The Arizona Board of Regents Student Health Insurance Plan for Arizona State University

Benefit Summary
August 16, 2010 - August 15, 2011
Who
Is Aetna Student Health?
Aetna is a leader in the insurance industry with a strong knowledge of health insurance benefits and an expansive network of physicians, hospitals, and other health care providers. We’ve been offering health insurance coverage to students like you for 30 years at colleges and universities across the country.

We work with the Arizona State University Campus Health and Counseling professionals and administrators to give you access to medical care when you need it. You are even covered when you travel home or to another country, throughout the Policy/school year.

Why
Is a Student Health Insurance Plan Important?
Health care costs are at an all-time high. Don’t let an unexpected trip to the doctor or hospital set you back financially. Here are some things to think about:

- With the school-sponsored Plan you’re covered for as long as you are registered with Arizona State University as an undergraduate or graduate student meeting the minimum credit requirements.
- You may not be covered away from home or abroad. If you travel in the U.S. or study abroad, it’s good to know you’re covered if you need health care.

Where
Can I Go for Service?
When you need care, make one of the ASU Health or Counseling Services locations your first stop. They can provide many of the routine health services you need. If you need care they can’t provide, they’ll refer you to a doctor or other health care provider who belongs to Aetna’s Preferred Provider* network (doctors, specialists and facilities).

You also may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit an ASU Health Service location first, you’ll generally pay less out of your own pocket for your care.

A referral from an Arizona State University Health Service location is recommended for care in the community. If a referral is not obtained, you will be subject to a benefit reduction; claims will be paid at the Non-Preferred Care level.

To learn more about Preferred Providers, visit [www.aetnastudenthealth.com].

*Preferred providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company, Chickering Claims Administrators, Inc., or their affiliates.

ASU Health Service Costs — Students Only, No Dependent Coverage

<table>
<thead>
<tr>
<th>Services Offered</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine &amp; Well Woman Care</td>
<td>$10 Copay per visit</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Lab</td>
<td>$10 Copay per day</td>
</tr>
<tr>
<td>X-Ray</td>
<td>$10 Copay per day</td>
</tr>
<tr>
<td>Psychiatric Services*</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td>Initial Counseling Assessment</td>
<td>No Copay Applied</td>
</tr>
<tr>
<td>Brief Counseling Treatment</td>
<td>$15 Copay per visit</td>
</tr>
</tbody>
</table>

* In the event that psychiatric services provided by ASU Counseling staff are unavailable, the ASU Counseling Service will provide referrals to community-based Aetna Student Health providers. In-network care (preferred) rates would apply.

Referral Requirements for Preferred Care Benefits:
Students must first receive care at an ASU Health or Counseling Service location in order to receive benefits at the Preferred Care level. If a referral is not obtained from an ASU Health or Counseling Service location for services in the community, benefits will be paid at the Non-Preferred Care level of benefits.

See the 2010 – 2011 online ASU insurance brochure at [www.aetnastudenthealth.com] for details on exceptions.

Covered Dependents: No referral is required from an ASU Health Service location, but it is to your advantage to utilize an Aetna Preferred Provider.

Cost:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Fall: 8/16/10-1/3/11</th>
<th>Spring: 1/4/11-8/15/11</th>
<th>Summer: 8/15/11-6/13/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$612</td>
<td>$972</td>
<td>$330</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,768</td>
<td>$2,809</td>
<td>$954</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$1,512</td>
<td>$2,402</td>
<td>$815</td>
</tr>
<tr>
<td>Spouse &amp; Child(ren)</td>
<td>$2,527</td>
<td>$4,014</td>
<td>$1,362</td>
</tr>
</tbody>
</table>

Enrollment Information:
All eligible undergraduate and graduate students may enroll through the University student registration system MyASU (under My Accounts click the student health link). 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 e-mail at [insurance@asu.edu]. Dependents can enroll online directly at [www.aetnastudenthealth.com].

- Search for your school
- Once in the Arizona State University section click on “Enroll”

Note: Once enrolled, coverage is automatically continued each semester and premiums are charged to your ASU student account.
Listed below is a partial outline of health services covered under the 2010 – 2011 Student Health Insurance Plan. This summary should not be relied upon to fully determine coverage. See the 2010 – 2011 Student Health Insurance Plan Brochure for applicable limits and exclusions to coverage for these health services. The Plan will pay benefits in accordance with any applicable Arizona insurance law. Please read the Arizona State University insurance brochure carefully before enrolling. While this document and the Arizona State University insurance brochure describe important features of the Plan, there may be other specifics of the Plan that are important to you and some limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to ASU, you may view it at the ASU Campus Health Services Office or contact us at [(866) 376-7450]. The Lifetime maximum for the Arizona Board of Regents for Arizona State University is $300,000. The Plan also contains other exclusions, limitations and benefit plan maximums. Some illnesses or injuries may cost more to treat and you may be billed for what the Plan does not cover.

### TYPES OF COVERAGE

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network (Preferred Care)</th>
<th>Out of Network (Non-Preferred Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggregate Lifetime Maximum Benefit:</strong></td>
<td>$300,000 per Covered Person</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible – Per Policy Year</strong></td>
<td>$250 per Covered Person; not to exceed $500 for all Covered Persons.</td>
<td>$1,000 per Covered Person; not to exceed $3,000 for all Covered Persons.</td>
</tr>
<tr>
<td><strong>Out of Pocket Limit – Per Policy Year</strong></td>
<td>$1,500 per Covered Person; not to exceed $2,000 per family.</td>
<td>$3,000 per Covered Person; not to exceed $6,000 per family.</td>
</tr>
<tr>
<td><strong>Physician’s Office Visits</strong></td>
<td>$35 Copay per visit with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Routine Physical Exam Expenses</strong></td>
<td>$35 Copay per visit with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Eye Examinations – one exam per Policy Year</strong></td>
<td>$35 Copay with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Allergy testing &amp; Treatment Expenses</strong></td>
<td>$35 per visit with waiver of Annual Deductible. The office visit Copay is not applicable to allergy injections.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization Benefits – Skilled Nursing Facility Benefits</strong></td>
<td>$250 per Covered Person; $25 Copay when Health Services is Closed.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td>100% Coverage with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Colonnoscopy &amp; Mammograms</strong></td>
<td>100% Coverage with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Maternity Services</strong></td>
<td>$35 1st physician office visit. 90% of the Negotiated Charge for the global fee after the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health/Substance Abuse Services – Network and Non-Network Benefits combined are limited to 20 visits per Policy Year.</strong></td>
<td>$25 Copay per visit with waiver of the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td>100% Coverage of the Actual Charge.</td>
<td></td>
</tr>
<tr>
<td><strong>Dental Injury Expenses</strong></td>
<td>90% of the Actual Charge after the Preferred Care Deductible.</td>
<td></td>
</tr>
<tr>
<td><strong>Prosthetic Devices and Durable Medical Equipment</strong></td>
<td>Network and Non-Network Benefits for Durable Medical Equipment are subject to the combined limit of $2,500 per Policy Year. 90% of the Negotiated Charge after the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Outpatient Rehabilitation Services</strong></td>
<td>Combined visit limit maximums for Network and Non-Network Benefits on a per Policy Year limit: 20 visits for physical therapy, occupational therapy &amp; speech therapy; 36 visits for cardiac/pulmonary rehabilitation; 24 visits for chiropractic care. $35 Copay per visit with waiver of the Annual Deductible. 90% of the Negotiated Charge after the Annual Deductible.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Diabetes Equipment, Medications, Supplies and Self-Management Training</strong></td>
<td>90% of the Negotiated Charge. Annual Deductible is waived. Insulin, insulin needles and syringes, lancets, alcohol swabs, blood test strips, and urine test strips can be filled directly at any Aetna participating pharmacy without paying first and then submitting for reimbursement.</td>
<td>50% of the Reasonable Charge after the Annual Deductible.</td>
</tr>
<tr>
<td><strong>Additional Limitations</strong></td>
<td>Autism Spectrum Disorder Behavioral Health: $50,000 per Policy Year up to age nine, $25,000 per Policy Year between ages nine &amp; sixteen.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Evacuation and Repatriation</strong></td>
<td>Services must be coordinated through On-Call International. Please call [(866) 525-1956] or visit [<a href="http://www.oncallinternational.com">www.oncallinternational.com</a>] for assistance or with questions.</td>
<td></td>
</tr>
</tbody>
</table>
Additional Services & Discounts

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com]. You will also have access to:

- Aetna Vision℠ Discount Program
- Aetna Fitness℠ Discount Program
- Aetna Weight Management℠ Discount Program
- Aetna Hearing℠ Discount Program
- Zagat Discounts
- Aetna Book℠ Discount Program
- Aetna Natural Products and Services℠ Discount Program
- Informed Health® Line
- Health & Wellness Portal
- Beginning Right® Maternity Program
- Quit Tobacco Cessation Program
- Savings on Dental and much more.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice and may not be available in all states. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

Chickering Claims Administrators Inc. (CCA) provides access to certain Accidental Death and Dismemberment (AD&D), Medical Evacuation/ Repatriation (MER) and Worldwide Emergency Travel Assistance (WETA) coverages and services through a contractual relationship with On Call International Inc. (OnCall). Unless provided by Aetna Life Insurance Company, AD&D coverage is underwritten by United States Fire Insurance Company (USFIC). MER coverage is underwritten by Virginia Surety Company (VSC).

CCA and On Call are independent contractors and not employees or agents of the other or each other's affiliates. Neither CCA nor any of its affiliates underwrites or administers any MER or WETA benefits/services. Neither CCA nor any of its affiliates underwrites or administers any AD&D benefits that are provided through OnCall. Neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through OnCall, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this document.

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.
EXCLUSIONS
This Policy does not cover nor provide benefits except as specifically provided elsewhere in this Policy and performed while this Policy is in effect for (see 2010 – 2011 Brochure for definitions of bolded items):
1. Expenses 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. Expenses incurred for 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. Expenses 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. Expenses 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. Expenses 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. Expenses 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. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
9. Expenses 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:
     o is not a tooth or structure that supports the teeth, and
     o 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:
     o in the calendar year of the accident which causes the injury, or
     o in the next calendar year.
10. Expenses 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.
11. Expenses 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 a claim is made for such benefits.
12. Expenses incurred as a result of commission of a felony.
13. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
14. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
15. Expenses incurred for any services rendered by a member of the Covered Person’s immediate family or a person who lives in the Covered Person’s home.
17. Treatment for injury to the extent benefits are payable under any state No-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
18. Expenses 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.
19. 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).
20. Expenses incurred for which no member of the Covered Person’s immediate family has any legal obligation for payment.
21. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him/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.
22. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
   • There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or injury involved, or
   • If required by the FDA, approval has not been granted for marketing, or
   • A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or
   • The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.
However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that:
   • The disease can be expected to cause death within one year, in the absence of effective treatment, and
   • The care or treatment is effective for that disease, 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 that disease, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.
23. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
25. Expenses incurred for gynecal mastectomy.
26. Expenses 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.
EXCLUSIONS continued...

27. Expenses incurred for acupuncture, unless services are rendered for anesthetizing purposes.
28. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
29. Expenses 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.
30. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
31. Expenses incurred for hearing aids, the fitting, or prescription of hearing aids.
32. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
33. Expenses 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.
34. Expenses for services or supplies provided for the treatment of obesity and/or weight control.
35. Expenses for incidental surgeries, and standby charges of a physician.
36. Expenses for treatment and supplies for programs involving cessation of tobacco use.
37. Expenses incurred as a result of dental treatment, including extraction of wisdom teeth, except for treatment resulting from injury to sound natural teeth, as provided elsewhere in this Policy.
38. Expenses incurred for injury resulting from the play or practice of intercollegiate sports (participating in sports clubs, or intramural athletic activities, is not excluded).
39. Expenses for contraceptive methods, devices, or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
40. Expenses incurred for massage therapy.
41. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder, this exclusion does not apply to mental health services.
42. Expenses for charges that are not Reasonable Charges, as determined by Aetna.
43. Expenses 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.
44. Expenses for treatment of covered students and covered dependents who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
45. Expenses arising from a pre-existing condition.
46. Expenses incurred for a treatment, service, or supply, which is not medically necessary, as determined by Aetna, for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending physician, or dentist. In order for a treatment, service, or supply, to be considered medically necessary, the service or supply must:
   • be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved, and the person's overall health condition,
   • be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved, and the person's overall health condition, and
   • as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

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

In no event will the following services or supplies be considered to be medically necessary:
• those that do not require the technical skills of a medical, a mental health, or a dental professional, or
• those furnished mainly for the personal comfort or convenience of the person, any person who cares for him/her, or any persons who is part of his/her family, any healthcare provider, or healthcare facility, or
• those furnished solely because the person is an inpatient on any day on which the person’s sickness or injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a physician's or a dentist’s office, or other less costly setting.

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

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, benefit maximums and limitations. The Plan will pay benefits in accordance with any applicable Arizona insurance law. If any discrepancy exists between this pamphlet and the Master Policy, the Master Policy will govern and control the payment of benefits. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred Providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company, Chickering Claims Administrators, Inc., or their affiliates. Aetna does not provide healthcare 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.
**Arizona State University Contact Information**

In case of an emergency, call [911] or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call:

### Tempe Campus

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
</table>
| Campus Health Service            | [451 E. University Drive
Tempe, AZ 85281-2104]                     | [(480) 965-3346]       |
| ASU On-Call After Hours Medical Advice | (800) 901-4763                               |                        |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 6 p.m. | Last appointment 5:30 p.m.                  |
| Summer Hours: Monday – Friday, 8 a.m. – 5 p.m. | Last appointment 4:30 p.m.                  |

| Counseling & Consultation        | [Student Services Bldg., Room 334
Tempe, AZ 85287-1012]                     | [(480) 965-6146]       |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 5 p.m. |                      |

### Polytechnic Campus

<table>
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<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
</table>
| Student Health Center            | [7153 E. Thistle
Mesa, AZ 85212]                             | [(480) 727-1500]       |
| Fall/Spring Hours: Monday – Friday, 9 a.m. – 12:30 p.m. | 1 p.m. – 4:30 p.m.                  |

| Counseling Services              | [6049 S. Backus Mall
Sutton Hall, Suite 240
Mesa, AZ 85212]                     | [(480) 727-1255]       |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 5 p.m. |                      |

### West Campus

<table>
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<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
</table>
| Student Health Services          | [University Center Building, Room 190
4701 W. Thunderbird Road
Glendale, AZ 85306]                   | [(602) 543-8019]       |
| Fall/Spring Hours: Monday – Friday, 9 a.m. – 1 p.m. | 1:30 p.m. – 5 p.m.                  |

| Counseling Center                | [University Center Building, Room 221
4701 W. Thunderbird Road
Glendale, AZ 85306]                   | [(602) 543-8125]       |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 5 p.m. |                      |

### Downtown Phoenix Campus

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<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Numbers</th>
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</thead>
</table>
| NP Healthcare Downtown Phoenix   | [Nursing & Health Innovation Building
500 N. 3rd Street, Suite 155
Phoenix, AZ 85004]                    | [(602) 496-0721]       |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 1 p.m. | 2 p.m. – 5 p.m.                  |

| Counseling Services              | [NP Healthcare Downtown Phoenix
Nursing & Health Innovation Building
500 N. 3rd Street, Suite 155
Phoenix, AZ 85004]                    | [(602) 496-0721]       |
| Fall/Spring Hours: Monday – Friday, 8 a.m. – 1 p.m. | 2 p.m. – 5 p.m.                  |

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