

International



2016-2017 Student Health Insurance CSU San Bernardino

studentinsurance.wellsfargo.com

aetnaSM

Underwritten by:
Aetna Life Insurance Company
Policy #867871

Plan Brokered by:
Wells Fargo Insurance Services USA, Inc.
CA License No. 0D08408

SBC NOTICE

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: studentinsurance.wellsfargo.com or call (800) 853-5899 to request a paper copy free of charge.

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

IMPORTANT NOTICE

This is a brief description of the Student Health Plan underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance, including definitions, are contained in the Master Policy issued to your school and may be viewed online at www.aetnastudenthealth.com. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits. For information regarding the full Master Policy, please call Aetna Student Health at (866) 378-8885 or send an email through your Aetna Navigator Account. You will be able to obtain a copy of the full Master Policy as soon as it is available.

WHEN COVERAGE BEGINS

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the **later of**, but **no sooner than**:

- ♦ The Master Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Student Insurance, Authorized Agent or University; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Aetna Student Health.

The below enrollments will be allowed a **30 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **30 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **30 days** of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m. on **the earlier of**:

- ♦ Date the Master Policy terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ Date the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.
- ♦ In the event there is overlapping coverage under the same Master Policy number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.



PLAN COST

TERMS OF COVERAGE	ANNUAL 9/17/16 - 9/16/17	FALL 9/17/16 - 1/2/17	WINTER 1/3/17 - 3/27/17	WINTER/SPRING /SUMMER 1/3/17 - 9/16/17	SPRING 3/28/17 - 6/16/17	SUMMER 6/17/17 - 9/16/17	SPRING/SUMMER 3/28/17 - 9/16/17
Student only	\$1,162.47	\$329.24	\$328.24	\$884.79	\$328.24	\$328.24	\$607.59
<i>NOTE: Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student. Dependent enrollment in this plan is voluntary.</i>							
Spouse only	\$1,162.47	\$329.24	\$328.24	\$884.79	\$328.24	\$328.24	\$607.59
Per Child (Age 0-25) only	\$1,162.47	\$329.24	\$328.24	\$884.79	\$328.24	\$328.24	\$607.59

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to CSU and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

WHO IS ELIGIBLE TO ENROLL?

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at CSU San Bernardino who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy and must directly enroll before registering for classes.

Coverage is available for students engaged in "Practical Training". Enrollment must be accompanied by confirmation of Practical Training from the insured student in the form of a copy of your EAD (OPT coverage is available for the first **12 months** of OPT only). Contact Wells Fargo Student Insurance for more details. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan.)

To be an Insured Person under the Policy:

- ♦ the student must have paid the required premium;
- ♦ the student's name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer; and
- ♦ the student must actively attend classes on campus for **45 consecutive days** following the effective date for the term purchased and/or pursuant to the student's visa requirements for the period for which coverage is purchased, with the exception of school-authorized breaks. A once-per-lifetime exception may be made in cases of a student's medical withdrawal, when approved by the school and any applicable regulatory authority.

Aetna and Wells Fargo Student Insurance maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Aetna and/or Wells Fargo Student Insurance discover that the Policy eligibility requirements have not been met, the only obligation is a pro-rata refund of premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan within **30 days** of loss of coverage. These students must provide Wells Fargo Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **30 days** of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Student Insurance within **30 days** from loss of prior coverage. For questions regarding eligibility for this plan, please call Wells Fargo Student Insurance at **1-800-853-5899**.

COVERAGE FOR DEPENDENTS

Eligible Insured Students may also purchase Dependent coverage at the time of student's enrollment in the plan; or within **31 days** of one of the following qualified events: marriage, addition of domestic partner, birth, adoption or arrival in the U.S. Eligible dependents are the spouse or legally registered and valid domestic partner who resides with the Insured Student and the student's, the spouse's, or the domestic partner's natural child, stepchild or legally adopted child under 26 years of age. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A "Newborn" will automatically be covered for preventive care; injury; sickness; premature birth; medically diagnosed congenital defects; and birth abnormalities from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when Wells Fargo Insurance is notified in writing within **31 days** from the date of birth and by payment of any additional premium. **Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.**

WHERE DO I GO FOR SERVICE?

When you need care, consider Student Health Services (SHS) on your campus as your first stop. They can provide many of the routine health services you need. Services obtained at the SHS are reimbursed at the Preferred Care rate. A SHS referral is not required, and it does not guarantee services received will be considered eligible expenses under the plan, nor is it a guarantee of payment. You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Care Provider, you'll generally have less out of pocket expense for your care. To learn more about Preferred Care Providers, visit www.aetnastudenthealth.com.

Insured dependents are not eligible to use the SHS. The benefits listed in the Schedule of Benefits are available to the insured dependents.

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

PREFERRED CARE PROVIDER NETWORK

Aetna Student Health has arranged for you to access the Aetna Preferred Care Provider network. It is to your advantage to utilize a Preferred Care Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Care Provider and a Non-Preferred Care Provider. Preferred Care Providers are independent contractors and are neither employees nor agents of the California State University system nor Aetna Student Health. To find a Preferred Care Provider, you can use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "Find Your School" and enter your school name. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find Preferred Care Providers practicing in your area.

If a service or supply that a covered person needs is covered under the Plan but not available from a Preferred Care Provider, covered persons should contact Member Services for assistance at the toll-free number on the back of the ID card. In this situation, Aetna may issue a pre-approval for a covered person to obtain the service or supply from a Non-Preferred Care Provider. When a pre-approval is issued by Aetna, covered medical expenses are reimbursed at the Preferred Care network level of benefits.

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.

For an Aetna Prescription claim form go to www.aetnastudenthealth.com. Find your school, then click "Prescription" to obtain an RX claim form. Or call (866) 378-8885.

Prescriptions from a Non-Preferred Pharmacy, or a health center pharmacy incapable of billing, must be paid for in full at the time of service and submitted for reimbursement.



ID CARDS

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. You do not have to have your member ID card with you to be eligible to receive benefits; if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

Your medical ID card will be shipped **within 3 weeks** of your policy effective date. Alternately, to access your Member ID Card, go to www.aetnastudenthealth.com, search for your school name, and click "Print your ID card" to view and/or print a temporary Medical ID card that contains your Medical ID number. Note: you will need your Student ID number to log in.

You may also use the Aetna Mobile App to view your member ID card, find a doctor, check your benefits, and more. First, log in to www.aetnastudenthealth.com and create your Aetna Navigator® account. Next, download the Aetna Mobile App to your mobile device and log in using your Medical ID number (obtained from Aetna's website, see instructions above).

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at **(866) 378-8885**.

MEMBER WEB: AETNA NAVIGATOR®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information.

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.
- ♦ Find healthcare professionals and facilities that participate in your plan.
- ♦ Send an e-mail to Aetna Student Health Customer Service, 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.

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

INFORMED HEALTH® LINE

The Informed Health Line is a 24-hours-a-day, 7-days-a-week toll-free line for insured students and dependents to access confidential medical advice, or get assistance with locating nearby preferred network providers. Just call **(800) 556-1555** to talk to a registered nurse who can provide information on a range of topics. Callers must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Informed Health Line.

PREMIUM REFUND/CANCELLATION

Refund requests should be directed to Wells Fargo Student Insurance at **(800) 853-5899** or via email at studentinsurance@wellsfargo.com.

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first **45 days** of the coverage period, you and your insured dependents will receive a full refund of the insurance premium provided that you and your insured dependents did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **45 days** of the coverage period, your and your insured dependents coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Student Insurance within **45 days** of entry into service.
3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within **31 days** of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your or your dependents' insurance payment via personal check payable to Wells Fargo Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents insurance coverage will be terminated retroactive to the effective date of the enrolled term.



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

WAIVER OF ANNUAL DEDUCTIBLE

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care Covered Medical Expenses rendered as part of the following benefit types: Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Preventive Care Immunizations (Facility or Office Visits), Well Woman Preventive Visits (Office Visits), Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type, Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps & Supplies, Family Contraceptive Counseling Services (Office Visits), Female Voluntary Sterilization (Inpatient and Outpatient), Pediatric Preventive Vision and Dental Service, Female Contraceptives Generic Prescription Drugs, Brand Prescription Drugs if no Generic equivalent. FDA-Approved Female Generic Emergency Contraceptives.

SCHEDULE OF BENEFITS

For more details about these benefits, please see the Benefit Descriptions section on page 11.

Deductibles	The following Deductibles are applied before Covered Medical Expenses are payable: Student/Spouse/Child: \$100 per Insured per Policy Year <i>*Per visit or admission deductibles do not apply towards satisfying the plan Deductible.</i>
Coinsurance	Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to an Unlimited maximum benefit.
Out of Pocket Maximums	Preferred Care Individual Out-of-Pocket: \$2,250 per Insured per Policy Year Preferred Care Family Out-of-Pocket: \$4,500 per Policy Year Once the Individual or Family Out-of-Pocket Limit for Preferred Care has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care or Non-Preferred care; penalties, and other expenses not covered by this Plan.

INPATIENT HOSPITALIZATION EXPENSES	PREFERRED CARE	NON-PREFERRED CARE
Room and Board Expense , Semi-private room.	100% of the Negotiated Charge	75% of the Recognized Charge
Intensive Care Room and Board Expense , Overnight stay.	100% of the Negotiated Charge	75% of the Recognized Charge
Non-Surgical Physicians Expense , Non-surgical services of the attending Physician, or a consulting Physician.	100% of the Negotiated Charge	75% of the Recognized Charge
Miscellaneous Hospital Expense , includes; among others; expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x rays; oxygen tent; and drugs; medicines; and dressings.	100% of the Negotiated Charge	75% of the Recognized Charge
SURGICAL EXPENSES (INPATIENT & OUTPATIENT)	PREFERRED CARE	NON-PREFERRED CARE
Surgical Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	100% of the Negotiated Charge	75% of the Recognized Charge
Ambulatory Surgical Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Anesthesia Expense	100% of the Negotiated Charge	75% of the Recognized Charge

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SCHEDULE OF BENEFITS (CONTINUED)

OUTPATIENT BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Walk-In Clinic Expense , Copay is due at the time of visit and is in addition to the plan deductible.	100% of the Negotiated Charge after a \$10 Co-pay per visit	75% of the Recognized Charge after a \$20 Co-pay per visit
<p>Emergency Room Visit Expense. <i>Important note: Please note that as Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill. The copay is in addition to the plan deductible.</i></p> <p>Important Notice: <i>A separate hospital emergency room visit benefit deductible or copay applies for each visit to an emergency room for emergency care. If a covered person is admitted to a hospital as an inpatient immediately following a visit to an emergency room, the emergency room visit benefit deductible or copay is waived.</i> <i>Covered medical expenses that are applied to the emergency room visit benefit deductible or copay cannot be applied to any other benefit deductible or copay under the plan. Likewise, covered medical expenses that are applied to any of the plan's other benefit deductibles or copays cannot be applied to the emergency room visit benefit deductible or copay.</i> <i>Separate benefit deductibles or copays may apply for certain services rendered in the emergency room that are not included in the hospital emergency room visit benefit. These benefit deductibles or copays may be different from the hospital emergency room visit benefit deductible or copay, and will be based on the specific service rendered.</i></p>	100% of the Negotiated Charge after \$50 Co-pay per visit (Co-pay waived if admitted)	100% of the Recognized Charge after \$50 Deductible per visit (Deductible waived if admitted)
Urgent Care Expense , Please note: A covered person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance. The copay is in addition to the plan deductible.	100% of the Negotiated Charge after a \$10 Co-pay per visit	75% of the Recognized Charge after a \$20 Co-pay per visit
Ambulance Expense	90% of the Negotiated Charge	90% of the Recognized Charge
Physician's Office Visit Expense , Copay is due at time of visit and is in addition to the plan deductible.	100% of the Negotiated Charge after a \$10 Co-pay per visit	75% of the Recognized Charge after a \$20 Co-pay per visit
Laboratory and X-Ray Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Therapy Expense , for the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, Inhalation Therapy, Cardiac Rehabilitation, or Occupational Therapy. Benefits for Chiropractic Care are limited to 50 visits per Policy Year.	100% of the Negotiated Charge	75% of the Recognized Charge
Breast Feeding Durable Medical Equipment Expense , Includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support.	100% of the Negotiated Charge	75% of the Recognized Charge
Allergy Testing and Treatment Expense , Includes laboratory tests, physician office visits to administer injections, prescribed medications for testing and treatment of the allergy, and other medically necessary supplies and services.	Payable on the same basis as any other Sickness	
Routine Physical Exam Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Hospital Outpatient Department Expense	100% of the Negotiated Charge	75% of the Recognized Charge

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SCHEDULE OF BENEFITS (CONTINUED)

OUTPATIENT BENEFITS (CONTINUED)	PREFERRED CARE	NON-PREFERRED CARE
Consultant Expense	100% of the Negotiated Charge after a \$10 Co-pay per visit	75% of the Recognized Charge after a \$20 Co-pay per visit
High Cost Procedures Expense, Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests.	100% of the Negotiated Charge	75% of the Recognized Charge
Prosthetic and Orthotic Devices Expense, Includes prosthetic devices to restore a method of speaking for laryngectomy patient.	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Preventive Care Expense, For the comprehensive preventive care of children 16 years of age or younger, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Preventive Care Expense, For the comprehensive preventive care of children 17 and 18 years of age, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	75% of the Recognized Charge
MENTAL HEALTH BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Severe Mental Illness Expense - Inpatient, For the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child.	Payable as any other Sickness	
Severe Mental Illness Expense - Outpatient	100% of the Negotiated Charge	75% of the Recognized Charge
Mental and Nervous Disorders Expense, Inpatient and outpatient.	100% of the Negotiated Charge	75% of the Recognized Charge
ALCOHOLISM AND DRUG ADDICTION TREATMENT	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Expense, For the treatment of alcohol and drug addiction.	100% of the Negotiated Charge	75% of the Recognized Charge
Outpatient Expense, For the treatment of alcohol and drug addiction.	100% of the Negotiated Charge	75% of the Recognized Charge
MATERNITY BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Maternity Expense, For the care of the covered person and any newborn child.	Payable on the same basis as any other Sickness	
Well Newborn Nursery Care Expense, For the routine care of a covered person's newborn child.	100% of the Negotiated Charge	75% of the Recognized Charge
Contraceptives <i>Important Note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.</i>	100% of the Negotiated Charge	75% of the Recognized Charge

SCHEDULE OF BENEFITS (CONTINUED)

ADDITIONAL BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Prescribed Medicine Expense <i>Note: Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit, as noted in the Benefits Description.</i>	Student Health Center Pharmacy: 100% of the Actual Charge for each Prescription Drug <i>(Benefit is on a reimbursement basis only.)</i> Preferred Care Pharmacy: 50% of the Negotiated Charge for each Brand Name Prescription Drug or each Generic Prescription Drug Non-Preferred Care Pharmacy: 50% of the Recognized Charge for each Brand Name Prescription Drug or each Generic Prescription Drug	
Non-Prescription Enteral Formula Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Pap Smear Screening Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Family Planning Expense , Includes charges incurred for services and supplies that are provided to prevent pregnancy.	100% of the Negotiated Charge	75% of the Recognized Charge
Routine Screening Expense , Includes charges for Chlamydia, Sexually Transmitted Disease, and Colorectal Cancer screenings.	100% of the Negotiated Charge	75% of the Recognized Charge
Rehabilitation Facility Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Cochlear Implant Expense , Internally implanted devices.	100% of the Negotiated Charge	75% of the Recognized Charge
Adult Routine Eye Exam , Eye exams for refraction.	100% of the Negotiated Charge	75% of the Recognized Charge
Acupuncture Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Hospice Benefit	100% of the Negotiated Charge	75% of the Recognized Charge
Home Health Care Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Licensed Nurse Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Skilled Nursing Facility Expense , <i>Benefits are limited to 100 days per policy year.</i>	100% of the Negotiated Charge for the semi-private room rate	75% of the Recognized Charge for the semi-private room rate
Elective Abortion Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Bariatric Surgery Expense , <i>Expenses include services rendered as part of medically necessary bariatric surgery treatment for morbid obesity.</i>	Payable on the same basis as any other Sickness	
Human Organ Transplant Expense	Payable on the same basis as any other Sickness	

SCHEDULE OF BENEFITS (CONTINUED)

ADDITIONAL BENEFITS (CONTINUED)	PREFERRED CARE	NON-PREFERRED CARE
Pediatric Vision Care Services and Supplies	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Vision Care Exam Expense <i>Benefits are provided to covered persons until the end of the month in which the covered person turns 19.</i>	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Dental Diagnostic and Preventive Care <i>Benefits are provided to covered persons until the end of the month in which the covered person turns 19.</i>	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Dental Basic Restorative Care <i>Benefits are provided to covered persons until the end of the month in which the covered person turns 19.</i>	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Dental Major Restorative Care <i>Benefits are provided to covered persons until the end of the month in which the covered person turns 19.</i>	50% of the Negotiated Charge	50% of the Recognized Charge



BENEFIT DESCRIPTIONS

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:

- ♦ Routine vision and hearing screenings given as part of the routine physical exam.
- ♦ 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.

In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with,

- ♦ Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
- ♦ For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:
- ♦ Screening and counseling services, such as:
 - o Interpersonal and domestic violence;
 - o Sexually transmitted diseases*²; and
 - o Human Immune Deficiency Virus (HIV) infections.
- ♦ Screening for gestational diabetes.
- ♦ High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years.

*Sexually transmitted disease screening expense is limited to two screenings per Policy Year.

- ♦ X-rays, lab and other tests given in connection with the exam.
- ♦ Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- ♦ If the plan includes dependent coverage, for covered newborns, an initial hospital check up.

Important Note:

For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, a covered person may contact his or her physician or Member Services by logging onto the Aetna website www.aetna.com or calling the toll-free number on the back of the ID card.

Screening and Counseling Services: Covered Medical Expenses include charges made by a physician in an individual or group setting for the following:

Depression Screening: This service is limited to once per year.

Obesity: Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:

- ♦ Preventive counseling visits and/or risk factor reduction intervention;
- ♦ Medical nutrition therapy;
- ♦ Nutritional counseling; and
- ♦ Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.

- ♦ Services in this category are subject to a combined limit of 26 individual or group visits by any recognized provider per Policy Year.
- ♦ The 10 Healthy Diet Counseling visits will be counted toward the total number of visits allowed for Obesity counseling.

Misuse of Alcohol and/or Drugs: Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.

- ♦ Services in this category are subject to a combined limit of 5 individual or group visits by any recognized provider per Policy Year.

Use of Tobacco Products: Screening and counseling services to aid a covered person to stop the use of tobacco products.

Coverage includes:

- ♦ Preventive counseling visits;
- ♦ Treatment visits; and
- ♦ Class visits;

To aid a covered person to stop the use of tobacco products.

Tobacco product means a substance containing tobacco or nicotine including:

- ♦ cigarettes;
- ♦ cigars;
- ♦ smoking tobacco;
- ♦ snuff;
- ♦ smokeless tobacco; and
- ♦ candy-like products that contain tobacco.

Limitations: Not specified above, not covered under this Screening and Counseling Services benefit are charges incurred for:

- ♦ Services which are covered to any extent under any other part of this Plan
- ♦ Services in this category are subject to a combined limit of 8 individual or group visits by an recognized provider per Policy Year.

Family Planning Expense: For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies that are provided to prevent pregnancy. All services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).

Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting.

The following contraceptive methods are covered expenses under this benefit:

Voluntary Sterilization: Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.

Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

Limitations:

Unless specified above, not covered under this benefit are charges for:

- ♦ Services which are covered to any extent under any other part of this Plan;
- ♦ Services and supplies incurred for an abortion;
- ♦ Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;
- ♦ Services which are for the treatment of an identified illness or injury;
- ♦ Services that are not given by a physician or under his or her direction;
- ♦ Psychiatric, psychological, personality or emotional testing or exams;

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BENEFIT DESCRIPTIONS (CONTINUED)

- ♦ Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;
- ♦ Male contraceptive methods, sterilization procedures or devices;
- ♦ The reversal of voluntary sterilization procedures, including any related follow-up care.

Important note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

Pediatric Preventive Care Expense: Covered Medical Expenses include charges for the comprehensive preventive care of children 16 years of age or younger, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services.

Pediatric Preventive Care Expense: Covered Medical Expenses include charges for the comprehensive preventive care of children 17 and 18 years of age, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services.

Therapy Expense: Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:

- ♦ Physical Therapy,
- ♦ Chiropractic Care,
- ♦ Speech Therapy,
- ♦ Inhalation Therapy,
- ♦ Cardiac Rehabilitation, 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 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.

Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness.

Allergy Testing and Treatment Expense: Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.

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 treatment of the allergy, including any equipment used in the administration of prescribed medication, and
- ♦ other medically necessary supplies and services.

Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense: Covered Medical Expenses for the diagnosis and medically necessary inpatient treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are pay-

able on the same basis as any other Sickness.

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.

Clinical Review Services for Minors - If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

- ♦ Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- ♦ Charges, if any, for services of an interpreter, and
- ♦ Charges, if any, for services of a patients’ rights advocate.

Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense: Covered Medical Expenses for the diagnosis and medically necessary outpatient treatment, including prescription drugs, of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other sickness.

Mental and Nervous Disorders Inpatient Expense: Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.

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.

Clinical Review Services for Minors: If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

- ♦ Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- ♦ Charges, if any, for services of an interpreter, and
- ♦ Charges, if any, for services of patients’ rights advocate.

Mental and Nervous Disorders Outpatient Expense: Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges for treatment of mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.

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 Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle-feeding.

Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy, Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.

Prenatal Care: Prenatal care will be covered for services received by a pregnant

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BENEFIT DESCRIPTIONS (CONTINUED)

female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

Comprehensive Lactation Support and Counseling Services: Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post-partum period by a certified lactation support provider. The "post-partum period" means the 60 day period directly following the child's date of birth. Covered expenses incurred during the post-partum period also include the rental or purchase of breast feeding equipment.

Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

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**,
- ♦ 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.

Pap Smear Screening Expense: Covered Medical Expenses include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA approved human papillomavirus screening test for women age 18 and older.

Mammogram Expense: Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician.

Pediatric Vision Care Services and Supplies: Covered expenses include charges for the following vision care services and supplies:

- ♦ Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses.
- ♦ Eyeglass frames, prescription lenses or prescription contact lenses

Coverage includes charges incurred for:

- ♦ Non-conventional prescription contact lenses that are required to correct visual acuity to 20/40 or better in the better eye and that correction cannot be obtained with conventional lenses. Aphakic prescription lenses prescribed after cataract surgery has been performed.

Low vision services.

A listing of the locations of the vision network providers under this Plan can be accessed at www.aetna.com website. Be sure to look at the appropriate vision network provider listing that applies to your plan, since different Aetna plans use different networks of providers. You must present your ID card to the vision network provider at the time of service. This benefit is subject to the maximums shown on the Schedule of Benefits. As to coverage for prescription lenses in a calendar year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.

Limitations: Unless specified above, not covered under this benefit are charges incurred for services and supplies:

- ♦ Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes.

Human Organ Transplant Expense: Transplants of organs, tissue, or bone marrow. We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge.



EXCLUSIONS & LIMITATIONS

IMPORTANT NOTICE: This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at (866) 378-8885 or send an email through your Aetna Navigator Account or at www.aetnastudenthealth.com/customer-service/customer-service.aspx. You will be able to obtain a copy of the full Master Policy as soon as it is available.

Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The plan neither covers nor provides benefits for the following:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred 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 unless otherwise provided in this policy.
3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.
4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible 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 congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
10. 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.
11. Expense incurred as a result of commission of a felony.
12. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
13. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
14. 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.
15. Expense for the contraceptive methods; devices or aids; and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
16. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
17. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
18. 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.
19. 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.
20. 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: (a) 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 (b) 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 (c) 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: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) 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

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EXCLUSIONS & LIMITATIONS (CONTINUED)

- professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or (b) 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.
21. Expense incurred as a result of dental treatment; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures as provided elsewhere in this Policy.
 22. 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.
 23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
 24. 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.
 25. 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.
 26. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
 27. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
 28. 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.
 29. Expense for telephone consultations (except Telemedicine services); charges for failure to keep a scheduled visit; or charges for completion of a claim form.
 30. Expense for the cost of supplies used in the performance of any occupational therapy.
 31. 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.
 32. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless otherwise provided in this plan.
 33. Expense for incidental surgeries; and standby charges of a physician.
 34. Expense for treatment and supplies for programs involving cessation of tobacco use, except as otherwise provided in this Plan.
 35. Expense incurred for the use of orthotics; unless used exclusively to promote healing.
 36. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness.
 37. 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.
 38. 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.
 39. 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.
 40. 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: (a) 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; (b) 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 (c) 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: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) 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 (c) 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.
 41. Expenses incurred for the treatment of acne.
- Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

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 Master Policy.

EXTENSION OF BENEFITS

If a covered person is totally disabled on the termination date of the Policy, benefits will be extended to provide covered benefits that are necessary to treat medical conditions causing or directly related to the disability as determined by Aetna.

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 **30 day** period, following such termination of insurance.

HOW DO I FILE A CLAIM?

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 Student Health
P.O. Box 981106, El Paso, TX 79998
(866) 378-8885 (toll-free)

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting www.aetnastudenthealth.com.

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. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within **180 days** from the date appearing on the Explanation of Benefits (EOB).
5. 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
P.O. Box 14464
Lexington, KY 40512

NOTICE

Aetna considers non-public personal member information ("NPI") 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 NPI internally, share it with our affiliates, and disclose it to healthcare providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law. Participating Network/Preferred Care Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of NPI, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health on the internet at: www.aetnastudenthealth.com.

ADDITIONAL DISCOUNTS AND SERVICES

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

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.

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

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 Medical Expense: Those charges for any treatment, service or supplies covered by this Policy which are:

- ♦ not in excess of the recognized and customary charges, or
- ♦ not in excess of the charges that would have been made in the absence of this coverage, and
- ♦ incurred while this Policy is in force as to the covered person except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered person: A covered student and any covered dependent while coverage under this Policy is in effect.

Deductible: The amount of Covered Medical Expenses that are paid by each covered person during the policy year before benefits are paid.

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; and has an agreement with the School Health Services to furnish services and supplies at a negotiated charge.

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.

Hospice: 1. "Hospice care" means a centrally administered program of palliative services and supportive services provided by an interdisciplinary team directed by a physician. The program includes the provision of physical, psychological, custodial and spiritual care for persons who are terminally ill and their families. The care may be provided in the home, at a residential facility or at a medical facility at any time of the day or night. The term includes the supportive care and services provided to the family after the patient dies.

2. As used in this section: (a) "Family" includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood.

(b) "Interdisciplinary team" means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, registered nurse, social worker, clergyman and trained volunteer.

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

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.

Continued on next page

DEFINITIONS (CONTINUED)

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 Policy.

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

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.

Preferred Care: Care provided by

- ♦ a covered person's primary care physician, or a preferred care provider 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, 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 Policy, 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.

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.

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 prevailing charge level made for it in the geographic area where it is furnished.

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



EMERGENCY ASSISTANCE SERVICES

Provided by On Call International

GLOBAL RESPONSE CENTER:

(877) 318-6901 (Toll-free within the U.S.)

(603) 328-1909 (Outside the U.S.) • (603) 945-0103 (Text Message)

One Delaware Drive • Salem, NH 03079

E-mail: mail@oncallinternational.com

www.oncallinternational.com

On Call International does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by On Call International. Claims for reimbursement will not be accepted.

PROGRAM GUIDELINES

US students studying in a US location are eligible for services when traveling more than 100 miles away from their permanent residence including campus location.

US student studying abroad are eligible for services both at and away from the program location for up to one year.

Foreign national students are eligible for services on or away from campus in the US, and when participating in study abroad programs for up to one year.

KEY SERVICES

Medical Monitoring: On Call's medical staff will communicate with the member's attending physician and obtain a full understanding of the situation. Medical professionals will stay in regular communication with local medical personnel and relay necessary information to the Member and Family.

Emergency Medical Evacuation: If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care. Unlimited Benefit.

Medical Repatriation: If after being treated at a medical facility, it is medically necessary for the member to return home to seek further care or for recovery, On Call will transport the member home, or to a medical facility close to home, with a medical escort. Unlimited Benefit.

Visit by Family / Friend: If the Participant has or will be hospitalized for three (3) or more days while outside either the Country of Domicile or the Country of Residence, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of the Participant's choice to join them up to \$5,000.

Return of Dependent Children: If the Participant's Dependent(s) are present but left unattended as a result of the Participant's Medical Evacuation or hospitalization, On Call shall make and pay for travel arrangements to return them Home, including a non-medical escort as needed.

Return of Deceased Remains: On Call will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport. Unlimited Benefit.

Return of Personal Belongings: In the event of a Participant's death or evacuation that prevents the Participant from returning to his/her program, On Call will arrange and pay for shipment of personal effects to the Participant's home or family. Up to \$1,000.

Emergency Return Home: If a Participant's parent, child, sibling, spouse or participant partner suffers a life-threatening illness or death, On Call will arrange and pay for economy airfare for the Participant to go to the family member's location. If the benefit allows, On Call will also return the Participant to his/her program within **90 days** of the departure date up to \$2,500.

Bereavement Reunion: In the event a covered Participant dies while covered under the Program, On Call will arrange and pay for an assigned advocate to fly to the location of the deceased to identify and accompany the remains back to the Participant's Home Country up to \$2,500.

Medical, Dental and Pharmacy Referrals: On Call will provide referrals to medical, dental professionals and pharmacies in the given geographic locations of western style medical facilities and English speaking providers in an area served by On Call to the extent possible

Hospital Admission Guarantee: On Call will guarantee hospital admission by validating a member's health coverage or by advancing funds to the hospital. (Any advance of funds shall be charged to the member's credit card at the time of service).

Prescription Assistance: If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member's responsibility.

Emergency Message Transmission: On Call will receive and transmit authorized emergency messages for members.

Legal Consultation and Referral: If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

Lost Luggage Assistance: On Call will assist the member with the tracking of luggage lost or delayed in transit.

Lost/Stolen Travel Document Assistance: On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member's responsibility.

Interpreter & Legal Referrals: On Call will refer members to local translators and interpreters if communication problems cannot be solved via telephone.

Pre-trip Information: On Call offers members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

Continued on next page

EMERGENCY ASSISTANCE SERVICES (CONTINUED)

CONDITIONS & EXCLUSIONS

On Call will not be liable for any expenses resulting from:

- a. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Participant during the Policy Period.
- b. Any cost or expense not expressly covered in advance and in writing by On Call and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when On Call cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Participant.
- c. Any expense incurred for Participant(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
- d. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Participant is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Participant can be adequately treated locally, or treatment can be reasonably delayed until the Participant returns to their Country of Domicile.
- e. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Participant, in the opinion of the Emergency Medical Assistance Provider's physician, can travel as an ordinary passenger without a medical escort.
- f. Any expense related to the Participant engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by Us in writing prior to travel.

- g. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
- h. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery or routine or non-disabling medical problems, simple fractures or illness which can be treated by local doctors and do not prevent the Insured person from continuing their Insured Journey or returning to their residence.
- i. Any Losses incurred by Participant or the Client if Participant or they fail to follow the advice of On Call.
- j. Any valid claim costs that have been increased by the Client's or the Participant's failure to follow the advice of On Call.
- k. The Participant being within 100 miles of their Primary Residence while in their Country of Domicile.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.



WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our customers or former customers to anyone, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS AND COVERAGE QUESTIONS:

Aetna Student Health

P.O. Box 981106
El Paso, TX 79998
(866) 378-8885 (toll-free)
www.aetnastudenthealth.com

FIND A MEDICAL PROVIDER IN THE PREFERRED CARE NETWORK:

Aetna Preferred Care Provider Network

(866) 381-1529 (toll-free)
<http://www.aetna.com/docfind/custom/studenthealth>

24-HOUR NURSE ADVICE:

Aetna Informed Health® Line

(800) 556-1555
TDD (800) 270-2386

PRESCRIPTIONS:

Aetna Pharmacy Management

(888) 792-3862
<http://www.aetna.com/docfind/custom/studenthealth>

EMERGENCY TRAVEL ASSISTANCE:

(Provide this information to your Emergency Contact)

On Call International

One Delaware Drive
Salem, NH 03079
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
www.oncallinternational.com

ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:

Wells Fargo Student Insurance

(800) 853-5899
Mon-Fri, 8am-5pm PST
Fax: (877) 612-7966
Email: studentinsurance@wellsfargo.com
studentinsurance.wellsfargo.com

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. Policy forms issued in OK include: GR-96134.

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

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

Underwritten by Aetna Life Insurance Company
CSU SAN BERNARDINO INTERNATIONAL - HEALTH INSURANCE PLAN
2016-2017 ENROLLMENT FORM

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<input type="checkbox"/> RENEWING										
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8										
Wells Fargo Student Insurance Medical ID#										

STUDENT'S NAME	LAST / SURNAME				
	FIRST NAME				MIDDLE INITIAL
STUDENT I.D. #			DATE OF BIRTH (Month, Day, Year)		SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only)
U.S. MAILING ADDRESS <small>(Use school address if none)</small>		STREET			APARTMENT #
CITY		STATE		ZIP	
PHONE #		EMAIL ADDRESS (REQUIRED)			
<small>Please check appropriate box:</small> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<small>Please check appropriate box:</small> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		<small>Please check appropriate box(es):</small> <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> PRACTICAL TRAINING <input type="checkbox"/> VISITING FACULTY <input type="checkbox"/> SCHOLAR	
VISA TYPE (if applicable: F-1, J-1, etc.)			HOME COUNTRY: (if applicable)		
PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED. <small>(Dependents must be enrolled on the date the student is enrolled or within 31 days of date of birth, marriage, or arrival in U.S.)</small>					
SPOUSE	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: studentinsurance.wellsfargo.com or call **800-853-5899** to request a paper copy free of charge.

ID CARDS

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. You do not have to have your member ID card with you to be eligible to receive benefits; if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

Your medical ID card will be shipped **within 3 weeks** of your policy effective date. Alternately, to access your Member ID Card, go to www.aetnastudenthealth.com, search for your school name, and click "Print your ID card" to view and/or print a temporary Medical ID card that contains your Medical ID number. Note: you will need your Student ID number to log in.

You may also use the Aetna Mobile App to view your member ID card, find a doctor, check your benefits, and more. First, log in to www.aetnastudenthealth.com and create your Aetna Navigator® account. Next, download the Aetna Mobile App to your mobile device and log in using your Medical ID number (obtained from Aetna's website, see instructions above).

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at **(866) 378-8885**.

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION • YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM

Underwritten by Aetna Life Insurance Company

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

**PAYMENT IN FULL IS
REQUIRED FOR THE
TERM PURCHASED**

**Underwritten by Aetna Life Insurance Company
CSU SAN BERNARDINO INTERNATIONAL - HEALTH INSURANCE PLAN
2016-2017 ENROLLMENT FORM**

TERMS OF COVERAGE	ANNUAL 9/17/16 - 9/16/17	FALL 9/17/16 - 1/2/17	WINTER 1/3/17 - 3/27/17	WINTER/SPRING /SUMMER 1/3/17 - 9/16/17	SPRING 3/28/17 - 6/16/17	SUMMER 6/17/17 - 9/16/17	SPRING/SUMMER 3/28/17 - 9/16/17
Student only	<input type="checkbox"/> \$1,162.47	<input type="checkbox"/> \$329.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$884.79	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$607.59
<i>NOTE: Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student. Dependent enrollment in this plan is voluntary.</i>							
Spouse only	<input type="checkbox"/> \$1,162.47	<input type="checkbox"/> \$329.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$884.79	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$607.59
Per Child (Age 0-25) only	<input type="checkbox"/> \$1,162.47	<input type="checkbox"/> \$329.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$884.79	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$328.24	<input type="checkbox"/> \$607.59

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to CSU and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

PAYMENT METHOD (Remit in US Funds Only)

Cashier's Check/Money Order (no personal checks) — MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance

Credit Card: To pay by credit card, purchase this plan online at studentinsurance.wellsfargo.com

Mail or fax enrollment form and payment to: Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966

NOTE: This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated.

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT _____

DATE _____

CLAIMS ADMINISTERED BY:

*Claims, Eligibility
and Coverage Questions*
Aetna Student Health
PO Box 981106
El Paso, TX 79998
(866) 378-8885 (toll-free)
www.aetnastudenthealth.com

**TO FIND A
DOCTOR OR PROVIDER:**

Aetna Life Insurance Co.
(866) 378-8885 (toll-free)
www.aetnastudenthealth.com

PRESCRIPTIONS:

**Aetna Pharmacy
Management**
(888) 792-3862
www.aetnastudenthealth.com

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(800) 556-1555
TDD (800) 270-2386

**24/7 EMERGENCY
TRAVEL ASSISTANCE:**

On Call International
(877) 318-6901 (within U.S.)
Dial U.S. access code plus
(603) 328-1909 (Outside the U.S.)
www.oncallinternational.com

GENERAL QUESTIONS:

**Wells Fargo
Student Insurance**
(800) 853-5899
Mon - Fri, 8am-5pm PST
studentinsurance.wellsfargo.com

PLAN BROKERED BY:

**Wells Fargo Insurance
Services USA, Inc**
CA License No OD08408