2011-2012

WELL WVU Student Health

Student Health Insurance Plan

Underwritten by:
Aetna Life Insurance Company
(ALIC)

Policy Number: 474957

WHERE TO FIND HELP

In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility.
For non-emergency situations please visit or call WELL WVU Student Health at **(304) 293-9355**

For questions about:
- Insurance Benefits
- Domestic Enrollment * Dependent Enrollment* Claims Processing
- Pre-Certification Requirements

Please contact:
Aetna
P.O. Box 981106
El Paso, TX 79998
(866) 654-2338

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
(866) 654-2338

For questions about:
Enrollment
- Graduate Assistant & International Waiver Process

Please contact:
Student Health Insurance Office
Carla McFarland
87 Boreman North (North High Street)
Morgantown, WV 26506
(304) 293-0257
FAX: (304) 293-0649

For questions about On Campus Health Services:
WELL WVU Student Health
Robert C. Byrd Health Sciences Center
Ground Floor of Health Sciences Center: G100 & G280 – Follow the Yellow Tape on the floor
Morgantown, WV 26506
(304) 293-WELL (9355)

For questions about:
- Referrals

Please contact:
Lynn Atzenhofer
WELL WVU Student Health
Robert C. Byrd Health Sciences Center
P.O. Box 9247
Morgantown, WV 26506
(304) 293-7181

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
(866) 654-2338

A complete list of providers can be found online by using Aetna's **DocFind®** Service at: **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** and visit your school-specific site for further information.

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

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

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

The West Virginia University is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health[SM] is the brand name for products and services provided by these companies and their applicable affiliated companies.

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to West Virginia University. 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 West Virginia University Student Health Insurance Office during 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.

TABLE OF CONTENTS

Page Numbers
WELL WVU Student Health 6
Policy Period 6
Rates and Deductibles 7
Student Coverage – Eligibility 8
Automatic Enrollment 8
Refund Policy 8
Dependent Coverage – Eligibility 9
Continuously Insured 9
Preferred Provider Network 10
Referral Requirement 10
Pre-Certification Requirements 11
Pre-Existing Conditions 11
In-Patient Hospitalization Benefits 13
Surgical Benefits 13
Outpatient Benefits 14
Mental Health Benefits 20
Maternity Benefits 21
Additional Benefits 22
Supplemental Medical Coverage 29
Additional Available Benefits 29
General Provisions 31
Extension of Benefits 32
Termination of Insurance 32
Exclusions 34
Definitions 39
Claim Procedure 53
Prescription Drug Claim Procedure 53
Accidental Death and Dismemberment 54

WELL WVU STUDENT HEALTH

WELL WVU Student Health
Robert C. Byrd Health Sciences Center
Ground Floor of Health Sciences Center: G100 & G280 – Follow the Yellow Tape on the floor
Morgantown, WV 26506
(304) 293-WELL (9355)
WELL.WVU.edu

Hours
8:30 a.m.-6.00 p.m. Monday through Friday

Options for After Hours Care:
WVU Urgent Care, located on Van Voorhis Road behind Applebee's, is open every day (except Thanksgiving and Christmas) from 8 a.m. – 8 p.m. for after hours urgent medical needs. The Jon Michael Moore Trauma Center (Emergency Department) at Ruby Memorial Hospitals is available **24/7 365 days** a year for emergency care. Costs incurred at the Emergency Department or WVU Urgent Care are the responsibility of the student. Students are advised to review their insurance coverage prior to enrollment.

It is important to remember that any medical care received outside of WELL WVU is not covered by the Health Service fee. If you have Aetna Insurance, the policy does cover conditions that need to be treated immediately. If you are treated at a hospital or other health care facility, you are responsible for making payment arrangements. This is also true if you receive emergency room service or use ambulance services. Fees resulting from this type of visit are your responsibility and could range from **$400** to **$1,000** or more. For less urgent needs, the university's Aetna group insurance policy requires a visit to WELL WVU Student Health first.

Other medical offices are available in the evenings or weekends in Morgantown. Please consult the yellow pages under physicians, under the subcategory of family medicine or internal medicine.

POLICY PERIOD

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on **August 12, 2011**, and will terminate at 11:59 PM on **August 11, 2012**.

2. **New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:01 AM on **January 1, 2012**, and will terminate at 11:59 PM on **August 11, 2012**.

3. **New Summer Semester Students:** Coverage for all insured students enrolled for the Summer Semester, will become effective at 12:01 AM on **May 12, 2012**, and will terminate at 11:59 PM on **August 11, 2012**.

4. **Insured Dependents**: Coverage will become effective on the same date that the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see pages **32-33** of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

RATES

Tier	Annual Rates 8/12/11 - 8/11/12	Spring/Summer Rates 1/1/12 - 8/11/12	Summer Rates 5/12/12 - 8/11/12
Student Only	$1,054	$644	$266
Spouse Only	$5,053	$3,087	$1,274
Per Child	$1,778	$1,087	$448

Supplemental Plan-$250,000 Policy Maximum

2011/2012	Annual Insurance Rate
Student Only	$95
Spouse Only	$238
Each Child	$159

DEDUCTIBLES

The following **Deductibles** are applied before **Covered Medical Expenses** are payable:
Students:
Preferred and Designated Care: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.
Spouse:
Preferred and Designated Care: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.
Child:
Preferred and Designated Care: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.

WEST VIRGINIA UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the **Accident** and **Sickness Medical Expense** benefits available for West Virginia University students and their eligible dependents. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at WELL WVU Student Health Services during business hours.

STUDENT COVERAGE

ELIGIBILITY

- All Graduate Assistants (including Teaching Assistants, Research Assistants and Allied Health and Sciences students) are enrolled under this insurance Plan unless an appropriate waiver form has been submitted and approved.
- All registered International students and Allied Health Services Department students taking credit hours are automatically enrolled in the plan unless a waiver application along with proof of comparable coverage is furnished.
- International Practicum students will be enrolled in the plan unless a waiver application along with proof of comparable coverage is furnished. All other Practicum students are eligible to enroll on the plan on a Voluntary basis.
- All other registered students taking **3 or more credit hours**, visiting scholars and visiting faculty are eligible to enroll in this Plan.

Students must actively attend classes for at least the first **31 days** after the date of which coverage is purchased. Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. The school maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If the School discovers the eligibility requirements have not been met, its only obligation is to refund premium minus any claims paid.

ENROLLMENT

Graduate Assistants will be automatically enrolled unless a waiver application has been submitted and approved.

- **International Students will be automatically enrolled unless a waiver application has been submitted and approved. The deadline for international student waivers to be submitted to Student Health Insurance Office is September 30, 2011 for Fall Semester Waivers.**
- **Domestic students wishing to enroll on a voluntary basis can enroll online at www.aetnastudenthealth.com, select "West Virginia University" from the drop-down in the top right corner and follow directions posted on the website on how to enroll on the insurance plan through Aetna Student Health.**

Exception: A **Covered Person** 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 premium will be made for such person, and any **covered dependents**, upon written request received by Aetna within **90 days** of withdrawal from school.

REFUND POLICY

If you withdraw from school within the first **31 days** of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After **31 days**, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered **Accident** or **Sickness**.)

Exception: 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

ELIGIBILITY
Covered students may also enroll their lawful spouse, opposite sex domestic partners and children under age 26**.**

ENROLLMENT
To enroll eligible dependent(s) of a **covered student**, please enroll online by visiting **www.aetnastudenthealth.com**, selecting the school name, and clicking on the "Medical Plan Dependent Enrollment" link on the left hand side of the screen. If you have questions about the enrollment process or payment options available to you, please call Aetna Student Health's customer service department at **(866) 654-2338**.

Fall Enrollment Deadline: September 30, 2011.
Spring Enrollment Deadline: February 15, 2012.
Summer Enrollment Deadline: June 1, 2012 (Summer Students Only).

Dependent enrollment applications will not be accepted after **this date**, unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage under another health plan.)

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 West Virginia University Student 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 information or general questions on dependent enrollment, contact Aetna Student Health at, **(866) 654-2338**.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Plan or other policies will be covered for any **Pre-Existing Condition**, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Plan. Previously **Covered Persons** must re-enroll for coverage, including **dependent** coverage, by **September 30, 2011**, for the Fall Semester, and by **February 15, 2012**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the **Pre-Existing Conditions** Limitation will apply.

PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access a **Preferred Provider Network** in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the **West Virginia University** 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. A listing of participating providers is available at **WELL WVU Student Health.**

You may also obtain information regarding **Preferred Providers** by contacting Aetna Student Health at **(866) 654-2338**, or through the Internet by accessing DocFind at **www.aetnastudenthealth.com**.

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 (Morgantown Students Only)

Morgantown students must use the resources of **WELL WVU Student Health** first where treatment will be administered, or a referral to a community physician/practice will be issued. Expenses incurred for medical treatment rendered outside of **WELL WVU Student Health** for which no prior approval or referral is obtained are excluded from coverage.

Please Note: referrals must be updated by the Student Health Insurance Office at the beginning of each new **policy year** for each condition being treated in the community.

A referral for outside care is not necessary only under the following conditions:

- Treatment is for an **Emergency Medical Condition**, Student must return to **WELL WVU Student Health** for follow up care;
- When service is rendered at another facility during break or vacation periods;
- Medical care obtained when a student is no longer eligible to use **WELL WVU Student Health** due to a change in student status;
- The student is more than **20** miles away from **WELL WVU Student Health**;
- **WELL WVU Student Health** is closed;
- Maternity; or
- Psychotherapy.

Dependents are not eligible to use the services at **WELL WVU Student Health** and are therefore not subject to the referral requirements and penalties.

PRE-CERTIFICATION PROGRAM

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 **(866) 654-2338** (attention: Managed Care Department).
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**.**
- 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 (3) 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 (1) business day** following inpatient (or partial hospitalization) admission.

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS

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 **6 months** prior to your first day of coverage, that **injury** or disease will be considered a **Pre-Existing Condition**.

Limitation
Pre-Existing Conditions are not covered during the first **12 months** that you are covered under this plan. 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.

Maternity Care & New Born Care is not subject to pre-ex.
Genetic information can't be treated as a pre-existing condition.

DESCRIPTION OF BENEFITS

Please Note:

THE WEST VIRGINIA UNIVERSITY STUDENT 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 West Virginia University Student 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 West Virginia University, you may view it at the Student Health Insurance Office or you may contact Aetna Student Health at (866) 654-2338.

This Plan will never pay more than $100,000 per condition per policy year. Additional Plan maximums may also apply. Some illnesses or injuries 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

DEDUCTIBLES
The following **Deductibles** are applied before **Covered Medical Expenses** are payable:

Students:
Preferred and **Designated Care**: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.

Spouse:
Preferred and **Designated Care**: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.

Child:
Preferred and **Designated Care**: **$350** per **Policy Year**.
Non-Preferred Care: **$1,000** per **Policy Year**.

COINSURANCE
Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable **deductible**, up to a maximum benefit of **$100,000** per condition, per **Policy Year**.

All coverage is based on Recognized Charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	**Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge** for a semi-private room.
Intensive Care Unit Expense	**Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge** for the **Intensive Care Room Rate** for an overnight stay.
Miscellaneous Hospital Expense	**Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**. **Covered Medical Expenses** include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.
Physician Hospital Visit/ Consultation Expenses	**Covered Medical Expenses** for charges for the non-surgical services of the attending **Physician**, or a consulting **Physician**, are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**. Benefits are limited to **1** visit per day, when not related to Surgery.
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	**Covered Medical Expenses** for charges for surgical services, performed by a **Physician**, are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**.
Anesthesia Expense	**Covered Medical Expenses** for the charges of Anesthesia, during a surgical procedure, are payable up to **25%** of the amount paid to the surgeon.
Assistant Surgeon Expense	**Covered Medical Expenses** for the charges of an assistant surgeon, during a surgical procedure, are payable up to **25%** of the amount paid to the surgeon.

Ambulatory Surgical Expense	Benefits are payable for **Covered Medical Expenses** incurred by a **covered person** for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. **Covered Medical Expenses** must be incurred on the day of the surgery or within 48 hours after the surgery. WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**. Benefits are limited to **$400** per condition for **non-preferred care**.
Outpatient Benefits **Covered Medical Expenses** include but are not limited to: **Physician's** office visits, **hospital** or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.	
Walk-In Clinic Expense	Benefits are payable for **Covered Medical Expenses** incurred by a **covered person** for diagnostic X ray and laboratory services; consultants or specialists, etc WVU Designated Care: Following a $**10 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.
Hospital Outpatient Department Expense	Benefits are payable for **Covered Medical Expenses** incurred by a **covered person** for diagnostic X ray and laboratory services; consultants or specialists, etc. This benefit does not include emergency room treatment or services for outpatient surgical procedures. WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**.
Emergency Room Expense	**Covered Medical Expenses** incurred for treatment of an **Emergency Medical Condition** are payable as follows: WVU Designated Care: Following a $**100 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$100 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$100 deductible** per visit, **80%** of the **Recognized Charge**.
Emergency Health Services	**Covered Medical Expenses** incurred for treatment of an Emergency Health Services are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**.

Urgent Care Expense	*Benefits include charges for treatment by an urgent care provider.* **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.** **<u>Urgent Care</u>** Benefits include charges for an urgent care provider to evaluate and treat an urgent condition. **Covered Medical Expenses** for urgent care treatment are payable as follows: <u>WVU Designated Care</u>: Following a **$10 copay** per visit, **100%** of the **Negotiated Charge**. <u>Preferred Care</u>: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. <u>Non-Preferred Care</u>: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**. *No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.*
Ambulance Expense	**Covered Medical Expenses** are payable as follows **100%** of the **Actual Charge** to a maximum of **$500** per **Policy Year** 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**.
Pre-Admission Testing Expense	**Covered Medical Expenses** for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as follows: <u>WVU Designated Care</u>: **Payable as any other condition.** <u>Preferred Care</u>: **Payable as any other condition.** <u>Non-Preferred Care</u>: **Payable as any other condition.**
Physician's Office Visits	**Covered Medical Expenses** are payable as follows: <u>WVU Designated Care</u>: Following a **$10 copay** per visit, **100%** of the **Negotiated Charge**. <u>Preferred Care</u>: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. <u>Non-Preferred Care</u>: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.
Laboratory and X-ray Expense	**Covered Medical Expenses** are payable as follows: <u>WVU Designated Care</u>: **100%** of the **Negotiated Charge**. <u>Preferred Care</u>: **80%** of the **Negotiated Charge**. <u>Non-Preferred Care</u>: **80%** of the **Recognized Charge**.

High Cost Procedures Expense	**Covered Medical Expenses** for High Cost Procedures include charges for the following procedures and services: (a) C.A.T. Scan; (b) Magnetic Resonance Imaging; (c) Laser treatment; For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over **$200**. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**.
Therapy Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for the following types of therapy provided on an outpatient basis: • Chiropractic Care, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. Expenses for Chiropractic Care are **Covered Medical Expenses**, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function. Expenses for Speech and Occupational Therapies are **Covered Medical Expenses**, only if such therapies are a result of **injury** or **sickness**. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**. After the 10th visit we may request verification of medical necessity in order to continue treatment.
Chemotherapy Expense	**Covered Medical Expenses** for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. **Covered medical expenses** also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy. Such expenses are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**.
Durable Medical Equipment Expense	**Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**.

Prosthetic Devices Expense	Benefits include charges for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an **accident** or **sickness**. **Covered Medical Expenses** do **not** include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, and orthopedic shoes, foot orthotics, or other devices to support the feet. WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Outpatient Physical Therapy Expense	**Covered Medical Expenses** for physical therapy are payable as follows when provided by a licensed physical therapist: WVU Designated Care: **100%** following a **$25 Copay**. Preferred Care: **80%** following a **$25 Copay**. Non-Preferred Care: **80%** following a **$25 Deductible**. Maximums: 1 visit per day, **$500** per **policy year**. (maximum does not apply to Physical Therapy done following a surgery or inpatient stay) After the 10th visit we may request verification of **medical necessity** in order to continue treatment.
Dental Injury Expense	**Covered Medical Expenses** include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition: • Natural teeth damaged, lost, or removed, or • 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. Any such teeth must have been: • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the **injury**. If: • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, are installed due to such **injury**, **Covered Medical Expenses** include only charges for: • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the **injury**. Surgery needed to: • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth. **Covered Medical Expenses** are payable as follows: **100%** of the **Actual Charge**. Benefits are limited to **$200** per tooth.

Dental Anesthesia Expense	**Covered Medical Expenses** include Dental Anesthesia services for children **7 years of age and younger** for whom a successful outcome cannot be expected if local anesthesia is used because of a physical, intellectual or other medically compromising medical condition. Dental Anesthesia services may be provided for children **12 years of age and younger** under certain circumstances. Please speak with your provider and contact ASH at **(866) 654-2338** for more details. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Allergy Testing Expense	Benefits include charges incurred for diagnostic testing of allergies. **Covered Medical Expenses** include, but are not limited to, charges for the following: • Laboratory tests, • Physician office visits, including visits to administer injections, • Prescribed medications for testing, and • Other medically necessary supplies and services, **Covered Medical Expenses** are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.** Allergy Treatment is not covered.
Diagnostic Testing for Attention Disorders and Learning Disabilities Expense	**Covered Medical Expenses** for diagnostic testing for: • Attention deficit disorder, or • Attention deficit hyperactive disorder are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.** Once a **covered person** has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.

Routine Physical Exam Expense	Benefits include expenses for a routine physical exam performed by a **physician**. If charges for a routine physical exam given to a child who is a **covered dependent** are covered under any other benefit section, those charges will not be covered under this section. A routine physical exam is a medical exam given by a **physician**, for a reason other than to diagnose or treat a suspected or identified **injury** or **sickness**. Included as a part of the exam are: • X-rays, lab, and other tests given in connection with the exam, and • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. Except for **Covered Dependents age 16** and under, benefits for materials for the administration of immunizations are covered as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**. • Immunizations for **Covered Dependents age 16** and under will be paid at **100%** and will not be subject to a **copay** or **deductible**. WVU Designated Care: **visits** are payable at **100%** following a per visit **copay** of **$10**. WVU Designated Care: **immunizations** are payable at **100%** per immunization. Preferred Care: **visits** are payable at **80%** following a per visit copay of **$10**. Preferred Care: **immunizations** are payable at **80%** per immunization. Non-Preferred Care: **visits** are payable at **80%** following a per visit deductible of **$10**. Non-Preferred Care: **immunizations** are payable at **80%** per immunization. For a **child** who is a covered dependent: • The physical exam must include at least: - A review and written record of the patient's complete medical history, - A check of all body systems, and - A review and discussion of the exam results with the patient or with the parent or guardian. For all exams given to covered dependent **under age 2**, **Covered Medical Expenses** will **not include** charges for the following: **More than** 6 exams performed during the first year of the child's life, **More than** 2 exams performed during the second year of the child's life. For all exams given to a covered dependent from **age 2 up to age 6**, **Covered Medical Expenses** will **not include** charges for **more than** one exam in **12 months** in a row. For all exams given to a covered dependent from **age 6 and over, Covered Medical Expenses** will **not include** charges for **more than** one exam in **24 months** in a row. For all exams given to a **covered student** or a spouse who is a **covered dependent**, **Covered Medical Expenses** will **not include** charges for **more than**: • One exam in **24 months** in a row, if the person is under **age 65**, and • One exam in **12 months** in a row, if the person is **age 65** or over. Also included as **Covered Medical Expenses** are charges made by a **physician** for **one annual** routine gynecological exam. **Covered Medical Expenses** do not include Routine Sexually Transmitted Disease Screenings.

Consultant or Specialist Expense	**Covered Medical Expenses** include the expenses for the services of a consultant or specialist, when referred by the School Health Services. The services must be requested by the attending **physician** for the purpose of confirming or determining to confirm or determine a diagnosis. **Covered Medical Expenses** are covered as follows: WVU Designated Care: Following a **$10 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.
Mental Health Benefits	
Serious Mental Illness Inpatient Expense	**Covered Medical Expenses** for the diagnosis and treatment of serious mental illnesses are payable on the same basis as any other **sickness**. Serious Mental Illness are defined as: • Schizophrenia and other psychotic disorders • Bipolar disorders • Depressive disorders • Substance-abuse related disorders with the exception of caffeine- and nicotine- related disorders • Anxiety disorders and • Anorexia and bulimia.
Serious Mental Illness Outpatient Expense	**Covered Medical Expenses** for the diagnosis and treatment of serious mental illnesses are payable on the same basis as any other **sickness**. Serious Mental Illness are defined as: • Schizophrenia and other psychotic disorders • Bipolar disorders • Depressive disorders • Substance-abuse related disorders with the exception of caffeine- and nicotine- related disorders • Anxiety disorders and • Anorexia and bulimia.
Mental and Emotional Disorders Inpatient Expense	**Covered Medical Expenses** for the treatment of a mental health condition while confined as a inpatient in a **hospital** or facility licensed for such treatment are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**. **Covered Medical Expenses** 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 **2 days** of partial hospitalization may be exchanged for **1 day** of full hospitalization.
Mental and Emotional Disorders Outpatient Expense	**Covered Medical Expenses** for outpatient treatment of a mental health condition are payable as follows: WVU Designated Care: Following a $**10 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.

Maternity Benefits	
Maternity Expense	**Covered Medical Expenses** include inpatient care of the covered person and any newborn child for a minimum of **48 hours** after a vaginal delivery and for a minimum of **96 hours** after a cesarean delivery. Any decision to shorten such minimum coverage shall be made by the attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding. **Covered Medical Expenses** for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness. No Referral is required for this benefit.
Well Newborn Nursery Care Expense	Benefits include charges for routine care of a **covered person's** newborn child as follows: • **Hospital** charges for routine nursery care during the mother's confinement, but for not more than **four days** for a normal delivery, • **Physician's** charges for circumcision, and • **Physician's** charges for visits to the newborn child in the **hospital** and consultations, but for not more than **1 visit per day**. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**

Additional Benefits	
Prescription Drug Benefit	**Prescription Drug Benefits** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Rate**, following a **$60 copay** for each **Brand Name Non-Preferred Prescription Drug**, a **$40 copay** for each **Brand Name Preferred Prescription Drug** or a **$20 copay** for each **Generic Prescription Drug**. Preferred Care Pharmacy: **100%** of the **Negotiated Rate** following a **$60 copay** for each **Brand Name Non-Preferred Prescription Drug**, a **$40 copay** for each **Brand Name Preferred Prescription Drug** or a **$20 copay** for each **Generic Prescription Drug**. Non-Preferred Care Pharmacy: **75%** of the **Negotiated Rate**, following a **$60 copay** for each **Brand Name Non-Preferred Prescription Drug**, a **$40 copay** for each **Brand Name Preferred Prescription Drug** or a **$20 copay** for each **Generic Prescription Drug**. This **Pharmacy** benefit is provided to cover **Medically Necessary Prescriptions** associated with a covered **Sickness** or **Accident** occurring during the **Policy Year**. Please use your Aetna Student Health ID card when obtaining your prescriptions Prior Authorization is required for certain **Prescription Drugs**, including oral contraceptives, Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a **30-day** supply. (***This is only a partial list.)*** 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, smoking deterrents, immunization agents and vaccines, and non-self injectables. ***(This is only a partial list.)*** For assistance or **for a complete list** of **excluded medications**, or drugs requiring **prior authorization**, please contact Aetna Pharmacy Management at **(800) 238-6279** (available **24 hours**). 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 **www.AetnaSpecialtyRx.com**. **Mail Order – 90 Day Supply** Preferred Care Pharmacy: **100%** of the **Negotiated Charge**, following a**,** **$30 Copay** for each **Generic Prescription Drug**, **$50 Copay** for each Preferred **Brand Name Prescription Drug** or a **$100 Copay** for each Non-Preferred **Brand Name Prescription Drug**. To set-up up mail order delivery of your prescriptions please contact Aetna RX Home Delivery online at **www.aetnarxhomedelivery.com** or via phone at **(800) 612-3862** to complete the initial order form and Patient Registration Form. Forms and future prescription orders can be mailed to: Aetna RX Home Delivery P.O. Box 417019 Kansas City, MO 64179-7019

Diabetic Equipment and Supplies Expense	**Covered Medical Expenses** include the following equipment and supplies for the **medically necessary** treatment and/or management of diabetes for both insulin **dependent** and noninsulin **dependent persons** with diabetes and those with gestational diabetes: Blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, orthotics and any additional items as determined by the insurance commissioner. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Diabetic Self-Management Education Programs Expense	**Covered Medical Expenses** include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed physician shall be limited to: (1) Visits medically necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as **medically necessary** by a licensed **physician**: Education may be provided by the physician as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes educator certified by a national diabetes educator certification program, or registered dietitian registered by a nationally recognized professional association of dietitians upon the referral of a **physician**. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Prescription Contraceptive Devices	**Covered Medical Expenses** include: • Charges incurred for contraceptive drugs and devices that by law need a **physician's prescription**, and that have been approved by the FDA. Related outpatient contraceptive services such as: • Consultations, • Exams, • Procedures, and • Other medical services and supplies Benefits for contraceptive drugs, devices, and outpatient contraceptive services are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**

Pap Smear Expense	**Covered Medical Expenses** include one annual (or more frequent if recommended by the covered person's physician) routine pap smear screening (either conventional or liquid-based) for women **age 18** and older. **Covered Medical Expenses** include coverage for HPV tests. WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge**.
Mammography Expense	**Covered Medical Expenses** are payable for the following: • A baseline mammogram for women between the **ages of 35 to 40**, and • A mammogram every two years, or more frequently based on the recommendation of the women's **physician** for women **ages 40 to 50**, • A mammogram on an annual basis for women **50 years of age and older**. WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **80%** of the **Recognized Charge** for a semi-private room.
Mastectomy and Breast Reconstruction Expense Benefit	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: • Reconstruction of the breast on which a mastectomy has been performed, • Surgery and reconstruction of the other breast to produce a symmetrical appearance, • Prostheses, • Treatment of physical complications of all stages of mastectomy, including lymphedemas, and • 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**. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.** 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.
Routine Colorectal Cancer Screening Expense	Even though not incurred in connection with a sickness or injury, benefits include charges for colorectal cancer examination and laboratory tests, for any non-symptomatic person age 50 or more, or a symptomatic person under age 50, for the following: • One fecal occult blood test every 12 months in a row • A Sigmoidoscopy at age 50 and every 3 years thereafter • One digital rectal exam every 12 months in a row • A double contrast barium enema, once every 5 years • A colonoscopy, once every 10 years • Virtual colonoscopy • Stool DNA. **Covered Medical Expenses** are payable on the same basis as any other **sickness**.

Routine Prostate Cancer Screening Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for the screening of cancer as follows: • For a male **age 50 or over**, one digital rectal exam and one prostate specific antigen test each Policy Year. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Surgical Second Opinion Expense	**Covered Medical Expense**s 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. Benefits are payable as follows: WVU Designated Care: Following a $**10 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.
Elective Surgical Second Opinion Expense	**Covered Medical Expenses** 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. Benefits are payable as follows: WVU Designated Care: Following a $**10 copay** per visit, **100%** of the **Negotiated Charge**. Preferred Care: Following a **$10 copay** per visit, **80%** of the **Negotiated Charge**. Non-Preferred Care: Following a **$10 deductible** per visit, **80%** of the **Recognized Charge**.
Acupuncture in Lieu of Anesthesia Expense	**Covered Medical Expenses** include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan. The acupuncture must be administered by a health care provider who is a legally qualified **physician**, practicing within the scope of their license. WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**

Dermatological Expense	**Covered Medical Expenses** include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.** **Covered Medical Expenses** do not include treatment for acne, or cosmetic treatment and procedures.
Podiatric Expense	**Covered Medical Expenses** include charges for podiatric services, provided on an outpatient basis following an **injury**. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.** Expenses for routine foot care, such as trimming of corns, calluses, and nails, are **not Covered Medical Expenses**.
Home Health Care Expenses	**Covered Medical Expenses** include charges incurred by a **covered person** for home health care services made by a home health agency pursuant to a home health care plan, but only if: (a) The services are furnished by, or under arrangements made by, a licensed home health agency. (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 **60 days**. 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 **covered person** at least **once a month**. Home Health Care Services (1) Part-time or intermittent nursing care by: a registered nurse (R.N.), a licensed Practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R.N. are not available, (2) Part time or intermittent home health aide services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital, (3) Physical, occupational. speech therapy, or respiratory therapy, (4) 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**, (5) Medical social services by licensed or trained social workers, (6) Nutritional counseling, (7) Services provided by a licensed midwife or licensed nurse midwife. **Covered Medical Expenses** will **not** include: 1) services by a person who resides in the **covered person's** home, or is a member of the **covered person's** 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.

	Home Health Care Expense benefits are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**. • A visit means a maximum of **4 continuous hours** of home health service. Each home visit by a member of the home health care team is considered **one visit**. Benefits are limited to **100 visits** per Policy Year.
Transfusion or Dialysis of Blood Expense	**Covered Medical Expenses** include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof. Benefits are payable as follows: WVU Designated Care: **Payable as any other condition.** Preferred Care: **Payable as any other condition.** Non-Preferred Care: **Payable as any other condition.**
Hospice Benefit	**Covered Medical Expenses** include charges for hospice care provided for a terminally ill **covered person** during a hospice benefit period. Benefits are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**. ***Please see definition on page 44 for more information on Hospice Care Expenses.***
Licensed Nurse Expense	Benefits include charges incurred by a **covered person** who is confined in a **hospital** as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse. **Covered Expenses** for a Licensed Nurse are covered as follows: WVU Designated Care: **100%** of the **Negotiated Charge**. Preferred Care: **80%** of the **Negotiated Charge**. Non-Preferred Care: **75%** of the **Recognized Charge**.
Skilled Nursing Facility Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for confinement in a skilled nursing facility for treatment rendered: • In lieu of confinement in a **hospital** as a full time inpatient, or • Within **24 hours** following a hospital confinement and for the same or related cause(s) as such hospital confinement. **Covered Medical Expenses** are payable as follows: WVU Designated Care: **100%** of the **Negotiated Charge** for the semi-private room rate. Preferred Care: **80%** of the **Negotiated Charge** for the semi-private room rate. Non-Preferred Care: **75%** of the **Recognized Charge** for the semi-private room rate.

Rehabilitation Facility Expense	**Covered Medical Expenses** include charges incurred by a **covered person** for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within **24 hours** of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement. **Covered Medical Expenses** for Rehabilitation Facility Expense are covered as follows: WVU Designated Care: **100%** of the **Negotiated Charge** for the rehabilitation facility's daily room and board maximum for semi-private accommodations Preferred Care: **80%** of the **Negotiated Charge** for the rehabilitation facility's daily room and board maximum for semi-private accommodations Non-Preferred Care: **75%** of the **Recognized Charge** for the rehabilitation facility's daily room and board maximum for semi-private accommodations.
Clinical Trials Expense	**Covered Medical Expenses** include coverage for patient costs to a member in a clinical trial, as a result of treatment provided for a life threatening condition or prevention of early detection of or treatment studies on cancer. Benfits are payable on the same basis as any other **sickness**.
Kidney Disease Screening Expense	**Covered Medical Expenses** include **medically necessary** annual kidney disease screening and lab testing, as recommended by the National Kidney Foundation. Tests will include any combination of blood pressure testing, urine albumin or protein testing and serum creatinine testing. Benefits are payable on the basis as any other **sickness**.
Rehabilitative Services Expense	**Covered Medical Expenses** include coverage for rehabilitation services in a rehabilitative facility to include: • Coverage for a stroke, • Spinal cord injury, • Congenital deformity, • Amputation, • Major multiple trauma, • Fracture of femur, • Brain injury, • Polyarthritis, • Rheumatoid arthritis, • Neurological disorder, • Cardiac disorders, and • Burns. **Covered Medical Expenses** are payable on the same basis as any other **sickness**.

Supplemental Medical Coverage

The **Aggregate Maximum** benefit under the **Student Accident and Sickness Insurance** described above is **$100,000** per condition, per **Policy Year**. If you have purchased the Basic Student Health Insurance Plan at **West Virginia University**, you are eligible to purchase this Supplemental Plan to extend the **Aggregate Maximum** to a combined maximum of **$250,000** per condition, per **Policy Year** for students and **$250,000** per condition, per **Policy Year** for their **dependents**.

To purchase this additional coverage please visit **www.aetnastudenthealth.com** to purchase online.
Fall Deadline – **September 30, 2011**
Spring Deadline – **February 15, 2012** (New Students Only).

ADDITIONAL SERVICES AND DISCOUNTS

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**.

Aetna Book℠ discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

Aetna Fitness℠ 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™.

Aetna Hearing℠ 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℠ 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℠ 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℠ discount program: Access to discounts on eDiets® diet plans and products, Jenny Craig® weight loss programs and products, and Nutrisystem® 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® 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 Healthy roads, 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.

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

STATE MANDATED BENEFITS
The Plan will pay benefits in accordance with any applicable West Virginia 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.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the **Covered Person** and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

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

EXTENSION OF BENEFITS

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

TERMINATION OF INSURANCE
Benefits are payable under this Plan only for those **Covered 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.
(e) The end of the coverage period that the student is insured for.

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:
(1) For a child, on the first premium due date following the child's **26th 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.
    (g) The end of the coverage period that the dependent t is insured for.

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 ays** 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 at reasonable intervals during the **two (2) years** following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his 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.

CONVERSION

Covered persons whose coverage under this plan has been terminated for any reason* and who have been continuously covered under this plan for at least three months immediately prior to termination, have the right to convert to an individual policy when coverage under this plan terminates. Written application for the converted policy must be made and the first premium paid to the insurer not more than **31 days** after termination of coverage under this plan. Please contact Aetna's Conversion Unit directly at **(508) 675-7887** or Aetna Student Health at **(877) 437-6535** for more information.

*Note: this does not apply if the reason for termination was failure to pay the required premium or contribution, or if this plan was replaced by similar coverage within **31 days** of termination under this plan.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from **injury** to **sound, natural teeth** as provided elsewhere in this Plan.

2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.

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

4. Expense incurred as a result of **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. 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.

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

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

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

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

10. 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 extend 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
      - Is not a tooth or structure that supports the teeth, and
    - 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 calendar year of the accident which causes the **injury**, or
    - In the next calendar year.

    Except to the extent needed to: repair an injury caused by an act of family violence when the person inflicting the injury was convicted of a felony, a lesser included misdemeanor offense, or a charge of domestic battery for inflicting the injury.

11. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

12. Expense incurred as a result of allergy shot or injections, preventive medicines, serums, vaccines or oral contraceptive, unless otherwise provided for in the policy.

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

14. Expense incurred for voluntary or elective abortions unless otherwise provided in this Plan.

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

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

18. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.

19. Expense for allergy serums and injections.

20. 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).

21. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.

22. Expense incurred for **custodial care**. **Custodial care** means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
    - By whom they are prescribed, or
    - By whom they are recommended, or
    - By whom or by which they are performed.

23. Expense 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. This limitation does not apply to a donation by a **covered person** to a spouse, child, brother, sister, or parent.

24. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.

25. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.

26. 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.

27. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.

28. Expenses incurred for breast reduction/mamoplasty.

29. Expenses incurred for gynecomastia (male breasts).

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

31. Expense incurred by a **covered person**, not a United States citizen, for services performed within the **covered person's** home country, if the **covered person's** home country has a socialized medicine program.

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

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

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

35. 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.

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

37. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.

38. Expenses incurred for hearing exams.

39. Expense 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.

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

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

42. Expense for incidental surgeries, and standby charges of a **physician**.

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

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

44. Expenses incurred for massage therapy.

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

48. Expenses arising from a **pre-existing condition**.

49. 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. This does not apply to **covered dependents** age 16 and under.

50. Expense incurred for a treatment, service, or supply, which is not **medically necessary**, as determined by Aetna, for the diagnosis care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed, recommended, or approved, by the person's attending **physician**, or **dentist**.

    In order for a treatment, service, or supply, to be considered **medically necessary**, the service or supply must:
    - 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 or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility, or
    - Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely, and adequately, be diagnosed, or treated, while not confined, or 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.

51. Expenses incurred for the treatment of acne.

Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Plan, or coverage of the charges is required under any law that applies to the coverage.

DEFINITIONS

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

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

Aggregate Maximum
The maximum benefit that will be paid under this Plan for all **Covered Medical Expenses** incurred by a covered person that accumulate **in one Policy Year**.

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 2 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 2 beds or 2 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.

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**.
For **Prescribed Medicines Expense**, the **copay** is payable directly to the **pharmacy** for each: **prescription**, kit, or refill, at the time it is dispensed. In no event will the **copay** be greater than the **pharmacy's** charge per: **prescription**, kit, or refill.

Covered Dental 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**.

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

Covered Medical Expense
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** during the **policy year** 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 or 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**.

The term "child" includes a **covered student's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption

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

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

Designated Care Provider
A health care provider or **pharmacy** that is affiliated with, and has an agreement with the **School Health Services** to furnish services and supplies at a **negotiated charge**. West Virginia University Student Health Center, West Virginia Hospital and University Health Associates are **Designated Care Providers**.

Diabetic Self-Management Education Course
A program 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.

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,
- Temporamandibular joint dysfunction (TMJ),
- Immunization for covered persons over the **age 16**,
- 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 or her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

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

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

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 an 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 **6 months** to live. It ends after 6 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 an 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 **3 months** after, the covered person's death, and charges for respite care for up to **5 days** in any **30 day** period.

Hospital
A facility which meets all of these tests:
- It provides in-patient 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.

Mail Order Pharmacy
An establishment where **prescription drugs** are legally dispensed by mail.

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 or her, or any person who is part of his or her family, any healthcare provider, or healthcare facility, or
- Those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
- 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.

Medication Formulary
A listing of **prescription drugs** which have been evaluated and selected by Aetna clinical pharmacists, for their therapeutic equivalency and efficacy. This listing includes both brand name and **generic prescription drugs**. This listing is subject to periodic review, and modification by Aetna.

Member Dental Provider
Any **dental provider** who has entered in to a written agreement to provide to **covered students** the dental care described under the Dental Expense Benefit.

A **covered student's member dental provider** is a **member dental provider** currently chosen, in writing by the **covered student**, to provide dental care to the **covered student**.

A **member dental provider** chosen by a **covered student** takes effect as the **covered student's member dental provider** on the effective date of that **covered student's** coverage.

Member Dental Provider Service Area
The area within a **50 mile** radius of the **covered student's member dental provider.**

Mental Illness
Mental Illness means the psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.
Midwife
A person who assists in the management and care of a woman and her infant during the prenatal, delivery, and postnatal periods.

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**, or
- A **Preferred Care Provider** that is furnishing services or supplies without the referral of a **School Health Services**.

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**.

Nurse Midwife
A qualified professional nurse registered with the West Virginia board of examiners for registered professional nurses who by virtue of additional training is specifically qualified to practice nurse- midwifery according to the statement of standards for the practice of nurse- midwifery as set forth by the American college of nurse-midwives.

One Sickness
A **sickness** and all recurrences and related conditions which are sustained by a **covered person**.

Orthodontic Treatment
Any
- Medical service or supply, or
- Dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:
- Of the teeth, or
- Of the bite, or
- Of the jaws or jaw joint relationship,

whether or not for the purpose of relieving pain. Not included is:
- The installation of a space maintainer, or
- Surgical procedure to correct malocclusion.

Out-of-Area Emergency Dental Care
Medically necessary care or treatment for an **emergency medical condition**, that is rendered outside a **50 mile** radius of the **covered student's member dental provider**. Such care is subject to specific limitations set forth in this Plan.

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 twenty-four 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 or 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 **7 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 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 that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within **six months** prior to the **covered person's** effective date of insurance.

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**, or
- A health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider**, or referral by a **covered person's primary care physician** prior to treatment, is not feasible, or
- A **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

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

- The service or supply involved, and
- The class of **covered persons** of which you are member.

Preferred Pharmacy
A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under this 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**, or for an **emergency medical condition** only, by a **non-preferred pharmacy**, and
- Is dispensed upon the **Prescription** of a **Prescriber** who is:
  - A **Designated Care Provider**, or
  - A **Preferred Care Provider**, or
  - A **Non-Preferred Care Provider**, but only for an **emergency condition**, or on referral of a person's **Primary Care Physician**, or
  - A **dentist** who is a **Non-Preferred Care Provider**, but only one who is not of a type that falls into one or more of the categories of providers listed in the **directory** of **Preferred Care Providers**.

Prescriber
Any person, while acting within the scope of his or 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.

Primary Care Physician
This is the **Preferred Care Provider** who is:

- selected by a person from the list of **Primary Care Physician**s in the **directory**,
- responsible for the person's on-going health care, and
- shown on Aetna's records as the person's **Primary Care Physician**.

For purposes of this definition, a **Primary Care Physician** also includes the **School Health Services**.

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 semiprivate rooms with 2 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 2 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 Expense
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 **2 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 8 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

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

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions at **(866) 654-2338**.

Please send claims to:
Aetna Student Health
PO Box 981106
El Paso, TX 79998

1. Bills must be submitted within **90 days** from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the **hospital** or **physician** concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your **Student Accident** and **Sickness Insurance Plan.**

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

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

PRESCRIPTION DRUG CLAIM PROCEDURE

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

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an Aetna **Preferred Pharmacy**, and be reimbursed by submitting a completed **Aetna Prescription Drug** claim form. You will be reimbursed for covered medications, less your **copay**.

ON CALL INTERNATIONAL

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Person**s with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.
A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits[1]
These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:
Benefits are payable for the Accidental Death and Dismemberment of **Covered Person**s, 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 Person**s when traveling more than 100 miles from home, 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 or sibling

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

The information contained above is a just summary of the ADD, MER, 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 or (800) 966-7772.

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.

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 **www.aetnastudenthealth.com**.

Administered by:
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P.O. Box 981106
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(866) 654-2338
www.aetnastudenthealth.com

Underwritten by:
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Policy No. **474957**

The West Virginia University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health^{SM} is the brand name for products and services provided by these companies and their applicable affiliated companies.