

**2008 - 2009**

**University of Tennessee  
Health Science Center**

**Student Injury and Sickness Plan  
Brochure**

**Aetna Student Health**

Underwritten by:  
**Aetna Life Insurance Company (ALIC)**

Policy No. **890445**

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## University of Tennessee Health Science Center

The University of Tennessee Health Science Center Student Injury and Sickness Plan has been developed especially for University of Tennessee Health Science Center students. The Plan provides coverage for Illnesses and Injuries that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. University of Tennessee Health Science Center is pleased to offer the Plan as described in this Brochure.

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

Some benefits are limited and should be carefully noted. If you or your Physician have any questions regarding benefits, please contact Aetna Student Health at **(877) 373-2708**.

## Where To Find Help

### ***Got Questions? Get Answers with Aetna Student Health's Aetna Navigator®***

As an Aetna Student Health Insurance Plan Member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

#### **By logging on to Aetna Navigator, you can:**

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

#### **How do I register?**

- Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- Click on "Find Your School."
- Enter "University of Tennessee Health Science Center" and then click on "Search."
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration will then be complete, and you can begin accessing your personalized information!

#### **Need help with registering onto Aetna Navigator?**

Registration assistance is available toll free, Monday through Friday, from 7:00 a.m. to 9:00 p.m. Eastern Time at **(800) 225-3375**.

***For Questions About:***

- Claims Processing
- Insurance Benefits

*Please contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 373-2708**

***For Questions About:***

- Enrollment/Dependent Enrollment
- Waiver Process

*Please contact local servicing agent:*

Holland Insurance, Inc.  
P.O. Box 328  
Southaven, MS 38671  
Local: **(662) 895-5528**  
Toll Free: **(888) 393-9500**  
Fax: **(662) 895-5549**  
E-mail: ***gholland@geraldhollandinsurance.com***

***For Questions About ID Cards:***

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

**Note:** Please be advised you will receive a unique Aetna member ID number on your membership card.

*For lost ID cards, contact:*

Aetna Student Health  
**(877) 373-2708**, or visit ***www.aetnastudenthealth.com***, click on “Find Your School” and enter your school name or Policy Number **(890445)**.

***Provider Listing:***

A complete list of providers can be found using Aetna’s DocFind® service located at ***www.aetnastudenthealth.com***. Click on “Find Your School” and enter your school name or Policy Number **(890445)**. You can use DocFind to find out whether a specific provider belongs to Aetna’s network or to find Preferred Providers practicing in your area.

**For Questions About:**

- On Call International 24/7 Emergency Travel Assistance Services

*Please contact:*

On Call International at **1- (866) 525-1956** (within U.S.).

If outside the U.S., call collect **by dialing the U.S. access code plus 1- (603) 328-1956**. Please also visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and visit your school-specific site for further information.

**Worldwide Web Access:**

- Aetna Student Health: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

<b>University of Tennessee Health Science Center University Health Services (UTHSC-UHS)</b>
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Students are not charged for the majority of services within University Health Services. Services provided include women’s health, occupational health, travel medicine, preventive screenings and laboratory services. The Deductible for needle sticks at University Health Services is \$50.

UHS is currently located at: 910 Madison Ave., Suite 922, Memphis, TN 38163;

Phone: **(901) 448-5630**.

**Mailing Address:**

UTHSC

Office of Student Life

800 Madison Avenue, Room 300

Memphis, TN 38163

**Hours of Operation:**

Monday – Friday, 8:00 a.m. to 5:00 p.m.

(Hours may vary during the summer and holidays)

**Walk-in Hours:**

Monday – Friday, 8:00 a.m. to 10:00 a.m.

The UHS Physician is available for scheduled appointments Monday – Friday, 8:00 a.m. to 10:45 a.m. For an appointment, call **(901) 448-5630**.

**Other Important Contacts:**

Medical Emergencies **(901) 541-5674** – (UHS after hrs/weekends)

Mental Health Crisis Counseling **(901) 448-2415** – (days & nights)

Methodist University Healthcare Hospital **(901) 726-8197**

Campus Police **(901) 448-4444**

City Ambulance Service **(901) 458-3311**

<b>University of Tennessee Health Science Center</b> <b>Health Insurance Requirement</b>
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**Student Eligibility**

All registered students taking credit hours are required to purchase this insurance Plan unless proof of comparable coverage is furnished.

Distance learning or online students taking home study, correspondence, or television courses are not eligible for coverage under the Plan.

Students must actively and physically attend classes to be eligible for enrollment in this Plan. Students must actively attend classes for the first 31 days after the date for which coverage is purchased.

Please note that the University of Tennessee Health Science Center Student Injury and Sickness Plan is an Annual Policy.

***New Students***

There are two start dates for the insurance Plan depending upon your program of study:

**June Start Date:**

**New Students:** Coverage starts at 12:01 a.m. on **June 30, 2008** and continues through 12:01 a.m. on **July 6, 2009**.

**Returning Students:** Coverage starts at 12:01 a.m. on **July 6, 2008** and continues through 12:01 a.m. on **July 6, 2009**.

**August Start Date:**

**New Students:** Coverage starts at 12:01 a.m. on **August 10, 2008** and continues through 12:01 a.m. on **August 17, 2009**.

**Returning Students:** Coverage starts at 12:01 a.m. on **August 17, 2008** and continues through 12:01 a.m. on **August 17, 2009**.

**Premium Rates**

***Student Injury and Sickness Plan Premiums***

Student Only	\$1,721
Student & Spouse	\$5,842
Student, Spouse & All Children	\$8,190
Student Only & All Children	\$4,069

Annual coverage is required in the Student Injury and Sickness Plan unless you have other comparable coverage. Students graduating after the Fall semester or new students arriving in the Spring will be subject to the applicable semi-annual rates.

## **Description**

### ***How to Enroll***

All students taking credit hours are automatically enrolled into the Student Injury and Sickness Plan unless a completed waiver and copy of both sides of a current insurance card are submitted to the Student Affairs Office by **July 14, 2008** for the June start date and **August 24, 2008** for the August start date. Students who do not submit proof of comparable coverage by these dates will automatically have the Student Injury and Sickness Plan premium charged to their student account.

Waiver forms may be obtained at the Student Affairs Office or can be downloaded from UTHSC's University Health Services website at [www.utmem.edu/univheal/ins\\_verif\\_form.html](http://www.utmem.edu/univheal/ins_verif_form.html) or by visiting [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), click on "Find Your School" and enter your Policy Number (**890445**).

The Waiver Form along with a copy of both sides of your current insurance card can be submitted or mailed to the following address:

Office of Student Affairs  
800 Madison, Room 309  
Memphis, TN 38163  
Phone: **(901) 448-4860**  
Fax: **(901) 448-7585**

## **Premium Refund Policy**

Except for medical withdrawal due to a covered Injury or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which the premium has been paid. No refund will be allowed.

A Covered Person entering the armed forces (with the exception of those attending the University on an armed forces scholarship) of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents, upon written request received by Aetna Student Health within 90 days of withdrawal from school.

## **Change in Status/Qualifying Event**

After the enrollment deadline, only those students who have involuntarily lost health insurance coverage through a "Qualifying Life Event" such as (1) removal from a parent's health insurance plan after achieving a landmark birthday that disqualifies them from a parent's health insurance plan, or (2) losing private insurance through loss of employment or divorce; may apply for late enrollment in the University of Tennessee Health Science Center Student Injury and Sickness Plan. Upon approval of coverage, the student and/or dependent premium will be pro-rated to the beginning of the month in which the application is received.

## **Dependent Eligibility and Enrollment**

Eligible students who enroll in the Plan may also cover their eligible dependents.

Eligible dependents are defined as, the spouse and unmarried children under 19 years of age if not attending school; or through 24 years (if a full-time student at an accredited institution of higher learning for five months or more in a post-secondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from enrolling due to illness or Injury). The child must reside with and be fully supported by the covered student.

Dependent eligibility expires concurrently with that of the covered student.

To enroll your eligible dependents, an application is available to download and print at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Simply click on “Find Your School” and enter your school name or Policy Number (**890445**). Applications will also be made available on campus at University Health Services.

Once completed, mail your application to the following address:

Holland Insurance, Inc.  
P.O. Box 328  
Southaven, MS 38671

For any questions related to dependent enrollment, please call Holland Insurance at:

Local: **(662) 895-5528**  
Toll Free: **(888) 393-9500**

## **Pre-Existing Conditions/Continuously Insured Provisions**

### ***Definition of a Pre-Existing Condition***

Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the Covered Person’s effective date of insurance. If a Covered Person has been continuously insured under the school’s insurance policy or prior health insurance policies for at least six consecutive months, any limitation as to coverage for a Pre-Existing condition under this Plan will not apply for that Covered Person.

### ***Newborn Infant Coverage and Adopted Child Coverage***

A child born to a Covered Person shall be covered for Injury, Sickness, premature birth, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the University of Tennessee Health Science Center Student Injury and Sickness Plan. To extend coverage for a newborn past the 31 days, the Covered Person must (1) enroll the child within 31 days of birth and (2) pay the additional pro-rated premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. Notification of placement for such child and payment of any additional premium, if necessary, is required within 31 days from placement. To continue coverage for an adopted child past the initial 31-day period, the Covered Person must (1) enroll the child within 31 days of placement of such child, and (2) pay any additional premium, if necessary, starting from the date of placement. For further assistance and premium information, please contact Aetna Student Health.

## **Preferred Provider Network**

The Student Injury and Sickness Plan for the 2008-2009 Policy Year has a Preferred Provider Network through Aetna.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan. Preferred Providers are independent contractors and are neither employees nor agents of University of Tennessee Health Science Center, Aetna Student Health, or Aetna. To confirm participating providers in your area, you may contact Aetna Student Health at **(877) 373-2708**. Additionally, you can obtain information regarding Preferred Providers through the Internet by accessing DocFind at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Click on "Find Your School" and enter "University of Tennessee Health Science Center". You can use DocFind to find out whether a specific provider belongs to Aetna's network or to find Preferred Providers practicing in your area.

## **Inpatient Admission Pre-Certification Program**

Pre-admission certification is designed to help you receive quality, cost-effective medical care.

- All inpatient admissions, including length of stay, must be certified by contacting Aetna Student Health.
- Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Injury and Sickness Plan.

### ***Pre-Certification of Non-Emergency Inpatient Admissions***

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

### ***Notification of Emergency Admissions***

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Aetna Student Health  
Attention: Managed Care Dept.  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 373-2708**

## Summary of Benefits Chart

The following benefits are subject to the Policy limits and exclusions. All coverage is based on the Reasonable Charge allowance unless otherwise specified.

The Plan always pays benefits in accordance with any applicable Tennessee Insurance Law(s).

In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this brochure for any additional benefit level maximums.

Aggregate Maximum	\$150,000 per Injury or Sickness
Individual Annual	\$250 per Covered Person per Policy Year
<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum.  <b>Non-Preferred Care:</b> 70% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.</p> <p>Benefits based on semi-private room rate unless a private room is Medically Necessary.</p>
Intensive Care Expenses	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum.  <b>Non-Preferred Care:</b> 70% of the intensive care room rate for an overnight stay up to \$50,000 then 100% of the intensive care room rate up to the Aggregate Maximum.</p>
Miscellaneous Hospital Expenses	<p>Covered Medical Expenses are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum.  <b>Non-Preferred Care:</b> 70% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.</p> <p>Covered Medical Hospital Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, therapeutic services, supplies, drugs or medicines and use of an operating room.</p>
Physician Hospital Visit Expenses	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows:  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum.  <b>Non-Preferred Care:</b> 70% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.</p>

<b>Inpatient Hospitalization Benefits (continued)</b>	
Physiotherapy Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Registered Nurse Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Pre-Admission Testing Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 70% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Anesthetist Expenses and Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Day Surgery Miscellaneous Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.  Covered Medical Expenses include the cost of an operating room, laboratory tests and X-ray examinations, including professional fees, anesthesia, drugs or medicines, and supplies.

<b>Outpatient Benefits</b>	
Physician's Office Visit Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Tests and Procedures Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Chemotherapy and Radiation Therapy Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Physiotherapy Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Emergency Care Expenses (Copay/Deductible waived if admitted)	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: <b>Preferred Care:</b> \$100 Copay then 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> \$100 Deductible then 80% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
<b>Mental Health and Substance Abuse Benefits</b>	
<b>Expenses incurred inpatient and outpatient for the treatment and diagnosis of ADHD are a Covered Benefit under this Policy.</b>	
Inpatient Expenses – Mental Health and Substance Abuse	Covered Medical Expenses payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to a maximum of \$500 per day for the first \$50,000 then 100% of the Negotiated Charge up to \$500 per day up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge up to \$500 per day up to \$50,000 then 100% of the Reasonable Charge up to \$500 per day up to the Aggregate Maximum.  Treatment is limited to a maximum of 20 days per Policy Year per condition for any one or related mental health or substance abuse condition.

<b>Mental Health and Substance Abuse Benefits (continued)</b>	
Outpatient Expenses – Mental Health and Substance Abuse <i>(University of Tennessee Medical Group (UTMG) Behavioral Health Center)</i>	Covered Medical Expenses for treatment at the UTMG Behavioral Health Center are payable as follows: 80% of the Negotiated Charge after a \$50 Deductible per Policy Year. (Some exceptions to the \$50 deductible requirement may apply based on the nature of the visit.)
Outpatient Expenses – Mental Health and Substance Abuse <i>(Treatment outside of UTMG Behavioral Health Center)</i>	Covered Medical Expenses for the care or treatment of a mental health condition or substance abuse by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: <b>Preferred Care:</b> \$50 Copay per visit and a maximum benefit of \$25 per visit. <b>Non-Preferred Care:</b> \$50 Deductible per visit and a maximum benefit of \$25 per visit. Maximum of one visit per day and 10 visits per Policy Year.
<b>Maternity Benefits</b>	
Maternity Expenses	Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an impatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. In the event of an early discharge, coverage is available for at least one home care visit.
Home Health Care	Not covered.
<b>Additional Benefits</b>	
Women’s Health Benefit Expenses	Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense.  Covered Medical Expenses include an annual Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any outpatient expense. Other Covered Medical Expenses include coverage for the HPV vaccine.

<b>Additional Benefits (continued)</b>	
Ambulance Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$50,000 then 100% of the Negotiated Charge up to the Aggregate Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$50,000 then 100% of the Reasonable Charge up to the Aggregate Maximum.
Prescription Drug Benefit Expenses	Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or Injury occurring during the Policy Year, are payable as follows with a \$2,000 Policy Year Maximum: <b>Preferred Care:</b> 100% after a \$10 Copay for each Brand-Name Prescription Drug or a \$5 Copay for each Generic Prescription Drug. <b>Non-Preferred Care:</b> 100% of Reasonable Charge after a \$10 Deductible for each Brand-Name Prescription Drug or a \$5 Deductible for each Generic Prescription Drug dispensed at a Non-Participating Pharmacy. Oral Contraceptives are a Covered Prescription under this Policy. <b>Please Note:</b> You are required to pay in full at the time of service for all prescriptions dispensed at a Non-Participating Pharmacy.

### Additional Services and Discounts

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

Aetna Vision <sup>SM</sup> Discount Program <sup>1</sup>	<b>Aetna Vision<sup>SM</sup> Discount Program:</b> The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).
Aetna Fitness <sup>SM</sup> Discount Program <sup>1</sup>	<b>Aetna Fitness<sup>SM</sup> Discount Program:</b> Aetna's Fitness Program provides members with access to services provided by GlobalFit™, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services. <i>*At some clubs, participation may be restricted to new club members.</i>
Aetna's Informed Health <sup>®</sup> Line <sup>2</sup>	<b>Aetna's Informed Health<sup>®</sup> Line*:</b> Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.

## Additional Services and Discounts (continued)

<p>Aetna's Informed Health® Line<sup>2</sup> (continued)</p>	<p>You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.</p> <p>You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.</p> <p>Or, to get credible health information online, register for Aetna Navigator (visit <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness</i> and then <i>Health A-Z</i>.</p> <p>To reach an Informed Health Line Nurse, please call <b>(800) 556-1555</b>. For TDD (hearing and speech impaired only), please call <b>(800) 270-2386</b>.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>
<p>Health and Wellness Portal<sup>2</sup></p>	<p><b>Health and Wellness Portal:</b> This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.</p>
<p>Beginning Right<sup>SM</sup> Maternity Program<sup>2</sup></p>	<p><b>Beginning Right<sup>SM</sup> Maternity Program:</b> Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.</p>
<p>Aetna Natural Products and Services<sup>SM</sup> Discount Program<sup>1,2,3</sup></p>	<p><b>Aetna Natural Products and Services<sup>SM</sup> Discount Program:</b> Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.</p>
<p>Quit&amp;Fit<sup>TM</sup> Tobacco Cessation Program<sup>2,3</sup></p>	<p><b>Quit&amp;Fit<sup>TM</sup> Tobacco Cessation Program:</b> This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.</p>

### Additional Services and Discounts (continued)

Vital Savings <sup>SM</sup> on Dental	<b>Vital Savings<sup>SM</sup> on Dental</b> is a dental discount program helping you and your dependents save an average of 30- to 50-percent on a wide array of dental services – with one low annual fee of \$25 per person. Enroll online at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> . <b>Student:</b> \$25.00 <b>Student + 1 Dependent:</b> \$44.00 <b>Student + 2 or more Dependents:</b> \$63.00
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<sup>1</sup>Discount programs provide access to discounted prices and are NOT insured benefits.

<sup>2</sup>Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

<sup>3</sup>These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

<sup>4</sup>The Vital Savings by Aetna<sup>®</sup> program (the “Program”) is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna<sup>®</sup> discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.

## General Provisions

### State Mandated Benefits

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

### Coordination of Benefits

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

### Reimbursement and Subrogation

When a Covered Person’s Injury appears to be someone else’s fault, benefits otherwise payable under this Policy for Covered Medical Expenses incurred as a result of that Injury will not be paid unless the Covered Person or his legal representative agrees:

- (a) To repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the Covered Person by or on behalf of the person at fault;

- (b) To allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna; and
- (c) To execute and give to Aetna any instruments needed to secure the rights under (a) and (b) as a condition of payment under this Policy for expenses incurred by a Covered Person due to Injury for Sickness for which a third party may be liable.
- Aetna shall be subrogated (has the right to pursue), subject to the provisions set forth below to all rights of recovery of Covered Person's against:
  - such third party; or
  - a person's insurance carrier in the event of a claim under the uninsured or underinsured auto coverage provision of an auto insurance policy;
  - provided, however, that any right of subrogation shall be limited to the recovery of any benefit paid for identical Covered Medical Expenses under this Policy and shall include compromise settlements. Not included are non-medical items or any amount received for future medical care or pain and suffering. Expense incurred in exercising the right of subrogation shall be at the sole expense of Aetna.
- Aetna shall have the right, subject to the provisions set forth below, to recover from the Covered Person amounts received by judgment, settlement, or otherwise from:
  - such third party or his or her insurance carrier; or
  - any other person or entity, which includes the auto insurance carrier which provides the Covered Person's uninsured or underinsured auto insurance coverage;
  - provided, however, that any right of reimbursement shall be limited to the recovery of any benefit paid for identical covered medical expenses under this Policy. Not included are non-medical items or any amount received for pain and suffering.
- The Covered Person (or a person authorized by law to represent such member if he or she is not legally capable) shall:
  - execute and deliver any documents that are required; and
  - do whatever is necessary to secure such rights.

<b>Definitions</b>
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**Accident:** An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

**Actual Charge:** The Actual Charge made for a covered service by the provider that furnishes it.

**Aggregate Maximum:** The maximum benefit that will be paid under this Policy for all Covered Medical Expenses incurred by a covered person from one Policy Year to the next.

**Brand-Name Prescription Drug or Medicine:** A Prescription Drug which is protected by trademark registration.

**Copay:** The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

**Covered Medical Expenses:** Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges, or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provisions.

**Covered Person:** A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

**Deductible:** A specific amount of Covered Medical Expenses that must be incurred by, and paid for by, the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

**Elective Treatment:** Medical treatment that is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities (except for evaluation as otherwise provided); immunization; vaccines; treatment of infertility; and routine physical examinations (unless otherwise provided in the Policy).

**Emergency Medical Condition:** 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 their 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.

It does include an Injury or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

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

**Injury:** Bodily Injury caused by an Injury. 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, mental health, or 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 health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished, in a Physician's or a dentist's office, or another less costly setting.

***Negotiated Charge:*** The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

***Non-Preferred Care:*** A health care service or supply furnished by a health care provider that is not a Preferred Care Provider if, as determined by Aetna, (a) the service or supply could have been provided by a Preferred Care Provider; and (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

***Non-Preferred Pharmacy:*** A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

***Non-Preferred Care Provider (or Non-Preferred Provider):*** A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

***Pharmacy:*** An establishment where Prescription Drugs are legally dispensed.

***Physician:*** A legally qualified Physician licensed by the state in which they practice, and any other practitioner that must, by law, be recognized as a doctor legally qualified to render treatment.

***Preferred Care:*** Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

***Preferred Care Provider (or Preferred 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 which the Covered Person is a member.

***Preferred Pharmacy:*** A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect, and when the 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.

***Reasonable Charge:*** Only that part of a charge which is reasonable is covered. The Reasonable 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 Reasonable Charge is the rate established in such agreement.

In determining the Reasonable 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.

**Sickness:** A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

## **Exclusions**

The following is a list of standard exclusions. Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The complete list of limitations and exclusions can be found in the Master Policy.

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the policyholder's Health Service, infirmary, or hospital, or by health care providers employed by the policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.
4. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an Injury occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person's entering the armed forces of any country, the unearned pro-rata premium will be refunded to the policyholder.
8. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays unless otherwise provided in the Policy.

10. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that 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 of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or surgery performed to treat a Sickness or Injury.
- (b) Repair an Injury (including reconstructive surgery for prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the policy year of the Injury, which causes the Injury, or in the next policy year.

11. Expenses for Injuries sustained as a result of a motor vehicle Injury to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

12. Expenses incurred for allergy shots and injections, preventive medicines, serums or vaccines unless otherwise provided in the Policy.

13. Expense incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending Physician, or dentist.

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

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

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

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, a mental health, or a dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or another less costly setting.

14. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.

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

16. Expenses incurred by a Covered Person, who is not a United States Citizen, for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.

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

18. Expenses incurred for custodial care. Custodial care are 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. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.

20. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).

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

22. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

23. Expenses for treatment of Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.

24. Expenses for the contraceptive methods, devices or aids, and charges for or related to artificial insemination, in vitro fertilization or embryo transfer procedures, elective sterilization or its reversal, or elective abortion unless otherwise provided in the Policy.

25. Expenses incurred as a result of commission of a felony.

26. Expenses incurred for voluntary or elective abortions unless otherwise provided in the Policy.

27. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.

28. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:

- There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or Injury involved; or
- Required by the FDA, approval has not been granted for marketing; or
- A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or
- The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

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

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

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

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

29. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).

30. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

31. Expenses incurred for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services or supplies is specifically provided in the Policy.

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

33. Expenses incurred for breast reduction/mammoplasty.

34. Expenses incurred for gynecomastia (male breasts).

35. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.

36. Expense for charges that are not reasonable charges, as determined by Aetna.

37. 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.

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

### **Extension of Benefits**

If a Covered Person is confined to a hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement for the medical condition shall be considered an eligible expense, but only while they are incurred during the 90-day period following such termination of insurance. Benefits will not exceed the Aggregate Maximum.

### **Termination of Insurance**

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

### **Continuation of Coverage**

Under certain circumstances, Continuation of Coverage to a covered student and covered dependents may be available under this Plan. Please contact Aetna Student Health for information.

### **Claim Procedure**

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

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 373-2708**  
**(617) 582-5000** (outside United States)

Customer Service Representatives are available 8:30 a.m. to 7:00 p.m., Monday through Friday (CST) for any questions.

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. When submitting a claim form, attach available itemized medical bills 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 60 days from the date appearing on the Explanation of Benefits.

### **Prescription Drug Claim Procedure**

Preferred Care: When obtaining a covered Prescription, please present your Aetna Student Health ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. A claim form is available at University Health Services or by calling **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the prescription drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), clicking on "Find Your School" and entering your school name or Policy Number **(890445)**.

**Non-Preferred Care:** You may obtain your Prescription from a Non-Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable Deductible, directly by Aetna. You will be responsible for any amount in excess of the Reasonable Charge.

**Please note:** You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**.

When submitting a claim, please include all Prescription receipts, indicate that you attend University of Tennessee Health Science Center and include your name, address, and student identification number.

### **Appeals and Complaints Procedure**

Our complaints and appeals process is designed to address member coverage issues, complaints, and problems. If you have a coverage issue or other problem, call the Customer Service toll-free number on your ID card or review your Plan documents for more information.

You can also contact Customer Service at the toll-free number on your ID card for more information. A representative will address your concern. If you are dissatisfied with the outcome of your initial contact, you may appeal the decision. Your appeal will be decided in accordance with the procedure applicable to your Plan. You may also submit your request, in writing, along with all pertinent correspondence, to:

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

You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of Covered Person concerns.

## **External Review**

Aetna has developed an external review process to give Covered Persons an added option of requesting an objective and timely external review of certain coverage denials. Once the Aetna internal coverage decision review process is exhausted, eligible Covered Persons may elect external review if the coverage denial for which the Covered Person is financially responsible involves more than \$500 (or the amount specified by your State) and is based on lack of medical necessity or on the experimental or investigational nature of the proposed service or treatment.

An external review organization will refer the case to review by an independent Physician with appropriate expertise in the area in question. After all necessary information is submitted, external review generally will be decided within 30 days of the request. Expedited reviews are available when a Covered Person's Physician certifies that a delay in service would jeopardize the Covered Person's health. Once the review is complete, the Plan will abide by the decision of the external reviewer. Certain states mandate external review of additional benefit or service issues or require a filing fee.

In addition, certain states mandate the use of their own external review providers for medical necessity and experimental/investigational coverage decisions. For further details regarding your Plan's grievance and external review process, call the Customer Service toll-free number on your ID card, or visit Aetna's website at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) where you may obtain an external review request form. You may also call your State Insurance or Health Department for additional information regarding state mandated external review procedures.

## **On Call International**

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

### **Accidental Death and Dismemberment (ADD) Benefits<sup>1</sup>**

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of \$10,000.

### **Medical Evacuation and Repatriation (MER) Benefits<sup>1</sup>**

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

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

## **Worldwide Emergency Travel Assistance (WETA) Services<sup>1</sup>**

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

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

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

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.**

**To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free 1- (866) 525-1956 or collect 1- (603) 328-1956. All Covered Persons should carry their On Call ID card when traveling.**

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

<sup>1</sup>*These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

## Important Note

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

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

***Administered by:***

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 850-6032** (toll free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

***Underwritten by:***



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

**Policy No. 890445**

The University of Tennessee Health Science Center Student Injury and Sickness Plan (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student Health is the brand name for products and services provided by these companies.**

## Notice

Aetna considers non-public personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll free Customer Service number on your ID card or visit Aetna Student Health's Student Connection Link on the Internet at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

