2008 - 2009

Arizona State University

Arizona Board of Regents
Student Health Insurance Plan

NORTHERN
ARIZONA
UNIVERSITY

Aetna Student Health

Underwritten by:
Aetna Life Insurance Company (ALIC)

Policy No. 697443

Table of Contents

Where to Find Help 3
Arizona State University Student Health Insurance Plan 5
Policy Period....................................5
Premium Rates....................................5
Student Enrollment....................................5
Dependent Enrollment....................................6
Premium Refund Policy 8
Referral Requirement 8
Preferred Provider Network 10
Inpatient Admission Pre-Certification Program....................................11
Pre-Existing Conditions and Continuously Insured Provision 11
Description of Benefits....................................12
Summary of Benefits....................................13
Additional Services and Discounts 17
General Provisions....................................19
State Mandated Benefits....................................19
Coordination of Benefits 19
Definitions 20
Exclusions....................................24
Extension of Benefits 27
Medical Conversion Policy 27
Termination of Insurance....................................27
Claim Procedure 28
How to Appeal a Claim 28
On Call International 29
Accidental Death and Dismemberment (ADD) Benefits 29
Medical Evacuation and Repatriation (MER) Benefits 29
Worldwide Emergency Travel Assistance (WETA) Services....................................29
Important Note....................................30

Where to Find Help

Got Questions? Get Answers with Aetna Navigator®

As an Aetna Student Health Insurance Plan 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 health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your Plan.
- Send an e-mail to Aetna Student Health Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

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

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

Need help with registering onto Aetna Navigator?

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

For Questions About:

- Insurance Benefits
- Student Enrollment
- Dependent Enrollment
- Claims Processing

Please contact:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(866) 378-0178

For Questions About ID Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. **You do not need an ID card to be eligible to receive benefits.** Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims. **Note:** Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, contact:

Aetna Student Health

(866) 378-0178 or visit ***www.aetnastudenthealth.com***, click on "Find Your School" and enter **697443** as your Policy Number.

For Questions About:

- Enrollment/Waiver Process
- On-Campus Health Service
- Referrals

Please contact:

Arizona State University Insurance Office

(480) 965-2411

insurance@asu.edu

For Questions About:

- **Provider Listings:** To obtain a complete list of providers, use Aetna's DocFind® Service: ***www.aetnastudenthealth.com***. Click on "Find Your School" or enter **697443** as your Policy Number.
- **Dependent Enrollment:** Visit ***www.aetnastudenthealth.com***, click on "Find Your School" or enter **697443** as your Policy Number.

For Questions About:

- On Call International 24/7 Emergency Travel Assistance Services

Please contact:

On Call International at **1- (866) 525-1956** (within U.S.).

If outside the U.S., call collect **by dialing the U.S. access code plus 1- (603) 328-1956**.

Please also visit ***www.aetnastudenthealth.com*** and visit your school-specific site for further information.

Worldwide Web Access:

- Aetna Student Health: ***www.aetnastudenthealth.com***
- Aetna's DocFind® Service: ***www.aetnastudenthealth.com***, click on "Find Your School" and enter **697443** as your Policy Number.

Arizona State University Student Health Insurance Plan

This is a brief description of the Student Health Insurance Plan benefit available for Arizona State University students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Fall Semester: Coverage for the Fall Semester only will become effective at 12:01 a.m. on **August 16, 2008**, and will terminate at 12:01 a.m. on **January 16, 2009**.

Spring Semester: Coverage for the Spring Semester only will become effective at 12:01 a.m. on **January 16, 2009**, and will terminate at 12:01 a.m. on **August 16, 2009**.

Summer Semester: Coverage for the Summer Semester only will become effective at 12:01 a.m. on **June 1, 2009**, and will terminate at 12:01 a.m. on **August 16, 2009**.

Premium Rates

	Fall Semester 8/16/08-1/15/09	Spring Semester 1/16/09-8/15/09	Summer Session 6/1/09-8/15/09
Student	$ 621	$ 870	$ 311
Spouse	$1,796	$2,513	$ 897
Child(ren)	$1,536	$2,149	$ 767
Spouse and Child(ren)	$2,565	$3,591	$1,284

Student Enrollment

Eligibility

The following groups of students are eligible for coverage:

- Undergraduate students if they are enrolled in a program of study and a) taking at least seven units, b) have a consortium agreement to take courses at a qualified college with an overall credit hour total of at least seven units, or c) are in a co-op program. (Seniors may enroll with less than seven units if they are in their last semester to achieve their final graduation requirements and had the insurance coverage in the prior semester.)
- Graduate students if they are enrolled in a graduate degree or certificate program and taking at least three credit hours or one dissertation/thesis hour.
- Graduate non-degree students must have applied to a degree program and be taking at least six transferable units, be in a certificate program, or be a full-time student taking at least nine units.
- Graduate assistants or associates who are officially hired, with a signed and filed notice of appointment, and taking at least six units of graduate credit.

- Post Doctoral fellows, visiting scholars or visiting professors.
- Non-sponsored international student, regardless of his or her fitting into one of the above classifications and regardless of the number of units being taken, are automatically enrolled in the Plan.

Enrollment Process

Undergraduate and Graduate students may enroll through the University student registration system (under Tuition and Billing). The ASU Student Insurance Office can provide you with detailed enrollment instructions. Students may contact the Insurance Office by calling **(480) 965-2411**, or via email: ***insurance@asu.edu***. Eligible non-sponsored international students are automatically enrolled in the Plan. Students who enroll in the Fall Semester will automatically be enrolled in the Spring Semester unless they notify the ASU Health Center that they opt out of the Spring Semester coverage.

Enrollment Deadlines

Fall Semester: If the Enrollment is submitted before **September 7, 2008**, coverage will be backdated to the beginning of the Policy Period. If the Enrollment is submitted after **September 7, 2008**, it will not be accepted in the absence of a significant life change, and the student will have to wait until the next open enrollment period to apply.

Spring Semester: If the Enrollment is submitted before **February 2, 2009**, coverage will be backdated to the beginning of the Policy Period. If the Enrollment is submitted after **February 2, 2009**, it will not be accepted in the absence of a significant life change, and the student will have to wait until the next open enrollment period to apply.

Mid-Year Enrollment: Eligible students may enroll after the deadline only if there has been a significant life change (i.e. marriage, birth, loss of job). If the Enrollment is submitted within 30 days of a qualifying event, coverage will be backdated to the date of the qualifying event. If the Enrollment is submitted after the 30 days of a qualifying event, it will not be accepted, and the students will have to wait until the next open enrollment period to enroll the dependent.

Dependent Enrollment

Eligibility

Students who are covered by the ASU Student Health Insurance Plan may purchase coverage on the Aetna Student Health website, ***www.aetnastudenthealth.com***, for the following dependents:

- Legally married spouse;
- Domestic Partner; and
- Unmarried dependent children between the ages of 31 days and 19 years (or 25 years if a full-time student).

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the ASU Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Person must (1) enroll the child within 31 days of birth and (2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Person from the moment of placement (including medically diagnosed congenital defects and birth abnormalities), for an initial period of 31 days. To extend coverage for an adopted child past the 31 days, the Covered Person must (1) enroll the child within 31 days of placement of such child and (2) pay any additional premium, if necessary, starting from the date of placement. The Policy will also provide coverage for expenses incurred with the birth of any child legally adopted by the Covered Person provided that all the following conditions have been met:

- The Covered Person requests that coverage be provided;
- The child is adopted within one year of birth;
- The Covered Person is legally obligated to pay the costs of the birth; and
- All Pre-Existing Conditions and other limitations, terms, and conditions of the Policy have been met by the Covered Person.

Benefits will only be payable for expenses incurred in connection with the delivery of the child. Covered Medical Expenses will be payable on the same basis as benefits would have been payable if the birth mother was a dependent. No benefits will be payable for expenses incurred after the birth mother is discharged from the facility where the child is born.

Dependent Enrollment Deadlines

ASU students who wish to purchase coverage for their eligible dependents under ASU's Student Health Insurance Plan may do so on-line at ***www.aetnastudenthealth.com***. Click on the "Student Find Your School," and enter **697443**. The deadline to enroll is **September 7, 2008**. No dependents may be added to the Plan after this date unless a qualifying life circumstance exists, such as involuntary loss of other coverage, marriage, or birth/adoption of a child.

Fall Semester: If the Dependent Enrollment Form is submitted before **September 7, 2008**, coverage will be backdated to the beginning of the Policy Period. If the Enrollment Form is submitted after **September 7, 2008**, it will not be accepted in the absence of a significant life change, and the student will have to wait until the next open enrollment period to apply.

Spring Semester: If the Dependent Enrollment Form is submitted before **February 2, 2009**, coverage will be backdated to the beginning of the Policy Period. If the Enrollment Form is submitted after **February 2, 2009**, it will not be accepted in the absence of a significant life change, and the student will have to wait until the next open enrollment period to apply.

Mid-Year Enrollment: Eligible dependents of covered students may enroll after the deadline only if there has been a significant life change (i.e. marriage, birth, loss of job). If the Enrollment Form is submitted within 30 days of a qualifying event, coverage will be backdated to the date of the qualifying event. If the Enrollment Form is submitted after the 30 days of a qualifying event, it will not be accepted, and the dependents will have to wait until the next open enrollment period to enroll the dependent.

Premium Refund Policy

Coverage will automatically terminate retroactively to the semester effective date of coverage for you and your covered dependents if you withdraw from classes before the end of the open enrollment period and a full refund will be made. If you withdraw after the last day of the open enrollment, coverage for you and your covered dependents will remain in effect until the end of the semester coverage period and you will not receive a refund.

Referral Requirement

Students' health care needs can best be satisfied when an organized system of health care providers at the Arizona State University Health Service manages the treatment.

If you are enrolled in the Student Health Insurance Plan, and attend the Tempe Campus, **you must first seek treatment at the Arizona State University Campus Health Service**. Referrals are issued when Medically Necessary, and are required on a per Accident or illness basis. A referral is not required for covered dependents, or for students attending the Polytechnic, West, or Downtown campus locations.

Students who do not receive a referral are subject to a benefit reduction; claims will be paid at the Non-Preferred Care Level.

Campus Health Service Information and Hours

Campus Health Service
Mailing Address: P.O. Box 872104, Tempe, AZ 85287-2104
Physical Address: 451 E. University Dr., Tempe, AZ 85281-2104
(480) 965-3346

Fall and Spring Hours: 8:00 a.m. – 5:30 p.m.
Summer Hours: 8:00 a.m. – 4:30 p.m.

Counseling and Consultation
Mailing Address: P.O. Box 871012, Tempe, AZ 85287-1012
Physical Address: 1150 S. Forest Ave., Tempe, AZ 85287-1012
(480) 965-6146

Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.

Polytechnic Location
Student Health Service
7153 E. Thistle, Mesa, AZ 85212
(480) 727-1500

Hours: 9:00 a.m. – 1:00 p.m.
1:30 p.m. – 4:30 p.m.

Student Counseling Services
Student Affairs Complex, Building 370
7001 E. Williams Field Road
Mesa, AZ 85212
(480) 727-1255

Hours: 8:00 a.m. – 5:00 p.m.

West Location
Student Health Services
Mailing Address: Box 37100, Phoenix, AZ 85069-7100
Physical Address: 4701 W. Thunderbird Rd., Glendale, AZ 85306
(602) 543-8019

Hours: 9:00 a.m. – 1:00 p.m.
1:30 p.m. – 5:00 p.m.

Counseling Center
Mailing Address: P.O. Box 37100, Phoenix, AZ 85069-7100
Physical Address: 4701 W. Thunderbird Rd., Glendale, AZ 85306-4908
(602) 543-8019

Hours: 9:00 a.m. – 1:00 p.m.
1:30 p.m. – 5:00 p.m.

Downtown Location
ASU Health Center and Counseling Services
500 N. 3rd St., Suite 155
Phoenix, AZ 85004
(602) 496-0721

Hours: 9:00 a.m. – 1:30 p.m.
2:30 p.m. – 5:00 p.m.

A referral from the Arizona State University Campus Health Service is not necessary under the following:

- Care received beyond 25 miles from the Tempe Campus (Upon return to the campus area, the student must return to the Campus Health Service for necessary follow-up care); or
- Emergency Room Services (all follow-up treatment must be obtained through the Health Service)
- Care for students attending the Polytechnic, West, or Downtown Locations
- Care for Covered Dependents
- Maternity Care
- Women's Health Services
- Annual Eye Exam
- Injury to Sound, Natural teeth

Preferred Provider Network

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

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Arizona State University, Aetna Student Health or Aetna.

A complete listing of Participating Providers is available through the Internet by accessing Aetna's DocFind® Service at ***www.aetnastudenthealth.com***. Click on "Find Your School" and enter **697443** as your Policy Number. Additionally, information regarding Preferred Providers can be obtained by contacting Aetna Student Health at **(866) 378-0178**.

Inpatient Admission Pre-Certification Program

Pre-admission certification is designed to help you receive quality, cost-effective medical care. All inpatient admissions, including length of stay, must be certified by contacting Aetna Student Health.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical Policy review in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan. If you do not secure Pre-Certification for non-emergency inpatient admissions or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a $200 per admission penalty Deductible.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Aetna Student Health
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(866) 378-0178

Pre-Existing Conditions and Continuously Insured Provision

Definition of a Pre-Existing Condition:

Any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance. Pregnancy is not considered a pre-existing condition.

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless the Covered Person has been covered under the Policy for nine consecutive months. **There are no Pre-Existing Condition limitations for International Students or Graduate Assistants.**

Special Rules As To Pre-Existing Conditions

If a Covered Person had creditable coverage and such coverage terminated within 63 days prior to the date he or she enrolled (or was enrolled) for coverage in the Policy, then any limitation as to a Pre-Existing Condition under this Policy will not apply for that person.

"Creditable coverage" is a person's prior medical coverage as defined in HIPAA. Such coverage includes coverage issued on a group or individual basis, Medicare, Medicaid, military-sponsored health care, a program of the Indian Health Service, a state health benefits risk pool, the Federal Employee's Health Benefit Plan (FEHBP), a public health plan as defined in the regulations, and any health benefit plan under Section 5(e) of the Peace Corps Act.

Continuously Insured

Persons who have remained Continuously Insured under the Policy and other prior health insurance policies will be covered for any Pre-Existing Condition that manifests itself while Continuously Insured, except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break of 63 days in continuous coverage occurs, the definition of a Pre-Existing Condition will apply.

Description of Benefits

Payment will be made as allocated herein for Covered Medical Expenses incurred while insured under the Plan, not to exceed an Aggregate Maximum while Continuously Insured of $300,000. In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this Brochure for any additional benefit level maximums.

The payment of any Copays, Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Covered Person. To maximize savings and reduce out-of-pocket expenses, a Covered Person should select a Preferred Provider. It is to their advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

Summary of Benefits

Benefit Summary	
Aggregate Maximum	$300,000 per Lifetime, per Covered Person
Plan Deductible	***Preferred Care:*** $250 per Covered Person per Policy Year, not to exceed $500 per family. ***Non-Preferred Care:*** $500 per Covered Person per Policy Year, not to exceed $1,000 per family.
Out-of-Pocket Maximum	***Preferred Care:*** $1,500 per Covered Person per Policy Year, not to exceed $2,000 per family. ***Non-Preferred Care:*** $3,000 per Covered Person per Policy Year, not to exceed $6,000 per family.
Health Center Coverage on Campus– Primary and Specialty Services at ASU Health Centers and ASU Counseling Services	• **General Medicine and Well Woman Care:** $10 Copay • **Specialist Care:** $30 Copay • **Lab and X-ray:** $10 Copay • **Psychiatric Services:** $15 Copay • **Initial Counseling Assessment:** No Copay • **Brief Counseling Treatment:** $15 Copay
Inpatient Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge for an overnight stay. ***Non-Preferred Care:*** 70% of the Reasonable Charge of the semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge for an overnight stay. ***Non-Preferred Care:*** 70% of the Reasonable charge of the intensive care room rate for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 70% of the Reasonable Charge.
Physician Hospital Visit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 70% of the Reasonable Charge.

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible.
Anesthetist and Assistant Surgeon Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible.
Outpatient Benefits	
Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.	
Physician Office Visit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of the Annual Deductible. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible.
Allergy Services in a Physician's Office Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of the Annual Deductible. Copay does not apply to injections. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible.
Chiropractic Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of the Annual Deductible. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible. Chiropractic Care is payable up to a maximum of 24 visits per Policy Year.
Physical Therapy, Occupational Therapy, Speech Therapy Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of Annual Deductible. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of annual deductible. Physical Therapy is payable up to a combined maximum of 20 visits per Policy Year. Occupational Therapy is payable up to a combined maximum of 20 visits per Policy Year. Speech Therapy is payable up to a combined maximum of 20 visits per Policy Year.

Outpatient Benefits (continued)	
Cardiac and/or Pulmonary Rehabilitation Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of Annual Deductible. ***Non-Preferred Care:*** 70% of the Reasonable Charge. Cardiac and/or Pulmonary Rehabilitation is payable up to a combined maximum of 36 visits per Policy Year.
Laboratory Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge with waiver of the Annual Deductible. ***Non-Preferred Care:*** 70% of the Reasonable Charge.
X-ray Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 70% of the Reasonable Charge.
Urgent Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $50 Copay ($25 Copay for students only if the Health Center is closed). ***Non-Preferred Care:*** 70% of the Reasonable Charge.
Emergency Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $100 Copay per visit, with waiver of the annual deductible. ***Non-Preferred Care:*** 100% of the Actual Charge after a $100 Emergency Room Deductible per visit, with waiver of the annual deductible. Copay/Deductible is waived if admitted as inpatient within 24 hours for the same condition.
Durable Medical Equipment Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 70% of the Reasonable Charge. Benefits are payable up to a combined maximum of $2,500 per Policy Year.
Routine Eye Examinations Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $35 Copay with waiver of the Annual Deductible. ***Non-Preferred Care:*** 70% of the Reasonable Charge. Benefits are limited to one examination per Policy Year.

Mental Health and Substance Abuse Benefits	
Inpatient Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 50% of the Reasonable Charge. Benefits are limited to 30 days of inpatient care per Policy Year.
Outpatient Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge after a $25 Copay with waiver of the Annual Deductible. ***Non-Preferred Care:*** 50% of the Reasonable Charge. Benefits are payable to a combined maximum of 20 visits per Policy Year, including Campus Health Service.
Maternity Benefits	
Maternity Expenses *(Any applicable referral requirements and associated penalties are waived for these services.)*	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge after a $35 Copay for the first visit. ***Non-Preferred Care:*** 70% of the Reasonable Charge. Benefits will be payable for inpatient care of the Covered Person, and any newborn child, for a minimum of 48 hours following a vaginal delivery and a minimum of 96 hours following a cesarean delivery.
Additional Benefits	
Diabetic Equipment, Supplies, and Self-Management Training Expenses	***Preferred Care:*** 90% of the Negotiated Charge with waiver of the Annual Deductible. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Mammography Expenses	Mammography screening expenses are payable on the same basis as any expense for a baseline mammogram for women between the ages of 35 and 40 and an annual mammogram for women age 40 or older. ***Preferred Care:*** 100% of the Negotiated Charge with waiver of the Annual Deductible. ***Non-Preferred Care:*** 70% of the Reasonable Charge.
Routine Pap Smear Expenses	Covered Medical Expenses include one routine annual Pap smear screening and all cervical cancer diagnostic tests, including an annual gynecological exam, for women age 18 and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colonoscopy Expenses *(when performed in an outpatient facility)*	***Preferred Care:*** 100% of the Negotiated Charge with waiver of the Annual Deductible. ***Non-Preferred Care:*** 70% of the Reasonable Charge.
Ambulance Expenses	***Preferred Care:*** 100% of the Negotiated Charge. ***Non-Preferred Care:*** 100% of the Reasonable Charge.

Additional Benefits (continued)	
Dental Expenses *(for the treatment of an Injury to sound, natural teeth)*	***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 90% of the Reasonable Charge.
Hospice Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 100% of the Negotiated Charge with waiver of the Annual Deductible. ***Non-Preferred Care:*** 50% of the Reasonable Charge. Benefits are payable up to a combined lifetime maximum of 180 days.
Home Health Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge. ***Non-Preferred Care:*** 70% of the Reasonable Charge. The maximum number of covered visits is limited to 60. Four hours of home health aide service shall be considered as one home care visit.
Skilled Nursing Facility Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care:*** 90% of the Negotiated Charge (Coinsurance is waived if transferred from an acute care facility). ***Non-Preferred Care:*** 70% of the Reasonable Charge. The maximum number of days is limited to 60 per Policy Year.
Clinical Trials for Cancer Expenses	Covered on the same basis as any other Sickness.
Transplantation Health Services Expenses	Covered on the same basis as any Injury or Sickness.
Additional Services and Discounts	
As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.	
Aetna's Informed Health® Line[1]	Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year. You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week. You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call. The informed Health Line is an Aetna provided service, and is in no way linked with the Arizona State University Campus Health Center or its provider.

Additional Services and Discounts (continued)	
Aetna's Informed Health® Line[1] *(continued)*	Or, to get credible health information online, register for Aetna Navigator™ (visit ***www.aetnastudenthealth.com*** to register), our password-protected member website. After logging in, click on *Take Action on Your Health, Treating Illness* and then *Health A-Z.* To reach an Informed Health Line Nurse, please call **(800) 556-1555**. For TDD (hearing and speech impaired only), please call **(800) 270-2386**. **Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*
Aetna Vision℠ Discount Program[2]	The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non- prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).
Fitness Program[2]	Aetna's Fitness Program provides members with access to services provided by GlobalFit™, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services. **At some clubs, participation may be restricted to new club members.*
Health and Wellness Portal[1]	This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.
Beginning Right℠ Maternity Program[1]	Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.
Aetna Natural Products and Services℠ Program[1,2,3]	Save on acupuncture, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.

Additional Services and Discounts (continued)	
Quit&Fit™ Tobacco Cessation Program[1,3]	This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.
Vital Savings℠ on Dental[4]	Vital Savings℠ on Dental is a dental discount program helping you and your dependents save an average of 30- to 50-percent on a wide array of dental services – with one low annual fee of **$25** per person. Enroll online at ***www.aetnastudenthealth.com***. Students can enroll themselves and one dependent for $44, or themselves plus two or more dependents for $63. Annual membership is from **September 1, 2008** through **August 31, 2009**.

[1]Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

[2]Discount programs provide access to discounted prices and are NOT insured benefits.

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

[4]The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, **(877) 698-4825**, is the Discount Medical Plan Organization.

General Provisions

State Mandated Benefits

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

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, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

Definitions

This section includes some of the definitions applicable to the Plan. Please refer to the Master Policy for a complete list of definitions.

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

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

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

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

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

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

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

Elective Treatment: Medical treatment that is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; treatment for weight reduction; learning disabilities; temporomandibular joint (TMJ) dysfunction; immunization; vaccines; and treatment of infertility.

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

- Placing the person’s health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

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

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

- Information relating to the affected person’s health status;
- Reports in peer-reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; 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, mental health, or 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 health care provider, or health care facility; or

- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or other less costly setting.

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

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

Non-Preferred Care Out-of-Pocket Limit: The amount that must be paid; by the covered student, or the covered student and their covered dependents, before Covered Medical Expenses will be payable at 100%, for the remainder of the Policy Year.

The following expenses do not apply toward meeting the Out-of-Pocket Limit:

- Expenses that are not Covered Medical Expenses;
- Expenses for Preferred Care;
- Penalties;
- Other expenses not covered by this Policy.

Non-Preferred Care Provider: A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Physician: A legally qualified Physician licensed by the state in which they practice, any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment, and, to the extent required by law, a practitioner who performs a service for which coverage is provided when it is performed by a Physician.

Pre-Existing Condition: Any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment within six months prior to the Covered Person's effective date of insurance. Pregnancy is not considered a pre-existing condition.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an Emergency Medical condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Out-of-Pocket Limit: The amount that must be paid, by the covered student, or the covered student and their covered dependents, before Covered Medical Expenses will be payable at 100%, for the remainder of the Policy Year.

The following expenses do not apply toward meeting the Out-of-Pocket Limit:

- Copays;
- Expenses that are not Covered Medical Expenses;
- Expenses for Non-Preferred Care;
- Penalties;
- Other expenses not covered by this Policy.

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 which the Covered Person is a member.

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

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

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

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

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

Aetna may take into account factors, such as:

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

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

Exclusions

This list is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions.

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 as a result of dental treatment, unless otherwise specified in the Policy.

3. 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.

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 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 severe birth defect, including harelip, 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 Policy. Surgery must be performed:

- In the calendar year of the Accident which causes the Injury; or
- In the next calendar year.

9. 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.

10. 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.

11. Expense incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.

12. 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).

13. 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.

14. 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;
- If required by the FDA, approval has not been granted for marketing;
- A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes;
- 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.

15. Expenses incurred for breast reduction/mammoplasty.

16. Expenses incurred for gynecal mastea (male breasts).

17. 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.

18. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.

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

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

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

22. 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.

23. Expense for incidental surgeries, and standby charges of a Physician.

24. Expense for treatment and supplies for programs involving cessation of tobacco use.

25. Expenses incurred for massage therapy.

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

27. 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.

28. Expenses arising from a Pre-Existing Condition beyond Policy waiting period. (Please note that this exclusion does not apply to Graduate Assistants or International Students.) Pregnancy is not considered a pre-existing condition.

29. 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.

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 the 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.

If a Covered Person is totally disabled on the date his or her insurance terminates, benefits will continue to be available for expenses incurred for that person only while the Covered Person continues to be totally disabled. Benefits will end 12 months from the date coverage ceased.

Medical Conversion Policy

When coverage under a Student Health Insurance Plan ceases for any reason, other than for non-payment of premium, a Covered Person may be eligible to convert to an individual, personal medical policy. Application must be made within 31 days after coverage under the Student Health Insurance Plan ceases. No medical exam will be required. The Policy is issued by Aetna. Please contact Aetna Student Health for more information.

Termination of Insurance

Coverage will terminate at 12:01 a.m. on the earliest to occur of the following:

1. On the date the Policy is terminated.
2. At the end of the period for which payment was made.
3. On the date of entry of the Covered Person into military service, except for temporary duty of 30 days.

In the event the Covered Person ceases to be a student of the University and no refund of premium has been made, the insurance will terminate on the same date as indicated above for the semester for which the premium was paid.

Claim Procedure

In the event of an Injury or Sickness, report immediately to the Student Health Service or a qualified provider or hospital so that proper treatment can be prescribed or approved. As described in the Preferred Provider section of the Brochure, it is to your advantage to utilize participating providers because of the savings for services and reduced out-of-pocket expenses.

Most providers of service will file a claim for you. In the event your provider of service does not file a claim on your behalf, it is your responsibility to initiate a claim in order to obtain reimbursement.

Please send all itemized medical bills as soon as possible after treatment is rendered to Aetna Student Health. Your name, identification number, and University name should be written clearly and attached to your medical bills. All information should be mailed to:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(866) 378-0178
(617) 218-8400 (outside United States)

Subsequent itemized medical bills should also be mailed promptly to the same address. Payment for Covered Medical Expenses will be made directly to the hospital or Physician unless you submit paid receipts attached to the itemized bills.

For assistance in filing a claim, or to inquire about the status of a claim, please contact the Customer Service Department at Aetna Student Health directly at **(866) 378-0178** between the hours of 8:30 a.m. and 5:30 p.m. (PST), Monday through Friday.

You will receive an "Explanation of Benefits" form after your claim is processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan. If you have any questions regarding the Explanation of Benefits, please contact the Customer Service Department at Aetna Student Health at **(866) 378-0178**.

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

How to Appeal a Claim

In the event of a disagreement about how a claim was processed, the student may request a review of the decision. The request must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The student's request must include why they disagree with the way the claim was processed. The request should also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, a Physician's letter of Medical Necessity). Please submit all requests to:

Aetna Student Health
P.O. Box 15717
Boston, MA 02215-0014

Additional information regarding the Appeals process is available upon request by calling the Customer Service toll-free number on your ID card. An informational packet will also be sent to you after enrollment.

On Call International

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

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits[1]

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of $10,000.

Medical Evacuation and Repatriation (MER) Benefits[1]

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

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- $2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

Worldwide Emergency Travel Assistance (WETA) Services[1]

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.

The information contained above is a just summary of the ADD, MER and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the ADD, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at *www.aetnastudenthealth.com* or (800) 966-7772.

NOTE: In order to obtain coverage, all MER and WETA 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, USFIC nor WETA provides 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 and limitations may apply.

To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free 1- (866) 525-1956 or collect 1- (603) 328-1956. All Covered Persons should carry their On Call ID card when traveling.

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

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

Important Note

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

This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.

Administered by:
Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(877) 850-6032 (toll free)
www.aetnastudenthealth.com

Underwritten by:

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

Policy No. 697443

The Arizona Board of Regents Student Health Insurance Plan for Arizona State University (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student Health is the brand name for products and services provided by these companies.**

NOTICE

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

CCG 08-0014-201 B (7/08)

Printed on recycled paper.