Aetna Student Health
Plan Design and Benefits Summary

Connecticut State Colleges and Universities (CSCU)
Domestic and International Students
Student Health Insurance
Accident Plan Brochure

Policy Year: 2019 - 2020
Policy Number:
Central Connecticut State University 890429
Eastern Connecticut State University 890433
Southern Connecticut State University 890434
Western Connecticut State University 890435
www.aetnastudenthealth.com
877-375-4244
This is a brief description of the Student Accident Insurance Health Plan. The Plan is mandatory for Connecticut State University System full time students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If there is a difference between this Benefit Summary and the Master Policy, the Policy will control.

**Connecticut State College and Universities (CSCU) Health Services**

University Health Services is your University's on-campus health facility.

For more information:

**Central Connecticut State University (CCSU) Health Services:**
Please contact at: **(860) 832-1925** or
Visit their website at: [www.ccsu.edu/healthservices](http://www.ccsu.edu/healthservices)
Office Hours: Monday through Friday 8:00 AM to 5:00 PM
In the event of an emergency, call **911** or the CCSU Campus Police at **(860) 832-2375**

**Eastern Connecticut State University (ECSU) Health Services:**
Please contact at: **(860) 465-5263** or
Visit their website at: [www1.easternct.edu/health/](http://www1.easternct.edu/health/)
Office Hours: Monday from 9:00 AM to 5:00 PM and Tuesday - Friday from 9:00 AM to 4:30 PM
In the event of an emergency, call **911** or the ECSU Campus Police at **(860) 465-5310**

**Southern Connecticut State University (SCSU) Health Services:**
Please contact at: **(203) 392-6300** or
Office Hours: Monday -Thursday 8:30 AM-4:30 PM Friday from 9:30 AM to 4:30 PM
In the event of an emergency, call **911** or the SCSU Campus Police at **(203) 392-5375**

**Western Connecticut State University (WCSU) Health Services:**
Please contact at: **(203) 837-8594** or
Visit their website at: [http://www.wcsu.edu/healthservices/](http://www.wcsu.edu/healthservices/)
Office Hours: Monday through Friday 8:00 AM to 4:00 PM
In the event of an emergency, call **911** or the WCSU Campus Police at **(203) 837-9300**

**Coverage Periods**

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on **August 1, 2019**, and will terminate at 11:59 PM on **December 31, 2019**.

2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 AM on **January 1, 2020**, and will terminate at 11:59 PM on **July 31, 2020**.

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Coverage Start Date</th>
<th>Coverage End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>8/01/2019</td>
<td>7/31/2020</td>
</tr>
<tr>
<td>Fall</td>
<td>8/01/2019</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Spring</td>
<td>1/01/2020</td>
<td>7/31/2020</td>
</tr>
</tbody>
</table>
Rates

Full Time Students

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Student Accident Only Mandatory Plan</td>
<td>$45</td>
<td>$20</td>
<td>$25</td>
</tr>
</tbody>
</table>

Part Time Student Accident

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time Student Accident Only Voluntary Plan*</td>
<td>$45</td>
<td>$20</td>
<td>$25</td>
</tr>
</tbody>
</table>

*Spring semester enrollment for new students.

Enrollment

All Full-Time students will be automatically enrolled in this Plan.

All Part-Time students are eligible to enroll in this Plan directly with Aetna Student Health.

EXCEPTION: A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by Aetna within 90 days of withdrawal from school.

To enroll online or obtain an enrollment form for voluntary coverage, log on to www.aetnastudenthealth.com and search for your school, then click on Enroll to download the appropriate form.

Part-Time Student Voluntary Enrollment Deadlines

<table>
<thead>
<tr>
<th>CSU</th>
<th>Annual / Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Connecticut State University</td>
<td>9/30/2019</td>
<td>1/31/2020</td>
</tr>
<tr>
<td>Eastern Connecticut State University</td>
<td>9/30/2019</td>
<td>1/31/2020</td>
</tr>
<tr>
<td>Southern Connecticut State University</td>
<td>9/30/2019</td>
<td>1/31/2020</td>
</tr>
<tr>
<td>Western Connecticut State University</td>
<td>9/30/2019</td>
<td>1/31/2020</td>
</tr>
</tbody>
</table>
Student Coverage

Eligibility

Full-Time Students

All full-time registered undergraduate and graduate students are automatically enrolled in their CSU University’s Accident Insurance Plan and are required to participate.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Part-Time Students

Any actively registered and matriculating part-time student enrolled at a CSCU school that is currently participating in an accredited, degree-seeking program is eligible to enroll in the Student Accident and Sickness Health Insurance Plan. Aetna Student Health maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met and maintained. If we discover that the Policy Eligibility Requirements have not been met and maintained, our only obligation is a refund of premium, less any claims paid. Eligibility Requirements must be met and maintained each time a premium is paid to continue coverage.

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

In-network Provider Network

Aetna Student Health offers Aetna’s broad network of In-network Providers. You can save money by seeing In-network Providers because Aetna has negotiated special rates with them, and because the Plan’s benefits are better.

If you need care that is covered under the Plan but not available from an In-network Provider, contact Member Services for assistance at the toll-free number on the back of your ID card. In this situation, Aetna may issue a pre-approval for you to receive the care from an Out-of-network Provider. When a pre-approval is issued by Aetna, the benefit level is the same as for In-network Providers.

Pre-certification

You need pre-approval from us for some eligible health services. Pre-approval is also called pre-certification.

Pre-certification for medical services and supplies

In-network care

Your in-network physician is responsible for obtaining any necessary pre-certification before you get the care. If your in-network physician doesn’t get a required pre-certification, we won’t pay the provider who gives you the care. You won’t have to pay either if your in-network physician fails to ask us for pre-certification. If your in-network physician requests pre-certification and we refuse it, you can still get the care but the plan won’t pay for it. You will find additional details on requirements in the Certificate of Coverage.
Out-of-network care

When you go to an out-of-network provider, it is your responsibility to obtain pre-certification from us for any services and supplies on the pre-certification list. If you do not pre-certify, your benefits may be reduced, or the plan may not pay any benefits. Refer to your schedule of benefits for this information. The list of services and supplies requiring pre-certification appears later in this section.

Pre-certification call

Pre-certification should be secured within the timeframes specified below. To obtain pre-certification, call Member Services at the toll-free number on your ID card. This call must be made:

| Non-emergency admissions:         | You, your physician or the facility will need to call and request pre-certification at least 14 days before the date you are scheduled to be admitted. |
| An emergency admission:           | You, your physician or the facility must call within 48 hours or as soon as reasonably possible after you have been admitted. |
| An urgent admission:              | You, your physician or the facility will need to call before you are scheduled to be admitted. An urgent admission is a hospital admission by a physician due to the onset of or change in an illness, the diagnosis of an illness, or an injury. |
| Outpatient non-emergency services requiring pre-certification: | You or your physician must call at least 14 days before the outpatient care is provided, or the treatment or procedure is scheduled. |

We will provide a written notification to you and your physician of the pre-certification decision, where required by state law. If your pre-certified services are approved, the approval is valid for 30 days as long as you remain enrolled in the plan.

If you require an extension to the services that have been pre-certified, you, your physician, or the facility will need to call us at the number on your ID card as soon as reasonably possible, but no later than the final authorized day.

If pre-certification determines that the stay or outpatient services and supplies are not covered benefits, the notification will explain why and how you can appeal our decision. You or your provider may request a review of the pre-certification decision. See the When you disagree - claim decisions and appeals procedures section of Certificate of Coverage.

What if you don’t obtain the required pre-certification?

If you don’t obtain the required pre-certification:

- Your benefits may be reduced, or the plan may not pay any benefits. See the schedule of benefits Pre-certification penalty section.
- You will be responsible for the unpaid balance of the bills.
- Any additional out-of-pocket expenses incurred will not count toward your deductibles or maximum out-of-pocket limits.
What types of services and supplies require pre-certification?

Pre-certification is required for the following types of services and supplies:

<table>
<thead>
<tr>
<th>Inpatient services and supplies</th>
<th>Outpatient services and supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient services and supplies</td>
<td>Outpatient services and supplies</td>
</tr>
<tr>
<td>ART services</td>
<td>Applied behavior analysis</td>
</tr>
<tr>
<td>Obesity (bariatric) surgery</td>
<td>Certain prescription drugs and devices*</td>
</tr>
<tr>
<td>Stays in a hospice facility</td>
<td>Complex imaging</td>
</tr>
<tr>
<td>Stays in a hospital</td>
<td>Comprehensive infertility services</td>
</tr>
<tr>
<td>Stays in a rehabilitation facility</td>
<td>Cosmetic and reconstructive surgery</td>
</tr>
<tr>
<td>Stays in a residential treatment facility for treatment of mental disorders and substance abuse</td>
<td>Emergency transportation by airplane</td>
</tr>
<tr>
<td>Stays in a skilled nursing facility</td>
<td>Home Health</td>
</tr>
<tr>
<td></td>
<td>Hospice</td>
</tr>
<tr>
<td></td>
<td>Intensive outpatient program (IOP) – mental disorder and substance abuse diagnoses</td>
</tr>
<tr>
<td></td>
<td>Kidney dialysis</td>
</tr>
<tr>
<td></td>
<td>Knee surgery</td>
</tr>
<tr>
<td></td>
<td>Medical injectable drugs, (immunoglobulins, growth hormones, multiple sclerosis medications, osteoporosis medications, botox, hepatitis C medications)*</td>
</tr>
<tr>
<td></td>
<td>Outpatient back surgery not performed in a physician’s office</td>
</tr>
<tr>
<td></td>
<td>Outpatient detoxification</td>
</tr>
<tr>
<td></td>
<td>Partial hospitalization treatment – mental disorder and substance abuse diagnoses</td>
</tr>
<tr>
<td></td>
<td>Private duty nursing services</td>
</tr>
<tr>
<td></td>
<td>Psychological testing/neuropsychological testing</td>
</tr>
<tr>
<td></td>
<td>Sleep studies</td>
</tr>
<tr>
<td></td>
<td>Transcranial magnetic stimulation (TMS)</td>
</tr>
<tr>
<td></td>
<td>Wrist surgery</td>
</tr>
</tbody>
</table>

*For a current listing of the prescription drugs and medical injectable drugs that require pre-certification, contact Member Services by calling the toll-free number on your ID card in the How to contact us for help section or by logging onto the Aetna website at www.aetnastudenthealth.com
### Description of Benefits

The Plan excludes coverage for certain services (referred to as exceptions in the certificate of coverage) and has limitations on the amounts it will pay. While this Plan Design and Benefit Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Certificate of Coverage issued to you, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If any discrepancy exists between this Benefit Summary and the Certificate of Coverage, the Certificate will control.

This Plan will pay benefits in accordance with any applicable Connecticut Insurance Law(s).

Metallic Level: Silver, Tested at 68.20.

<table>
<thead>
<tr>
<th>Policy Year Maximum</th>
<th>$100,000 per Accident per Policy Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COINSURANCE</strong></td>
<td>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITALIZATION BENEFITS</strong></td>
<td></td>
</tr>
<tr>
<td>Room and Board Expense</td>
<td><strong>Preferred Care</strong>: 100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Miscellaneous Hospital Expense</td>
<td>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings.</td>
</tr>
<tr>
<td>Non-Surgical Physicians Hospital Visit Expense</td>
<td>Non-surgical services of the attending Physician, or a consulting Physician.</td>
</tr>
<tr>
<td><strong>SURGICAL EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Surgical Expense (Inpatient and Outpatient)</td>
<td><strong>Preferred Care</strong>: 100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Anesthesia Expense (Inpatient and Outpatient)</td>
<td><strong>Preferred Care</strong>: 100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Assistant Surgeon Expense (Inpatient and Outpatient)</td>
<td><strong>Preferred Care</strong>: 100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Ambulatory Surgical Expense</td>
<td><strong>Preferred Care</strong>: 100% of the Negotiated Charge</td>
</tr>
<tr>
<td>OUTPATIENT EXPENSE</td>
<td>Preferred Care</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Hospital Outpatient Department Expense</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td>Walk-in Clinic Visit Expense</td>
<td>100% of the Negotiated Charge</td>
</tr>
</tbody>
</table>

**Emergency Room Expense**  
**Important Notice:**  
A separate hospital emergency room visit benefit deductible or copay applies for each visit to an emergency room for emergency care.  
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.  
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.  
Similarly, services rendered in the emergency room that are not included in the hospital emergency room visit benefit may be subject to coinsurance rates that are different from the coinsurance rate applicable to the hospital emergency room visit benefit.  

**Important Note:** Please note that 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.  

<table>
<thead>
<tr>
<th>Urgent Care Expense</th>
<th>100% of the Negotiated Charge</th>
<th>80% of the Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Expense</td>
<td>100% of the Negotiated Charge</td>
<td>100% of the Recognized Charge</td>
</tr>
<tr>
<td>OUTPATIENT EXPENSE (Continue)</td>
<td>Preferred Care</td>
<td>Non-Preferred Care</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Physician’s Office Visit Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>This benefit includes visits to specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and X-ray Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>High Cost Procedures Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes CT scans, MRIs, PET scans, Laser Treatment and Nuclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Imaging Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes Physical, Speech, and Occupational Therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes chemotherapy, including anti-nausea drugs used in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>conjunction with the chemotherapy, orally administered</td>
<td></td>
<td></td>
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<tr>
<td>anticancer medications, prescribed by a prescribing practitioner,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and used to kill or slow the growth of cancerous cells, radiation</td>
<td></td>
<td></td>
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<tr>
<td>therapy, tests and procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Therapy Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes office visits and manipulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical and Surgical Equipment Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Prosthetic Devices Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Dental Injury Expense</td>
<td>100% of the Actual Charge</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Includes travel immunizations and flu shots.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Benefits are limited to a maximum of 100 visits per Policy year.</td>
<td></td>
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</tr>
<tr>
<td>Licensed Nurse Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense</td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Rehabilitation Facility Expense</td>
<td>100% of the Negotiated Charge for</td>
<td>80% of the Recognized Charge for</td>
</tr>
<tr>
<td>the rehabilitation facility’s daily room and board maximum</td>
<td>the semi-private room rate</td>
<td>the semi-private room rate</td>
</tr>
<tr>
<td>for semi-private accommodations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A covered person, a covered person’s designee or a covered person’s prescriber may seek an expedited medical exception process to obtain coverage for non-covered drugs in exigent circumstances. An “exigent circumstance” exists when a covered person is suffering from a health condition that may seriously jeopardize a covered person’s life, health, or ability to regain maximum function or when a covered person is undergoing a current course of treatment using a non-formulary drug.

The request for an expedited review of an exigent circumstance may be submitted by contacting Aetna's Pre-certification Department at 1-855-240-0535, faxing the request to 1-877-269-9916, or submitting the request in writing to:

CVS Health
ATTN: Aetna PA
1300 E. Campbell Road
Richardson, TX 75081

What your plan doesn’t cover – some eligible health service exceptions

We already told you about the many health care services and supplies that are eligible for coverage under your plan in the Eligible health services under your plan section. And we told you there, that some of those health care services and supplies have exceptions (exclusions). For example, physician care is an eligible health service but physician care for cosmetic surgery is never covered. This is an exception (exclusion).

In this section we tell you about the exceptions.

And just a reminder, you'll find coverage limitations in the schedule of benefits.

General exceptions

This Plan does not cover nor provide benefits for:

1. Expense incurred for dental treatment, services and supplies except for those resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth and those as specially covered under the Policy.

2. Expense incurred for services normally provided without charge by the Policyholder's school health services, infirmary or hospital, or by health care providers employed by the Policyholder.

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 or regulatory obligation to pay such charges in the absence of insurance.

8. Expense incurred for elective treatment or elective surgery except as specifically covered under the Policy and provided while the Policy is in effect.

9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
   1. Improve the function of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or as direct result of disease or surgery performed to treat a disease or injury.
   2. Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under the Policy. Surgery must be performed in the policy year of the accident which causes the injury or in the next policy year.

3. 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.

4. Expense for or related to artificial insemination, in-vitro fertilization or embryo transfer procedures, male elective sterilization, or elective abortion unless specifically covered under the Policy.

5. 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) to the extent allowed by law.

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

7. Expense incurred for custodial care.

8. 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 except as specifically covered in the Policy. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.

9. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices except as specifically covered in the Policy.

10. Expense incurred for, or in connection with, drugs, devices, procedures, or treatments that are, as determined by Aetna to be, experimental or investigational except as specifically covered under the Policy.

11. Expenses incurred for gastric bypass and any restrictive procedures for weight loss except screening and counseling services specifically covered under the Policy.


13. Expenses incurred for gynecomastia (male breasts).

14. 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.

15. Expense incurred for acupuncture except as specifically covered under the Policy.

16. Expense incurred for alternative holistic medicine and/or therapy including, but not limited to, yoga and hypnotherapy unless specifically covered under the Policy.
17. 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.

18. 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.

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

20. Expense incurred for hearing exams, hearing aids; the fitting; or prescription of hearing aids except as specifically covered under the Policy. Not covered are:
   1. Any hearing service or supply that does not meet professionally accepted standards;
   2. Hearing exams given during a stay in a hospital or other facility;
   3. Any tests, appliances, and devices for the improvement of hearing, including aids, hearing aids and amplifiers, or to enhance other forms of communication to compensate for hearing loss or devices that simulate speech; and
   4. Routine hearing exams, except for routine hearing screenings as specifically described under Preventive Care Benefits.

5. Expense for care or services covered under Medicare Part A or Part B and the covered person is enrolled in Medicare Part A or B.

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

7. 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.

8. Expense incurred for any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this Policy, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.

9. Expense for services or supplies provided for the treatment of obesity and/or weight control except screening and counseling services as specifically covered under the Policy. Not covered is any treatment, drug service or supply intended to decrease or increase body weight, control weight or treat obesity, including morbid obesity, regardless of the existence of comorbid conditions, including but not limited to:
   1. Liposuction, banding, gastric stapling, gastric by-pass and other forms of bariatric surgery;
   2. Surgical procedures, medical treatments, weight control/loss programs and other services and supplies that are primarily intended to treat, or are related to the treatment of obesity, including morbid obesity;
   3. Drugs, stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications;
   4. Counseling, coaching, training, hypnosis, or other forms of therapy; and
   5. Exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy, or other forms of activity or activity enhancement.

5. Expense for incidental surgeries and standby charges of a physician.

6. Expense incurred for injury resulting from the play or practice of intercollegiate sports, participating in sports clubs; or intramural athletic activities; is excluded after 104 weeks from the date of accident.

7. Expense incurred for non-preferred care charges that are not recognized charges.
8. 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.

9. Expense incurred for routine physical exams, routine eye exams, routine dental exams, routine hearing exams and
other preventive services and supplies, except as specifically covered in the Policy.

10. Expense incurred for a treatment, service, prescription drug, or supply which is not medically necessary as
determined by Aetna for the diagnosis, care, or treatment of the sickness or injury involved, the restoration of
physiological functions, or covered preventive services. This includes behavioral health services that are not
primarily aimed at treatment of sickness, injury, restoration of physiological functions or that do not have a
physiological or organic basis. This applies even if they are prescribed, recommended, or approved by the person’s
attending physician, dentist, or vision provider.

11. Expenses incurred for vision-related services and supplies, except as specifically covered in the Policy. In addition,
the plan does not cover:

1. Special supplies such as non-prescription sunglasses;
2. Vision service or supply which does not meet professionally accepted standards;
3. Special vision procedures, such as orthoptics or vision training;
4. Eye exams during a stay in a hospital or other facility for health care;
5. Eye exams for contact lenses or their fitting;
6. Eyeglasses or duplicate or spare eyeglasses or lenses or frames;
7. Replacement of lenses or frames that are lost or stolen or broken;
8. Acuity tests; and
9. Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures;
10. Services to treat errors of refraction.

11. Expense incurred for designated care and preferred care charges in excess of the negotiated charge.

12. Nursing and home health aide services or therapeutic support services provided outside of the home (such as in
conjunction with school, vacation, work or recreational activities).

13. Expense incurred in relation to genetics: Except as specifically covered in the Policy, the plan does not cover any
treatment, device, drug, service or supply to alter the body’s genes, genetic make-up, or the expression of the
body’s genes except for the correction of congenital birth defects.

14. Expense incurred for therapies and tests:

   Any of the following treatments or procedures including but not limited to:

1. Aromatherapy;
2. Bio-feedback and bio-energetic therapy;
3. Carbon dioxide therapy;
4. Chelation therapy (except for heavy metal poisoning);
5. Computer-aided tomography (CAT) scanning of the entire body;
6. Early intensive behavioral interventions (including Applied Behavior Analysis, Denver, LEAP, TEACHH, Rutgers
   programs) except as specifically covered in the What the Medical Plan Covers Section;
7. Educational therapy;
8. Gastric irrigation;
9. Hair analysis;
10. Hyperbaric therapy, except for the treatment of decompression or to promote healing of wounds;
11. Hypnosis, and hypnotherapy, except when performed by a physician as a form of anesthesia in connection with
    covered surgery;
12. Lovaas therapy;
13. Massage therapy;
14. Megavitamin therapy;
15. Primal therapy;
16. Psychodrama;
17. Purging;
18. Recreational therapy;
19. Rolfing;
20. Sensory or auditory integration therapy;
21. Sleep therapy;
22. Thermograms and thermography.

23. Expenses incurred for any instruction for diet, plaque control and oral hygiene.

24. Expenses incurred for dental services and supplies that are covered in whole or in part under any other part of this plan.

25. Expenses incurred for jaw joint disorder treatment, services and supplies, except as specifically covered in the Policy, to alter bite or the alignment or operation of the jaw, including temporomandibular joint disorder (TMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment.

26. Expenses incurred for orthodontic treatment except as specifically covered in the Orthodontic Treatment Rule section of the Policy.

27. Expenses incurred for routine dental exams and other preventive services and supplies, except as specifically covered in the Policy.

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

Fully Insured Disclaimer

The Connecticut State University System 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 NOTICES:

Sanctioned Countries:

If coverage provided by this policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license.

For more information, visit [http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call (877) 375-4244.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights
Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and
Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary
companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call (877) 375-4244.

Para acceder a los servicios de idiomas sin costo, llame al (877) 375-4244. (Spanish)

如欲使用免費語言服務，請致電(877) 375-4244. (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le (877) 375-4244. (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa (877) 375-4244. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie an (877) 375-4244. (German)

Pou jwenn sèvis lang gratis, rele(877) 375-4244. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero (877) 375-4244. (Italian)

言語サービスを無料でご利用いただくには、 までお電話ください(877) 375-4244. (Japanese)

무료 언어 서비스를 이용하려면 번으로 전화해 주십시오(877) 375-4244. (Korean)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić (877) 375-4244. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para (877) 375-4244. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону(877) 375-4244. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số (877) 375-4244(877) 375-4244. (Vietnamese)

(877) 375-4244

أرقام الاتصال للاستفسارات عن الخدمات اللغوية دون أي تكلفة، الاتصال بالرقم (877) 375-4244.

(877) 375-4244 Persian Farsi
**Additional Information:** This plan is underwritten by Aetna Life Insurance Company, which was incorporated in Connecticut on June 14, 1853. Aetna Life Insurance Company is wholly owned by Aetna Inc.

**Utilization Review Data**

The following utilization review data includes utilization review performed by all companies which may be subcontracted, including carve-out services under contract with the Managed Care Organization care enrollees:

A. Total number of utilization review requests: 190

B. Total number of adverse determinations (denials)* based on A: 18

C. The total number of adverse determinations in B above regarding an admission, service, procedure, or an extension of stay that were appealed. (if multiple levels of appeals, count only once) 4

D. Total number of adverse decisions in B above regarding an admission, service, procedure, or extension of stay that were reversed on appeal: 1

*Negotiated or partial certifications are included in this figure.

**Health Care Providers**

Total number of participating primary care physicians located in:

- Fairfield County: 1058
- Hartford County: 1062
- Litchfield County: 149
- Middlesex County: 186
- New Haven County: 1192
- New London County: 238
- Tolland County: 151
- Windham County: 135

Total number of participating specialists located in:

- Fairfield County: 2221
- Hartford County: 2334
- Litchfield County: 534
- Middlesex County: 464
New Haven County 2822
New London County 610
Tolland County 292
Windham County 230

Total number of participating acute care hospitals located in:

Fairfield County 7
Hartford County 14
Litchfield County 4
Middlesex County 2
New Haven County 10
New London County 3
Tolland County 2
Windham County 3

| No. of Pharmacies-Locations | 710 |

**Medical Loss Ratio:** 68.20%

The medical loss ratio if defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.