

**2011- 2012**  
**University of Michigan**



**International Student and Scholar**  
**Health Insurance Plan Brochure**

**Underwritten by:**  
Aetna Life Insurance Company (ALIC)  
Policy Number 711146



**Dear International Students and Scholars:**

Your health is your most precious possession. One serious illness or injury can mean financial disaster and can end your educational dreams. That is why we are pleased to present the University of Michigan International Student/Scholar Health Insurance Plan for the academic year 2011-2012.

A detailed description of the Student/Scholar Health Insurance Plan is outlined in the following pages. Although this protection is liberal, there are specific exclusions and limitations in coverage, which should be carefully noted as you read the provisions of the Plan.

All University of Michigan F-1 International Students whose Forms I-20 were issued by the University of Michigan, and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M F-1 students or F-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at [\*http://internationalcenter.umich.edu/healthins/waiver.html#standards\*](http://internationalcenter.umich.edu/healthins/waiver.html#standards).

All University of Michigan J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as J-1 students or scholars or J-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at [\*http://internationalcenter.umich.edu/healthins/waiver.html#standards\*](http://internationalcenter.umich.edu/healthins/waiver.html#standards).

If you have insurance that is comparable to the U-M Health Insurance Plan, you can request a waiver of the health insurance requirement. Please consult the health insurance section of the International Center's website for more information about requirements for comparable coverage and waiver request procedures. Insurance waivers must be renewed every academic year.

We hope you enjoy your stay at the University of Michigan.

Sincerely,

**The University of Michigan International Center**

## **WHERE TO FIND HELP**

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In case of an emergency, call **911** or go directly to an emergency care facility.

**For questions about:**

- Insurance Benefits
- Claims Processing
- Pre-Certification Requirements

*Please contact:*

Aetna Student Health  
P.O. Box 981106  
El Paso, TX 79998  
**(800) 239-9697**

**For questions about:**

- ID cards

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

*For lost ID cards, contact:*

Aetna Student Health  
**(800) 239-9697**

**Ann Arbor Students and Scholars - for questions about:**

- Enrollment Process
- Waiver Process

*Please contact:*

University of Michigan International Center  
603 East Madison Street  
Ann Arbor, MI 48109-1370  
**(734) 647-2303**  
E-mail: [ihi@umich.edu](mailto:ihi@umich.edu)

**Dearborn Students and Scholars - for questions about:**

- Enrollment Process
- Waiver Process

*Please contact:*

Office of International Affairs  
2174 UC  
4901 Evergreen Rd  
Dearborn, MI 48128-2406  
**(313) 583-6600**  
E-mail: [international@umd.umich.edu](mailto:international@umd.umich.edu)

**Flint Students and Scholars - for questions about:**

- Enrollment Process
- Waiver Process

*Please contact:*

International Center  
219 UCEN  
303 East Kearsley St  
Flint, MI 48502-1950  
**(810) 762-0867**  
E-mail: [ic@umflint.edu](mailto:ic@umflint.edu)

**For questions about:**

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

*Please contact:*

Aetna Pharmacy Management  
**(800) 238-6279** (Available 24 hours)

**For questions about:**

- Provider Listings

*Please contact:*

Aetna Student Health  
**(800) 239-9697**

You can use Aetna's **DocFind**<sup>®</sup> Service at either [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html) or [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**For questions about:**

- On Call International 24/7 Emergency Travel Assistance Services

*Please contact:*

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

**The University of Michigan International Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc.** Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.

## **IMPORTANT NOTE**

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Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to University of Michigan. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the University of Michigan International Center in Ann Arbor during normal business hours.

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

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## **THE UNIVERSITY OF MICHIGAN INTERNATIONAL STUDENT/SCHOLAR HEALTH INSURANCE PLAN**

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The University of Michigan International Student/Scholar Health Insurance Plan has been developed especially for University of Michigan F-1 and J-1 International Students/Scholars and their accompanying **dependents**. The Plan, which is underwritten by Aetna Life Insurance Company (Aetna), provides coverage for illnesses and injuries that occur on and off campus (worldwide), and includes special cost-saving features to keep the coverage as affordable as possible. The University of Michigan is pleased to offer the Plan as described in this Brochure.

U.S. Government requirements for J1/J2 Visa Policyholders are satisfied under the University of Michigan International Plan.

### ***STUDENTS/SCHOLARS ON THE ANN ARBOR CAMPUS***

**If you have a life-threatening emergency, call 911 or go directly to the nearest hospital emergency room.**

Options for the immediate area of the Ann Arbor campus include:

- University of Michigan Medical Center, 1500 E. Medical Center Drive, Ann Arbor, MI 48109

A Deductible may apply to your visit, for details see the 'Deductible' section of the Summary of Benefits Chart on page 16.

If you need medical care, but it is not an emergency, you can avoid or reduce the Deductible by seeing the following health care providers first. For more specific information about referral requirements, please refer to the 'Deductible' section of the Summary of Benefits Chart on page 16.

- University Health Service (students, spouses, scholars, same sex domestic partners, children **10 or above**)

University Health Service (UHS)  
207 Fletcher Street  
Ann Arbor, MI 48109  
**(734) 764-8320**  
Access to After Hours Care **(734) 662-5674**  
***www.uhs.umich.edu***

- North Campus Family Health Service or Community Family Health Center (scholars, spouses, same sex domestic partners, children)

North Campus Family Health Service  
2364 Bishop  
Ann Arbor, MI 48109  
**(734) 647-1636**  
***http://www.nurse-practitioners.org/where.html***

Community Family Health Center  
1230 North Maple Road  
Ann Arbor, MI 48103  
**(734) 998-6117**  
***http://www.nurse-practitioners.org/where.html***

- East Ann Arbor Health Center (children under **age 18**)

East Ann Arbor Health Center  
4260 Plymouth Road  
Ann Arbor, MI 48109-2700  
**(734) 647-5715**

### ***STUDENTS/SCHOLARS ON THE DEARBORN CAMPUS***

**If you have a life-threatening emergency, call 911 or go directly to the nearest hospital emergency room.**

Options for the immediate area of the Dearborn campus include:

- Oakwood Hospital and Medical Center, 18101 Oakwood Blvd., Dearborn, MI 48124
- Henry Ford Medical Center-Fairlane, 19401 Hubbard Drive, Dearborn, MI 48126

A Deductible may apply to your visit; for details see the 'Deductible' section of the Summary of Benefits Chart on page 16.

If you need medical care, but it is not an emergency, you may use the following providers:

- Henry Ford Medical Center-Fairlane  
19401 Hubbard Drive  
Dearborn, MI 48126  
**(313) 982-8100**

### ***STUDENTS/SCHOLARS ON THE FLINT CAMPUS***

**If you have a life-threatening emergency, call 911 or go directly to the nearest hospital emergency room.**

Options for the immediate area of the Flint campus include:

- Hurley Medical Center, 1 Hurley Plaza, Flint, MI 48503
- McLaren Regional Medical Center, 401 South Ballenger Hwy., Flint, MI 48532
- Genesys Health Park, One Genesys Parkway, Grand Blanc, MI 48439

A Deductible may apply to your visit; for details see the 'Deductible' section of the Summary of Benefits Chart on page 16.

If you need medical care, but it is not an emergency, you may use the following providers:

- Urban Health and Wellness Center  
1153 William S. White Bldg.  
Flint, MI 48502-1950  
**(810) 424-5259**

## **POLICY PERIOD**

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1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 a.m. on **September 1, 2011**. Coverage becomes effective on that date or on the effective date printed on the "Temporary Insurance Certificate" received at the Mandatory Check-In program, whichever is later, each Policy Year. Your coverage is effective through the end date of your I-20 or DS-2019 form, or for F-1 students on post-completion Optional Practical Training (OPT), through the end of the OPT period.
2. **Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective. Coverage for insured **dependents** terminates in accordance with the termination provisions described in the Master Policy. Examples include, but are not limited to: the date the **dependent** no longer meets the definition of a **dependent**.

## RATES

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Students and scholars will be billed once each month.

**Note:** Students and scholars enrolled in the Plan for part or all of a calendar month will be billed for the entire calendar month, since the monthly premium cannot be pro-rated.

Cost	Monthly Rates
Student/Scholar	\$89
Student/Scholar and One Dependent	\$321
Student/Scholar and Two or More Dependents	\$554

*The rates above include both premiums for the Student Health Plan underwritten by Aetna Life Insurance Company, as well as University of Michigan's administrative fees.*

## DEDUCTIBLES

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The following Deductibles are applied before **Covered Medical Expenses** for Preferred or Non-Preferred Care are payable:

Students: **\$50** per covered injury or sickness.  
Spouse: **\$50** per covered injury or sickness.  
Child: **\$50** per covered injury or sickness.

### **SPECIAL NOTE FOR STUDENTS AND THEIR COVERED DEPENDENTS ON THE ANN ARBOR CAMPUS ONLY:**

The Deductible should be waived, or reduced, if following conditions are met:

- If a student, dependent spouse, same-sex domestic partner, dependent child (age ten or older) or visiting scholar is first treated at, or referred by, the University Health Service, the Deductible will be waived;
- If a dependent spouse, same-sex domestic partner or visiting scholar is first treated at, or referred by, North Campus Family Health Service or Community Family Health Center, the Deductible will be **\$10** per injury or sickness;
- If a dependent child is first treated at, or referred by, North Campus Family Health Service, Community Family Health Center or the Pediatric Clinic at the East Ann Arbor Health Center (**under 18 years of age**), the Deductible will be **\$10** per injury or sickness.
- The following services do not require a referral, and therefore the deductible is waived for these services: outpatient treatment of a mental and nervous disorder; maternity expenses; mammography expenses; Pap smear expenses. Copays still apply. Refer to the Summary of Benefits Chart for details.

**Please Note:** North Campus Family Health Service and Community Family Health Center are both part of the Nurse Managed Care Centers of Ann Arbor.

## **STUDENT/SCHOLAR COVERAGE**

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### ***ELIGIBILITY***

Eligibility for this Plan is limited to University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan. The accompanying **dependents** of these students and scholars are also eligible for this Plan.

#### University of Michigan - Ann Arbor Insurance Requirement

All University of Michigan (Ann Arbor) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Ann Arbor), and their accompanying F-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M F-1 students or F-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at

***<http://internationalcenter.umich.edu/healthins/waiver.html#standards>***.

All University of Michigan (Ann Arbor) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Ann Arbor) and their accompanying J-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center's website at

***<http://internationalcenter.umich.edu/healthins/waiver.html#standards>***.

#### University of Michigan - Dearborn Insurance Requirement

All University of Michigan (Dearborn) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Dearborn), and their accompanying F-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M/ Dearborn F-1 students or F-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan (Dearborn) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Dearborn) and their accompanying J-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

Information regarding the enrollment, billing or waiver procedures is contained within the University of Michigan Dearborn International Student Health Insurance Plan Notice. A copy of this Notice accompanies this Brochure or can be obtained from the International Office at 4901 Evergreen Road, 2174 University Center. For more information visit ***[http://www.umd.umich.edu/ess\\_health\\_int\\_obtain\\_waiver/](http://www.umd.umich.edu/ess_health_int_obtain_waiver/)***.

#### University of Michigan - Flint Insurance Requirement

All University of Michigan-Flint F-1 International Students whose Forms I-20 were issued by the University of Michigan-Flint, and their accompanying F-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint F-1 students or F-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan-Flint J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan-Flint and their accompanying J-2 **dependents** are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint J-1 students or scholars or J-2 **dependents** unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

Information regarding the enrollment, billing or waiver procedures is contained within the University of Michigan-Flint International Student Health Insurance Plan Notice. A copy of this Notice accompanies this Brochure or can be obtained from the UM-Flint International Center at 219 UCEN, 303 E. Kearsley St.

## ***ENROLLMENT***

All new University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan and their accompanying F-2 and J-2 **dependents** will be enrolled in the International Student/Scholar Health Insurance Plan as soon as the student or scholar has completed the mandatory check-in process, and coverage will become effective on the check-in date.

## ***WAIVERS***

### University of Michigan - Ann Arbor Campus

If you are eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible **dependents** in that coverage as soon as possible by following the procedures described at <http://benefits.umich.edu/enrollment/index.html>. Please also review the information available at <http://www.benefits.umich.edu/benefitgroups/index.html> carefully, or ask your department administrator for assistance, since specific procedures may be different depending on your “benefit group.” Once you and any accompanying F-2 or J-2 **dependents** are enrolled in these benefits, your International Student/Scholar Insurance Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. The cancellation date will depend on the effective date of your University of Michigan benefits. No waiver request form is required since this is an automated process.

International Students and J-1 Exchange Visitors who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Insurance Plan should fill out and submit the International Health Insurance Waiver Request Form, available on the International Center website, to request approval of an insurance waiver and cancellation of International Student/Scholar Insurance Plan coverage. More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available on the International Center website.

### University of Michigan - Dearborn Campus

If you are eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan-Dearborn employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible **dependents** in that coverage as soon as possible by following the procedures given to you by your hiring department. Once the Office of International Affairs is notified that you and any accompanying F-2 or J-2 **dependents** are enrolled in these benefits, your International Student/Scholar Insurance Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. Since this is not an automatic process you or your hiring department must inform Office of International Affairs of your GradCare benefits otherwise you may be enrolled in both Aetna and GradCare.

Students/scholars who would like to substitute private insurance or insurance provide by a sponsor must request an insurance waiver by filling out the waiver request form and attaching information about the insurance coverage they want to substitute for the Aetna Plan. Upon approving a waiver, the Office of International Affairs will update Student Accounts and any necessary adjustments (credits) will be made. More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [http://www.umd.umich.edu/css\\_health\\_int\\_obtain\\_waiver/](http://www.umd.umich.edu/css_health_int_obtain_waiver/).

### University of Michigan - Flint Campus

The Flint International Center will issue Waiver Request Forms and verify any non-Aetna insurance coverage of any new and continuing F-1 students. The standards used to determine comparable coverage are at <http://internationalcenter.umich.edu/healthins/waiver.html>.

International Students and J-1 Exchange Visitors who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Insurance Plan should fill out and submit the International Health Insurance Waiver Request Form, available on the International Center website, to request approval of an insurance waiver and cancellation of International Student/Scholar Insurance Plan coverage. More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available on the International Center website.

Students can request an insurance waiver by filling out the waiver request form and attaching information about the insurance coverage they want to substitute for the Aetna Plan. Upon approving a waiver, the Flint International Center will update Student Accounts and any necessary adjustment will be made. Waiver forms can be obtained at <http://www.umflint.edu/ic/Forms/form.htm>

### ***COVERAGE END DATE***

Your coverage under the International Student/Scholar Insurance Plan will extend through the end date of your I-20 or DS-2019, or through the end of your F-1 post-completion Optional Practical Training for students who are recommended for post-completion OPT. If the end date of your I-20 or DS-2019 changes, the end date of your health insurance coverage will also change.

### ***AUTOMATIC RE-ENROLLMENT IN THE INTERNATIONAL STUDENT/SCHOLAR INSURANCE PLAN***

#### University of Michigan - Ann Arbor Campus

If your alternative coverage ends before the end of your stay as an F-1 or J-1 student or scholar, you will be re-enrolled in the International Student/Scholar Insurance Plan. Also, if a waiver request form has been approved for private insurance or insurance provided by a sponsor, and the time period for which the waiver has been approved has ended, and the waiver is not renewed or is not re-approved, you will be re-enrolled in the International Student/Scholar Insurance Plan if you have not yet completed your stay as an F-1 student or J-1 student or scholar.

If you leave the University permanently before the end date of your I-20 or DS-2019, or leave the United States because you have decided not to complete your post-completion Optional Practical Training (OPT), please be sure to fill out the appropriate departure form. Forms are available at

<http://internationalcenter.umich.edu/immig/forms/>. Please follow the instructions on the form that describe when and how to fill out the form and where to submit the form.

**If you do not submit a departure form, the International Center will not know that you have ended your F-1 or J-1 stay, and you may be billed for health insurance**, either because your enrollment in the International Student/Scholar Insurance Plan will be continued or because you will be automatically re-enrolled in the International Student/Scholar Insurance Plan if your alternative coverage and/or your insurance waiver ends before your I-20, DS-2019 or (for F-1 students on Optional Practical Training) your OPT end date.

#### University of Michigan - Dearborn Campus

All re-enrollment requests must be initiated and approved through the Office of International Affairs located at 2174 University Center. The office can be reached by phone at **(313) 583-6600** or by email at: [international@umd.umich.edu](mailto:international@umd.umich.edu).

#### University of Michigan - Flint Campus

All re-enrollment requests must be initiated and approved through the International Center.

## **REFUND POLICY**

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**Leaving U-M or not enrolling in classes does not automatically cancel your participation in the Student/Scholar Health Insurance Plan.**

### ***UNIVERSITY OF MICHIGAN - ANN ARBOR CAMPUS***

U-M F-1 or J-1 students or scholars who leave the University permanently earlier than they anticipated, should be sure to fill out the appropriate departure form so that the International Center can make appropriate adjustments to their SEVIS (Student Exchange Visitor Information System) records. Once this form is processed, the end date of your insurance coverage will also be adjusted if necessary. Departure forms are available at <http://internationalcenter.umich.edu/immig/forms/>. Please follow the instructions on the form that describe when and how to fill out the form and where to submit the form.

There are some situations in which you may need to visit the International Center Insurance Office to fill out and sign a Cancellation Form instead of or in addition to a departure form in order to change the end date of your insurance coverage. All Cancellation Forms must be approved by the Health Insurance Advisor. Please contact the Insurance Advisor at [ihi@umich.edu](mailto:ihi@umich.edu) for more information.

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

#### ***UNIVERSITY OF MICHIGAN - DEARBORN CAMPUS***

All coverage cancellation requests must be initiated and approved through the Office of International Affairs, 2174 UC.

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

#### ***UNIVERSITY OF MICHIGAN - FLINT CAMPUS***

All coverage cancellation requests must be initiated and approved through the International Center.

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

## **DEPENDENT COVERAGE**

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### ***ELIGIBILITY***

**Covered students** may also enroll their lawful spouse/same-sex domestic partner and **dependent** children to **age 26**. Dependent eligibility expires concurrently with that of the insured student.

### ***ENROLLMENT***

Accompanying F-2 and J-2 **dependents** of F-1/J-1 International Students and International Visiting Scholars will be enrolled in the International Student/Scholar Health Insurance Plan as soon as the student or scholar has completed the mandatory check-in process, and coverage will become effective on the check-in date.

For information or general questions on dependent enrollment, please contact:

- **Ann Arbor Campus:** University of Michigan International Center – (734) 647-2303 or [ihi@umich.edu](mailto:ihi@umich.edu)
- **Dearborn Campus:** Office of International Affairs – (313) 583-6600 or [international@umd.umich.edu](mailto:international@umd.umich.edu)
- **Flint Campus:** International Center – (810) 762-0867 or [ic@umflint.edu](mailto:ic@umflint.edu)

### ***NEWBORN INFANT 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 University of Michigan International Student/Scholar Health Insurance Plan. To extend coverage for a newborn past the **31 days**, the **covered student** 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 student** for **31 days** from the moment of placement provided the child lives in the household of the **covered student**, and is dependent upon the **covered student** for support. To extend coverage for an adopted child past the **31 days**, the **covered student** 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.

For further assistance and premium information, please contact:

- **Ann Arbor Campus:** University of Michigan International Center – (734) 647-2303 or [ihi@umich.edu](mailto:ihi@umich.edu)
- **Dearborn Campus:** Office of International Affairs – (313) 583-6600 or [international@umd.umich.edu](mailto:international@umd.umich.edu)
- **Flint Campus:** International Center – (810) 762-0867 or [ic@umflint.edu](mailto:ic@umflint.edu)

\* Routine care/checkups for newborn children are not covered after discharge from the hospital, unless the child is enrolled in the Plan within **31 days** of birth.

## **INSURED**

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Persons who have remained continuously insured under the University of Michigan International Policy, prior University of Michigan International Student/Scholar Health Insurance Policies or University of Michigan sponsored health insurance programs for Graduate Student Assistants, Fellowship-holders, or University faculty and staff 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. Once a break in continuous coverage occurs, the definition of pre-existing conditions will apply.

## **PRE-EXISTING CONDITIONS/CONTINUOUSLY INSURED PROVISIONS**

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### ***PRE-EXISTING CONDITION***

A pre-existing condition is an injury or disease that was present before your first day of coverage under a group health insurance Plan. If you received treatment or services for that injury or disease **or** you took prescription drugs or medicines for that injury or disease during the **180 days** prior to your first day of coverage, that injury or disease will be considered a pre-existing condition.

### ***LIMITATION***

**Covered Medical Expenses** are payable on the same basis as any other condition for a pre-existing condition up to a maximum of **\$1,000** per accident or sickness for **Covered Persons**. This limitation will no longer apply when the **Covered Person** has been continuously insured for **180 consecutive days** under this Plan. This benefit is subject to all other Policy conditions and limitations.

However, there is an important exception to this general rule if you have been continuously insured.

### ***CONTINUOUSLY INSURED***

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

Once a break (of more than **63 days**) in your continuous coverage occurs, the definition of pre-existing conditions will apply.

Aetna Student Health will accept copies of a student/dependent passport and the I-94 arrival departure document which shows entry to the U.S. in F or J status to satisfy creditable coverage under the Pre-Existing Limitations of the Plan.

## **PREFERRED PROVIDER NETWORK**

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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 University of Michigan campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider\*. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors, and are neither employees nor agents of University of Michigan (with the exception of University of Michigan Medical Center providers and University Health Service), Aetna Student Health, or Aetna.

You may obtain information regarding Preferred Providers by contacting Aetna Student Health at **(800) 239-9697**, or through the Internet by accessing **DocFind®** at [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html).

1. Click on “Enter DocFind”
2. Select zip code, city, or county
3. Enter criteria
4. Select Provider Category
5. Select Provider Type
6. Select Plan Type – Student Health Plans
7. Select “Start Search” or “More Options”
8. “More Options” enter criteria and “Search”

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

## **REFERRAL REQUIREMENTS - ANN ARBOR CAMPUS ONLY**

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Students’ health care needs can best be satisfied when an organized system of health care providers at the University of Michigan Health Service manages the treatment. If you are enrolled in the Student/Scholar Health Insurance Plan, it is to your advantage to first seek treatment at the University Health Service in order to reduce your out-of-pocket expenses. The health care providers will then refer you, if appropriate, to an outside provider. For specific information about referral requirements for students, scholars, spouses and children, please refer to the Summary of Benefits charts under “Deductible”.

### ***Please Note:***

- **Covered students/scholars** and their **dependents** who continue treatment of a condition from one Policy Year to the next do not need to obtain a new referral from the University Health Service. Refer to the Summary of Benefits Chart for details.
- The following services do not require a referral, and therefore the deductible is waived for these services: outpatient treatment of a mental and nervous disorder; maternity expenses; mammography expenses; Pap smear expenses. Copays still apply. Refer to the Summary of Benefits Chart for details.

## **PRE-CERTIFICATION PROGRAM**

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Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(800) 239-9697** (attention Managed Care Department).

- **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 Deductible.
- **If you do not secure pre-certification** for partial hospitalizations, your **Covered Medical Expenses** will be subject to a **\$200** per admission Deductible.

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

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

### ***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.

### ***PRE-CERTIFICATION OF NON-EMERGENCY INPATIENT ADMISSIONS, PARTIAL HOSPITALIZATION, IDENTIFIED OUTPATIENT SERVICES AND HOME HEALTH SERVICES***

The patient, physician or hospital must telephone at least **three business days** prior to the planned admission or prior to the date the services are scheduled to begin.

### ***NOTIFICATION OF EMERGENCY ADMISSIONS***

The patient, patient's representative, physician or hospital must telephone within **one business day** following inpatient (or partial hospitalization) admission.

## **DESCRIPTION OF BENEFITS**

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**Please Note: The University of Michigan International Student/Scholar Health Insurance Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the University of Michigan International Student/Scholar Health Insurance Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to University of Michigan, you may view it at the University of Michigan International Center in Ann Arbor during normal business hours or you may contact Aetna Student Health at (800) 239-9697.**

**This Plan will never pay more than \$1,000,000 for any one accident, any one sickness, or any one injury per lifetime. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.**

Subject to the terms of the Policy, benefits are available for you and your eligible **dependents** only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

## SUMMARY OF BENEFITS CHART

<p><b>DEDUCTIBLE</b></p>	<p><b>\$50 per Covered Person</b>, per covered injury or sickness.</p> <p><i>Applies to all services, unless otherwise noted.</i></p> <p><b>ANN ARBOR CAMPUS ONLY:</b> The Deductible should be waived, or reduced, if following conditions are met:</p> <ul style="list-style-type: none"> <li>• If a student, dependent spouse, same-sex domestic partner, dependent child (age ten or older) or visiting scholar is first treated at, or referred by, the University Health Service, the Deductible will be waived;</li> <li>• If a dependent spouse, same-sex domestic partner or visiting scholar is first treated at, or referred by, North Campus Family Health Service or Community Family Health Center, the Deductible will be <b>\$10</b> per injury or sickness;</li> <li>• If a dependent child is first treated at, or referred by, North Campus Family Health Service, Community Family Health Center or the Pediatric Clinic at the East Ann Arbor Health Center (<b>under 18 years of age</b>), the Deductible will be <b>\$10</b> per injury or sickness.</li> <li>• The following services do not require a referral, and therefore the deductible is waived for these services: outpatient treatment of a mental and nervous disorder; maternity expenses; mammography expenses; Pap smear expenses. Copays still apply. Refer to the Summary of Benefits Chart for details.</li> </ul> <p><i>Please Note:</i> North Campus Family Health Service and Community Family Health Center are both part of the Nurse Managed Care Centers of Ann Arbor.</p>
<p><b>BENEFIT ALLOCATION</b></p>	<p><b>Covered Medical Expenses</b> listed below are payable at the Negotiated/Reasonable/Actual Charge in accordance with the following reimbursement levels, <b>unless specifically noted otherwise</b> in the benefit descriptions below:</p> <ul style="list-style-type: none"> <li>• <b>100%</b> for first <b>\$5,000</b> in paid benefits;</li> <li>• <b>80%</b> for <b>\$5,001</b> to <b>\$40,000</b> in paid benefits;</li> <li>• <b>100%</b> for <b>\$40,001</b> in paid benefits, to the <b>Aggregate Lifetime Maximum</b>.</li> </ul> <p><i>Please Note:</i> When confined in a Preferred hospital, all covered facility expenses will be covered at <b>100%</b> of the Negotiated/Recognized Charge. This includes, but is not limited to, the following benefits: Hospital Room &amp; Board Expense, Intensive Care Room &amp; Board Expense and Miscellaneous Hospital Expense benefits.</p>
<p><b>AGGREGATE LIFETIME MAXIMUM</b></p>	<p><b>\$1,000,000</b> for any one accident, any one sickness, or any one injury per lifetime.</p>

All coverage is based on Recognized Charges unless otherwise specified.

<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge for a semi-private room.</p>
Intensive Care Unit Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Physician Hospital Visit/ Consultation Expenses	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending physician, or a consulting physician, are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Licensed Nurse Expenses	<p>Benefits include charges incurred by a <b>Covered Person</b> who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Medical Expenses</b> for a licensed nurse are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>

<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Expenses	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a physician, are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Anesthesia and Assistant Surgeon Expenses	<p><b>Covered Medical Expenses</b> for the charges of Anesthesia and an assistant surgeon, during a surgical procedure, are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>

Ambulatory Surgical Expenses	<p>Benefits are payable for <b>Covered Medical Expenses</b> incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. <b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within <b>48 hours</b> after the surgery.</p>
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<p><b>Outpatient Benefits</b>  <b>Covered Medical Expenses</b> include but are not limited to: physician’s office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
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Hospital Outpatient Department or Walk-In Clinic Expenses	<p>Benefits are payable for <b>Covered Medical Expenses</b> incurred by a covered person for diagnostic X-ray and laboratory services; consultants or specialists, etc. Benefits do not include expenses incurred for the use of an outpatient surgical facility.</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
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Emergency Room Expenses	<p><b>Covered Medical Expenses</b> include medically necessary services provided for the sudden onset of a medical condition that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> <li>• serious jeopardy to the individual's health or to a pregnancy in the case of a pregnant woman,</li> <li>• serious impairment to bodily functions, or</li> <li>• serious dysfunction of any bodily organ or part.</li> </ul> <p>Benefits for Emergency Medical Services up to the point of stabilization are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
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Urgent Care Expenses	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p><b>Please Note: A Covered Person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The Covered Person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance.</b></p> <p><b><u>Urgent Care</u></b>  Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p><b>Covered Medical Expenses</b> for urgent care treatment are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
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Ambulance Expenses	<p><b>Covered Medical Expenses</b> are payable at the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered accident or sickness.</p> <p>Emergency medical health services include, but are not limited to, the use of emergency vehicles and emergency air transport to ensure the ability to stabilize the patient.</p>
Pre-Admission Testing Expenses	<p><b>Covered Medical Expenses</b> for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other condition.</p>
Physician's Office Visit Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Laboratory and X-ray Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p><i>Please Note:</i> Includes routine testing for tuberculosis.</p>
Therapy Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Physical Therapy,</li> <li>• Chiropractic Care,</li> <li>• Speech Therapy,</li> <li>• Inhalation Therapy, or</li> <li>• Occupational Therapy.</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b>, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b>, only if such therapies are a result of injury or sickness.</p> <p>All therapy must be provided by a therapist who is licensed in accordance with State Law, and practicing within the scope of their license.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p><i>For more information, please refer to the Benefit Allocation shown on page 16.</i></p> <p>After the <b>10<sup>th</sup> visit</b> we may request verification of medical necessity in order to continue treatment.</p> <p>Benefits are limited to <b>one visit</b> per day for Physical Therapy, Occupational Therapy and Chiropractic Care.</p>

Chemotherapy Expense	<p><b>Covered Medical Expenses</b> for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility.</p> <p><b>Covered medical expenses</b> also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Such expenses are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> the Recognized Charge.</p>
Durable Medical Equipment Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> the Recognized Charge.</p>
Prosthetic Devices Expenses	<p>Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness.</p> <p><b>Covered Medical Expenses do not include:</b> eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> the Recognized Charge.</p>
Dental Injury Expenses	<p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> </ul> <p><b><i>The treatment must be done in the calendar year of the accident or the next one.</i></b></p> <p>If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> </ul> <p>are installed due to such injury, <b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul> <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p><b>Covered Medical Expenses</b> are payable at the Actual Charge.</p> <p>Benefits are limited to <b>\$250</b> per Policy Year (combined with Impacted Wisdom Teeth Expense).</p>

Impacted Wisdom Teeth Expenses	<p><b>Covered Medical Expenses</b> for removal of one or more impacted wisdom teeth are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p>Benefits are limited to <b>\$250</b> per Policy Year (combined with Dental Injury Expense).</p>
Allergy Testing Expenses	<p>Benefits include charges incurred for diagnostic testing of allergies.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>• laboratory tests,</li> <li>• physician office visits, including visits to administer injections,</li> <li>• prescribed medications for testing of the allergy, including any equipment used in the administration of this prescribed medication, and</li> <li>• other medically necessary supplies and services.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Diagnostic Testing for Attention Disorders and Learning Disabilities Expenses	<p><b>Covered Medical Expenses</b> for diagnostic testing for:</p> <ul style="list-style-type: none"> <li>• Attention Deficit Disorder, or</li> <li>• Attention Deficit Hyperactive Disorder</li> </ul> <p>are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Well Baby Care Expenses	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p>Routine preventive and primary care services are services rendered to a covered dependent child, from the date of birth through <b>five years</b> of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p>Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p>

Immunizations Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a covered person for administration of vaccination for Human Papillomavirus (HPV), only.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> Negotiated Charge.  <b>Non-Preferred Care:</b> Recognized Charge.</p>
Consultant or Specialist Expenses	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant or specialist. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>

<b>Mental Health Benefits</b>	
Mental and Nervous Disorders Inpatient Expenses	<p><b>Covered Medical Expenses</b> for the treatment of mental and nervous disorders while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p>Partial hospitalization, inpatient, and outpatient benefits for Treatment of Mental and Nervous Disorders require pre-certification.</p> <p>Inpatient mental health treatment is limited to a maximum of <b>30 days</b> per Policy Year for any one or related mental health condition.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby <b>two days</b> of partial hospitalization may be exchanged for <b>one day</b> of full hospitalization.</p>
Mental and Nervous Disorders Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental and nervous disorders are payable as follows:</p> <p><b>Preferred Care:</b> After a <b>\$25</b> Copay, <b>100%</b> of the Negotiated Charge.  <b>Non-Preferred Care:</b> After a <b>\$50</b> per visit Deductible, <b>100%</b> of the Recognized Charge.</p>

<b>Substance Abuse Benefits</b>	
Inpatient Expenses	<p><b>Covered Medical Expenses</b> for the treatment of a substance abuse condition while confined as a inpatient in a hospital or facility licensed for such treatment are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p>Partial hospitalization and inpatient Treatment of Alcohol and Drug Addiction require pre-certification.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby <b>two days</b> of partial hospitalization may be exchanged for <b>one day</b> of full hospitalization.</p> <p>Inpatient substance abuse treatment is limited to a maximum of <b>30 days</b> per Policy Year.</p>
Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a substance abuse condition are payable as follows:</p> <p><b>Preferred Care:</b> After a <b>\$25</b> Copay, <b>100%</b> of the Negotiated Charge.  <b>Non-Preferred Care:</b> After a <b>\$50</b> per visit Deductible, <b>100%</b> of the Recognized Charge.</p> <p>Benefits for Outpatient/Intermediate Substance Abuse are limited to <b>\$3,969</b> per Policy Year.</p>

<b>Maternity Benefits</b>	
Maternity Expenses	<p><b>Covered Medical Expenses</b> include inpatient care of the <b>Covered Person</b> and any newborn child for a minimum of <b>48 hours</b> after a vaginal delivery and for a minimum of <b>96 hours</b> after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p><b>Covered Medical Expenses</b> for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p> <p>A referral is not required for this benefit.</p>
Well Newborn Nursery Care Expenses	<p>Benefits include charges for routine care of a <b>Covered Person's</b> newborn child as follows:</p> <ul style="list-style-type: none"> <li>• hospital charges for routine nursery care during the mother's confinement, but for not more than <b>four days</b> (for a normal delivery),</li> <li>• physician's charges for circumcision, and</li> <li>• physician's charges for visits to the newborn child in the hospital and consultations, but for not more than <b>one visit</b> per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p>

<b>Additional Benefits</b>	
<p>Prescription Drug Benefit Expenses</p> <p><i>(The Deductible shown on page 16 does not apply.)</i></p>	<p>Prescription <b>Drug</b> benefits are payable as follows:  <b>Preferred Care Pharmacy: 90%</b> of Negotiated Charge.  <b>Non-Preferred Care Pharmacy: 90%</b> of the Recognized Charge.  <i>You must pay out-of-pocket for prescriptions at a Non-Preferred pharmacy and then submit the receipt with a Prescription Claim Form for reimbursement.</i></p> <p>This pharmacy benefit is provided to cover medically necessary prescriptions (including prescription smoking cessation medications) associated with a covered sickness or accident occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior authorization is required for certain prescription drugs, including Imitrex, certain stimulants, growth hormones and for any prescription quantities larger than a <b>30-day</b> supply. <i>(This is only a partial list.)</i>  Medications not covered by this benefit include, but are not limited to: allergy sera, all acne medications, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, immunization agents and vaccines, and non-self injectables. <i>(This is only a partial list.)</i>  For assistance or for a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (available <b>24 hours</b>).  Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p> <p>Benefits include coverage for:</p> <ul style="list-style-type: none"> <li>• off-label use of FDA approved prescription drugs, including any medically necessary supplies to administer the drug; and</li> <li>• drugs used in antineoplastic therapy and the reasonable cost of administration of these drugs.</li> </ul> <p><b>Please Note: Covered Medical Expenses</b> for prescribed supplies for the treatment of diabetes will not be subject to the listed per Policy Year Prescription Drug limit</p>
<p>Diabetic Testing Supplies Expenses</p>	<p>Benefits include charges for testing material used to detect the presence of sugar in the person's urine or blood for monitoring glycemic control.</p> <p>Diabetic Testing Supplies are limited to:</p> <ul style="list-style-type: none"> <li>• Lancet devices, including spring-powered lancet devices,</li> <li>• glucose monitors, and blood glucose monitors for the legally blind,</li> <li>• test strips, visual readings and urine testing strips,</li> <li>• syringes, and</li> <li>• insulin pumps and medical supplies required for the use of an insulin pump.</li> </ul> <p>Other items, used in the treatment of Diabetes, are not <b>Covered Medical Expenses</b>.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition. Coverage includes insulin, non-experimental medication for controlling blood sugar, and medications used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails, associated with Diabetes, if prescribed by allopathic or osteopathic physician.</p> <p><b>Please Note:</b> Insulin, syringes, and Diabetic testing supplies are covered under the Prescription Drug Benefit portion of the Plan.</p>

Hypodermic Needles Expense	<p><b>Covered Medical Expenses</b> for hypodermic needles and syringes used in the treatment of diabetes are payable as follows:</p> <p><b>Covered Medical Expenses</b> are payable as any other under the prescription drug benefit.</p>
Outpatient Diabetic Self-Management Education Programs Expenses	<p><b>Covered Medical Expenses</b> for outpatient Diabetic self-management education programs are payable as follows:</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p> <p><i>For more information, please refer to the Benefit Allocation shown on page 16.</i></p>
Non-Prescription Enteral Formula Expenses	<p>Benefits include charges incurred by a <b>Covered Person</b> for non-prescription enteral formulas, for which a physician has issued a written order, and are for the treatment of malabsorption caused by:</p> <ul style="list-style-type: none"> <li>• Crohn’s Disease,</li> <li>• ulcerative colitis,</li> <li>• gastroesophageal reflux,</li> <li>• gastrointestinal motility,</li> <li>• chronic intestinal pseudoobstruction, and</li> <li>• inherited diseases of amino acids and organic acids.</li> </ul> <p><b>Covered Medical Expenses</b> for inherited diseases of amino acids and organic acids, will also include food products modified to be low protein.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Intractable Pain Evaluation and Treatment Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for the evaluation and treatment of intractable pain, when it is determined to be medically necessary and otherwise eligible by Aetna.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Pap Smear Expenses	<p><b>Covered Medical Expenses</b> include one annual routine Pap smear screening for women age 18 and older.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p>A referral is not required for this benefit.</p>

Mammography Expense	<p>Benefits are payable for charges for mammograms. The charges must be incurred while a <b>covered person</b> is insured for these benefits.</p> <p>Benefits will be paid for Expenses incurred for the following:</p> <ul style="list-style-type: none"> <li>(1) A baseline mammogram for women between the ages of 35 to 40, and</li> <li>(2) A mammogram every year, or more frequently based on the recommendation of the woman's <b>physician</b>, for women 40 years of age and older.</li> </ul> <p><b>Covered Medical Expenses also include</b> breast cancer diagnostic services, breast cancer rehabilitative services, <b>and</b> breast cancer outpatient treatment services.</p> <p>Benefits are payable on the same basis as any other expense.</p>
Mastectomy and Prosthetic Devices Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for prosthetic devices to maintain or replace body parts of a <b>Covered Person</b> who has undergone a mastectomy.</p> <p><b>Covered Medical Expenses</b> include charges for the cost and fitting of a prosthetic device.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
Mastectomy and Breast Reconstruction Expense Benefit	<p>Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ul style="list-style-type: none"> <li>• reconstruction of the breast on which a mastectomy has been performed,</li> <li>• surgery and reconstruction of the other breast to produce a symmetrical appearance,</li> <li>• prostheses,</li> <li>• treatment of physical complications of all stages of mastectomy, including lymphedemas, and</li> <li>• reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician.</li> </ul> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p>
Elective Abortion Expenses	<p>If, as a result of pregnancy having its inception during the Policy Year, a covered person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p><b>Covered Medical Expenses</b> for Elective Abortion Expenses are covered as follows:  <b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 100% of the Recognized Charge.</p> <p>This benefit is in lieu of any other Policy benefits. Benefits are limited to <b>\$485</b> per Policy Year.</p>

<p>Chlamydia Screening Test Expenses</p>	<p>Benefits include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> <li>• Women who are: <ul style="list-style-type: none"> <li>○ under the <b>age of 20</b> if they are sexually active, and</li> <li>○ at least <b>20 years old</b> if they have multiple risk factors.</li> </ul> </li> <li>• Men who have multiple risk factors.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
<p>Routine Screening for Sexually Transmitted Disease Expenses</p>	<p><b>Covered Medical Expenses</b> include charges for covered persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
<p>Surgical Second Opinion Expense</p>	<p><b>Covered Medical Expenses</b> will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
<p>Elective Surgical Second Opinion Expense</p>	<p><b>Covered Medical Expenses</b> will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expenses</p>	<p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>

Dermatological Expenses	<p><b>Covered Medical Expenses</b> include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.  <i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>
Podiatric Expenses	<p><b>Covered Medical Expenses</b> include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.  Expenses for routine foot care, such as trimming of corns, calluses, and nails, are <b>not Covered Medical Expenses.</b></p>
Home Health Care Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> <li>(a) The services are furnished by, or under arrangements made by, a licensed home health agency,</li> <li>(b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every <b>60 days</b>. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital (or skilled nursing facility) if the services and supplies were not provided under the home health care plan. The physician must examine the <b>Covered Person</b> at least <b>once a month</b>,</li> <li>(c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined,</li> <li>(d) The care starts within <b>seven days</b> after discharge from a hospital as an inpatient, and</li> <li>(e) The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <p><b><u>Home Health Care Services</u></b></p> <ul style="list-style-type: none"> <li>• Part-time or intermittent nursing care by: a registered nurse (R.N.), a licensed practical nurse (L.P.N.), or under the supervision on a R.N. if the services of a R.N. are not available,</li> <li>• Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than a R.N.,</li> <li>• Physical, occupational speech therapy, or respiratory therapy,</li> <li>• Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital,</li> <li>• Medical social services by licensed or trained social workers,</li> <li>• Nutritional counseling.</li> </ul> <p><b>Covered Medical Expenses</b> will <b>not</b> include: 1) services by a person who resides in the <b>Covered Person's</b> home, or is a member of the <b>Covered Person's</b> immediate family, 2) homemaker or housekeeper services, 3) maintenance therapy, 4) dialysis treatment, 5) purchase or rental of dialysis equipment, or 6) food or home delivered services.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>

<p>Transfusion or Dialysis of Blood Expenses</p>	<p><b>Covered Medical Expenses</b> include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p>
<p>Hospice Benefit Expenses</p>	<p><b>Covered Medical Expenses</b> include charges for hospice care provided for a terminally ill <b>Covered Person</b> during a hospice benefit period.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge.  <b>Non-Preferred Care:</b> the Recognized Charge.</p> <p><i><b>Benefits for Hospice expenses require pre-certification.</b></i></p>
<p>Skilled Nursing Facility Expenses</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time inpatient, or</li> <li>• within <b>24 hours</b> following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge for the semi-private room rate.  <b>Non-Preferred Care:</b> the Recognized Charge for the semi-private room rate.</p> <p><i><b>Benefits for Skilled Nursing require pre-certification.</b></i></p>
<p>Rehabilitation Facility Expenses</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within <b>24 hours</b> of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are payable as follows:  <b>Preferred Care:</b> the Negotiated Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations  <b>Non-Preferred Care:</b> the Recognized Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations</p> <p><i><b>Benefits for Rehabilitation Facility expenses require pre-certification.</b></i></p>

## **INTERNATIONAL STUDENT/SCHOLAR HEALTH INSURANCE VISION PLAN**

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University Health Service (UHS) will manage the vision benefit for those insured by the International Student/Scholar Health Insurance Plan. This service is not underwritten by Aetna.

The UHS Eye Care Clinic will provide **one routine eye exam** per Policy Year/per enrollee with a **\$15** Copay per exam as long as the individual is enrolled in the International Student/Scholar Health Insurance Plan at the time of service.

**The routine eye exam will include:**

- Refraction and dilation of the eyes
- Health history
- Check of the interior and exterior eye as well as surrounding area for defects, disease, and clarity of vision
- Eye coordination
- Color vision
- Depth perception
- Refractive error and field of vision

**Not Included:** Contact Lenses evaluation or fitting. Additional fees will be charged if these services are performed and will be the patient's financial responsibility.

***VISION CARE PROVIDER OF YOUR CHOICE***

In some instances you may need to use a Vision Care Provider other than UHS. UHS will reimburse the Policyholder when a routine eye exam is received outside of UHS at a Vision Care Provider of your choice. UHS will reimburse for **one routine eye exam** per Policy Year/per enrollee not to exceed a benefit maximum of **\$30**, after applying the **\$15** Copay per exam, and subject to UHS guidelines.

**The reimbursement option is limited to:**

- Infant/toddlers under three years of age
- Students/Scholars studying out of the Ann Arbor area

**The University Health Service Eye Care Clinic is located at:**

207 Fletcher Street  
Ann Arbor, MI 48109-1050  
<http://www.uhs.umich.edu/eyecare>

For an appointment call: (734) 764-8325 or toll free (866) 386-0002.

**For eligible reimbursement of eligible services provided by a Vision Care Provider of your choice, send your original paid receipt to:**

University of Michigan/University Health Service  
Managed Care/Student Insurance Office  
207 Fletcher Street  
Ann Arbor, MI 48109-1050  
[www.uhs.umich.edu](http://www.uhs.umich.edu)  
[mancare-stuins@umich.edu](mailto:mancare-stuins@umich.edu)

*Please remember to make a copy of your receipt for your own records.*

## **ADDITIONAL SERVICES AND DISCOUNTS**

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As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are not insurance. Please note that these programs are subject to change. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**Vital Savings by Aetna<sup>®</sup> on Dental\*** is a dental discount program helping you and your dependents save – with one low annual fee of \$25 per student. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces). No claims to file. Enroll online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Student only- \$25

Student +1 Dependent- \$44

Student +2 or more Dependents- \$63

\*Actual costs and savings vary by provider and geographic area.

***The Vital Savings by Aetna<sup>®</sup> program (the “Program”)** is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must 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, 1-888-BeVital, is the Discount Medical Plan Organization.*

**Aetna Book<sup>SM</sup> discount program:** Access to discounts on books and other items from the American Cancer Society Bookstore, the [MayoClinic.com](http://MayoClinic.com) Bookstore and Pranamaya.

**Aetna Fitness<sup>SM</sup> discount program:** Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFit<sup>TM</sup>.

**Aetna Hearing<sup>SM</sup> discount program:** Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing\* on over 1000 models from seven leading manufacturers.

*\*Competitor copy required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local provider quotes only will be matched, no internet quotes.*

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

**Aetna Vision<sup>SM</sup> discount program:** Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

**Aetna Weight Management<sup>SM</sup> discount program:** Access to discounts on eDiets<sup>®</sup> diet plans and products, Jenny Craig<sup>®</sup> weight loss programs and products, and Nutrisystem<sup>®</sup> weight loss meal plans.

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

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

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

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

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

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

*Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discount programs and wellness services are subject to change without notice. Not all programs are available in all states.*

**Aetna's Informed Health® Line\*:**

Call toll free **1-800-556-1555** 24 hours a day, 7 days a week.

Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:

- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time.

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

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

Listen to the **Audio Health Library**:\*It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

*\* Not all topics in the audio health service are covered expenses under your plan.*

Use the **Healthwise® Knowledgebase** to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at **www.aetnastudenthealth.com**.

## **GENERAL PROVISIONS**

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### ***STATE MANDATED BENEFITS***

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

### ***SUBROGATION/REIMBURSEMENT RIGHT OF RECOVERY PROVISION***

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

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a **Covered Person** or on a **Covered Person's** behalf due to a **Covered Person's** injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers' compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The **Covered Person** shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The **Covered Person** shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the **Covered Person** to notify Aetna within **45 days** of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the **Covered Person**.

The **Covered Person** acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the **Covered Person's** damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the **Covered Person**, which is insufficient to make the **Covered Person** whole, or to compensate the **Covered Person** in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the **Covered Person** to pursue the **Covered Person's** damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The **Covered Person** shall be responsible for the payment of all attorney fees for any attorney hired or retained by the **Covered Person** or for the benefit of the **Covered Person**.

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

### ***NON-DUPLICATION OF BENEFITS***

This provision applies if a **covered student**:

- (a) Is covered by any other group or blanket health care plan, and
- (b) Would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the Plan will pay will be reduced by such excess.

## **EXTENSION OF BENEFITS**

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If a **Covered Person** is confined to a hospital on the date his/her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the policy, but only while they are incurred during the **31 day period**, following such termination of insurance.

## **TERMINATION OF INSURANCE**

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

### ***TERMINATION OF STUDENT COVERAGE***

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

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

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

### ***TERMINATION OF DEPENDENT COVERAGE***

Insurance for a **covered student's dependent** will end when insurance for the **covered student** ends. Before then, coverage will end:

- (a) For a dependent child, on the child's **26<sup>th</sup>** birthday.
- (b) The date the **covered student** fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date **dependent** coverage is deleted from this Plan.
- (e) For a domestic partner, the earlier to occur of:
  1. the date this Plan no longer allows coverage for domestic partners, and
  2. the date of termination of the domestic partnership. In that event, a completed and signed declaration of termination of domestic partnership must be provided to the Policyholder.
- (f) The date the **dependent** ceases to be in an eligible class.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

### ***INCAPACITATED DEPENDENT CHILDREN***

Insurance may be continued for incapacitated **dependent** children who reach the age at which insurance would otherwise cease. The **dependent** child must be chiefly dependent for support upon the **covered student** and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within **31 days** after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna each year, that the child remains physically or mentally unable to earn his/her own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- (a) the date specified under the provision entitled termination of dependent coverage, or
- (b) the date the child is no longer incapacitated and dependent on the **covered student** for support.

**CONTINUATION OF COVERAGE**

Once an International Student or International Visiting Scholar’s status as a University of Michigan F-1 or J-1 visa holder ends, the International Student or International Visiting Scholar may be eligible to continue coverage in this Plan for a period not to exceed a maximum of **nine months**. The length of the continuation shall be determined by the date your coverage ends under the F-1 or J-1 status with the University (as reported to Aetna Student Health), not to exceed the normal Policy termination date, and must be purchased in three (3) month intervals, or the lesser thereof based on the F-1/J-1 end date. To be eligible for Continuation, you must have been enrolled under the University of Michigan International Student Health Insurance Plan prior to the start of the Continuation.

International Students or International Visiting Scholars may also cover eligible dependents under this provision. Coverage for dependents shall be for the same period as the student/scholar, and the dependents must have been covered under the Plan prior to the Continuation start date.

Enrollment in the Continuation Coverage must be completed by the end of the month in which your eligibility under this provision begins.

*Coverage under the Continuation provision **cannot** be carried over from one Policy Year to the next.*

Please see the chart below for examples of how this provision may affect you.

<b>F-1/J-1 coverage ends:</b>	<b>Continuation option(s):</b>	<b>Coverage under Continuation ends:</b>	<b>Deadline to enroll for Continuation:</b>
September 30, 2011	9 month	June 30, 2012	October 31, 2011
September 30, 2011	6 month	March 31, 2012	October 31, 2011
September 30, 2011	3 month	December 31, 2011	October 31, 2011
October 31, 2011	9 month	July 31, 2012	November 30, 2011
October 31, 2011	6 month	April 30, 2012	November 30, 2011
October 31, 2011	3 month	January 31, 2012	November 30, 2011
November 30, 2011	9 month	August 31, 2012	December 31, 2011
November 30, 2011	6 month	May 31, 2012	December 31, 2011
November 30, 2011	3 month	February 29, 2012	December 31, 2011
December 31, 2011	8 month	August 31, 2012	January 31, 2012
December 31, 2011	6 month	June 30, 2012	January 31, 2012
December 31, 2011	3 month	March 31, 2012	January 31, 2012
January 31, 2012	7 month	August 31, 2012	February 29, 2012
January 31, 2012	6 month	July 31, 2012	February 29, 2012
January 31, 2012	3 month	April 30, 2012	February 29, 2012
February 29, 2012	6 month	August 31, 2012	March 31, 2012
February 29, 2012	3 month	May 31, 2012	March 31, 2012
March 31, 2012	5 month	August 31, 2012	April 30, 2012

March 31, 2012	3 month	June 30, 2012	April 30, 2012
April 30, 2012	4 month	August 31, 2012	May 31, 2012
April 30, 2012	3 month	July 31, 2012	May 31, 2012
May 31, 2012	3 month	August 31, 2012	June 30, 2012
June 30, 2012	2 month	August 31, 2012	July 31, 2012
July 31, 2012	1 month	August 31, 2012	August 31, 2012

Questions relating to this provision or Continuation enrollment should be directed to Aetna Student Health at **(800) 239-9697**.

**Note:** Coverage under this provision ceases on the date this Plan terminates.

## EXCLUSIONS

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This Plan does not cover nor provide benefits for:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from **injury** to **sound natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Plan.
2. 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.
3. Expenses 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** (does not apply to the UHS Vision Plan, which is not underwritten by Aetna Life Insurance company).
4. 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.
5. 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.
6. 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.
7. 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.
8. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Plan and performed while this Plan is in effect.
10. 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:
    - 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 Plan. Surgery must be performed:
    - in the **Policy Year** of the **accident** which causes the **injury**, or
    - in the next **Policy Year**.
11. 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.

12. 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.
13. Expenses incurred as a result of preventive medicines, serums, vaccines or oral contraceptives, unless otherwise provided for in this Plan.
14. Expenses incurred as a result of commission of a felony.
15. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.
16. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
17. 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.
18. Expenses incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports; injury resulting from club sports and intramural athletic activities are not excluded from coverage.
19. Expenses incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
20. 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.
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 blood or blood plasma, except charges by a **hospital** for the processing or administration of blood.
23. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
24. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
  - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or **injury** involved, or
  - If required by the FDA, approval has not been granted for marketing, or
  - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or
  - The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that:

- The disease can be expected to cause death within **one year**, in the absence of effective treatment, and

- The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute,
- If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

25. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
26. Expenses incurred for breast reduction/mammoplasty unless specifically provided for in this Plan.
27. Expenses incurred for gynecomastia (male breasts) unless specifically provided for in this Plan.
28. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
29. 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.
30. Expenses incurred for, or related to, services, treatment, or training for Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, or learning disabilities, or other developmental delays.
31. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
32. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
33. 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.
34. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
35. Expenses incurred for hearing aids, the fitting, or **prescription** of hearing aids.
36. Expenses incurred for hearing exams.
37. Expenses for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the **Covered Person** is eligible, but did not enroll in Part B.
38. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
39. 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**.
40. Expenses for incidental surgeries, and standby charges of a **physician**.
41. Expenses for treatment and supplies for programs involving cessation of tobacco use.

42. 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 Plan.
43. Expenses incurred for massage therapy.
44. Expenses incurred for, or in connection with, speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts, speak words, and form sentences), as a result of an **accident** or **sickness**.
45. Expenses incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
46. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
47. Expenses 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.
48. Expenses for treatment of **injury** or **sickness** to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their Insurers).
49. Expenses arising from a **pre-existing condition** in excess of **\$1,000**.
50. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.
51. 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 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.

52. Expenses incurred for the treatment of acne.

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

## DEFINITIONS

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### **Accident**

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

### **Actual Charge**

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

### **Aggregate Lifetime Maximum**

The maximum benefit that will be paid under this Plan for all **Covered Medical Expenses** incurred by a **Covered Person** for any one **accident**, any one **sickness**, or any one **injury** that accumulate in a lifetime.

### **Ambulatory Surgical Center**

A freestanding ambulatory surgical facility that:

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

### **Birthing Center**

A freestanding facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one **physician** who is a specialist in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to **physicians** who practice obstetrics and gynecology in an area **hospital**.
- Has at least two beds or two birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.

- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a **hospital** in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient and child.

### **Brand Name Prescription Drug or Medicine**

A **prescription drug** which is protected by trademark registration.

### **Breast Cancer Diagnostic Services**

A procedure intended to aid in the diagnosis of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to mammogram, mammography, surgical breast biopsy, and pathologic examination and interpretation.

### **Breast Cancer Outpatient Treatment Services**

A procedure intended to treat cancer of the human breast, delivered on an outpatient basis, including but not limited to surgery, radiation therapy, chemotherapy, hormonal therapy, and related medical follow-up services.

### **Breast Cancer Rehabilitative Services**

A procedure intended to improve the result of, or ameliorate the debilitating consequences of, treatment of breast cancer, delivered on an inpatient or outpatient basis, including but not limited to reconstructive plastic surgery, physical therapy, and psychological and social support services.

### **Chlamydia Screening Test**

This is any laboratory test of the urogenital tract that specifically detects for infection by one or more agents of Chlamydia trachomatis, and which test is approved for such purposes by the FDA.

### **Coinsurance**

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

### **Complications of Pregnancy**

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis, or
- cardiac decompensation or missed abortion, or
- similar conditions as severe as these.

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

**Complications of Pregnancy** also include:

- non-elective cesarean section, and
- termination of an ectopic pregnancy, and
- spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

**Convalescent Facility**

This is an institution that:

- Is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from disease or **injury**:
  - professional nursing care by a R.N., or by a L.P.N. directed by a full-time R.N., and
  - physical restoration services to help patients to meet a goal of self-care in daily living activities.
- Provides **24 hour** a day nursing care by licensed nurses directed by a full-time R.N.
- Is supervised full-time by a **physician** or R.N.
- Keeps a complete medical record on each patient.
- Has a utilization review plan.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of mental disorders.
- Makes charges.

**Copay**

This is a fee charged to a person for **Covered Medical Expenses**.

**Covered Dependent**

A **covered student's dependent** who is insured under this Plan.

**Covered Medical Expenses**

Those charges for any treatment, service or supplies covered by this Plan which are:

- not in excess of the **Recognized Charges**, or
- not in excess of the charges that would have been made in the absence of this coverage, and
- incurred while this Plan is in force as to the **Covered Person** except with respect to any expenses payable under the Extension of Benefit Provisions.

**Covered Person**

A **covered student** and any **covered dependent** while coverage under this Plan is in effect.

**Covered Student**

A student of the Policyholder who is insured under this Plan.

**Deductible**

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** before benefits are paid.

**Dental Consultant**

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

**Dental Provider**

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

**Dentist**

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

**Dependent**

(a) the **covered student's** spouse residing with the **covered student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**, and (c) the **covered student's** child under the age of 26 years. The term "child" includes a **covered student's** step-child, adopted child, and a child for whom a petition for adoption is pending.

The term **dependent** does not include a person who is: (a) an eligible student, or (b) a member of the armed forces.

**Diabetic Self-Management Education Course**

A scheduled program on a regular basis which is designed to instruct a **Covered Person** in the self-management of Diabetes. It is a day care program of educational services and self-care training, including medical nutritional therapy. The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes Diabetic education or management.

*The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:*

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost, or
- A general program not just for Diabetics, or
- A program made up of services not generally accepted as necessary for the management of Diabetes.

**Directory**

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

**Durable Medical and Surgical Equipment**

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- made to withstand prolonged use,
- made for and mainly used in the treatment of a disease or **injury**,
- suited for use in the home,
- not normally of use to person's who do not have a disease or **injury**,
- not for use in altering air quality or temperature,
- not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

**Elective Treatment**

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

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

### **Emergency Admission**

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

- requires confinement right away as a full-time inpatient, and
- if immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - loss of life or limb, or
  - significant impairment to bodily function, or
  - permanent dysfunction of a body part.

### **Emergency Condition**

This is any traumatic **injury** or condition which:

- occurs unexpectedly,
- requires immediate diagnosis and treatment, in order to stabilize the condition, and
- is characterized by symptoms such as severe pain and bleeding.

### **Emergency Medical Condition**

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

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

### **Generic Prescription Drug or Medicine**

A **prescription drug** which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

### **High Cost Procedure**

**High Cost Procedures** include the following procedures and services:

- C.A.T. Scan,
- Magnetic Resonance Imaging,
- Laser treatment, which must be provided on an outpatient basis, and may be incurred in the following:
  - (a) A **physician's** office, or
  - (b) **Hospital** outpatient department, or emergency room, or
  - (c) Clinical laboratory, or
  - (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

### **Home Health Agency**

- An agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- An agency certified as such under Medicare, or
- An agency approved as such by Aetna.

### **Home Health Aide**

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by a R.N., L.P.N., or L.V.N., primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

### **Home Health Care**

Health services and supplies provided to a **Covered Person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

### **Home Health Care Plan**

A written plan of care established and approved in writing by a **physician**, for continued health care and treatment in a **Covered Person's** home. It must either follow within **24 hours** of and be for the same or related cause(s) as a period of **hospital** or skilled nursing confinement, or be in lieu of **hospital** or skilled nursing confinement.

### **Hospice**

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal illness. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The **hospital** administration must meet the standards of the National **Hospice** Organization and any licensing requirements.

### **Hospice Benefit Period**

A period that begins on the date the attending **physician** certifies that the **Covered Person** is a terminally ill patient who has less than **six months** to live. It ends after **six months** (or such later period for which treatment is certified) or on the death of the patient, if sooner.

### **Hospice Care Expenses**

The **Recognized Charges** made by a **hospice** for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by a R.N., L.P.N., or L.V.N., charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the **Covered Person's** immediate family prior to, and within **three months** after, the **Covered Person's** death, and charges for **respite care** for up to **five days** in any **30 day period**.

### **Hospital**

A facility which meets all of these tests:

- it provides inpatient services for the case and treatment of injured and sick people, and
- it provides **room and board** services and nursing services **24 hours a day**, and
- it has established facilities for diagnosis and major surgery, and
- it is run as a **hospital** under the laws of the jurisdiction which it is located.

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

### **Hospital Confinement**

A stay of **18 or more hours** in a row as a resident bed patient in a **hospital**.

### **Injury**

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

### **Intensive Care Unit**

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

### **Jaw Joint Disorder**

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

### **Medically Necessary**

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

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

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

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

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,
- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, 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 person who is part of his/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** or **Designated Provider** has agreed to make as to any service or supply for the purpose of the benefits under this Plan.

### **Non-Occupational Disease**

A **non-occupational disease** is a disease that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:

- is covered under any type of workers' compensation Law, and
- is not covered for that disease under such Law.

**Non-Occupational Injury**

A **non-occupational injury** is an accidental bodily **injury** that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from an **injury** which does.

**Non-Preferred Care**

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:

- the service or supply could have been provided by a **Preferred Care Provider**, and
- the provider is of a type that falls into one or more of the categories of providers listed in the **directory**.

**Non-Preferred Care Provider**

A health care provider that has not contracted to furnish services or supplies at a **Negotiated Charge**.

**Non-Preferred Pharmacy**

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

**Non-Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that is not a **Preferred prescription drug expense**.

**One Sickness**

A **sickness** and all recurrences and related conditions which are sustained by a **Covered Person**.

**Outpatient Diabetic Self-Management Education Program**

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

**Partial Hospitalization**

Continuous treatment consisting of not less than **four hours** and not more than **twelve hours** in any **24 hour period** under a program based in a **hospital**.

**Pervasive Developmental Disorder**

A neurological condition, including Asperger's Syndrome and Autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Pharmacy**

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

**Physician**

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

**Policy Year**

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

### **Pre-Admission Testing**

Tests done by a **hospital, surgery center**, licensed diagnostic lab facility, or **physician**, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- the tests are related to the scheduled surgery,
- the tests are done within the **seven days** prior to the scheduled surgery,
- the person undergoes the scheduled surgery in a **hospital or surgery center**, this does not apply if the tests show that surgery should not be done because of his/her physical condition,
- the charge for the surgery is a **Covered Medical Expense** under this Plan,
- the tests are done while the person is not confined as an inpatient in a **hospital**,
- the charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- the test results appear in the person's medical record kept by the **hospital or surgery center** where the surgery is to be done, and
- the tests are not repeated in or by the **hospital or surgery center** where the surgery is done.

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

### **Pre-Existing Condition**

Any **injury, sickness**, or condition for which medical advice, diagnosis, care, or treatment was recommended or received within **six months** prior to the **Covered Person's** enrollment in the Plan, or up to **six months** after the effective date of the Policy.

### **Preferred Care**

Care provided by a **Covered Person's Primary Care Physician**, or a **Preferred Care Provider** on the referral of the **Primary Care Physician**.

### **Preferred Care Provider**

A health care provider that has contracted to furnish services or supplies for a **Negotiated Charge**, but only if the provider is, with Aetna's consent, included in the **directory** as a **Preferred Care Provider** for:

- the service or supply involved, and
- the class of **Covered Persons** of which you are member.

### **Preferred Pharmacy**

A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under this Plan, but only:

- while the contract remains in effect, and
- while such a **pharmacy** dispenses a **prescription drug**, under the terms of its contract with Aetna.

### **Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that is dispensed by a **Preferred Pharmacy**.

### **Prescriber**

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

### **Prescription**

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

### **Prescription Drugs**

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal Law, may be dispensed only by **prescription** and which is required to be labeled "Caution: Federal Law prohibits dispensing without **prescription**",

- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable Diabetic supplies.
- Non-experimental medication for controlling blood sugar, if prescribed by a **physician**, and
- Medications used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with Diabetes, if prescribed by a **physician**.

### **Recognized Charge**

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

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

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

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

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

Aetna may take into account factors, such as:

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

### **Residential Treatment Facility**

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

### **Respite Care**

Care provided to give temporary relief to the family or other care givers in emergencies and from the daily demands for caring for a terminally ill **Covered Person**.

### **Room and Board**

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

### **Routine Screening for Sexually Transmitted Disease**

This is any laboratory test approved for such purposes by the FDA that specifically detects for infection by one or more agents of:

- Gonorrhea,
- Syphilis,
- Hepatitis,
- HIV, and
- Genital Herpes.

**School Health Services**

Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled students and their **dependents**.

**Semi-Private Rate**

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

**Service Area**

The geographic area, as determined by Aetna, in which the **Preferred Care Providers** are located.

**Sickness**

Disease or illness including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and **complications of pregnancy**. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

**Skilled Nursing Facility**

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- organized facilities for medical services,
- **24 hours** nursing service by R.N.'s,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- a **physician** available at all times.

**Sound Natural Teeth**

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

**Surgery Center**

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - **physicians** who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.

- It must have:
  - a **physician** trained in cardiopulmonary resuscitation, and
  - a defibrillator, and
  - a tracheotomy set, and
  - a blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

### **Surgical Assistant**

A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a **physician**.

### **Surgical Expenses**

Charges by a **physician** for,

- a **surgical procedure**,
- a necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- usual postoperative treatment.

### **Surgical Procedure**

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

### **Totally Disabled**

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

### **Urgent Admission**

One where the **physician** admits the person to the **hospital** due to:

- the onset of or change in a disease, or
- the diagnosis of a disease, or
- an **injury** caused by an **accident**,

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within **two weeks** from the date the need for the confinement becomes apparent.

### **Urgent Condition**

This means a sudden illness, **injury**, or condition, that:

- is severe enough to require prompt medical attention to avoid serious deterioration of the **Covered Person's** health,
- includes a condition which would subject the **Covered Person** to severe pain that could not be adequately managed without urgent care or treatment,
- does not require the level of care provided in the emergency room of a **hospital**, and
- requires immediate outpatient medical care that cannot be postponed until the **Covered Person's physician** becomes reasonably available.

### **Urgent Care Provider**

This is:

- A freestanding medical facility which:
  - Provides unscheduled medical services to treat an **urgent condition** if the **Covered Person's physician** is not reasonably available.
  - Routinely provides ongoing unscheduled medical services for more than **eight consecutive hours**.
  - Makes charges.
  - Is licensed and certified as required by any State or Federal Law or regulation.
  - Keeps a medical record on each patient.
  - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
  - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
  - Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
  - has contracted with Aetna to provide urgent care, and
  - is, with Aetna's consent, included in the Provider **Directory** as a **Preferred Urgent Care Provider**.

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

### **Walk-in Clinic**

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

## **CLAIM PROCEDURE**

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### ***HOW TO FILE A CLAIM***

In the event of an accident or sickness, the student should report to the University Health Service or a qualified provider or hospital health care provider to secure treatment. As described in the Preferred Provider Network section of the Brochure, it is to your advantage to utilize participating Preferred 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 within **90 days** after treatment is rendered to Aetna Student Health. Your name, eight-digit UMID number, name of the country where treatment was provided (if not in the U.S.), and University of Michigan International Plan should be written clearly and attached to your medical bills.

All information should be mailed to:

Aetna Student Health  
P.O. Box 981106  
El Paso, TX 79998  
**(800) 239-9697**  
**(617) 218-8400** (outside the United States)

Subsequent itemized medical bills should also be mailed promptly to the above address. Payment for covered 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 inquiring about the status of a claim, please contact the Customer Service Department at Aetna Student Health directly at **(800) 239-9697** between the hours of 8:30 a.m. and 8:30 p.m. Eastern Standard Time, Monday through Friday.

General coverage questions and claims questions should also be directed to the Customer Service Department at Aetna Student Health at **(800) 239-9697**.

You will receive an "Explanation of Benefits" form after your claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Health Insurance Plan. If you have any questions regarding the Explanation of Benefits, please contact the Customer Service Department at Aetna Student Health at **(800) 239-9697**.

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by The Aetna Student Health Claims Department.

### ***GRIEVANCE AND APPEALS***

Aetna has established a procedure for resolving grievances and appeals by **Covered Persons**. If a **Covered Person's** claim is denied in whole or in part, the **Covered Person** will receive a written notice of the denial from Aetna. The notice will explain the reason for the denial, and the procedures to follow for filing a grievance or appeal. To file a grievance or appeal, the **Covered Person**, or health care provider on behalf of the **Covered Person**, may request a review of any coverage decision by contacting:

Aetna Student Health  
P.O. Box 14464  
Lexington, KY 40512

If, after exhausting the internal appeals procedures, the **Covered Person**, the **Covered Person's** physician, or the hospital is still dissatisfied with Aetna's response, the **Covered Person** may be eligible to file a request for an External Review with the Michigan Insurance Commissioner.

Information about filing a request for an External Review may be obtained by contacting:

**Michigan Insurance Commissioner**  
**(877) 999-6442**

When filing a request for an External Review, the **Covered Person** will be required to authorize the release of any medical records that may be required to be reviewed for the purpose of reaching a decision on the External Review.

## **PRESCRIPTION DRUG CLAIM PROCEDURE**

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### ***PREFERRED CARE***

When obtaining a covered prescription, please present your Aetna ID card to an Aetna Preferred Pharmacy along with your applicable coinsurance. The pharmacy will submit a claim to Aetna for the drug.

When you need to fill a prescription and do not have your ID card with you, you may obtain your prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. A claim form is available at by calling Aetna Pharmacy Management at **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your coinsurance, you may be required to pay the difference between the retail price you paid for the prescription drug and the amount Aetna would have paid if you had presented your ID card and the pharmacy had billed Aetna directly. Information regarding Preferred Care pharmacy locations is available by accessing the Internet at [www.aetna.com/docfind](http://www.aetna.com/docfind).

### ***NON-PREFERRED CARE***

You may obtain your prescription from a Non-Preferred pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications at the Recognized Charge allowance, less any applicable coinsurance, directly by Aetna. You will be responsible for any amount in excess of the Recognized Charge.

**Please Note:** You will be required to pay in full at the time of service for all prescriptions dispensed at a non-participating pharmacy.

Claim forms, pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**.

When submitting a claim, please include all prescription receipts, indicate that you attend The University of Michigan and include your name, address, and student identification number.

## **ON CALL INTERNATIONAL 24/7 EMERGENCY TRAVEL ASSISTANCE SERVICES**

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.\*

\* In order to obtain coverage, all covered services must be provided and arranged through On Call. **Reimbursement will not be provided for any services not provided and arranged through On Call.** Please read this information carefully.

A brief description of these benefits is outlined below.

*For more information:*

**The On Call International Global Response Center can be reached 24 hours a day, 365 days a year at (800) 575-5014 (toll free U.S. or Canada) or (603) 328-1926 (anywhere in the world). Language assistance may be available. You can also email them at: mail@oncallinternational.com.**

### **Accidental Death and Dismemberment (ADD) Benefits**

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

### **Medical Evacuation and Repatriation (MER) Benefits**

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

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

### **Natural Disaster and Political Evacuation Services (NDPE)**

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

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

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

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

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

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

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

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

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

## **AETNA NAVIGATOR®**

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### ***GOT QUESTIONS? GET ANSWERS WITH AETNA'S NAVIGATOR®***

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

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

### ***HOW DO I REGISTER?***

- Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- Find your school in the School Directory.
- Click on Aetna Navigator® Member Website and then the “Register for Aetna Navigator” link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

### ***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**.

## **UNIVERSITY OF MICHIGAN NON-DISCRIMINATION POLICY NOTICE**

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The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable Federal and State Laws regarding non-discrimination and affirmative action, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. The University of Michigan is committed to a Policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, gender identity, gender expression, disability, or Vietnam-era veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity and Title IX/Section 504 Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, **(734) 763-0235**, TTY **(734) 647-1388**. For other University of Michigan information call **(734) 764-1817**.

## NOTICE

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Aetna considers non-public 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 [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

**Administered by:**

Aetna Student Health  
P.O. Box 981106  
El Paso, TX 79998  
**(800) 239-9697**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Underwritten by:**

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

Policy No. **711146**

The University of Michigan International Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.

## REGENTS OF THE UNIVERSITY OF MICHIGAN

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Julia Donovan Darlow  
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Andrea Fischer Newman  
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