

**SECTION XXVII**  
**Other Covered Services**  
**New York**

**1. Medical Evacuation, Assistance and Repatriation Benefits**

**Definitions**

The following definitions apply to the Medical Evacuation, Assistance and Repatriation benefits described further below.

- x “Emergency Medical Event” means an event wherein a member’s medical condition and circumstances are such that, in the opinion of Our affiliate or authorized vendor and the Member’s treating physician, the Member has an Emergency Condition and adequate medical treatment is not available at the Member’s initial medical facility.
- x “Home Country” means, with respect to a member, the country or territory as shown on the Member’s passport or, if different, the country or territory of which the Member is a permanent resident.
- x “Host Country” means, with respect to a member, the country or territory the Member is visiting or in which the Member is living, which is not the Member’s Home Country.
- x “Physician Advisors” mean physicians retained by Our affiliate or authorized vendor for provision of consultative and advisory services to Our affiliate or authorized vendor, including the review and analysis of the medical care received by Members.

**Eligibility**

A Member under this student Policy is eligible for Medical Evacuation, Assistance and Repatriation benefits in addition to the underlying plan coverage. The requirements to receive these benefits are as follows:

- x An international Student (whose Home Country is not the United States), and their Spouse and child(ren) is/are eligible to receive Medical Evacuation, Assistance and Repatriation Benefits worldwide, except in their Home Country.
- x A domestic Student (whose Home Country is the United States), and their Spouse and child(ren) is/are eligible for Medical Evacuation, Assistance and Repatriation Benefits when 100 miles or more away from their campus address or 100 miles or more away from their permanent home address or while participating in a study abroad program.

**2. Covered Services**

A Member should notify Our affiliate or authorized vendor to obtain benefits for Medical Evacuation, Assistance and Repatriation, unless a member is incapacitated and unable to contact Our affiliate or authorized vendor during an Emergency Medical Event.

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If the Member doesn't notify Our affiliate or authorized vendor, benefits will be limited to the amount that would have been paid if advance notice had been provided.

Call 1-866-525-1956 for Medical Evacuation, Assistance and Repatriation Benefits 24 hours a day, 7 days a week, 365 days a year. If the condition is an Emergency Condition, the Member should go immediately to the nearest physician or hospital without delay and then call the number on the Member's ID card.

Services are covered if needed due to a member's illness or injury. These services are subject to the Limits shown on the Schedule of Benefits.

- x Emergency Medical Evacuation:* If a member experiences an Emergency Medical Event and adequate medical facilities are not available locally in the opinion of the Physician Advisors of Our affiliate or authorized vendor, Our affiliate or authorized vendor will provide an emergency medical evacuation (under medical supervision if necessary) from a land-based treatment location to the nearest facility capable of providing adequate care by whatever means is necessary. We will pay costs for arranging and providing for Medically Necessary transportation and related medical services (including the cost of a medical escort) and medical supplies incurred in connection with the emergency medical evacuation.
- x Medical Repatriation:* After a member receives initial treatment and stabilization for an Emergency Medical Event in a land-based treatment facility, if the attending physician and the Physician Advisors of Our affiliate or authorized vendor determine that it is Medically Necessary, Our affiliate or authorized vendor will transport a Member back to the Member's campus or permanent place of residence for further medical treatment or to recover. We will pay costs for arranging and providing for transportation and related medical services (including the cost of a medical escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.
- x Transportation to Join a Hospitalized Member:* If a member who is travelling alone is or will be hospitalized for more than three (3) days due to a sickness or injury, Our affiliate or authorized vendor will coordinate round-trip airfare for a person of the Member's choice to join the Member. We will pay costs for economy class round-trip airfare for a person to join the Member.
- x Return of Minor Children:* If a member's minor child(ren) age 18 or under are present but left unattended as a result of the Member's injury or sickness, Our affiliate or authorized vendor will coordinate airfare to send them back to the Member's Home Country. Our affiliate or authorized vendor will also arrange for the services, transportation expenses, and accommodations of a non-medical escort, if required as determined by Our affiliate or authorized vendor. We will pay costs for economy class one-way airfare for the minor children (or upgraded transportation to match the Member's originally booked travel arrangement) and, if required, the cost of the services, transportation expenses, and

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accommodations of a non-medical escort to accompany the minor children back to the Member's Home Country.

*x Repatriation of Mortal Remains:* In the event of a member's death, our affiliate or authorized vendor will assist in obtaining the necessary clearances for the Member's cremation or the return of the Member's mortal remains. Our affiliate or authorized vendor will coordinate the preparation and transportation of the Member's mortal remains from a land-based location to the Member's Home Country or place of primary residence, as it obtains the number of certified death certificates required by the Host Country and Home Country to release and receive the remains. We will pay costs for the certified death certificates required by the Home Country or Host Country to release the remains and expenses of the preparation and transportation of the Member's mortal remains to the Member's Home Country or place of primary residence.

**2. Conditions and Limitations**

*x* Covered Services shall only be provided to a Member after Our affiliate or authorized vendor receives the request (in writing or via phone) from the Member or an authorized representative of the Member of the need for the requested Covered Services. Unless a member is incapacitated and unable to contact Our affiliate or authorized vendor during an Emergency Medical Event, for Covered Services to be available, the requested Covered Services and payments must be arranged, authorized, verified and approved in advance by Our affiliate or authorized vendor to be covered. If a member is incapacitated and unable to immediately contact Our affiliate or authorized vendor due to an Emergency Medical Event, the Member should notify Our affiliate or authorized vendor within 48 hours or as soon as reasonably possible.

*x* With respect to any evacuation requested by a Member, Our affiliate or authorized vendor reserves the right to determine the need for and the feasibility of an evacuation and the means, method, timing, and destination of such evacuation, and may consult with relevant third-parties, including as applicable, Physician advisors and treating Physicians as needed to make its determination.

*x* If a Member is incapacitated or deceased, his/her designated or legal representative shall have the right to act for and on behalf of the Member. **SECTION XXVIII**

**Accidental Death and Dismemberment Benefits**

If an Accidental injury results in any one of the following specific losses to a member, we will pay the applicable amount below in addition to payments made for Covered Services.

Exclusions that apply to these benefits can be found in the Exclusions and Limitations section of this Certificate.

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**Loss of Life**

The death must occur within 90-364 days of the Accidental injury.

**Loss of Limb or Sight**

The Loss must occur within 90-364 days of the Accidental Injury. If multiple losses occur as a result of the same Accidental injury, only the benefit with the largest benefit amount is payable.

**New York AD&D claims should be submitted to:**

Aetna Student Health  
PO Box 981106, El Paso, TX 79998  
1-877-480-4161

The definitions below apply to this Section of the Certificate only. See the Definitions section for other defined terms.

**Accident** means a sudden, unexpected event that occurs abruptly and by chance at an identifiable time and place, the cause of which is beyond the control of the Member.

**Accidental injury** means an injury to a member that is directly caused by an Accident and is the direct cause of an injury or loss sustained on or after the Member's effective date of coverage and while this policy is in force, which is independent of sickness and not excluded under this Certificate.

**Loss of a Hand(s)** means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of a Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional benefit amount for such amputation.

**Loss of a Foot/Feet** means complete severance through or above the ankle joint. We will consider such severance a Loss of a Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional benefit amount for such amputation.

**Loss of Sight** means permanent loss of vision. Any remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

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**Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than ninety (90) decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

**Loss of Thumb and Index Finger on the Same Hand** means complete Severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional benefit amount for such amputation.

**Loss of all Four Fingers on the Same Hand** means complete Severance, through the metacarpal phalangeal joints, of the index fingers of the same hand, as determined by a Physician. We will consider such Severance a Loss of all Four Fingers on the Same Hand even if one or more index fingers are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional benefit amount for such amputation.

**Loss of Toes** means complete Severance through the metatarsophalangeal joint (the joint between the toes and the foot).

**Loss of Thumb** means complete Severance through or above the metacarpal phalangeal joint (the joint between the thumb and the hand).

**Severance** means complete separation and dismemberment of the part from the body.