Middlebury College Exchange Visitor (J-1) Accident and Sickness Insurance Plan – Summer 2013

Aetna Student Health, working with Middlebury College Exchange Visitors (J-1) offers a health insurance plan that helps protect faculty at school, at home, and while traveling or studying abroad.

What is the Plan All About?

Your Health Insurance Plan offers you access to:

- Aetna’s nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®
- Aggregate Benefit Maximum of $50,000 per policy year.
- Informed Health® Line – Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.

How much does it cost?

<table>
<thead>
<tr>
<th>Summer 2013</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/13- 8/31/13</td>
<td>$117.00</td>
</tr>
</tbody>
</table>

The rate above includes both premium for the health plan underwritten by Aetna Life Insurance Company as well as GK Complement administrative fee.

Middlebury College mandates that all Exchange Visitors (J-1) be enrolled in this Accident & Sickness Plan.

For questions about:

- Claims processing

Please contact:
Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 746-6586

For questions about:

- Insurance Benefits
- Enrollment

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

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

The Middlebury College Exchange Visitors (J1) Accident and Sickness Health Insurance Plan is underwritten by Aetna Life Insurance Company 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. Policy forms issued in OK include GR-96134.

15.03.410.1
Benefits at a Glance

Here is a brief description of plan benefits.

<table>
<thead>
<tr>
<th>Per Condition Aggregate Benefit Maximum</th>
<th>$50,000 per Accident or Sickness per policy year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health Center Services**</td>
<td>N/A **Services rendered at SHC are not part of this Policy and are not underwritten by ALIC.</td>
</tr>
<tr>
<td>Pharmacy Maximum</td>
<td>$50 per policy year.</td>
</tr>
<tr>
<td>Prescription Drug Expense</td>
<td>Preferred Care: 80% of the Negotiated Rate to a Maximum of $50 per policy year. Non-Preferred Care: 80% of the Recognized Charge to a Maximum of $50 per policy year.</td>
</tr>
</tbody>
</table>

### Inpatient Expenses

<table>
<thead>
<tr>
<th>Inpatient Hospitalization (Room &amp; Board)</th>
<th>Preferred Care: 100% of the Negotiated Rate up to $50,000 per condition per policy year. Non-Preferred Care: 100% of the Recognized Charge up to $50,000 per condition per policy year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Physician Hospital Visit/Consultation Expense (non-surgical services)</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $40 per visit. Non-Preferred Care: 100% of the Recognized Charge up to $40 per visit.</td>
</tr>
<tr>
<td>*Licensed Nurse Expense</td>
<td>Preferred Care: 100% of the Negotiated Rate up to a maximum of $100 per 24 hour shift while hospital confined. Non-Preferred Care: 100% of the Recognized Charge up to a maximum of $100 per 24 hour shift while hospital confined.</td>
</tr>
<tr>
<td>*Surgical Expense</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $1,500. Non-Preferred Care: 100% of the Recognized Charge up to $1,500.</td>
</tr>
<tr>
<td>Anesthetist and Assistant Surgeon Expense</td>
<td>Preferred Care: 30% of the Negotiated Rate included under Surgical Expense. Non-Preferred Care: 30% of the Recognized Charge included under Surgical Expense.</td>
</tr>
<tr>
<td>X-Ray and Lab</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $750 per condition per policy year; 80% thereafter. Non-Preferred Care: 100% of the Recognized Charge up to $750 per condition per policy year; 80% thereafter.</td>
</tr>
</tbody>
</table>

### Out Patient Expenses

<table>
<thead>
<tr>
<th>Ambulance Expense</th>
<th>Preferred Care: 100% of the Actual Charge up to $100. Non-Preferred Care: 100% of the Actual Charge up to $100.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Injury Expense</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $500 per Policy Year. Non-Preferred Care: 100% of the Recognized Charge up to $500 per Policy Year.</td>
</tr>
<tr>
<td>Mental Health Expense</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $20 per visit. Non-Preferred Care: 100% of the Recognized Charge up to $20 per visit.</td>
</tr>
<tr>
<td>*Physician’s Office Visit</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $20 per visit per policy year. Non-Preferred Care: 100% of the Recognized Charge up to $20 per visit per policy year. * $20 per office visit maximum. *</td>
</tr>
<tr>
<td>Consultant or Specialist Expense</td>
<td>Preferred Care: 100% of the Negotiated Rate up to $50 Non-Preferred Care: 100% of the Recognized Charge up to $50</td>
</tr>
<tr>
<td>*Emergency Room</td>
<td>Preferred Care: 100% of the Negotiated Rate to a Maximum of $250 per visit.* Non-Preferred Care: 100% of the Recognized Charge to a Maximum of $250 per visit.* <em>$250 per visit maximum.</em></td>
</tr>
<tr>
<td>X-Ray and Lab</td>
<td>Preferred Care: 100% of the Negotiated Rate. Non-Preferred Care: 100% of the Recognized Charge.</td>
</tr>
</tbody>
</table>

### Maternity Benefits

| Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. | Preferred Care: Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness. Non-Preferred Care: Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness. |

### Mandated Benefits

<table>
<thead>
<tr>
<th>Medical Evacuation - On Call International must be contacted prior to making arrangements</th>
<th>100% of Covered Charges up to a maximum of $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Repatriation of Remains - On Call International must be contacted prior to making arrangements</td>
<td>100% of Covered Charges up to a maximum of $7,500</td>
</tr>
</tbody>
</table>

All benefits that show an * are subject to the Outpatient Maximum listed above.
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 extent needed to:
   - Improve the function of a part of the body that:
   - Is not a tooth or structure that supports the teeth, and
   - Is malformed:
   - As a result of a 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 travelling in conjunction with intercollegiate sports.

EXCLUSIONS (Continued)


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/mammoplasty.

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.

**EXCLUSIONS (Continued)**

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 persons 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 This Plan.

The Middlebury College Exchange (J-1) Accident & Sickness Health Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this document will tell you about some of the important features of the plan, other features may be important to you and some 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 Health Center.

This plan will never pay more than $50,000 per a covered condition within a policy year and includes internal maximums such as $50 per policy year for pharmacy, $20 maximum for each outpatient office visit, $20 per outpatient mental health office visit, and $250 maximum per Emergency Room visit. Additional plan maximums may also apply. Some illnesses may cost more to treat and health
care providers may bill you for what the plan does not cover.