You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: wfs.wellsfargo.com/psu or call (800) 853-5899 to request a paper copy free of charge.

The Portland State University student health insurance plan is underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. (CCA). Aetna Student Health℠ is the brand name for products and services provided by Aetna and CCA and their applicable affiliated companies.
IMPORTANT NOTICE
This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at (877) 850-6062 or send an email through your Aetna Navigator Account or at http://www.aetnastudenthealth.com/customer-service/customer-service.aspx
You will be able to obtain a copy of the full Master Policy as soon as it is available.

WHEN COVERAGE BEGINS
Insurance under the Master Policy will become effective at 12:01 a.m. on the later of:
- The Master Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Insurance, Authorized Agent or University; or
- The day after the date of postmark if the Enrollment Form is mailed.

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

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days. No policy shall ever start prior to the term start date:
1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS
Insurance of all Insured Persons terminates at 11:59 p.m. on the earlier of:
- Date the Master Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.
- In the event there is overlapping coverage under the same Master Policy number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

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

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

PLAN COST

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Waiver deadlines</td>
<td>10/12/14</td>
<td>1/18/15</td>
<td>4/12/15</td>
<td>7/5/15</td>
</tr>
<tr>
<td>Student only</td>
<td>$694</td>
<td>$694</td>
<td>$694</td>
<td>$513</td>
</tr>
<tr>
<td>International Spouse only</td>
<td>$1,040</td>
<td>$1,040</td>
<td>$1,040</td>
<td>$769</td>
</tr>
<tr>
<td>International Per Child only</td>
<td>$866</td>
<td>$866</td>
<td>$866</td>
<td>$641</td>
</tr>
</tbody>
</table>

NOTE: Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student.

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

DOMESTIC STUDENTS - All registered domestic students taking 5 or more in-load non-restricted differential* Portland State University (PSU) credit hours or more during Fall, Winter and Spring/Summer combined terms are automatically enrolled in the PSU-sponsored Student Health Insurance Plan unless they choose to submit an online insurance waiver of comparable coverage. Eligible students will be charged a Health Insurance Fee of $694 for each of the following terms by the posted Waiver Deadlines of each term. Students only need one approved waiver per academic year. All students who have the student health insurance plan during Spring term 2015, will be covered until 11:59 pm on September 19, 2015, regardless of summer credit hours. This means that if you have paid the Spring/Summer combined charge, you will have continuous coverage throughout the Summer term, regardless of taking classes, traveling, or graduating. Please check the website for updates on the summer insurance charges if Summer 2015 is the student's first term at PSU: www.pdx.edu/shac.

If you are not enrolled in five or more in-load credit hours by the Waiver Deadline, you will not be eligible for the PSU-sponsored Student Health Insurance Plan.

INTERNATIONAL STUDENTS- Oregon law requires that all international students and scholars at Portland State University (PSU) in F-1 and J-1 visa status and each dependent that accompanies them to the United States in F-2 and J-2 visa status have adequate medical insurance coverage. It is the policy of PSU that these students purchase year-round health insurance coverage through the University even during vacation terms or while out of the country.

All International students taking 1 or more credit are automatically enrolled in the PSU-sponsored Student Health Insurance Plan unless they are eligible and choose to submit an online insurance waiver of comparable coverage. International students will be charged a Health Insurance Fee of $694 for each of the following terms: Fall, Winter, Spring/Summer Combined. All students who have the student health insurance plan during Spring term 2015, will be covered until 11:59 pm on September 19, 2015, regardless of summer credit hours. This means that if you have paid the Spring/Summer combined charge, you will have continuous coverage throughout the Summer term, regardless of taking classes, traveling, or graduating.

International Dependents, Scholars or those on Optional Practical Training (OPT), need to enroll directly with Wells Fargo Insurance by calling (800) 853-5899 and pay for health insurance with a credit card.

*NOTE: Restricted Differential credits, (previously known as self-support), including some continuing education, most study abroad and TV/Video or Satellite are not eligible for the Health Fee which gives access to the Center for Student Health & Counseling (SHAC), and are also not eligible for this insurance plan. If you have questions about the types of credits you are taking, visit:

http://www.pdx.edu/financial-services/Restricted-Differential-Tuition-Courses

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

Eligibility Requirement

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. It is the student’s responsibility to make timely renewal payment to avoid a lapse in coverage.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Portland State University Student Health Insurance Plan. These students must provide the PSU Health Insurance Coordinator, located at SHAC, with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by the PSU Health Insurance Coordinator within 30 days from loss of prior coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 14 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

Withdrawal From School

If you leave Portland State University for reason of a covered accident or sickness resulting in a University approved Medical Leave of Absence, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. A maximum of one term of medical leave will be granted by Portland State University during your academic career. Contact insurancehelp@pdx.edu for more information.
**PREMIUM REFUND/CANCELLATION**

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) enrollments will NOT receive a refund of your insurance premium after the Waiver Deadline of the term has passed.
   - For direct enrollments with Wells Fargo Insurance that are paid using a credit card or check (not charged to your PSU student account): if you withdraw from school within the first 14 days of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 14 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium. Refund requests for these enrollments should be directed to Wells Fargo Insurance at (800) 853-5899 or via email at studentinsurance@wellsfargo.com.
   - IF YOU HAVE INSURANCE that is comparable* to the PSU Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in this PSU Plan, you must complete the online waiver process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year.
   - IF YOU DO NOT HAVE INSURANCE no action is required. You will automatically be enrolled in the PSU Aetna Student Health Insurance Plan each term you are eligible, (Fall, Winter, Spring/Summer combination), and your student account will be charged.

*Comparable coverage requires no more than a $2,500 deductible, and at least 80% inpatient hospitalization coverage. To WAIVE OUT of the insurance plan you must complete the online waiver at www.pdx.edu/shac. For more information visit www.pdx.edu/shac/insurance.

2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you or your dependent enter the armed forces the policy will be cancelled as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Insurance Services within 31 days of entry into service.

3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

**INSURANCE PAYMENTS WITH PERSONAL CHECK**

For direct enrollments with Wells Fargo Insurance that are not charged to your PSU student account: if you make your or your dependents’ insurance payment via personal check payable to Wells Fargo Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents' insurance coverage will be terminated retroactive to the effective date of the enrolled term.

**INSURANCE WAIVER INFORMATION**

When you need care, consider the PSU Center for Student Health & Counseling (SHAC) on campus as your first stop. They can provide many of the routine health services you need. Most services at SHAC are covered by the student health fee of $119 per term that is included in student tuition (for those taking 5 or more in-load, non-restricted differential credits). Your annual deductible is waived for all services rendered at SHAC. You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Care Provider, you’ll generally have less out of pocket expense for your care. To learn more about Preferred Care Providers, visit www.aetnastudenthealth.com. See page 18 for more information on services available at SHAC.

Insured dependents are not eligible to use SHAC. The benefits listed in the Schedule of Benefits are available to the insured dependents.

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

Aetna Student Health has arranged for you to access the Aetna Preferred Care Provider network. It is to your advantage to utilize a Preferred Care Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Care Provider and a Non-Preferred Care Provider. Preferred Care Providers are independent contractors and are neither employees nor agents of Portland State University nor Aetna Student Health. To find a Preferred Care Provider, you can use Aetna’s online DocFind® service located at www.aetnastudenthealth.com. Click on “Find Your School” and enter your school name. You can use DocFind® to find out whether a specific provider belongs to Aetna’s network or to find Preferred Care Providers practicing in your area.

PRESCRIPTION DRUG CLAIM PROCEDURE

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

When you need to fill a prescription, and do not have your ID card 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 Co-pay.

For an Aetna Prescription claim form go to www.aetnastudenthealth.com. Find your school, then click “Prescription” to obtain an RX claim form. Or call (877) 850-6062.

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

ID CARDS

Medical ID cards may be shipped before or within 3 weeks of your policy effective date. Providers need your Member ID# from your ID card to identify you, verify your coverage and bill Aetna Life Insurance Company. You do not need an ID card to be eligible to receive benefits, if you need medical attention before receiving your ID card, benefits will be payable according to the Policy. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim. You can also print your ID cards at www.aetnastudenthealth.com.

MEMBER WEB: AETNA NAVIGATOR®

Got Questions? Get Answers with Aetna Navigator®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Aetna Navigator®, you can:

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

How do I register?

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

Need help with registering onto Aetna Navigator®

Technical assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at (800) 225-3375.
Waiver of Annual Deductible

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care Covered Medical Expenses rendered as part of the following benefit types: Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Preventive Care Immunizations (Facility or Office Visits), Well Woman Preventive Visits (Office Visits), Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type, Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps & Supplies, Family Contraceptive Counseling Services (Office Visits), Female Voluntary Sterilization (Inpatient and Outpatient), Pediatric Preventive Vision and Dental Service, Female Contraceptives Generic Prescription Drugs, Brand Prescription Drugs if noGeneric equivalent. FDA-Approved Female Generic Emergency Contraceptives. In compliance with Oregon State Mandate(s) the Policy Year Deductible is also waived for: Maternal Diabetic Services from conception to 6 weeks post-partum. Your Annual deductible will also be waived for all services rendered at SHAC.

Schedule of Benefits

<table>
<thead>
<tr>
<th>Annual Benefit Maximum</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductibles - Per visit or admission deductibles do not apply towards satisfying the plan Deductible. Your annual deductible is waived for all services rendered at SHAC.</td>
<td>The following Deductibles are applied before Covered Medical Expenses are payable: Preferred Care: $300 per Insured per Policy Year Non-Preferred Care: $600 per Insured per Policy Year</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to an Unlimited maximum benefit.</td>
</tr>
<tr>
<td>Annual Out of Pocket Maximums - Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Co-pays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.</td>
<td>Preferred Care: $5,000 per Insured per Policy Year Non-Preferred Care: $10,000 per Insured per Policy Year</td>
</tr>
</tbody>
</table>

Inpatient Hospitalization Expenses

<table>
<thead>
<tr>
<th>Room and Board Expense, Semi-private room.</th>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>After a $250 Co-pay per admission, 80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensive Care Room and Board Expense, Overnight stay.</th>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>After a $250 Co-pay per admission, 80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Surgical Physicians, Charges for the non-surgical services of the attending Physician, or a consulting Physician.</th>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
<td></td>
</tr>
</tbody>
</table>

For more details about these benefits, please see the Benefit Descriptions section on pages 10-11.
## SCHEDULE OF BENEFITS (CONTINUED)

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Miscellaneous Hospital Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes; among others; expenses incurred during a hospital confinement for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anesthesia and operating room; laboratory tests and x rays; oxygen tent; and</td>
<td></td>
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<tr>
<td>drugs; medicines; and dressings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SURGICAL EXPENSE (INPATIENT &amp; OUTPATIENT)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Expense</strong></td>
<td>After a $100 Co-pay per surgery</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Anesthesia Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>80% of the Negotiated Charge</td>
</tr>
<tr>
<td><strong>Ambulatory Surgical Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>OUTPATIENT BENEFITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician’s Office Visit Expense</strong></td>
<td>100% of the Negotiated Charge after a $20 Co-pay per visit</td>
<td>50% of the Recognized Charge after a $40 Co-pay per visit</td>
</tr>
<tr>
<td>Co-pay is due at time and is in addition to the plan deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventative Care Services</strong></td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Including but not limited to routine physical exams, immunizations and diagnostic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray &amp; lab for routine physical exams.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory and X-Ray Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Emergency Room Visit Expense</strong></td>
<td>80% of the Negotiated Charge after $250 Co-pay per visit (Co-pay waived if admitted)</td>
<td>80% of the Recognized Charge after $250 Deductible per visit (Deductible waived if admitted)</td>
</tr>
<tr>
<td>Important note: Please note that as Non-Preferred Care Providers do not have a</td>
<td></td>
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<tr>
<td>contract with Aetna, the provider may not accept payment of your cost share (your</td>
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<tr>
<td>deductible and coinsurance) as payment in full. You may receive a bill for the</td>
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<tr>
<td>difference between the amount billed by the provider and the amount paid by this Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the provider bills you for an amount above your cost share, you are not</td>
<td></td>
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</tr>
<tr>
<td>responsible for paying that amount. Please send Aetna the bill at the address</td>
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<tr>
<td>listed on the back of your member ID card and Aetna will resolve any payment</td>
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</tr>
<tr>
<td>dispute with the provider over that amount. Make sure your member ID number is on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the bill. The Co-pay is in addition to the plan deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Expense</strong></td>
<td>80% of the Negotiated Charge after a $20 Co-pay per visit</td>
<td>50% of the Recognized Charge after a $40 Co-pay per visit</td>
</tr>
<tr>
<td>Please note: A covered person should not seek medical care or treatment from an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>urgent care provider if their illness, injury, or condition, is an emergency</td>
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<tr>
<td>condition. The covered person should go directly to the emergency room of a hospital</td>
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<tr>
<td>or call 911 for ambulance and medical assistance. The Co-pay is in addition to the</td>
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<td></td>
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<tr>
<td>plan deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High Cost Procedures Expense</strong></td>
<td>80% of the Negotiated Charge after $100 Co-pay per visit</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Covered Procedures in excess of $200, such as, but not limited to outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance Expense</strong></td>
<td>After a $100 Co-pay per trip, 80% of the</td>
<td>After a $100 Co-pay per trip, 80% of the</td>
</tr>
<tr>
<td></td>
<td>Negotiated Charge after a $20 Co-pay per</td>
<td>Negotiated Charge after a $40 Co-pay per</td>
</tr>
<tr>
<td>visit</td>
<td>visit</td>
<td>visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Therapy Expense</strong></td>
<td>80% of the Negotiated Charge after $20 Co-pay per visit</td>
<td>50% of the Recognized Charge after a $40 Co-pay per visit</td>
</tr>
<tr>
<td>For the following types of therapy provided on an outpatient basis: Physical Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care, Speech Therapy, Inhalation Therapy, Cardiac Rehabilitation, or</td>
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</tr>
<tr>
<td>Occupational Therapy. Benefits for Physical and Chiropractic Therapy are limited to</td>
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<td></td>
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<tr>
<td>30 visits per Policy Year combined.</td>
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</tr>
<tr>
<td><strong>Durable Medical Equipment Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Diagnostic Testing and Treatment for Learning Disabilities Expense</strong></td>
<td>80% of the Negotiated Charge after a $25 Co-pay per visit</td>
<td>50% of the Recognized Charge</td>
</tr>
</tbody>
</table>

For more details about these benefits, please see the Benefit Descriptions section on pages 10-11.
### SCHEDULE OF BENEFITS (CONTINUED)

**Allergy Testing and Treatment Expense**, Includes laboratory tests, physician office visits to administer injections, prescribed medications for testing and treatment of the allergy, and other medically necessary supplies and services. Payable on the same basis as any other Sickness.

<table>
<thead>
<tr>
<th>OUTPATIENT BENEFITS (CONTINUED)</th>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impacted Wisdom Teeth Expense</td>
<td>80% of the Actual Charge</td>
<td>80% of the Actual Charge</td>
</tr>
<tr>
<td>Dental Injury Expense</td>
<td>80% of the Actual Charge</td>
<td>80% of the Actual Charge</td>
</tr>
<tr>
<td>Diabetic Testing Supplies Expense, Including test strips, diabetic test agents, glucose tablets, lancets/lancing devices, and alcohol swabs and blood glucose monitors.</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Routine Foot Care Expense, Covered only for patients with diabetes mellitus and circulatory issues.</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
</tbody>
</table>

**MENTAL HEALTH BENEFITS**

<table>
<thead>
<tr>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Expense, Charges incurred while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders. Prior review and approval must be obtained from Aetna Student Health.</td>
<td>80% of the Negotiated Charge after $100 Co-pay per admission 50% of the Recognized Charge</td>
</tr>
<tr>
<td>Outpatient Expense, Charges for marriage and family therapies are not covered.</td>
<td>100% of the Negotiated Charge after a $15 Co-pay per visit 50% of the Recognized charge</td>
</tr>
</tbody>
</table>

**ALCOHOLISM AND DRUG ADDICTION TREATMENT**

<table>
<thead>
<tr>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Expense, For the treatment of alcohol and drug addiction.</td>
<td>80% of the Negotiated Charge after a $100 Co-pay per admission 50% of the Recognized Charge</td>
</tr>
<tr>
<td>Outpatient Expense, For the treatment of alcohol and drug addiction.</td>
<td>100% of the Negotiated Charge after a $15 Co-pay per visit 50% of the Recognized Charge</td>
</tr>
</tbody>
</table>

**MATERNITY BENEFITS**

<table>
<thead>
<tr>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Expense, For the care of the covered person and any newborn child.</td>
<td>Payable on the same basis as any other Sickness</td>
</tr>
<tr>
<td>Well Newborn Nursery Care Expense, For the routine care of a covered person’s newborn child.</td>
<td>80% of the Negotiated Charge 50% of the Recognized Charge</td>
</tr>
</tbody>
</table>

**ADDITIONAL BENEFITS**

<table>
<thead>
<tr>
<th>PREFERRED CARE</th>
<th>NON-PREFERRED CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Smear Screening Expense</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Mammogram Expense</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Family Planning Expense, Includes charges incurred for services and supplies that are provided to prevent pregnancy. See page 10 for additional information on this benefit.</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Routine Screening Expense, Includes charges for Chlamydia, Sexually Transmitted Disease, Prostate, and Colorectal Cancer screenings. STD screening expense is limited to 2 screenings per Policy Year.</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Rehabilitation Facility Expense</td>
<td>80% of the Negotiated Charge</td>
</tr>
<tr>
<td>Cochlear Implant Expense, Internally implanted devices.</td>
<td>80% of the Negotiated Charge</td>
</tr>
<tr>
<td>Hearing Aid Expenses</td>
<td>80% of the Negotiated Charge</td>
</tr>
</tbody>
</table>

For more details about these benefits, please see the Benefit Descriptions section on pages 10-11.
### ADDITIONAL BENEFITS (CONTINUED)

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Vision Exam Expense and Supplies, Exams are limited to one visit per Policy Year. Benefits are provided to covered persons through age 18.</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Orthodontia Expense. Benefits are provided to covered persons through age 18.</td>
<td>50% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Routine Dental Exam Expense Care. Benefits are provided to covered persons through age 18.</td>
<td>100% of the Negotiated Charge</td>
<td>70% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Basic Dental Care Expense, Covered dental expenses. Benefits are provided to covered persons through age 18.</td>
<td>70% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Major Dental Care Expense. Benefits are provided to covered persons through age 18.</td>
<td>50% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Respite Care Expenses, Care provided in a nursing facility to provide relief for the primary caregiver lifetime maximum benefit of 30 days.</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Hospitalization for Dental Procedures Expense</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Cosmetic Surgery Expense. See page 11 for more information on this benefit.</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Human Organ Transplant Expense</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Biofeedback Expense. Benefits are limited to a maximum of 10 treatments per lifetime.</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehabilitation Expense, Includes outpatient - short term treatment is limited to 36 sessions.</td>
<td>Payable on the same basis as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Elective Abortion Expense, Limited to a maximum of $2,500 per Policy Year</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Prescription Drug Expense, includes diabetic medication, equipment and testing supplies unless otherwise noted above, prescription contraceptives (including contraceptive devices/aids), prenatal vitamins, smoking deterrents limited to a one time 3 month supply. Medications not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or stimulate hair growth, appetite suppression, and non-self-injectives. 30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%. Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</td>
<td>100% of the Negotiated Charge following a $60 Co-pay for each Generic, $100 Co-pay for each Preferred Brand Name or $120 Co-pay for each Non-Preferred Brand Name Prescription Drug.</td>
<td></td>
</tr>
<tr>
<td>Aetna Rx Home Delivery® (90 Day Supply) Aetna Rx Home Delivery® is a pharmacy that works through the mail. It can send you up to a 90-day supply at a 60-day supply Co-pay. You have access to this pharmacy as part of your Aetna pharmacy benefits plan. Learn more online. Visit <a href="http://www.aetna.com">www.aetna.com</a> and log in to Aetna Navigator. Then click Aetna Pharmacy or call 1-888-RX AETNA (1-888-792-3862). Contraceptives (that do not have a generic alternate) covered at 100%.</td>
<td>100% of the Negotiated Charge following a $30 Co-pay for each Generic, $50 Co-pay for each Preferred Brand Name or $60 Co-pay for each Non-Preferred Brand Name Prescription Drug.</td>
<td></td>
</tr>
</tbody>
</table>

For more details about these benefits, please see the Benefit Descriptions section on pages 10-11.
Preventative Care Services: Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.

A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as part of the exam are:
- Routine vision and hearing screenings given as part of the routine physical exam.
- X-rays, lab, and other tests given in connection with the exam, and
- Materials for the administration of immunizations for infectious disease and testing for tuberculosis.

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

*S*xually transmitted disease screening expense is limited to two screenings per Policy Year.
- X-rays, lab and other tests given in connection with the exam.
- Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- If the plan includes dependent coverage, for covered newborns, an initial hospital check up.

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

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

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

Obesity: Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:
- Preventive counseling visits and/or risk factor reduction intervention;
- Medical nutrition therapy;
- Nutritional counseling; and
- Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.

Services in this category are subject to a combined limit of 26 individual or group visits by any recognized provider per Policy Year.
- The 10 Healthy Diet Counseling visits will be counted toward the total number of visits allowed for Obesity counseling.

Misuse of Alcohol and/or Drugs: Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.
- Services in this category are subject to a combined limit of 5 individual or group visits by any recognized provider per Policy Year.

Use of Tobacco Products: Screening and counseling services to aid a covered person to stop the use of tobacco products.
Coverage includes:
- Preventive counseling visits;
- Treatment visits; and
- Class visits;
To aid a covered person to stop the use of tobacco products.
Tobacco product means a substance containing tobacco or nicotine including:
- cigarettes;
- cigars;
- smoking tobacco;
- snuff;
- smokeless tobacco; and
- candy-like products that contain tobacco.

Limitations: Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for:
- Services which are covered to any extent under any other part of this Plan
- Services in this category are subject to a combined limit of 8 individual or group visits by an recognized provider per Policy Year.

Family Planning Expense: For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies that are provided to prevent pregnancy. All services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).
Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting.
The following contraceptive methods are covered expenses under this benefit:

Voluntary Sterilization: Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.
Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

Limitations:
Unless specified above, not covered under this benefit are charges for:
- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;
- Male contraceptive methods, sterilization procedures or devices;

Continued on next page
The reversal of voluntary sterilization procedures, including any related follow-up care. Important note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

Hearing Aid Expense: Covered for members 18 years of age and younger, or 25 years of age and younger if the member is enrolled in a secondary school or an accredited educational institution.

Routine Foot Care Expense: Covered only for patients with diabetes mellitus and circulatory issues. Routine foot care includes services and supplies for corns and calluses, toenail conditions other than infection, and hypertrophy or hyperplasia of the skin of the feet.

Therapy Expense: Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:
- Physical Therapy,
- Chiropractic Care,
- Speech Therapy,
- Inhalation Therapy,
- Cardiac Rehabilitation, or
- Occupational Therapy.

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

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

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

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

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

Covered Medical Expenses include, but are not limited to, charges for the following:
- Laboratory tests,
- Physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and
- Other medically necessary supplies and services.

Cosmetic Surgery Expense: Includes one attempt at cosmetic or reconstructive surgery in the following situations: When necessary to correct a functional disorder; or When necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery. Cosmetic or reconstructive surgery must take place within 18 months after the injury, surgery, scar, or defect first occurred.

Hospitalization for Dental Procedures Expense: Includes coverage when the patient has another serious medical condition that may complicate the dental procedure, such as serious blood disease, unstable diabetes, or severe cardiovascular disease, or the patient is physically or developmentally disabled with a dental condition that cannot be safely and effectively treated in a dental office.

Includes charges for the facility, anesthesiologist, and assistant physician are covered.

Biofeedback Expense: Benefit is limited for treatment of migraine headaches or urinary incontinence when provided by an otherwise eligible practitioner.

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

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

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

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

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

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

Well Newborn Nursery Care Expense: Benefits include charges for routine care of a covered person’s newborn child as follows:
- Hospital charges for routine nursery care during the mother’s confinement, but for not more than four days,
- Physician’s charges for circumcision, and
- Physician’s charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day.

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

Mammogram Expense: Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician. Benefits will be paid for Expenses incurred for the following:

(1) A baseline mammogram for women between the ages of 35 to 40; and
(2) A mammogram on an annual basis for women 40 years and older or more frequently if the insured is designated high risk.

Pediatric Vision Exam Expense and Supplies: Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both). Benefits are provided to covered persons through age 18.

Human Organ Transplant Expense: The organ or tissue donation is covered at $8,000 per transplant. Travel and housing expenses for the recipient and one caregiver are limited to $5,000 per transplant. Facility benefits are limited to $100,000 per transplant.
EXCLUSIONS & LIMITATIONS

IMPORTANT NOTICE: This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at (877) 850-6062 or send an email through your Aetna Navigator Account or at www.aetnastudenthealth.com/customer-service/customer-service.aspx

You will be able to obtain a copy of the full Master Policy as soon as it is available.

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

1. Expense incurred for services normally provided without charge by the Policyholder’s Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.

2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury.

3. Expense incurred as a result of injury due to participation in a riot. “Participation in a riot” means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.

4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

5. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers’ Compensation or Occupational Disease Law.

6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.

7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

8. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.

9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.

10. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.

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

12. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.


14. Expense incurred for any services rendered by a member of the covered person’s immediate family or a person who lives in the covered person’s home.

15. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports; (participating in sports clubs or intramural athletic activities is not excluded).

16. Expense for the contraceptive methods; devices or aids; and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.

17. Expenses incurred for: care; treatment; services; or supplies for or related to obstructive sleep apnea; and sleep disorders; including CPAP; and UPP.

18. Expense incurred for which no member of the covered person’s immediate family has any legal obligation for payment.

19. 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.


21. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: (a) There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or (b) If required by the FDA, approval has not been granted for marketing or a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (c) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease if Aetna determines that: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer treatment.
EXCLUSIONS & LIMITATIONS (CONTINUED)

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

22. Expense incurred as a result of dental treatment; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures as provided elsewhere in this Policy.

23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.

24. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the covered person is diabetic; or suffers from circulatory problems.

25. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.

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

27. Expense incurred for hearing aids; the fitting; or prescription of hearing aids except as otherwise provided in the policy.

28. Expenses incurred for gynecomastia (male breasts).

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

30. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.

31. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.

32. Expenses incurred for massage therapy.

33. Expense for incidental surgeries; and standby charges of a physician.

34. Expense for treatment and supplies for programs involving cessation of tobacco use, except as otherwise provided in this Plan.

35. Expense incurred for the use of orthotics; unless used exclusively to promote healing.

36. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness.

37. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.

38. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.

39. Expenses for routine physical exams; including expenses in connection with well newborn care; routine vision exams; routine dental exams; routine hearing exams; immunizations; or other preventive services and supplies; except to the extent coverage of such exams; immunizations; services; or supplies is specifically provided in the Policy.

40. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed; recommended; or approved by the person’s attending physician; or dentist. In order for a treatment; service; or supply to be considered medically necessary; the service or supply must: (a) be care or treatment which is likely to produce a significant positive outcome as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved and the person’s overall health condition; (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved and the person’s overall health condition; and (c) as to diagnosis; care; and treatment; be no more costly (taking into account all health expenses incurred in connection with the treatment; service; or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances; Aetna will take into consideration: (a) information relating to the affected person’s health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis; care; or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna’s attention. In no event will the following services or supplies be considered to be medically necessary; (a) those that do not require the technical skills of a medical; a mental health; or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person; any person who cares for him or her; or any persons who is part of his or her family; any healthcare provider; or healthcare facility; or (c) those furnished solely because the person is an inpatient on any day on which the person’s sickness or injury could safely and adequately be diagnosed or treated while not confined; or those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a physician’s or a dentist’s office or other less costly setting.

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

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

**EXTENSION OF BENEFITS**

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

**HOW DO I FILE A CLAIM?**

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

Aetna Student Health
P.O. Box 981106, El Paso, TX 79998
(877) 850-6062 (toll-free)

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

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within 180 days from the date appearing on the Explanation of Benefits (EOB).
5. You will receive an “Explanation of Benefits” when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

**ADDITIONAL DISCOUNTS AND SERVICES**

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

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

Aetna
P.O. Box 14464
Lexington, KY 40512

**NOTICE**

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

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

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

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

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

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

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

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

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

**Designated Care Provider:** A health care provider (or pharmacy;) that is affiliated; and has an agreement with the School Health Services to furnish services and supplies at a negotiated charge.

**Emergency Medical Condition:** This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury, is of such a nature that failure to get immediate medical care could result in:
- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Generic Prescription Drug or Medicine:** A prescription drug which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

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

2. As used in this section: (a) “Family” includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood. (b) “Interdisciplinary team” means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, registered nurse, social worker, clergyman and trained volunteer.

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

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

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

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

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

Continued on next page
Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a physician’s or a dentist’s office, or other less costly setting.

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

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

**Non-Preferred Care Provider:**
- a health care provider that has not contracted to furnish services or supplies at a negotiated charge, or

**Pharmacy:** An establishment where prescription drugs are legally dispensed.

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

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

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

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

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

**Recognized Charge:** Only that part of a charge which is recognized is covered. The recognized charge for a service or supply is the lowest of:
- The provider’s usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

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

**In determining the recognized charge for a service or supply that is:**
- Unusual, or
- Not often provided in the area, or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:
- The complexity,
- The degree of skill needed,
- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The prevailing charge in other areas.
Worldwide Emergency Travel Assistance (WETA) Services. On Call provides the following travel assistance services:

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

The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 859-8475.

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person’s student health insurance plan (the “Plan”), neither On Call nor its contracted insurance providers provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither 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. Chickering Claims Administrators, Inc. (CCA) provides access to certain Accidental Death and Dismemberment (AD&D); Medical Evacuation/Repatriation (MER); Natural Disaster and Political Evacuation (NDPE); and Worldwide Emergency Travel Assistance (WETA) coverages and services through a contractual relationship with On Call International, LLC (On Call).

AD&D coverage is underwritten by Fairmont Specialty dba United States Fire Insurance Company (USFIC).

MER, NDPE and WETA membership services are administered by On Call. CCA and On Call are independent contractors and not employees or agents of the each other. Neither CCA nor any of its affiliates provides or administers ADD, MER, NPDE and WETA 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.

These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.
SHAC provides high quality, accessible, medical, counseling, dental, testing and health promotion services to students. SHAC has an incredible staff of health care professionals who are all dedicated to keeping students healthy so they can stay in the classroom and focus on learning.

Located at 1880 SW 6th Avenue
University Center Building
(503) 725-2800
pdx.edu/shac/

Health & Counseling: Suite 200 (503) 725-2800
Dental Services: Suite 309 (503) 725-2611
Testing Services: Suite 340 (503) 725-5301

SHAC Eligibility and Cost
All PSU students taking 5 or more in-load, non-restricted differential credits are eligible to use SHAC Services.

A health fee of $119 per term is included in student tuition (for those taking 5 or more in-load, non-restricted differential credits), and covers the cost of most SHAC services, regardless of which health insurance plan the student carries.

- Medical Services have minimal to no extra charge.
- Learning Disability and ADHD Assessments require a fee.
- Counseling Services are covered by the student health fee.
- Dental fees are generally much lower than private clinics. For current dental fees visit pdx.edu/shac/dental-fees.
- Testing Services is open to all students and the community. There are fees for most services.

CLOSEST HOSPITALS AND URGENT CARE CENTERS
IN CASE OF MEDICAL EMERGENCY:
To verify participation of these providers in the Aetna network, you may use Aetna’s online DocFind service located at www.aetnastudenthealth.com.

**OHSU**: (503) 494-8311
3181 SW Sam Jackson Park Rd., Portland, OR 97239

**Legacy Good Samaritan Hospital**: (503) 413-7074
1015 NW 22nd Ave., Portland, OR 97210

**Providence Medical Group**: (503) 215-9900
Locations throughout Portland

**The Portland Clinic Downtown**: (503) 221-0161
800 SW 13th Ave., Portland, OR 97205

**Doctors Express**: (503) 305-6262
Locations in SW, and NW Portland
CLAIMS ADMINISTERED BY: Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(877) 850-6062 (toll-free)
www.aetnastudenthealth.com

PREFERRED CARE PROVIDER: Aetna Preferred Care Provider Network
(866) 381-1529 (toll-free)
http://www.aetna.com/docfind/custom/studenthealth

NURSE ADVICE LINE: PSU SHAC After Hours
(503) 725-2800
www.pdx.edu/shac/

PRESCRIPTIONS: Aetna Pharmacy Management
(888) 792-3862
http://www.aetna.com/docfind/custom/studenthealth

EMERGENCY TRAVEL ASSISTANCE: On Call International
One Delaware Drive
Salem, NH 03079
(866) 525-1956 (Toll-free within the U.S.)
(603) 328-1956 (Outside the U.S.)
www.oncallinternational.com

THE PLAN BROKERED BY: Wells Fargo Insurance
Student Insurance Division
OR License No. 802263
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
wfis.wellsfargo.com/psu

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

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

IMPORTANT NOTE
The Portland State University 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.