

Carry This Card With You At All Times

| | |
|---|---|
| Hospital Emergency Room | Hospitalization – 80% |
| Emergency Injury – 100% | Office visits – 80% |
| Emergency Illness – 100% | Diagnostic Lab, X-ray, Surgery, Anesthesia, Consultation, Inpatient Physician Care – 80% |
| Emergency Room Expenses for non-emergency illness are not covered | |

\$50 Deductible Per Policy Year waived if a coordinating policy also covers the insured. This Program is underwritten by:

Aetna Life Insurance Company (ALIC)

\$50 Annual Prescribed Medicines deductible.

aetna



**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

Aetna Student HealthSM

**Brought to you by Illinois
State University and
Aetna Student Health**

www.aetnastudenthealth.com

Policy No. 711123

2015-2016

Office of Student Health Insurance

Campus Box 2541

Normal, Illinois 61790

(309) 438-2515

Aetna Life Insurance

Company (ALIC)

PAYER NUMBER

60054 0315

Insurance Identification Card

School Name: **Illinois State University**

Student Name: _____

Id Number/SS#: _____

Effective Date: From: _____ To: _____

Policy #: **711123**

The individual named on this card may be entitled to benefits

under the ISU Student Insurance Plan. Coverage is provided on

an academic basis. For confirmation of the insured status, contact

Student Health Insurance representatives. **NOTE:** Claims should

be mailed to the name and address listed above.

NAP

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GOT QUESTIONS? GET ANSWERS WITH AETNA NAVIGATOR[®]

Your Home Page at Aetna Navigator[®]

Once you're a member of the Plan, you have access to Aetna Navigator, your secure member website. It's packed with personalized benefits and health information. When you register with Aetna Navigator, you'll have your own personal home page to:

- View your most recent claims
- See who is covered under your Plan
- Use cost of care tool
- View your health history report which provides your health data in a portable and easy to read format
- And much more!

Learn More!

Go to www.aetnastudenthealth.com to learn more or call 309-438-2515.

How do I register?

- Go to www.aetnastudenthealth.com
- Click on the Aetna Navigator link.
- Follow the instructions for First Time Users by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

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

Need help with registering onto Aetna Navigator? Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m., Eastern Time at (800) 225-3375.



YOU CAN ALSO FIND HELP

For questions about:

- Insurance Benefits
- Coordination of Benefits
- How to File a Claim
- Claim Status

Please contact:

Student Insurance Office Illinois State
University Campus Box 2541
Normal, IL 61790
(309) 438-2515

ILLINOIS STATE UNIVERSITY STUDENT HEALTH INSURANCE PLAN

This is a brief description of the Medical Expense Benefits available for Illinois State University students. The Plan is underwritten by Aetna Life Insurance Company (ALIC).

The Illinois State University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

The exact provisions governing this insurance are contained in the Master Policy. See the Student Insurance Office during business hours for additional information, or contact Aetna Student Health at:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014

Student Eligibility

As of the 15th calendar day of fall and spring semesters, students who are registered and participating in nine or more credit hours of course work are automatically enrolled in, and assessed a fee for, the Plan. Registration of at least nine credit hours must occur prior to incurring a claim for insurance to be liable for that claim. Exceptions will be allowed for students who register after the claim is incurred, and complete academic credit for at least nine hours for that term. Students with medical withdrawals causing them to receive a refund of tuition and fees due to conditions arising during the first 15 calendar days (8 calendar days Summer term) of the Term which causes them to withdraw or to reduce hours below nine hours, will remain eligible and insured until the first day of the following Term. Students who were insured the previous term have the option of converting from this Plan to a Continuation Plan. Continuous year-round coverage is available. If the student received academic credit for at least nine hours in spring, and will not enroll for sufficient summer hours to be assessed an insurance fee, the summer fee can be paid prior to the 8th calendar day of summer term. If the student is participating in six or more credit hours of pre-registered summer course work, the student is automatically enrolled in, and assessed a fee for, the Plan. New students who register for six or more class hours after the first day of summer school classes have the option of paying a pro-rated fee for summer school coverage if they plan to return to school in the Fall. Payment is due the first day of summer classes.

Students with fewer than nine credit hours are eligible to purchase this Plan on an optional basis. Application and fee payment is due by the 15th day of the term (8th calendar day of summer term). Eligibility is limited to the following student categories and will be extended for no more than four consecutive terms by verification of participation in one or a combination of the following:

-
-
- Students participating in the Study Abroad program are assessed an insurance fee for the semester. Such students are eligible to apply to expand the coverage period by direct payment of the premium for the previous or subsequent term, dependent upon program dates and requirements.
 - Students enrolling for fewer than nine hours due to the writing of a thesis or dissertation are eligible to purchase coverage if they were insured the previous term.
 - Student teaching, professional practice, internship participants, and graduate students with assistantships are eligible to purchase coverage regardless of whether they were insured the previous term.
 - Insured graduating students may continue coverage for the following term. Please note that Internet classes and television courses do not fulfill the eligibility requirements that the covered student actively attends classes.

Students with a total of at least nine hours who have a combination of regular on-campus fee-paying courses, plus some Internet-only courses are eligible to purchase Student Insurance on an optional basis if they were insured with this Plan in the previous term.

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

INSURANCE FEES/POLICY PERIOD

| Annual Term | Semester | Cost | Coverage Period |
|-----------------|-------------|-------|-------------------|
| 8/10/15-8/21/16 | Fall 2015 | \$249 | 8/10/15 - 1/10/16 |
| | Spring 2016 | \$249 | 1/07/16 - 5/08/16 |
| | Summer 2016 | \$187 | 5/09/16 - 8/21/16 |

The rate above includes both the premium for the student health Plan underwritten by Aetna Life Insurance Company, as well as an Illinois State University administrative fee.

PREMIUM REFUND POLICY

If you withdraw during the first 15 calendar days of the Fall/Spring Semester or the first eight calendar days of the Summer Semester, you will receive a full refund of the insurance fee. If you withdraw after the first 15 calendar days of the Fall/Spring Semester or the first eight calendar days of the Summer Semester, your coverage will remain in effect until the end of the term.

Insured students entering the Armed Forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of the premium will be made for such person upon written request received by Student Health Insurance Office within 90 days of withdrawal from school. Upon termination of coverage under this Plan, you may elect to enroll in the Continuation Plan. Please see Plan Design and Benefits Summary on www.aetnastudenthealth.com for details.

WAIVER PROCESS/PROCEDURE

Waiver of this coverage will be authorized if the student presents evidence of other health insurance coverage under a plan which provides benefits equivalent to the Plan. Students must present the evidence

of coverage and complete a petition at the Student Insurance Office within the first 15 calendar days in any semester or first eight calendar days of the Summer Semester.

Waiver submissions may be audited by **Illinois State University**, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the student health insurance Plan. By submitting the waiver request, you agree that your current insurance Plan may be contacted for confirmation that your coverage is in force for the applicable policy year and that it meets the school's waiver requirements.

USING HEALTH SERVICES

A Student Health Service referral is not required. However, your needs may best be satisfied and costs contained when an organized system of health care providers at the Student Health Service manages the treatment. If you are under the Student Health Insurance Plan and are eligible to use the Health Services, this combination of care can minimize your out-of-pocket expenses.

PREFERRED PROVIDERS*

Students are encouraged to use these health care facilities, which offer rates that are often much lower than their regular fees, resulting in lower out-of-pocket expenses. The facilities include those owned and operated by Advocate BroMenn Health Care:

- Advocate BroMenn Regional Medical Center
- Advocate Medical Group
- Advocate BroMenn Life Care Center
- Advocate Eureka Community Hospital

These urgent care clinics are also Preferred Providers: OSF Promptcare Ft. Jesse and OSF

Promptcare Eastland Drive. Sports Enhancement is also a preferred providers which offer rates that are often much lower than their regular fees to insured ISU students.

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

DESCRIPTION OF BENEFITS

If any Covered Person incurs eligible expenses due to an accident or sickness, the Plan will pay, subject to stated maximums and other Policy limitations, the amount of Covered Medical Expenses incurred.

The payment of the Deductible, the balance above any benefit amount, any charges in excess of the Recognized Charge allowance, and any ineligible medical expenses are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket expenses, select a preferred provider. It is to your advantage to utilize preferred providers because savings can be achieved from the generally lower rates these providers have agreed to accept as payment for their services.

The Policy may contain limitations and exclusions. Please review the Summary of Benefits section of this Plan Design and Benefits Summary for any **limitations and exclusions.**

Visit www.aetnastudenthealth.com to learn more.

SUMMARY OF BENEFITS CHART

The Plan will pay benefits in accordance with any applicable Illinois insurance law. The Illinois State University Student Health Insurance Plan may not cover all your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Illinois State University Plan Design and Benefits Summary carefully before deciding whether this Plan is right for you. While this document and the Illinois State University Plan Design and Benefits Summary tell you about some of the important features of the Plan, other features may be important to you and some further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Illinois State University, you may view it at the Student Health Insurance Office or you may contact us at (309) 438-2515.

All insurance coverage is subject to the terms of the Master Policy and applicable state filings. Under health care reform legislation, student health plans may be required to eliminate or modify certain existing benefit plan provisions, including, but not limited to, exclusions and limitations. Aetna reserves the right to modify its products and services in response to federal and/or state legislation, regulation or requests of government authorities.

| | |
|------------|--|
| Deductible | A \$50 per policy year deductible shall be applied. Only covered medical expenses are applied to satisfy the deductible. The deductible will be waived if the Covered Person has other insurance. Note: Amounts applied to the \$50 Prescription Deductible do not apply to the \$50 policy year deductible. |
|------------|--|

| | |
|------------------------------|---|
| <p>Out-of-Pocket Expense</p> | <p>This feature is included in the Plan to prevent any individual's out-of-pocket expenses for deductible and coinsurance from exceeding \$1000 in covered medical expenses in any one policy year. Once the individual out-of-pocket limit has been satisfied covered medical expenses will be payable at 100% for the remainder of the policy year up to any benefit maximum that may apply. Deductible and coinsurance apply to the Out-of-Pocket maximum.</p> |
|------------------------------|---|

Inpatient Hospital Benefits

| | |
|---|--|
| <p>Hospital Room and Board Expenses</p> | <p>Preferred Care: 80% of the negotiated charge of the average semi-private room charges</p> <p>Non-Preferred Care: 80% of the recognized charge of the average semi-private room charges</p> |
| <p>Miscellaneous Hospital Expenses</p> | <p>Preferred Care: 80% of the negotiated charge</p> <p>Non-Preferred Care: 80% of the recognized charge</p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, medical supplies and equipment use, and medicine.</p> |
| <p>Non-Surgical Physicians Expense</p> | <p>Preferred Care 80% of the negotiated charge</p> <p>Non-Preferred Care: 80% of the recognized charge</p> |

Surgical Benefits (Inpatient and Outpatient)

Preferred Care:

80% of the negotiated charge

Non-Preferred Care:

80% of the recognized charge

No benefits will be paid for inpatient surgery performed in a hospital which can be safely performed on an outpatient basis. Please contact your Student Insurance Representative for a list of procedures that must be performed on an outpatient basis. (In case of Medical Necessity, this requirement may be waived and inpatient benefits will apply.)

Physician's Office Visit Expense Benefits

Preferred Care:

80% of the negotiated charge

Non-Preferred Care:

80% of the recognized charge

Consultation
Expenses

Preferred Care:

80% of the negotiated charge

Non-Preferred Care:

80% of the recognized charge.

The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis.

Mental Health Benefits and Drug Abuse Benefit

Benefits will be payable as follows for treatment of mental health and drug abuse.

Preferred Care:

Inpatient Expenses

80% of the negotiated
charge

Non-Preferred Care:

Inpatient Expenses

80% of the recognized
charge

Outpatient Expenses:

80% of the negotiated
charge

Outpatient Expenses:

80% of the recognized
charge

SUMMARY OF BENEFITS CHART (CONTINUED)

| | |
|----------------------------------|---|
| Partial Hospitalization Expense: | Covered Medical Expenses also include charges made for treatment received during partial hospitalization in a hospital or treatment facility. |
|----------------------------------|---|

Alcoholism and Drug Addiction Benefits

| | |
|---|---|
| Preferred Care: Inpatient Expenses 80% of the negotiated charge | Non-Preferred Care: Inpatient Expenses 80% of the recognized charge |
| Outpatient Expenses: 80% of the negotiated charge | Outpatient Expenses: 80% of the recognized charge |

| | |
|----------------------------------|---|
| Partial Hospitalization Expense: | Covered Medical Expenses also include charges made for treatment received during partial hospitalization in a hospital or treatment facility. |
|----------------------------------|---|

Maternity Benefits

Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Upon discharge benefits will be payable for one post-delivery home visit by a health care provider, if the visit is prescribed by the attending physician. If the Covered Person is discharged earlier, benefits will be payable for one post-delivery home health care provider within 24 hours of discharge and if prescribed by the attending physician on additional home visit.

SUMMARY OF BENEFITS CHART (CONTINUED)

Elective Abortion Expenses

Covered Medical Expenses for abortions 80% of the recognized charge.

Preferred Care:

80% of the negotiated charge

Non-Preferred Care:

80% of the recognized charge

Additional Benefits

Ambulance

80% of the negotiated charge for preferred care and 80% of the recognized charged for non-preferred care when a **Covered Person** requires the use of a professional ambulance in an emergency; this Policy will pay for the charges incurred. Covered Medical Expenses for the service are limited to charges for ground transportation to the nearest hospital equipped to render treatment for the condition. Air transportation is covered only when medically necessary.

Chiropractic Expenses

Chiropractic Care are **Covered Medical Expenses**, **Covered Medical Expenses** are payable as follows: Benefits are limited to a maximum of 12 visits per policy year
Preferred Care:
80% of the negotiated charge
Non-Preferred Care:
80% of the recognized charge.

SUMMARY OF BENEFITS CHART (CONTINUED)

| | |
|--|---|
| <p>Preventive Care Routine Cancer Screenings</p> | <p>Covered expenses include but are not limited to: Pap smears; Mammograms; Fecal occult blood tests; Digital rectal exams; Prostate specific antigen (PSA) tests; Sigmoidoscopies; Double contrast barium enemas (DCBE); Colonoscopies (removal of polyps performed during a screening procedure is a covered medical expense); and Lung cancer screenings.</p> <p>Preferred Care: 100% of the Negotiated Charge*</p> <p>Non-Preferred Care: 100% of the Recognized Charge</p> |
| <p>Durable Medical Expense</p> | <p>Preferred Care: 80% of the negotiated charge</p> <p>Non-Preferred Care: 80% of the recognized charge</p> |

SUMMARY OF BENEFITS CHART (CONTINUED)

| | |
|---|--|
| <p>Non-Prescription Enteral Formula Expense Benefit</p> | <p>Covered medical expenses include charges incurred by a Covered Person, 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">• Crohn's Disease;• Ulcerative colitis;• Gastroesophageal reflux;• Gastrointestinal motility;• Chronic intestinal pseudoobstruction; and• Inherited diseases of amino acids and organic acids. <p>Covered medical expenses for inherited diseases of amino acids; and organic acids; will also include food products modified to be low protein.</p> <p>The Schedule of Benefits shows any copay, deductible, covered percentage and maximum benefit that may apply to the Non-Prescription Enteral Formula Expense benefit.</p> <p>Covered Medical Expenses are payable as follows: 80% of the Recognized Charge.</p> |
|---|--|

SUMMARY OF BENEFITS CHART (CONTINUED)

| | |
|--|---|
| <p>Prescribed Medicines Expense</p> | <p>A \$50 prescribed medicine annual deductible</p> <p>*The prescription drug Plan covered percentage is the percentage of prescription drug covered medical expenses that the Plan pays.</p> <p>Generic and Brand Prescription Drugs</p> <p>For each 30 day supply filled at a retail pharmacy.</p> <p>You must pay out of pocket and then submit your receipt to Aetna Student Health for reimbursement.</p> <p>Preferred Care 80% of the Actual Charge after the Policy Year Deductible</p> |
| <p>Dental Expense for Impacted Wisdom Teeth</p> | <p>80% of the actual charge</p> |
| <p>Temporomandibular Joint Dysfunction Expense</p> | <p>Covered medical expenses include physician's charges incurred by a Covered Person for treatment of Temporomandibular Joint (TMJ) Dysfunction.</p> <p>Preferred Care: 80% of the negotiated charge</p> <p>Non-Preferred Care: 80% of the recognized charge.</p> |

SUMMARY OF BENEFITS CHART (CONTINUED)

| | | |
|--|---|---|
| <p>Pediatric Vision Care Exam Expense</p> <p><i>Supplies are limited to 1 pair of glasses (lenses and frames per policy year) Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p> | <p>Preferred Care: 100% of the negotiated charge*</p> | <p>Non-Preferred Care: 100% of the recognized charge*</p> |
|--|---|---|

SUMMARY OF BENEFITS CHART (CONTINUED)

| | | |
|--|--|--|
| <p>Pediatric Routine Dental Exam Expense</p> <p><i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Illinois State University page on the Aetna Student Health website, www.aetnastudent-health.com</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p> <p>One exam every 6 months and one every 12 months in a school setting. Limitations, including dollar limits, may apply.</p> | <p>Preferred Care:</p> <p>100% of the negotiated charge*</p> | <p>Non-Preferred Care:</p> <p>70% of the recognized charge</p> |
|--|--|--|

SUMMARY OF BENEFITS CHART (CONTINUED)

| | | |
|--|--|---|
| <p>Pediatric Basic Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Illinois State University page on the Aetna Student Health website, www.aetnastudent-health.com</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p> | <p>Preferred Care: 70% of the negotiated charge</p> | <p>Non-Preferred Care: 50% of the recognized charge*</p> |
|--|--|---|

SUMMARY OF BENEFITS CHART (CONTINUED)

| | | |
|--|---|--|
| <p>Pediatric Major Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Illinois State University page on the Aetna Student Health website, www.aetnastudent-health.com</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p> | <p>Preferred Care: 50% of the negotiated charge*</p> | <p>Non-Preferred Care: 50% of the recognized charge</p> |
| <p>Pediatric Orthodontia Expense <i>Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p> | <p>Preferred Care: 50% of the negotiated charge*</p> | <p>Non-Preferred Care: 50% of the recognized charge</p> |

SUMMARY OF BENEFITS CHART (CONTINUED)

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

- Once any of these limits have been reached, the Plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the Plan does not pay. Some illnesses cost more to treat than this Plan will cover.
- Please read the Illinois State University brochure located at Student Health Insurance Office carefully before enrolling. While this document and the Illinois State University Student Health Insurance brochure describe important features of the Plan, there may be other specifics of the Plan that are important to you and some limit what the Plan will pay.
- If you want to look at the full Plan description, which is contained in the Master Policy issued to the school, you may view it at Student Health Insurance Office or contact us at 309-438-2515.

ADDITIONAL SERVICES AND DISCOUNTS

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

Fitness discounts: You can save on gym memberships¹ and name-brand home fitness and nutrition products that support a healthy lifestyle with services provided by GlobalFit®.

SUMMARY OF BENEFITS CHART (CONTINUED)

ADDITIONAL SERVICES AND DISCOUNTS (continued)

¹Participation is for new gym members only. If you belong to a gym now or belonged recently, call GlobalFit to see if a discount applies.

Natural products and services discounts:

You can get discounts on specialty health care products and services through the ChooseHealthy[®] program² and online consultations through Vital Health Network.

²The ChooseHealthy program is made available through American Specialty Health Administrators, Inc. (ASH administrators), a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

Get discounts on specialty health care products and services, including online consultations. All products and services are provided through the ChooseHealthy[®] program and Vital Health Network (VHN).**

**The ChooseHealthy program is made available through American Specialty Health Systems, Inc. (ASH Systems), a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

Vision discounts: You can save on eye exams, lenses and frames, replacement contact lenses, LASIK surgery and more when you go to a provider participating in the EyeMed Vision Care network.

Weight management discounts: You can get discounts on the CalorieKing[®] Program and products, Jenny Craig[®] weight loss programs and Nutrisystem[®] weight loss meal plans.

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

SUMMARY OF BENEFITS CHART (CONTINUED)

ADDITIONAL SERVICES AND DISCOUNTS (continued)

Emergency Medical, Security and Travel Assistance Services including Medical, Political and Natural Disaster Evacuation: On Call International provides emergency medical, security and travel assistance services. Contact On Call International's Global Response Center anytime from anywhere in the world to access services including destination information, medical, dental and pharmacy referrals, legal consultation and referral, emergency cash transfer assistance, baggage delay assistance, bail bond assistance and many other important assistance services.

Services rendered without On Call International's coordination and approval are not covered. No claims for reimbursement will be accepted. If you are able to leave your host country by normal means, On Call International will assist you in rebooking flights or other transportation. Expenses for non-emergency transportation are your responsibility.

On Call International can be reached 24 hours a day at **1-866-525-1956** or collect **1-603-328-1956**.

Aetna's Informed Health® Line*: Call Aetna's toll-free number to talk to registered nurses. They can share information on a range of healthy topics**.

Call anytime. (United States only). Nurses are available 24-hours a day. To reach a nurse, call **1-800-556-1555**. TDD for hearing and speech-impaired people only: **1-800-270-2386**.

**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. Information is believed to be accurate as of the production date; however, it is subject to change.*

***Not all topics may be covered medical expensed under your Plan.*

SUMMARY OF BENEFITS CHART (CONTINUED)

ADDITIONAL SERVICES AND DISCOUNTS (continued)

Vital Savings by Aetna® on Dental* is a dental discount program helping you and your dependents save. 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.

Student only \$25

Student + 1 Dependent \$44

Student + 2 or more Dependents \$63

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

The rate above includes both fees for **Vital Savings by Aetna®**, as well as ISU administrative fee.

The Vital Savings by Aetna® 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 Student Health and OnCall are independent contractors and are not employees or agents of each other or each other’s affiliates. For the client’s convenience, fees for coverage and services provided by OnCall are included in the rates above; however, OnCall services are not part of the Plan. Aetna Student Health receives a portion of these fees. For further information regarding amounts retained by Aetna Student Health or any other questions regarding the OnCall program, please contact your account representative. please contact your account representative.

GENERAL PROVISIONS

State Mandated Benefits

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

Right of Recovery Subrogation

Whenever Aetna has paid benefits due to sickness or injury of a Covered Person under this Policy, resulting from a Third Party's wrongful act or negligence, to the extent of its payment Aetna shall reserve the right to assume the legal claim any Covered Person may have against that Third Party. This means that Aetna may choose to take legal action against the negligent Third Party or their representatives and to recover from them the amount of claim benefits paid to the Covered Person for loss caused by the Third Party.

Reimbursement

By accepting benefits under this Plan, the Covered Person also specifically acknowledges Aetna's right of reimbursement. If a Covered Person incurs expenses for sickness or injury that occurred due to the negligence of a Third Party:

- (A) Aetna has the right to reimbursement for all benefits Aetna paid from any and all damages collected from the Third Party for those same expenses whether by action at law, settlement, or compromise, by the Covered Person, Covered Person's parents, if the Covered Person is a minor, or Covered Person's legal representative as a result of that sickness or injury, and
- (B) Aetna is assigned the right to recover from the Third Party, or his or her insurer, to the extent of the benefits Aetna paid for that sickness or injury.

Aetna shall have the right to first reimbursement out of all funds the Covered Person, the Covered Person's parents, if the Covered Person is a minor, or the Covered Person's legal representative, is or was able to obtain for the same expenses Aetna has paid as a result of that sickness or injury.

The Covered Person is required to furnish any information or assistance or provide any documents that Aetna may reasonably require in order to obtain our rights under this provision. This provision applies whether or not the Third Party admits liability.

This right of reimbursement attaches when this Plan has paid health care benefits for expenses incurred due to Third Party Injuries and the Covered Person or the Covered Person's representative has recovered any amounts from a Third Party. By providing any benefit under this Certificate, Aetna is granted an assignment of the proceeds of any recovery, settlement, or judgment received by the Covered Person to the extent of the full cost of all benefits provided by this Plan. Aetna's right of reimbursement is cumulative with and not exclusive of Aetna's subrogation right and Aetna may choose to exercise either or both rights of recovery.

EXCESS PROVISION

This Plan is an excess only Plan. As an excess only Plan, this Plan pays the first \$100 of **Covered Medical Expenses**. If there is no other medical coverage in effect, this Plan will continue to pay **Covered Medical Expenses** after the first \$100 of **Covered Medical Expenses** has been paid. If there is other medical coverage in effect, claims for benefits in excess of the first \$100 of **Covered Medical Expenses** will be payable by the other medical coverage until those benefits are exhausted. This excess only Plan is then responsible for the balance of **Covered Medical Expenses** up to the policy maximum benefit. This Plan's liability will be determined without consideration to any limitation clause or clauses regarding other coverage contained in any other medical coverage. Benefits Payable under this Plan shall be limited to the Plan's **Covered Medical Expenses** and reduced by the amount paid or payable by any other medical coverage. However, consideration will be given to the other medical coverage's liability due to a provider contract or other reasons when

calculating this Plan's Benefits Payable.

For the purposes of calculating a benefit under this Plan, the liability of the other medical coverage shall be considered and shall not depend upon whether timely application for benefits from other medical coverage is made by the Covered Person or on the Covered Person's behalf. If any other medical coverage provides benefits on an excess only basis, the coverage for the Covered Person which has been in effect the longest shall pay benefits first.

"Other medical coverage" means any reimbursement for or recovery of any element of incurred covered charges available from any other source whatsoever whether through an insurance policy or other type of coverage, except gifts and donations, including but not limited to the following:

- Any group, accident-only, blanket, individual, or franchise policy of accident, disability, health, or accident and sickness insurance.
- Any arrangement of benefits for members of a group, whether insured or uninsured.
- Any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans or health maintenance organizations.
- Any amount payable as a benefit for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under the medical expense payment provision (or, by whatever terminology used to include such benefits mandated by law) of any motor vehicle insurance policy.
- Any amounts payable for injuries related to the Covered Person's job to the extent that he or she actually received benefits under a Workers' Compensation Law.
- Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to the Covered

Person after the Covered Person becomes disabled while insured hereunder.

- Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

HMO/PPO Provision – In the event that expenses are denied under a Health Maintenance Organization, Preferred Provider Organization (PPO) or other group medical plan the Covered Person has in force, and such denial is because care or treatment was received outside of the network’s geographic area, benefits will be payable under this coverage, provided the expense is a **Covered Medical Expense**.

DEFINITIONS

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

Accident: An occurrence which results in accidental injury or injuries, for which benefits are provided, which are sustained by the Covered Person and are the direct cause of loss, independent of disease cause of loss, independent or disease or bodily infirmity and occurring while the insurance is in force.

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

Covered Medical Expenses: Charges for any treatment, service or supply that is:

- Shown as covered under the Policy;
- 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 the Policy is in force as to the **Covered Person** except with respect to any expenses payable under the Extension of Benefit provisions.

Covered Person: A covered student and any

covered dependent while coverage under the Policy is in effect.

Deductible: The part of [covered medical expenses or covered dental expenses] that must be paid by the **Covered Person** before the Plan starts to pay benefits. Separate deductibles apply to **covered medical expenses** and **covered dental expenses**. Additional information regarding **deductibles** and **deductible** amounts can be found in the *Schedule of Benefits*.

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

Elective Treatment:

Services and supplies provided where there is no evidence of pathology, dysfunction, or **sickness** in any part of the body. **Elective treatment** includes; but is not limited to:

- 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 [(except **Autism Spectrum Disorders**)];
- Temporomandibular joint dysfunction (TMJ); and
- Treatment of **infertility**.

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

- Placing the person's health in serious

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- 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.

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

Medically Necessary or Medical

Necessity: Health care or dental services, and supplies or **prescription drugs** that a **physician**, other health care provider or **dental provider**, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an **sickness** or **injury** or its symptoms, and that provision of the service, supply or **prescription drug** is:

- In accordance with generally accepted standards of medical or dental practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's **sickness** or **injury**;
- Not primarily for the convenience of the patient, **physician**, or **other health care** or **dental provider**; and

Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's **sickness** or **injury**

For these purposes “generally accepted standards of medical or dental practice” means standards that are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community, or otherwise consistent with **physician** or dental specialty society recommendations and the views of **physicians** or **dentists** practicing in relevant clinical areas and

any other relevant factors.

Out-of-Pocket Limit: The amount that must be paid by the **covered student** or the **covered student** and their **covered dependents** before **covered medical expenses** will be payable at 100% for the remainder of the **policy year**.

Physician: A legally qualified Physician. This is a duly licensed member of a medical profession who:

- Has an M.D. or D.O. degree;
- Is properly licensed or certified to provide medical care under the laws of the jurisdiction where the individual practices; and
- Provides medical services which are within the scope of his or her license or certificate.
- This also includes a health professional who:
 - Is properly licensed or certified to provide medical care under the laws of the jurisdiction where he or she practices;
 - Provides medical services which are within the scope of his or her license or certificate;
 - Under applicable insurance law, is considered a “**physician**” for purposes of this coverage;
 - Has the medical training and clinical expertise suitable to treat the **Covered Person’s** condition;
 - Specializes in psychiatry, if your **sickness or injury** is caused, to any extent, by **substance use disorder** or a **mental disorder**;

A **physician** is not the **Covered Person** or related to a **Covered Person**.

Recognized Charge: The covered medical expense is only the part of a charge which is the recognized charge.

As to medical, vision and hearing expenses, the **recognized charge** for each service or supply is at least the lesser of:

- What the provider bills or submits for that service or supply; or
- [for professional services and other services or supplies not mentioned below:
[105% - 400% of the Medicare Allowable Rate;]
[105% - 400% of the Aetna Out-of-Network Rate (AONR);]
[the 50th-100th percentile of the Prevailing

Charge Rate;] for the Geographic Area where the service is furnished.]

- [for inpatient charges of hospitals and other facilities:
[105% - 400% of the Medicare Allowable Rate;]
[105% - 400% of the Aetna Out-of-Network Rate (AONR);]
[105% - 400% of the Aetna Facility Fee Schedule;]
[for the Geographic Area where the service is furnished] [for the state of issuance of the **Aetna Group Policy**.]
- [for outpatient charges of hospitals and other facilities:
[105% - 400% of the Medicare Allowable Rate;]
[105% - 400% of the Aetna Out-of-Network Rate (AONR);]
[105% - 400% of the Aetna Facility Fee Schedule;]
[for the Geographic Area where the service is furnished] [for the state of issuance of the **Aetna Group Policy**].

[As to prescription drug expenses, the recognized charge for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [50% - 200%] of the **Average Wholesale Price (AWP)** or other similar resource. **Average Wholesale Price (AWP)** is the current average wholesale price of a **prescription drug** listed in the [Facts and Comparisons] [Medispan] weekly price updates (or any other similar publication chosen by Aetna).]

[As to dental expenses, the recognized charge for a service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [the 50th - 100th percentile of the Prevailing Charge Rate;]
- [100% - 400% of the Aetna Out-of-Network Rate (AONR);] for the Geographic Area

where the service is furnished.]

[If Aetna has an agreement with a provider (directly or through a third party) which sets the rate that Aetna will pay for a service or supply, [other than Emergency Services as defined in federal regulation at 45 C.F.R. Section 147.138(b)(4)(ii),] then the **recognized charge** is the rate established in such agreement.]

[As for Emergency Services as defined in federal regulation at 45 C.F.R. Section 147.138(b)(4)(ii), the **recognized charge** for each service or supply is lesser of

- What the provider bills or submits for that service or supply; and
- The greatest of the standards below:
 - Standard A. The median of the amounts Aetna has negotiated with **preferred care providers** for the emergency service furnished. In determining that median amount, Aetna will treat the amount negotiated with each **preferred care provider** as a separate amount even if the same amount is paid to more than one provider. This standard does not apply if the Plan has not negotiated per-service amounts with **preferred care providers**.
 - Standard B. The amount that would be calculated using the same method the Plan generally uses to determine the **recognized charge for non-preferred care** services and supplies, as specified above.
 - Standard C. The amount that would be paid under Medicare (Part A or Part B of title XVIII of the Social Security Act) for the emergency service provided.]

Aetna may also reduce the **recognized charge** by applying Aetna Reimbursement Policies. Aetna Reimbursement Policies address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- The duration and complexity of a service;
- Whether multiple procedures are billed at the same time, but no additional overhead

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- is required;
- Whether an assistant surgeon is involved and necessary for the service;
 - If follow up care is included;
 - Whether there are any other characteristics that may modify or make a particular service unique; and
 - When a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on Aetna's review of: the policies developed for Medicare; the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. Aetna uses a commercial software package to administer some of these policies.

As used above, [Geographic Area, Medicare Allowable Rates, Aetna Out-of-Network Rates (AONR), Aetna Facility Fee Schedule, and Prevailing Charge Rates are] defined as follows:

[Geographic Area: This means an expense area grouping defined by the first three digits of the U.S. Postal Service zip codes. If the volume of charges in a single three digit zip code is sufficient to produce a statistically valid sample, an expense area is made up of a single three digit zip code. If the volume of charges is not sufficient to produce a statistically valid sample, two or more three digit zip codes are grouped to produce a statistically valid sample. When it is necessary to group three digit zip codes, the grouping never crosses state lines.]

[Aetna Out-of-Network Rates (AONR): Aetna's standard rates used to begin contract negotiations with providers who participate in

our network. There are separate AONR standard rates for each Geographic Area. The **recognized charge** is based on the AONR standard rates for the Geographic Area in which you receive the service or supply. For Geographic Areas in which Aetna does not maintain these standard rates, AONR shall equal [100%-400%] of the Medicare Allowable Rates.]

[Medicare Allowable Rates: Except as specified below, these are the rates established and periodically updated by The Centers for Medicare and Medicaid Services (CMS) for payment for services and supplies provided to Medicare enrollees. Aetna updates its systems with these revised rates within [90-180 days] of receiving them from CMS. If Medicare does not have a rate for a particular service, the rate will be based on the same method that CMS uses to set Medicare rates.

[Exceptions:

- For inpatient services, the Medicare Allowable Rate excludes amounts CMS allocates for Operating Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME) or for other payments which CMS may make directly to hospitals.
- For professional behavioral health services, the allowable rate will be a percentage of the otherwise applicable Medicare Allowable Rate for the following types of providers: physicians – 100%; clinical psychologists – 80%; social workers – 60%.]

[Prevailing Charge Rates: These are rates reported by Fair Health which is a non-profit company. Fair Health has a Medical Data Research (MDR) database which is compiled from information that Aetna and other insurers submit to Fair Health for their database. FAIR Health reviews and, if necessary, changes these rates periodically. Aetna updates its systems with these changes within [90-180 days] after

receiving them from FAIR Health.]

[Aetna Facility Fee Schedule: The schedule of rates developed by Aetna using Aetna data or experience for out-of-network facility services and supplies [provided in the Geographic Area in which you receive the service or supply]. Aetna reviews and, if necessary, adjusts this schedule periodically [for the state of issuance of the Aetna Group Policy]. This schedule is the same for all facilities within the state. It is based on state-wide data reflecting payments made by Aetna. The schedule is adjusted from time to time by Aetna.]

Additional Information

Aetna's website [aetna.com] may contain additional information which may help you determine the cost of a service or supply. Log on to Aetna Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.]

Sickness: This is 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**.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expenses incurred for services normally provided without charge by the Policyholder's school Health Services, infirmary or hospital, or by health care providers employed by the Policyholder.
2. Expenses incurred for vision-related services and supplies, except as specifically covered in the Policy. In addition, the Plan does not cover:
 - Special supplies such as non-prescription sunglasses;

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- Vision service or supply which does not meet professionally accepted standards;
 - Special vision procedures, such as orthoptics or vision training;
 - Eye exams during a stay in a hospital or other facility for health care;
 - Eye exams for contact lenses or their fitting;
 - Eyeglasses or duplicate or spare eyeglasses or lenses or frames;
 - Replacement of lenses or frames that are lost or stolen or broken;
 - Acuity tests; and
 - Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures;
 - Services to treat errors of refraction.
3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
 4. Expense incurred as a result of an accident occurring in consequence of [riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
 5. Expenses incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
 6. Expenses incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the

Policyholder.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for elective treatment or elective surgery except as specifically covered under the Policy and provided while the Policy is in effect.
9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
 - a) 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.
 - b) Repair an injury (including reconstructive surgery for prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Policy.Surgery must be performed:
 - in the policy year of the accident which causes the injury; or
 - in the next policy year.
10. Expenses covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
11. Expenses incurred as a result of commission of a felony.
12. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
13. Expenses incurred for any services rendered

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- by a member of the Covered Person's immediate family or a person who lives in the Covered Person's home.
14. Expenses incurred for injury resulting from the play or practice of intercollegiate sports (participating in sports clubs, or intramural athletic activities is not excluded).
 15. 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.
 16. Expenses for treatment of injury or sickness to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the injury or sickness (or their insurers).
 17. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation for payment.
 18. Expense incurred for custodial care, except for respite care covered under hospice care.
 19. Expenses incurred for the removal of an organ from a Covered Person for the purpose of donating or selling the organ to any person or organization except as specifically covered in the Policy. This limitation does not apply to a donation by a Covered Person to a spouse, child, brother, sister, or parent.
 20. Expenses incurred for blood or blood plasma; except charges made by a hospital for the processing or administration of blood.
 21. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices except as specifically covered in the Policy
 22. Expense incurred for, or in connection with, drugs, devices, procedures, or treatments that are, as determined by Aetna to be, experimental or investigational except as specifically covered under the Policy.

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23. Expenses incurred for breast reduction/mammoplasty.
 24. Expenses incurred for gynecomastia (male breasts).
 25. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
 26. Expenses incurred for: care, treatment, services, or supplies for or related to obstructive sleep apnea, and sleep disorders, including CPAP, and UPP.
 27. 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.
 28. Expense incurred for alternative holistic medicine and/or therapy, including but not limited to yoga and hypnotherapy unless specifically covered under the Policy
 29. Expenses for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when medically necessary, because the Covered Person is diabetic, or suffers from circulatory problems.
 30. Expense for injuries sustained as the result of a motor vehicle accident, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
 31. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
 32. Expense incurred for hearing exams, hearing aids; the fitting; or prescription of hearing aids except as specifically covered under the

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- Policy. Not covered are: Any hearing service or supply that does not meet professionally accepted standards
- Hearing exams given during a stay in a hospital or other facility;
 - Any tests, appliances, and devices for the improvement of hearing, including aids, hearing aids and amplifiers, or to enhance other forms of communication to compensate for hearing loss or devices that simulate speech; and
 - Routine hearing exams, except for routine hearing screenings as specifically described under Preventive Care Benefits.
33. Expense incurred for routine physical exams, routine eye exams, routine dental exams, routine hearing exams and other preventive services and supplies, except as specifically covered in the Policy.
 34. Expense for services or supplies used to treat conditions related to autism; pervasive development disorder; hyperkinetic syndromes; learning disabilities; behavioral problems; mental retardation; or senile deterioration; beyond the period necessary to diagnose the condition except for behavioral health services as specifically covered in the Policy.
 35. 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.
 36. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form
 37. 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.
 38. Expenses for incidental surgeries, and standby charges of a physician

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39. Expense incurred for any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this Policy, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.
 40. Expense incurred for dental treatment, services and supplies except for those resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth and those as specially covered under the Policy.
 41. Expense 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; male elective sterilization; [male] [or female] elective sterilization reversal; or elective abortion; [unless specifically covered in the Policy.
 42. Expense incurred for non-preferred care charges that are not recognized charges.
 43. 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.
 44. Nursing and home health aide services or therapeutic support services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities).
 45. Expense incurred in relation to genetics: Except as specifically covered in the Policy, the Plan does not cover any treatment, device, drug, service or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.

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46. Expense incurred for therapies and tests: Any of the following treatments or procedures including but not limited to:
- Aromatherapy;
 - Bio-feedback and bioenergetic therapy;
 - Carbon dioxide therapy;
 - Chelation therapy (except for heavy metal poisoning);
 - Computer-aided tomography (CAT) scanning of the entire body;
 - Early intensive behavioral interventions (including Applied Behavior Analysis, Denver, LEAP, TEACHH, Rutgers programs) except as specifically covered in the What the Medical Plan Covers Section;
 - Educational therapy;
 - Gastric irrigation;
 - Hair analysis;
 - Hyperbaric therapy, except for the treatment of decompression or to promote healing of wounds;
 - Hypnosis, and hypnotherapy, except when performed by a physician as a form of anesthesia in connection with covered surgery;
 - Lovaas therapy;
 - Massage therapy when not performed as a modality/treatment under physical therapy;
 - Megavitamin therapy;
 - Primal therapy;
 - Psychodrama;
 - Purging;
 - Recreational therapy;
 - Rolfing;
 - Sensory or auditory integration therapy;
 - Sleep therapy;
 - Thermograms and thermography
47. Expenses incurred for any instruction for diet, plaque control and oral hygiene.
48. Expenses incurred for dental services and supplies that are covered in whole or in part under any other part of this Plan.
49. Expenses incurred for orthodontic treatment except as specifically covered in the

Orthodontic Treatment Rule.

50. Expenses incurred for routine dental exams and other preventive services and supplies, except as specifically covered in the Policy.
51. Expense incurred for the male or female reversal of voluntary sterilizations, including related follow-up care and treatment of complications of such procedures.
52. Expense incurred for a treatment; service; prescription drug, or supply; which is not medically necessary; as determined by Aetna; for the diagnosis, care, or treatment of the sickness or injury involved, the restoration of physiological functions, or covered preventive services. This includes behavioral health services that are not primarily aimed at treatment of sickness, injury, restoration of physiological functions or that do not have a physiological or organic basis. This applies even if they are prescribed; recommended; or approved; by the person's attending physician, dentist, or vision provider.

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

- The Illinois State University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

EXTENSION OF BENEFITS

If a Covered Person is confined to a hospital or under treatment for a covered condition on the date his or her Basic Sickness coverage terminates; charges incurred during the continuation of that hospital confinement or for the treatment of the covered condition that caused the hospital confinement shall also be included in the term "Expense"; but only while

they are incurred during the 90 day period following such termination of insurance.

TERMINATION OF INSURANCE

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

1. On the date the Policy is terminated.
2. For the Fall Semester, on the first day of the regularly scheduled classes for the Spring Semester.
3. For the Spring Semester, on the first day of classes for the Summer Session.
4. For the Summer Session, on the first day of regularly scheduled classes for the Fall Semester.
5. On the date of entry of the Covered Person into military service, except for temporary duty of 30 days. In the event the Covered Person ceases to be a student of the University and no refund of premium has been made, the insurance will terminate on the same date as indicated above for the semester for which the premium was paid.

CONTINUATION PRIVILEGE

Upon termination of the Plan, the Covered Person is entitled to continue coverage. This continuation privilege is available within 31 days from the termination date of the Plan. Such coverage shall be effective on the date following Termination of Insurance. The continuation plan is available for no more than a single 3 month fall, spring or summer period. **The Plan will not extend beyond 08/06/2016.** An Application is available upon request from the Student Insurance Office. This continuation option is not available if the Covered Person:

1. Failed to pay any required fees under the Plan;
2. Is or could be covered by Medicare;
3. Has coverage canceled under the Plan due to fraud or misrepresentation.

CLAIM PROCEDURE

All claims, claims appeals, and requests for information on a claim should be directed to:

Illinois State University Student Insurance
Office Campus Box 2541
Normal, IL 61790
(309) 438-2515

or

Stop by Room 303, Student Services Building.

Claim forms may be obtained from the Student Insurance Office.

Notification of a claim for Accident or Sickness must be made within 12 months of the date of initial treatment or onset of the condition. It is the Covered Person's responsibility to furnish the University's Student Insurance Office with the completed claim form and itemized statements for all expenses incurred. Reimbursement for medical bills incurred in foreign countries will be made under the terms of the Policy on receipt of itemized bills with amounts converted to U.S. currency equivalents.

Automatic Assignment

Notwithstanding written direction by the Covered Person to the contrary, or as it may be evidenced by a bill paid in full, all or a portion of any benefits provided by the Plan may, at ALIC's option, be paid directly to the institution or to the person who rendered the service for which a charge is being made. Any payment made by ALIC in accordance with this provision shall discharge ALIC from all further liability to the extent of the payment made.

Right of Recovery

If ALIC makes any payment that according to the terms of the contract should not have been made, including payment made in error, we may recover that incorrect payment, whether or not it was due to our error, from the provider of

services, or from any other appropriate party.

How to Appeal a Claim

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

Please submit all requests to:

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

IMPORTANT NOTE

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

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

Administered by:

Aetna Student Health P.O. Box 981106
El Paso, TX 79998 (800) 859-8481
www.aetnastudenthealth.com

Underwritten by:

Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156

Policy No. 711123

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither agents nor employees of the college or university, Aetna Student Health, or Aetna.

This material is for information only. Dental benefits and health/dental insurance plans contain exclusions, and limitations. The Plan will pay benefits in accordance with any applicable Illinois insurance law.

NOTICE

Aetna considers nonpublic personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the

operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law.

Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health's Student Connection Link on the Internet at: www.aetnastudenthealth.com.

Illinois State University Student Insurance
Office Campus Box 2541

Normal, IL 61790

(309) 438-2515

or

Stop by Room 303, Student Services Building.

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

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