | Benefits include charges incurred by a covered person for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by:
- Crohn’s Disease
- Ulcerative colitis
- Gastroesophageal reflux
- Gastrointestinal motility
- Chronic intestinal pseudoobstruction
- Inherited diseases of amino acids and organic acids

**Covered Medical Expenses** for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.

**Covered Medical Expenses** are payable as follows:

Preferred Care: Payable as any other condition.
Non-Preferred Care: Payable as any other condition.

| Craniofacial Disorders | **Covered Medical Expenses** include diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Coverage shall be the same as that provided under the health insurance plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a physician or a dentist.

| Prescription Contraceptive Devices | **Covered Medical Expenses** include:
- Charges incurred for contraceptive drugs and devices that by law need a physician's prescription, and that have been approved by the FDA.

Related outpatient contraceptive services such as:
- Consultations
- Exams
- Procedures
- Other medical services and supplies

Benefits for contraceptive drugs and contraceptive devices and outpatient contraceptive services are payable on the same basis as any other sickness.

| Family Planning | **Covered Medical Expenses** include:

Charges by a physician or hospital for:
- A vasectomy for voluntary sterilization
- A tubal ligation for voluntary sterilization

**Covered Medical Expenses** do not include the reversal of a sterilization procedure.

Benefits are payable as follows:

Preferred Care: Payable as any other condition.
Non-Preferred Care: Payable as any other condition.
| Pap Smear Expense | **Covered Medical Expenses** include one annual routine pap smear screening for women age 18 and older. 

Benefits are payable as follows:

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition. |
|---|---|
| Mammography Expense | **Covered Medical Expenses** include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors for women under 40 are:

- Prior personal history of breast cancer
- Positive Genetic Testings
- Family history of breast cancer
- Other risk factors

Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogenous or dense breast tissue and when determined to be medically necessary by a licensed physician. 

Benefits are payable as follows:

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition. |
| Mastectomy and Breast Reconstruction Expense Benefit | Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:

- Reconstruction of the breast on which a mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses,
- Treatment of physical complications of all stages of mastectomy, including lymphedemas, and
- Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician. 

**Covered Medical Expenses** are payable as follows:

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition.  

This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.
| Routine Colorectal Cancer Screening Expense | Even though not incurred in connection with a sickness or injury, benefits include charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following:  
| | • One fecal occult blood test every 12 months in a row  
| | • A Sigmoidoscopy at age 50 and every 3 years thereafter  
| | • One digital rectal exam every 12 months in a row  
| | • A double contrast barium enema, once every 5 years  
| | • A colonoscopy, once every 10 years  
| | • Virtual colonoscopy  
| | • Stool DNA.  
| Covered Medical Expenses are payable as follows:  
| Preferred Care: Payable as any other condition.  
| Non-Preferred Care: Payable as any other condition.  
| Routine Prostate Cancer Screening Expense | Covered Medical Expenses include charges incurred by a covered person for the screening of cancer as follows:  
| | • For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year.  
| Benefits are payable as follows:  
| Preferred Care: Payable as any other condition.  
| Non-Preferred Care: Payable as any other condition.  
| Surgical Second Opinion Expense | Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.  
| Benefits are payable as follows:  
| **Designated Care:** 100% of the Negotiated Charge.  
| Preferred Care: 100% of the Negotiated Charge.  
| Non-Preferred Care: 100% of the Recognized Charge.  
| Benefits for Designated Care are limited to $500 per condition, per policy year.  
| Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year. |
| Elective Surgical Second Opinion Expense | **Covered Medical Expenses** will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation. 

Benefits are payable as follows:

**Designated Care:** 100% of the Negotiated Charge.  
**Preferred Care:** 100% of the Negotiated Charge.  
**Non-Preferred Care:** 100% of the Recognized Charge.  

Benefits for Designated Care are limited to $500 per condition, per policy year.  

Benefits for Preferred and Non-Preferred Care are limited to $250 per condition, per policy year. |
| --- | --- |
| Acupuncture in Lieu of Anesthesia Expense | **Covered Medical Expenses** include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.  

The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.  

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition. |
| Dermatological Expense | **Covered Medical Expenses** include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.  

Benefits are payable as follows:

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition. |
| Podiatric Expense | **Covered Medical Expenses** include charges for podiatric services, provided on an outpatient basis.  

Benefits are payable as follows:

**Preferred Care:** Payable as any other condition.  
**Non-Preferred Care:** Payable as any other condition.  

Expenses for routine foot care, such as trimming of corns, calluses, and nails, are **not Covered Medical Expenses.** |
| **Routine Care pursuant to a Cancer Clinical Trial** | **Covered Medical Expenses** include costs of routine patient care services for patients who participate in all four types of approved cancer clinical trials (Phases I, II, III, and IV) that are conducted under the auspices of “cancer care providers.”

“Routine patient care services” is defined to mean health care services for which a health insurer is responsible under the patient’s health benefit plan, including any medically necessary health care service that is incurred as a result of the treatment being provided to the patient for the purposes of the approved cancer clinical trial.

**This is only a partial description. Please see definitions for more details on this benefit.**

Benefits are payable as follows:

- **Preferred Care**: Payable as any other condition.
- **Non-Preferred Care**: Payable as any other condition.

| **Transfusion or Dialysis of Blood Expense** | **Covered Medical Expenses** include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.

Benefits are payable as follows:

- **Preferred Care**: Payable as any other condition.
- **Non-Preferred Care**: Payable as any other condition.

| **Licensed Nurse Expense** | Benefits include charges incurred by a **covered person** who is confined in a **hospital** as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.

**Covered Expenses** for a Licensed Nurse are covered as follows:

- **Preferred Care**: 100% of the **Negotiated Charge**.
- **Non-Preferred Care**: 100% of the **Recognized Charge**.

Benefits are limited to $200 per 24 hour shift.

| **Skilled Nursing Facility Expense** | **Covered Medical Expenses** include charges incurred by a **covered person** for confinement in a skilled nursing facility for treatment rendered:
- In lieu of confinement in a **hospital** as a full time inpatient, or
- Within 28 days following a **hospital** confinement and for the same or related cause(s) as such **hospital** confinement.

**Covered Medical Expenses** are payable as follows:

- **Preferred Care**: 100% of the **Negotiated Charge** for the first $1,000, 80% of the **Negotiated Charge** thereafter, for the semi-private room rate.
- **Non-Preferred Care**: 100% of the **Recognized Charge** for the first $1,000, 80% of the **Recognized Charge** thereafter, for the semi-private room rate.

Benefits are limited to $400 per day. |
| Rehabilitation Facility Expense | **Covered Medical Expenses** include charges incurred by a **covered person** for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of **hospital** or skilled nursing facility confinement.  
**Covered Medical Expenses** for Rehabilitation Facility Expense are covered as follows:  
Preferred Care: 100% of the **Negotiated Charge** for the first $1,000, 80% of the **Negotiated Charge** thereafter, for the semi-private room rate.  
Non-Preferred Care: 100% of the **Recognized Charge** for the first $1,000, 80% of the **Recognized Charge** thereafter, for the semi-private room rate.  
Benefits are limited to **$400** per day. |
| Tobacco Cessation | **Covered Medical Expenses** include coverage of at least one three-month supply per year of tobacco cessation medication*, including over-the-counter medications, if prescribed by a **physician**.  
Benefits will be payable as follows:  
Preferred Care: Payable as any other Condition.  
Non-Preferred Care: Payable as any other Condition.  
*"Tobacco cessation medication" includes all therapies approved by the federal Food and Drug Administration for use in tobacco cessation. |
ADDITIONAL SERVICES AND DISCOUNTS

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are not insurance and not all Aetna programs. Please note that these programs are subject to change.

Gallagher Koster Complements
Exclusively from Gallagher Koster, enrolled students have access to the following menu of products at no additional cost. More information is available at www.gallagherkoster.com.

EyeMed Vision Care
The discount vision plan is available through EyeMed Vision Care. EyeMed’s provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You will receive a separate EyeMed ID card. There is no waiting period; you can take advantage of the savings immediately upon receipt of your EyeMed ID card. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts from 5% to 15% off laser correction surgery at some of the nation’s most highly qualified laser correction surgeons. You can call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings
Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services. It is important to understand the Dental Savings Program is not dental insurance. Basix contracts with dentists that agree to charge a negotiated fee to students covered under your Gallagher Koster plan. You must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:
• Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on our website, www.basixstudent.com.
• Tell the dental office that you are an insured student and have to the Basix program. Each dentist has an administrative person to assist you with any questions. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility. If the office needs to check eligibility, call Gallagher Koster at 800-457-5599.
• Remember, you must pay for the services you receive at the time of service, so make sure you understand what forms of payment (check, credit card, etc.) the dentist accepts. Full details of the program can be viewed at the website: www.basixstudent.com. Once at the home page, select the link for your school. You may also contact us via email from our website, or by telephone at (888) 274-9961.

CampusFit
College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dieticians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

The Energy Management section of the site allows a student to easily assess how much energy they are consuming, and expending on a daily basis. It also displays the results in the context of the Food Pyramid so students can see how to improve their food choices.
• The Fitness Works section has dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We’ve got a nine week, step-by-step plan to get you there.
• The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas — we’ve even got a 20 minute discussion on the “Freshman 15”.
CampusFit is available at no cost to students. To access CampusFit, go to www.gallagherkoster.com/Middlebury.
Aetna BookSM discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

Aetna FitnessSM discount program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFitTM.

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

Aetna Natural Products and ServicesSM discount program: Access to reduced rates on services from participating providers for acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, access to discounts on over-the-counter vitamins, herbal and nutritional supplements and natural products. All products and services are provided through American Specialty Health Incorporated (ASH) and its subsidiaries.

Aetna VisionSM discount program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight ManagementSM discount program: Access to discounts on eDiets® diet plans and products, Jenny Craig® weight loss programs and products, and Nutrisystem® weight loss meal plans.

Oral Health Care discount program: Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik® dental water jets and sonic toothbrushes.

Zagat discounts: Discount off a one-year online membership to ZAGAT.com, with access to ratings and reviews of over 40,000 restaurants, hotels and more in hundreds of cities worldwide.

At Home Products discount program: Access to discounts on health care products that members can use in the privacy and comfort of their home.

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

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

Beginning Right® Maternity Program: Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Chickering Claims Administrators, Inc., Aetna Life Insurance Company or their affiliates. Discount programs and other programs above provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna. Aetna may receive a percentage of the fee you pay to the discount vendor.
Aetna’s Informed Health® Line*:
Call toll free 1-800-556-1555 24 hours a day, 7 days a week.
Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:
- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time

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

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

Listen to the Audio Health Library:* It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.
* Not all topics in the audio health service are covered expenses under your plan.

Use the Healthwise® Knowledgebase to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.
Get to it through your secure Aetna Navigator® member website, at www.aetnastudenthealth.com.

GENERAL PROVISIONS

STATE MANDATED BENEFITS
The Plan will pay benefits in accordance with any applicable Vermont State Insurance Law(s).

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

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment, including but not limited to:
- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the Covered Person.
The **Covered Person** acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the **Covered Person's** damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the **Covered Person**, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the **Covered Person** to pursue the **Covered Person's** damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The **Covered Person** shall be responsible for the payment of all attorney fees for any attorney hired or retained by the **Covered Person** or for the benefit of the **Covered Person**.

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

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

**Coordination of Benefits**

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

**EXTENSION OF BENEFITS**

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

If a **Covered Person** is being treated for a covered accident or injury on the date his or her insurance terminates, charges incurred during the continuation of treatment for the covered condition shall also be included in the term “**Covered Medical Expense**”, but only while they are incurred during the 90 day period following such termination of insurance.

If Aetna terminates This Plan in accordance with the Discontinuance of Policy provision, coverage for a **covered person** who is pregnant, at the time such policy discontinues, will continue until such time that the pregnancy terminates.

**TERMINATION OF INSURANCE**

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

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

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

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

EXCLUSIONS

This Plan does not cover nor provide benefits for:

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.

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 for injury or sickness resulting from declared or undeclared war or any act thereof.

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 the Policyholder.

8. To the extent allowed by the jurisdiction where the Policy is delivered, expense incurred for those services and supplies furnished, paid for, or for which benefits are provided or required by reason of the past or present service of any person in the armed forces of a government.
9. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in This Plan and performed while This Plan is in effect.

10. 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 extend needed to:
   - Improve the function of a part of the body that:
     - Is not a tooth or structure that supports the teeth, and
     - Is malformed:
       - As a result of a congenital deformities or birth abnormalities, including cleft lip, webbed fingers, or toes, or
       - As direct result of:
         - Disease, or
         - Surgery performed to treat a disease or **injury**.

   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 Plan. Surgery must be performed:
   - In the calendar year of the accident which causes the **injury**, or
   - In the next calendar year.

11. 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.

12. Expense incurred as a result of preventive medicines, serums, vaccines or oral contraceptive unless otherwise provided in this Plan.

13. Expense incurred as a result of commission of a felony.

14. Expense incurred for voluntary or elective abortions unless otherwise provided in This Plan.

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 Illness, **Accident**, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, in excess of $5,000.


19. Treatment for **injury** to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.

20. 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 Plan.

21. 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).

22. Expense incurred for which no member of the **covered person**'s immediate family has any legal obligation for payment.
23. 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.

24. 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.

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

   However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that:
   • The disease can be expected to cause death within one year, in the absence of effective treatment, and
   • The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

   Also, this exclusion will not apply with respect to drugs that:
   • Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or
   • Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute,
   • If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

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

27. Expenses incurred for breast reduction/mamoplasty.

28. Expenses incurred for gynecomastia (male breasts).

29. 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.

30. Expense incurred for treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain.

31. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
32. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.

33. 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.

34. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.

35. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.

36. Expenses incurred for hearing exams.

37. 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.

38. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.

39. 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.

40. Expense for services or supplies provided for the treatment of obesity and/or weight control.

41. Expense for incidental surgeries, and standby charges of a physician.

42. Expense for treatment and supplies for programs involving cessation of tobacco use unless otherwise provided in this Plan.

43. Expense incurred as a result of dental treatment, including extraction of wisdom teeth, except for treatment resulting from injury to sound natural teeth, as provided elsewhere in This Plan.

44. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.

45. 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.

46. 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.

47. Expenses arising from a pre-existing condition, in excess of $2,500.

48. 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.
49. 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 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.

50. Expenses incurred for the treatment of acne.

51. Expenses incurred for home health care.*

52. Expenses incurred for hospice care.*

53. Expenses incurred for durable medical equipment.*

*These exclusions are pending approval by the VT department of insurance.

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

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

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

Aggregate Maximum
The maximum benefit that will be paid under This Plan for all Covered Medical Expenses incurred by a covered person that accumulate in one Policy Year.

Ambulatory Surgical Center
A freestanding ambulatory surgical facility that:
- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of physicians. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - Physicians who practice surgery in an area hospital, and
  - Dentists who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - A physician trained in cardiopulmonary resuscitation, and
  - A defibrillator, and
  - A tracheotomy set, and
  - A blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.
**Birthing Center**
A freestanding facility that:
- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one physician who is a specialist in obstetrics and gynecology.
- Has a physician or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to physicians who practice obstetrics and gynecology in an area hospital.
- Has at least 2 beds or 2 birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.
- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a hospital in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient and child.

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

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

**Complications of Pregnancy**
Conditions which require hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:
- Acute nephritis or nephrosis, or
- Cardiac decompensation or missed abortion, or
- Similar conditions as severe as these.

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

**Complications of Pregnancy** also include:
- Non-elective cesarean section, and
- Termination of an ectopic pregnancy, and
- Spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

**Copay**
This is a fee charged to a person for Covered Medical Expenses.
For Prescribed Medicines Expense, the copay is payable directly to the pharmacy for each: prescription, kit, or refill, at the time it is dispensed. In no event will the copay be greater than the pharmacy’s charge per: prescription, kit, or refill.
Covered Dental Expenses
Those charges for any treatment, service, or supplies, covered by This Plan which are:
• Not in excess of the recognized charges, or
• Not in excess of the charges that would have been made in the absence of this coverage,
• And incurred while This Plan is in force as to the covered person.

Covered Medical Expense
Those charges for any treatment, service or supplies covered by This Plan which are:
• Not in excess of the recognized charges, or
• Not in excess of the charges that would have been made in the absence of this coverage, and
• Incurred while This Plan is in force as to the covered person except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered person
A covered student while coverage under This Plan is in effect.

Covered student
A student of the Policyholder who is insured under This Plan.

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

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

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

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

Designated Care
Care provided by a Designated Care Provider upon referral from the School Health Services.

Designated Care Provider (Porter Medical Center)
A health care provider that is affiliated with, and has an agreement with, the School Health Services to furnish services and supplies at a negotiated charge.
**Diabetic Self-Management Education Course**
A scheduled program on a regular basis which is designed to instruct a person in the self-management of diabetes. It is a day care program of educational services and self-care training. All of the following requirements must be met:

- A **physician** must direct and supervise the program.
- The program's services and training must be rendered by health care professionals who are familiar with diabetes and its treatment. This includes physicians, R.N.'s, registered pharmacists, registered dietitians and licensed social workers.
- The program must include:
  - An assessment of the diabetic's needs and skills. This must be done by the health care professionals who render the service and before the program starts and after it ends.
  - An education plan designed for the diabetic's condition and skills.
  - At least a total of **10 hours** of one-on-one or group instructions.
  - At least **one** dietary counseling session for the diabetic and the persons who help in his or her care.
  - A discussion of the history of diabetes, psycho-social factors which affect the diabetic and his or her family, complications and related symptoms and special general health care concerns. (These include hygiene and pregnancy care if appropriate.)
  - Training in dietary and nutritional planning, procedures for testing and monitoring of blood sugars and adjusting medications or diet to correspond to activities and exercises done.
  - Provision for at least **one** follow-up evaluation. This is done after the person completes the program.
- Not covered are:
  - Program expenses incurred for a diabetic education program whose only purpose is weight control.
  - Program expenses incurred for a diabetic education program that is available to the public at no cost.

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

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

- Tubal ligation
- Vasectomy
- Breast reduction
- Sexual reassignment surgery
- Submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis
- Treatment for weight reduction
- Learning disabilities
- Temporomandibular joint dysfunction (TMJ)
- Immunization
- Treatment of infertility
- Routine physical examinations.

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

- Requires confinement right away as a full-time inpatient
- if immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - Loss of life or limb, or
  - Significant impairment to bodily function, or
  - Permanent dysfunction of a body part.
Emergency Condition
This is any traumatic injury or condition which:
- Occurs unexpectedly,
- Requires immediate diagnosis and treatment, in order to stabilize the condition, and
- Is characterized by symptoms such as severe pain and bleeding.

Emergency 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.

High Cost Procedure
High Cost Procedures include the following procedures and services:
- C.A.T. Scan,
- Magnetic Resonance Imaging,
- Laser treatment, which must be provided on an outpatient basis, and may be incurred in the following:
  - A physician’s office, or
  - Hospital outpatient department, or emergency room, or
  - Clinical laboratory, or
  - Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

Hospital
A facility which meets all of these tests:
- It provides in-patient services for the case and treatment of injured and sick people, and
- It provides room and board services and nursing services 24 hours a day, and
- It has established facilities for diagnosis and major surgery, and
- It is run as a hospital under the laws of the jurisdiction which it is located.

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

Hospital Confinement
A stay of 18 or more hours in a row as a resident bed patient in a hospital. If a covered person is confined in a hospital but dies prior to a stay of 18 or more hours in a row, such confinement will be considered a hospital confinement.

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

Intensive Care Unit
A designated ward, unit, or area within a hospital for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such hospital.
Jaw Joint Disorder
This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

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

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

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

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

- Information relating to the affected person's health status
- Reports in peer reviewed medical literature
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment
- The opinion of health professionals in the generally recognized health specialty involved
- Any other relevant information brought to Aetna's attention

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

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

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

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

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

A member dental provider chosen by a covered student takes effect as the covered student’s member dental provider on the effective date of that covered student’s coverage.
Member Dental Provider Service Area
The area within a 50 mile radius of the covered student’s member dental provider.

Mental Illness
Mental Illness means the psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.

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

Non-Occupational Disease
A non-occupational disease is a disease that does not:
• Arise out of (or in the course of) any work for pay or profit
• Result in any way from a disease that does
A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the covered student:
• Is covered under any type of workers’ compensation law
• Is not covered for that disease under such law

Non-Occupational Injury
A non-occupational injury is an accidental bodily injury that does not:
• Arise out of (or in the course of) any work for pay or profit
• Result in any way from an injury which does

Non-Preferred Care
A health care service or supply furnished by a health care provider that is not a Designated Care Provider, or that is not a Preferred Care Provider, if, as determined by Aetna:
• The service or supply could have been provided by a Preferred Care Provider, and
• The provider is of a type that falls into one or more of the categories of providers listed in the directory.

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

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

Non-Preferred Prescription Drug Expense
An expense incurred for a prescription drug that is not a preferred prescription drug expense.

One Sickness
A sickness and all recurrences and related conditions which are sustained by a covered person.

Orthodontic treatment
Any
• Medical service or supply, or
• Dental service or supply,
furnished to prevent or to diagnose or to correct a misalignment:
• Of the teeth, or
• Of the bite, or
• Of the jaws or jaw joint relationship, whether or not for the purpose of relieving pain. Not included is:
• The installation of a space maintainer, or
• Surgical procedure to correct malocclusion.
Out-of-Area Emergency Dental Care
Medically necessary care or treatment for an emergency medical condition, that is rendered outside a 50 mile radius of the covered student’s member dental provider. Such care is subject to specific limitations set forth in This Plan.

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

Partial hospitalization
Continuous treatment consisting of not less than four hours and not more than twelve hours in any twenty-four hour period under a program based in a hospital.

Pervasive Developmental Disorder
A neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

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.

Policy Year
The period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

Pre-Admission Testing:
Tests done by a hospital, surgery center, licensed diagnostic lab facility, or physician, in its own behalf, to test a person while an outpatient before scheduled surgery if:
- The tests are related to the scheduled surgery,
- The tests are done within the 7 days prior to the scheduled surgery,
- The person undergoes the scheduled surgery in a hospital or surgery center, this does not apply if the tests show that surgery should not be done because of his physical condition
- The charge for the surgery is a Covered Medical Expense under this Plan
- The tests are done while the person is not confined as an inpatient in a hospital,
- The charges for the tests would have been covered if the person was confined as an inpatient in a hospital
- The test results appear in the person's medical record kept by the hospital or surgery center where the surgery is to be done
- The tests are not repeated in or by the hospital or surgery center where the surgery is done

If the person cancels the scheduled surgery, benefits are paid at the Covered Percentage that would have applied in the absence of this benefit.

Pre-Existing Condition
Any injury, sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the covered person’s effective date of insurance.
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 Plan, but only:
• While the contract remains in effect
• While such a pharmacy dispenses a prescription drug, under the terms of its contract with Aetna

Preferred Prescription Drug Expense
An expense incurred for a prescription drug that:
• Is dispensed by a Preferred Pharmacy, or for an emergency medical condition only, by a non-preferred pharmacy, and
• Is dispensed upon the Prescription of a Prescriber who is:
  - A Designated Care Provider
  - A Preferred Care Provider
  - A Non-Preferred Care Provider, but only for an emergency condition, of a person's Primary Care Physician
  - A dentist who is a Non-Preferred Care Provider, but only one who is not of a type that falls into one or more of the categories of providers listed in the directory of Preferred Care Providers.

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

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

Prescription Drugs
Any of the following:
• A drug, biological, or compounded prescription, which, by Federal law, may be dispensed only by prescription and which is required to be labeled “Caution: Federal Law prohibits dispensing without prescription”.
• Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.

Primary Care Physician
This is the Preferred Care Provider who is:
• Selected by a person from the list of Primary Care Physicians in the directory
• Responsible for the person's on-going health care
• Shown on Aetna's records as the person's Primary Care Physician

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

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

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

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

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

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

Aetna may take into account factors, such as:

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

**Residential treatment facility**

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

**Room and Board**

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.
Routine Patient Care Costs Benefit
Coverage for costs of “routine patient care services” for patients who participate in all four types of approved cancer clinical trials (Phases I, II, III, and IV) that are conducted under the auspices of “cancer care providers.” Costs shall be covered consistent with the terms of this health benefit plan, Aetna Student Health’s contract with the cancer care provider and applicable state/federal law.

“Routine patient care services” is defined to mean health care services for which a health insurer is responsible under the patient’s health benefit plan, including any medically necessary health care service that is incurred as a result of the treatment being provided to the patient for the purposes of the approved cancer clinical trial. “Routine patient care services” include:

- Physician services;
- Diagnostic or laboratory test;
- Hospitalization;
- Service provided to the patient during the course of treatment in the approved cancer clinical trial for a condition or one of its complications; or
- A complication of the treatment provided during the approved cancer clinical trial which is consistent with the usual and customary standard of care and would be covered even if the patient were not enrolled in an approved cancer clinical trial.

“Routine patient care services” do not include:

- Costs of investigational new drugs not approved by the U.S. Food and Drug Administration (FDA) or still being studied under an FDA approved investigational new drug exemption for the purpose of expanding the drug’s labeled indications;
- Costs of non-health care services
- Costs of services that are inconsistent with widely accepted and established regional or national standards of care for a particular diagnosis and performed specifically to meet the requirements of the approved cancer clinical trial
- Tests or services performed specifically to meet the needs of the approved cancer clinical trial protocol
- Costs of running the approved trial and collecting and analyzing data
- Costs associated with managing the research associated with the approved clinical trial
- Non-investigational treatments or services that would not otherwise be covered under the patient’s health benefit plan
- Any product or service paid for or supplied by the trial sponsor

The cancer care provider must provide the patient being enrolled in the clinical trial and Aetna Student Health with information clearly identifying what services provided to the patient are being done to meet the needs of the approved cancer clinical trial protocol and thus are not the responsibility of this health plan to cover.

Upon request of Aetna Student Health, the provider must provide a copy of the document evidencing the fully informed written consent of the patient or patient’s legal representative.

School Health Services
Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled students.

Semi-private Rate
The charge for room and board which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Service Area
The geographic area, as determined by Aetna, in which the Preferred Care Providers are located.
Sickness
Disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes pregnancy, and complications of pregnancy. All injuries or sickness due to the same or a related cause are considered one injury or sickness.

Skilled Nursing Facility
A lawfully operating institution engaged mainly in providing treatment for people convalescing from injury or sickness. It must have:
- Organized facilities for medical services
- 24 hours nursing service by RNs
- A daily medical records for each patient
- A physician available at all times

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

Surgery Center
A free standing ambulatory surgical facility that:
- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of physicians. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - Physicians who practice surgery in an area hospital, and
  - Dentists who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - A physician trained in cardiopulmonary resuscitation
  - A defibrillator
  - A tracheotomy set
  - A blood volume expande.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

Surgical assistant
A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a physician.
Surgical expense
Charges by a physician for,
- A surgical procedure,
- A necessary preoperative treatment during a hospital stay in connection with such procedure, and
- Usual postoperative treatment.

Surgical procedure
- A cutting procedure
- Suturing of a wound
- Treatment of a fracture
- Reduction of a dislocation
- Radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor
- Electrocauterization
- Diagnostic and therapeutic endoscopic procedures
- Injection treatment of hemorrhoids and varicose veins
- An operation by means of laser beam
- Cryosurgery

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

Urgent Admission
One where the physician admits the person to the hospital due to:
- The onset of or change in a disease
- The diagnosis of a disease
- An injury caused by an accident
which, while not needing an emergency admission, is severe enough to require confinement as an inpatient in a hospital within 2 weeks from the date the need for the confinement becomes apparent.

Urgent Condition
This means a sudden illness, injury, or condition, that:
- Is severe enough to require prompt medical attention to avoid serious deterioration of the covered person’s health,
- Includes a condition which would subject the covered person to severe pain that could not be adequately managed without urgent care or treatment,
- Does not require the level of care provided in the emergency room of a hospital, and
- Requires immediate outpatient medical care that cannot be postponed until the covered person’s physician becomes reasonably available.
Urgent Care Provider
This is:
• A freestanding medical facility which:
  - Provides unscheduled medical services to treat an urgent condition if the covered person’s physician is not reasonably available.
  - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours.
  - Makes charges.
  - Is licensed and certified as required by any state or federal law or regulation.
  - Keeps a medical record on each patient.
  - Provides an ongoing quality assurance program. This includes reviews by physicians other than those who own or direct the facility.
  - Is run by a staff of physicians. At least one such physician must be on call at all times.
  - Has a full-time administrator who is a licensed physician.
• A physician’s office, but only one that:
  - Has contracted with Aetna to provide urgent care, and
  - Is, with Aetna’s consent, included in the Provider Directory as a Preferred Urgent Care Provider.

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

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

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

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

Please send claims to:
Aetna Student Health
PO Box 981106
El Paso, TX 79998

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. 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 Student Health
P.O. Box 14464
Lexington, KY 40512
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.

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

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

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

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

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

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

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.
The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call, USFIC, VSC and CV. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 966-7772.

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

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

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

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

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

Got Questions? Get Answers with Aetna’s Navigator®
As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized claims and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online. By logging into Aetna Navigator, you can:

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

How do I register?
- Go to www.aetnastudenthealth.com
- 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.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registering onto Aetna Navigator?
Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at (800) 225-3375.
NOTICE

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

Gallagher Koster
500 Victory Road
Quincy, MA 02171
www.gallagherkoster.com/middlebury
Email: Middleburystudent@gallagherkoster.com
(800) 430-0697

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

Policy No. 474961

The Middlebury College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health™ is the brand name for products and services provided by these companies and their applicable affiliated companies.