Aetna Student Health
Plan Design and Benefits Summary
University of Michigan - International

Policy Year: 2014 - 2015
Policy Number: 711146
This is a brief description of the International Student/Scholar Student Health Plan. The Plan is available for University of Michigan F-1 and J-1 students and scholars and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University of Michigan and may be viewed online at www.aetnastudenthealth.com/umich. If any discrepancy exists between this Plan Design and Benefits Summary and the Policy, the Master Policy will govern and control the payment of benefits.

The University of Michigan International Student/Scholar Health Insurance Plan

The University of Michigan International Student/Scholar Health Insurance Plan has been developed especially for University of Michigan F-1 and J-1 International Students/Scholars and their accompanying dependents. The Plan provides coverage for illnesses and injuries that occur on and off campus (worldwide), and includes special cost-saving features to keep the coverage as affordable as possible. The University of Michigan is pleased to offer the Plan as described in this Plan Design and Benefits Summary.

University of Michigan Information:

1. A listing of the Regents of the University of Michigan can be found at: www.regents.umich.edu
2. A copy of the Non-Discrimination Policy Notice can be found at: www.hr.umich.edu/oie/ndpolicy.html

U.S. Government requirements for J1/J2 Visa Policyholders are satisfied under the University of Michigan International Plan.

If you have a life-threatening emergency, call 911 or go directly to the nearest hospital emergency room.

Care options for the immediate area of your campus include, but are not limited to, the following:

ANN ARBOR CAMPUS

University Health Service (UHS) (students*/scholars, spouses or same sex domestic partners, children age 10 or above)
207 Fletcher Street
Ann Arbor, MI 48109

For hours of operation and services provided:
(734) 764-8320
Access to After Hours Care (866) 204-1082 (toll-free)
www.uhs.umich.edu

*Students enrolled in classes will usually save money by going to University Health Service for non-emergency health care. See http://www.uhs.umich.edu/feestudents

University of Michigan Medical Center
1500 E. Medical Center Drive
Ann Arbor, MI 48109
www.uofmhealth.org
Packard Health (students/scholars, spouses or same sex domestic partners, children)
3174 Packard Road
Ann Arbor, MI 48108
For hours of operation and services provided:
(734) 971-1073

Packard Health West
501 North Maple Road
Ann Arbor, MI 48103
For hours of operation and services provided:
(734) 926-4900

DEARBORN CAMPUS
Office of International Affairs
780 Town Center Dr, Suite 108
Dearborn, MI 48126
For hours of operation and services provided:
(313) 583-6600
http://umdearborn.edu/internationaloffice/

FLINT CAMPUS
Urban Health and Wellness Center
1153 William S. White Bldg.
509 N. Harrison
Flint, MI 48502-1950
For hours of operation and services provided:
(810) 424-5269
www.umflint.edu/uhwc

Coverage Periods

1. **Students**: Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 a.m. on September 1, 2014. Coverage becomes effective on that date or on the effective date printed on the “Temporary Insurance Certificate” received at the Mandatory Check-In program, whichever is later, each Policy Year. Your coverage is effective through the end date of your I-20 or DS-2019 form, or for F-1 students on post-completion Optional Practical Training (OPT), through the end of the OPT period.

2. **Insured Dependents**: Coverage will become effective on the same date the insured student’s coverage becomes effective. Coverage for insured dependents terminates in accordance with the termination provisions described in the Master Policy. Examples include, but are not limited to: the date the dependent no longer meets the definition of a dependent.
Rates

Students and Scholars will be billed once each month.

Note: Students and scholars enrolled in the Plan for part or all of a calendar month will be billed for the entire calendar month, since the monthly premium cannot be pro-rated.

<table>
<thead>
<tr>
<th>Cost</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Scholar</td>
<td>$116.75</td>
</tr>
<tr>
<td>Student/Scholar and One Dependent</td>
<td>$426.75</td>
</tr>
<tr>
<td>Student/Scholar and Two or More Dependents</td>
<td>$736.50</td>
</tr>
</tbody>
</table>

The rates above include both premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna), as well as the University of Michigan administrative fee.

Student Coverage

Eligibility

Eligibility for this Plan is limited to University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan. The accompanying dependents of these students and scholars are also eligible for this Plan.

University of Michigan - Ann Arbor Insurance Requirement

All University of Michigan (Ann Arbor) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Ann Arbor), and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M F-1 students or F-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center’s website at http://internationalcenter.umich.edu/healthins/waiver.html#standards.

All University of Michigan (Ann Arbor) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Ann Arbor) and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. The specific criteria used to determine comparability are posted on the International Center’s website at http://internationalcenter.umich.edu/healthins/waiver.html#standards.

University of Michigan - Dearborn Insurance Requirement

All University of Michigan (Dearborn) F-1 International Students whose Forms I-20 were issued by the University of Michigan (Dearborn), and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M Dearborn F-1 students or F-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan (Dearborn) J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan (Dearborn) and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as U-M J-1 students or scholars or J-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy. Information regarding the enrollment, billing or waiver procedures is contained within the
University of Michigan Dearborn International Student Health Insurance Plan Notice. A copy of this Notice can be obtained from the Office of International Affairs at The Union, 780 Town Center Dr., Suite 108. For more information, visit http://umdearborn.edu/internationaloffice/.

**University of Michigan - Flint Insurance Requirement**

All University of Michigan-Flint F-1 International Students whose Forms I-20 were issued by the University of Michigan-Flint, and their accompanying F-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint F-1 students or F-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

All University of Michigan-Flint J-1 International Students and Scholars whose Forms DS-2019 were issued by the University of Michigan-Flint and their accompanying J-2 dependents are eligible for this Plan and must remain enrolled in the Plan throughout their stay as UM-Flint J-1 students or scholars or J-2 dependents unless, in the judgment of the University, comparable coverage is in effect under another insurance policy.

Information regarding the enrollment, billing or waiver procedures is contained within the University of Michigan-Flint International Student Health Insurance Plan Notice. The Notice can be obtained on the International Center’s website: umflint.edu/international.

**Enrollment**

All new University of Michigan F-1 International Students or J-1 International Students or Scholars whose Forms I-20 or DS-2019 were issued by the University of Michigan and their accompanying F-2 and J-2 dependents will be enrolled in the International Student/Scholar Health Insurance Plan as soon as the student or scholar has completed the mandatory check-in process, and coverage will become effective on the student or scholar’s Form I-20 or DS-2019 start date (Form I-20, Item 5 or Form DS-2019, Item 3).

**Qualifying Life Event**

After the initial date the student/scholar and/or dependents are eligible for the plan, only those students/scholars and/or dependents 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 Michigan International Student/Scholar Health Insurance Plan. These students/scholars and/or dependents must provide proof that they have lost insurance through another group (certificate and letter of ineligibility) within 31 days of the qualifying event. Any application or request beyond 31 days from the qualifying event will not be accepted. Coverage under the Aetna Student Health Insurance Plan will be effective on the first of the month following termination of the prior coverage. For more information regarding qualifying events, or to enroll yourself and/or dependents due to a qualifying event, please contact:

- Ann Arbor students/scholars- International Center at (734) 647-2303 or email at: ihi@umich.edu
- Dearborn students/scholars- Office of International Affairs at (313) 583-6600 or email at: umdoia-international@umich.edu
- Flint students/scholars- International Center at (810) 762-0867 or e-mail: ic@umflint.edu
**Waivers**

**University of Michigan - Ann Arbor Campus**
If you are eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible dependents in that coverage as soon as possible by following the procedures described at [http://benefits.umich.edu/enrollment/index.html](http://benefits.umich.edu/enrollment/index.html). Please also review the information available at [http://www.benefits.umich.edu/benefitgroups/index.html](http://www.benefits.umich.edu/benefitgroups/index.html) carefully, or ask your department administrator for assistance, since specific procedures may be different depending on your “benefit group.” Once you and any accompanying F-2 or J-2 dependents are enrolled in these benefits, your International Student/Scholar Insurance Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. The cancellation date will depend on the effective date of your University of Michigan benefits. No waiver request form is required since this is an automated process. International Students and J-1 Exchange Visitors who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Insurance Plan should fill out and submit the International Health Insurance Waiver Request Form, available on the International Center website, to request approval of an insurance waiver and cancellation of International Student/Scholar Insurance Plan coverage.

More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [http://internationalcenter.umich.edu/healthins/waiver.html](http://internationalcenter.umich.edu/healthins/waiver.html).

**University of Michigan - Dearborn Campus**
If you are eligible for health insurance benefits administered by the University of Michigan Benefits office because you are or will be a University of Michigan-Dearborn employee or a U-M fellowship-holder whose fellowship includes GradCare, please enroll yourself and any eligible dependents in that coverage as soon as possible by following the procedures given to you by your hiring department. Once the Office of International Affairs is notified that you and any accompanying F-2 or J-2 dependents are enrolled in these benefits, your International Student/Scholar Insurance Plan coverage will be cancelled and any needed adjustments (credits) will be made to your insurance account. Since this is not an automatic process you or your hiring department must inform Office of International Affairs of your GradCare benefits otherwise you may be enrolled in both Aetna and GradCare.

Students/scholars who would like to substitute private insurance or insurance provided by a sponsor must request an insurance waiver by filling out the waiver request form and attaching information about the insurance coverage they want to substitute for the Aetna Plan. Upon approving a waiver, the Office of International Affairs will update Student Accounts and any necessary adjustments (credits) will be made. More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at [http://umdearborn.edu/css_health_int_obtain_waiver/](http://umdearborn.edu/css_health_int_obtain_waiver/).

**University of Michigan - Flint Campus**
The Flint International Center will issue Waiver Request Forms and verify any non-Aetna insurance coverage of any new and continuing F-1 students. Waiver forms can be obtained by logging into the International Student portal, iService ([sunapsis.umflint.edu](http://sunapsis.umflint.edu)).

International Students and J-1 Exchange Visitors who would like to substitute private insurance or insurance provided by a sponsor for the International Student/Scholar Insurance Plan should fill out and submit the International Health Insurance Waiver Request Form, available on the International Center website, to
request approval of an insurance waiver and cancellation of International Student/Scholar Insurance Plan coverage.

More information about requesting a waiver and about the coverage an insurance plan must have in order for a waiver to be approved is available at sunapsis.umflint.edu.

Students can request an insurance waiver by filling out the waiver request form online and attaching information about the insurance coverage they want to substitute for the Aetna Plan. Upon approving a waiver, the Flint International Center will update Student Accounts and any necessary adjustment will be made. Waiver forms can be obtained on iService, an international student portal.

Coverage End Date

Your coverage under the International Student/Scholar Insurance Plan will extend through the end date of your I-20 or DS-2019, or through the end of your F-1 post-completion Optional Practical Training for students who are recommended for post-completion OPT. If the end date of your I-20 or DS-2019 changes, the end date of your health insurance coverage will also change.

**Automatic Re-enrollment in the International Student/Scholar Insurance Plan**

**University of Michigan – Ann Arbor Campus**

If your alternative coverage ends before the end of your stay as an F-1 or J-1 student or scholar, you will be re-enrolled in the International Student/Scholar Insurance Plan. Also, if a waiver request form has been approved for private insurance or insurance provided by a sponsor, and the time period for which the waiver has been approved has ended, and the waiver is not renewed or is not re-approved, you will be re-enrolled in the International Student/Scholar Insurance Plan if you have not yet completed your stay as an F-1 student or J-1 student or scholar. If you leave the University permanently before the end date of your I-20 or DS-2019, or leave the United States because you have decided not to complete your post-completion Optional Practical Training (OPT), please be sure to fill out the appropriate departure form. Forms are available at http://internationalcenter.umich.edu/immg/forms/. Please follow the instructions on the form that describe when and how to fill out the form and where to submit the form.

If you do not submit a departure form, the International Center will not know that you have ended your F-1 or J-1 stay, and you may be billed for health insurance, either because your enrollment in the International Student/Scholar Insurance Plan will be continued or because you will be automatically re-enrolled in the International Student/Scholar Insurance Plan if your alternative coverage and/or your insurance waiver ends before your I-20, DS-2019 or (for F-1 students on Optional Practical Training) your OPT end date.

If your immigration status has changed and you are no longer in F-1 or J-1 immigration status, it is your responsibility to notify the University by following the procedure explained at http://internationalcenter.umich.edu/intlstudents/faq.html#q19. You may have the option of continuing your University of Michigan International Student/Scholar Health Insurance Plan for a short period of time after your change of status. Please contact the U-M International Center’s Health Insurance office http://internationalcenter.umich.edu/healthins/hours.html for more information.
University of Michigan - Dearborn Campus

All re-enrollment requests must be initiated and approved through the Office of International Affairs located at The Union, 780 Town Center Dr., Suite 108. The office can be reached by phone at (313) 583-6600 or by email at: umdoia-international@umich.edu.

University of Michigan - Flint Campus

All re-enrollment requests must be initiated and approved through the International Center. The office can be reached by phone at (810) 762-0867 or e-mail: ic@umflint.edu. You may visit the website for more information: http://www.umflint.edu/international.

Continuation of Coverage

Once an International Student or International Visiting Scholar’s status as a University of Michigan F-1 or J-1 visa holder ends, the International Student or International Visiting Scholar may be eligible to continue coverage in this Plan for a period not to exceed a maximum of three months. The length of the continuation shall be determined by the date your coverage ends under the F-1 or J-1 status with the University (as reported to Aetna Student Health), not to exceed the normal Policy termination date, and must be purchased in three (3) month intervals, or the lesser thereof based on the F-1/J-1 end date. To be eligible for Continuation, you must have been enrolled under the University of Michigan International Student Health Insurance Plan prior to the start of the Continuation. International Students or International Visiting Scholars may also cover eligible Dependents under this provision. Coverage for Dependents shall be for the same period as the student/scholar, and the Dependents must have been covered under the Plan prior to the Continuation start date. Enrollment in the Continuation Coverage must be completed by the end of the month in which your eligibility under this provision begins.

Please see the chart below for examples of how this provision may affect you.

<table>
<thead>
<tr>
<th>F-1/J-1 coverage end date</th>
<th>Continuation option(s)</th>
<th>Continuation coverage end date</th>
<th>Deadline to enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2014</td>
<td>3 months</td>
<td>12/31/2014</td>
<td>10/31/2014</td>
</tr>
<tr>
<td>10/31/2014</td>
<td>3 months</td>
<td>1/31/2015</td>
<td>11/30/2014</td>
</tr>
<tr>
<td>11/30/2014</td>
<td>3 months</td>
<td>2/28/2015</td>
<td>12/31/2014</td>
</tr>
<tr>
<td>12/31/2014</td>
<td>3 months</td>
<td>3/31/2015</td>
<td>1/31/2015</td>
</tr>
<tr>
<td>1/31/2015</td>
<td>3 months</td>
<td>4/30/2015</td>
<td>2/28/2015</td>
</tr>
<tr>
<td>2/28/2015</td>
<td>3 months</td>
<td>5/31/2015</td>
<td>3/31/2015</td>
</tr>
<tr>
<td>3/31/2015</td>
<td>3 months</td>
<td>6/30/2015</td>
<td>4/30/2015</td>
</tr>
<tr>
<td>4/30/2015</td>
<td>3 months</td>
<td>7/31/2015</td>
<td>5/31/2015</td>
</tr>
<tr>
<td>5/31/2015</td>
<td>3 months</td>
<td>8/31/2015</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>6/30/2015</td>
<td>2 months</td>
<td>8/31/2015</td>
<td>7/31/2015</td>
</tr>
<tr>
<td>7/31/2015</td>
<td>1 month</td>
<td>8/31/2015</td>
<td>8/31/2015</td>
</tr>
</tbody>
</table>

Please Note: Coverage under the Continuation provision cannot be carried over from one Policy Year to the next. Coverage under this provision ceases on the date this Plan terminates.

Questions relating to this provision or Continuation enrollment should be directed to Aetna Student Health at (800) 239-9697.
Refund Policy

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

Leaving U-M or not enrolling in classes does not automatically cancel your participation in the Student/Scholar Health Insurance Plan.

University of Michigan – Ann Arbor Campus
U-M F-1 or J-1 students or scholars who leave the University permanently earlier than they anticipated, should be sure to fill out the appropriate departure form so that the International Center can make appropriate adjustments to their SEVIS (Student and Exchange Visitor Information System) records. Once this form is processed, the end date of your insurance coverage will also be adjusted if necessary. Departure forms are available at http://internationalcenter.umich.edu/immig/forms/. Please follow the instructions on the form that describe when and how to fill out the form and where to submit the form. There are some situations in which you may need to visit the International Center Insurance Office to fill out and sign a Change Form instead of or in addition to a departure form in order to change the end date of your insurance coverage. All Change Forms must be approved by the Health Insurance Advisor. For more information, please contact the Insurance Advisor at ihi@umich.edu.

University of Michigan – Dearborn Campus
All coverage cancellation requests must be initiated and approved through the Office of International Affairs.

University of Michigan – Flint Campus
All re-enrollment requests must be initiated and approved through the International Center.

Dependent Coverage

Eligibility

Covered Students may also enroll their lawful spouse/same-sex domestic partner and dependent children to age 26. Dependent eligibility expires concurrently with that of the insured student.

Enrollment

Accompanying F-2 and J-2 dependents of F-1/J-1 International Students and International Visiting Scholars will be enrolled in the International Student/Scholar Health Insurance Plan as soon as the student or scholar has completed the mandatory check-in process, and coverage will become effective on the student or scholar's Form I-20 or DS-2019 start date (Form I 20, Item 5 or Form DS-2019, Item 3).

For information or general questions on Dependent enrollment, please contact:

- **Ann Arbor Campus**: University of Michigan International Center – (734) 647-2303 or ihi@umich.edu
- **Dearborn Campus**: Office of International Affairs – (313) 583-6600 or umdoia-international@umich.edu
- **Flint Campus**: International Center – (810) 762-0867 or ic@umflint.edu
For further assistance and premium information, please contact:

- **Ann Arbor Campus**: University of Michigan International Center – (734) 647-2303 or ihi@umich.edu
- **Dearborn Campus**: Office of International Affairs – (313) 583-6600 or umdoia-international@umich.edu
- **Flint Campus**: International Center – (810) 762-0867 or ic@umflint.edu

**Preferred Provider Network**

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

**Pre-certification Program**

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at (800) 239-9697.

- **If you do not secure pre-certification** for non-emergency inpatient admissions, or provide notification for emergency admissions, your covered medical expenses will be subject to a $200 per admission Deductible.

- **If you do not secure pre-certification** for partial hospitalizations, your covered medical expenses will be subject to a $200 per admission Deductible.

You’ll need pre-certification for the following inpatient and outpatient services or supplies:

- All inpatient admissions, including length of stay, to a hospital, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility;
- All inpatient maternity care, after the initial 48 hours for a vaginal delivery or 96 hours for a cesarean section;
- All partial hospitalization in a hospital, residential treatment facility, or facility established primarily for the treatment of substance abuse.

**Pre-certification DOES NOT guarantee the payment of benefits for your inpatient admission**

Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Master Policy. Also you can view eligibility, notification guidelines, and benefit coverage.

**Pre-certification of non-emergency inpatient admissions and partial hospitalization**

Non-emergency admissions must be requested at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

**Pre-certification of emergency inpatient admissions**

Emergency admissions must be requested within **one (1) business day** after the admission.
Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits 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 Master Policy issued to University of Michigan - International, you may access it online at www.aetnastudenthealth.com. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. All coverage is based on Recognized Charges unless otherwise specified.

<table>
<thead>
<tr>
<th>Policy Year Maximum</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable. | Individual: **$100** per policy year  
Spouse: **$100** per policy year  
Child: **$100** per policy year  
Family: Family: **$200** per policy year |
| In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for: Prescribed Medicine Expenses, Emergency Room Expense, Elective Abortion Expense, Preferred Care Pediatric Dental Services and Preferred Care Pediatric Preventive Vision Services. |  
| Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible. |  

<table>
<thead>
<tr>
<th><strong>COINSURANCE</strong></th>
<th>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.</th>
</tr>
</thead>
</table>
| **OUT OF POCKET MAXIMUMS** | Combined Out-of-Pocket:  
Individual Out-of-Pocket: **$3,500**  
Family Out-of-Pocket: **$7,000** |
| Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year. |  
| The following expenses do not apply toward meeting the Out-of-Pocket Limit:  
- expenses that are not covered medical expenses; |
- penalties, and
- other expenses not covered by this Policy

<table>
<thead>
<tr>
<th>Inpatient Hospitalization Benefits</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Room and Board Expense</strong></td>
<td>After a $150 Copay per admission, <strong>100%</strong> of the Negotiated Charge</td>
<td>80% of the Recognized Charge for a semi-private room</td>
</tr>
<tr>
<td><strong>Miscellaneous Hospital Expense</strong></td>
<td><strong>100%</strong> of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><em>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Surgical Physicians Expense</strong></td>
<td><strong>100%</strong> of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><em>Non-surgical services of the attending Physician, or a consulting Physician</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Expenses</strong></td>
<td>Preferred Care</td>
<td>Non-Preferred Care</td>
</tr>
<tr>
<td><strong>Surgical Expense (Inpatient and Outpatient)</strong></td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Anesthesia Expense (Inpatient and Outpatient)</strong></td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Assistant Surgeon Expense (Inpatient and Outpatient)</strong></td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Ambulatory Surgical Expense</strong></td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Outpatient Expense</strong></td>
<td>Preferred Care</td>
<td>Non-Preferred Care</td>
</tr>
<tr>
<td><strong>Hospital Outpatient Department Expense</strong></td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Walk-in Clinic Visit Expense</strong></td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Emergency Room Expense</strong></td>
<td>After a $75 Copay per visit (waived if admitted), <strong>100%</strong> of the Negotiated Charge</td>
<td>After a $75 per visit Deductible (waived if admitted), <strong>100%</strong> of the Recognized Charge</td>
</tr>
</tbody>
</table>

*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>Benefit</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Expense</td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td><strong>90%</strong> of the Negotiated Charge <strong>90%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>Physician’s Office Visit Expense</td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>Laboratory and X-ray Expense</td>
<td><strong>90%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>High Cost Procedures Expense</td>
<td><strong>90%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>Therapy Expense</td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td>Therapy Expense</td>
<td><strong>Includes Physical, Speech and Occupational Therapy</strong></td>
</tr>
<tr>
<td>Therapy Expense</td>
<td><strong>Includes charges for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. Also includes expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy</strong></td>
</tr>
<tr>
<td>Chiropractic Therapy Expense</td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge <strong>80%</strong> of the Recognized Charge</td>
</tr>
</tbody>
</table>
### Durable Medical and Surgical Equipment Expense
90% of the Negotiated Charge  
80% of the Recognized Charge

### Prosthetic Devices Expense
90% of the Negotiated Charge  
80% of the Recognized Charge

### Dental Injury Expense
90% of the Actual Charge

### Allergy Testing and Treatment Expense
Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

### Diagnostic Testing For Learning Disabilities Expense
*Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan*

### Dental Expense for Impacted Wisdom Teeth
90% of the Actual Charge

---

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
</table>
| **Pap Smear Screening Expense** | 100% of the Negotiated Charge*  
Includes charges for:  
- A baseline mammogram for women between the ages of 35 to 40, and  
- A mammogram every year, or more frequently based on the recommendation of the woman's physician, for women 40 years of age and older  
Also includes breast cancer diagnostic services, breast cancer rehabilitative services, and breast cancer outpatient treatment services | 80% of the Recognized Charge |
| **Mammogram Expense** | 100% of the Negotiated Charge*  
Includes charges for:  
- A baseline mammogram for women between the ages of 35 to 40, and  
- A mammogram every year, or more frequently based on the recommendation of the woman's physician, for women 40 years of age and older  
Also includes breast cancer diagnostic services, breast cancer rehabilitative services, and breast cancer outpatient treatment services | 80% of the Recognized Charge |
| **Immunizations Expense** | 100% of the Negotiated Charge*  
Includes travel immunizations and flu shots | 80% of the Recognized Charge |
| **Routine Physical Exam Expense** | 100% of the Negotiated Charge*  
Includes routine tests and related lab fees | 80% of the Recognized Charge |
| **Routine Screening for Sexually Transmitted Disease Expense** | 100% of the Negotiated Charge* | 80% of the Recognized Charge |
| **Routine Colorectal Cancer** | 100% of the Negotiated Charge* | 80% of the Recognized Charge |
### Screening Expense

*Includes charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following:*
- One fecal occult blood test every 12 months in a row
- A Sigmoidoscopy at age 50 and every 3 years thereafter
- One digital rectal exam every 12 months in a row
- A double contrast barium enema, once every 5 years
- A colonoscopy, once every 10 years
- Virtual colonoscopy
- Stool DNA

### Routine Prostate Cancer Screening

*Includes charges incurred by a covered person for the screening of cancer as follows: for a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year*

<table>
<thead>
<tr>
<th>Coverage</th>
<th>100% of the Negotiated Charge*</th>
<th>80% of the Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After a $20 Copay per visit</strong></td>
<td><strong>100% of the Negotiated Charge</strong></td>
<td>80% of the Recognized Charge</td>
</tr>
</tbody>
</table>

### Vision Care Exam Expense

*Limited to a maximum of 1 routine vision exam and contact lens exam per policy year*

<table>
<thead>
<tr>
<th>Coverage</th>
<th>100% of the Negotiated Charge*</th>
<th>80% of the Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After a $20 Copay per visit</strong></td>
<td><strong>100% of the Negotiated Charge</strong></td>
<td>80% of the Recognized Charge</td>
</tr>
</tbody>
</table>

### Pediatric Vision Care Exam Expense

*Supplies are limited to 1 Pair of glasses (lenses and frames) per Policy Year*  
*Covers Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)*

<table>
<thead>
<tr>
<th>Coverage</th>
<th>100% of the Negotiated Charge*</th>
<th>80% of the Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After a $20 Copay per visit</strong></td>
<td><strong>100% of the Negotiated Charge</strong></td>
<td>80% of the Recognized Charge</td>
</tr>
</tbody>
</table>

*Benefits are provided to covered persons through age 18*
<table>
<thead>
<tr>
<th><strong>Pediatric Routine Dental Exam</strong></th>
<th><strong>Expense</strong></th>
<th><strong>100% of the Negotiated Charge</strong></th>
<th><strong>70% of the Recognized Charge</strong></th>
</tr>
</thead>
</table>
| *Covered dental expenses include* | charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of Michigan - International page on the Aetna Student Health website, 
| [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) | Benefits are provided to covered persons through age 18 |
| Benefits are limited to 1 exam every 6 months |

<table>
<thead>
<tr>
<th><strong>Pediatric Basic Dental Care</strong></th>
<th><strong>Expense</strong></th>
<th><strong>70% of the Negotiated Charge</strong></th>
<th><strong>50% of the Recognized Charge</strong></th>
</tr>
</thead>
</table>
| *Covered dental expenses include* | charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of Michigan - International page on the Aetna Student Health website, 
| [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) | Benefits are provided to covered persons through age 18 |

<table>
<thead>
<tr>
<th><strong>Pediatric Major Dental Care</strong></th>
<th><strong>Expense</strong></th>
<th><strong>50% of the Negotiated Charge</strong></th>
<th><strong>50% of the Recognized Charge</strong></th>
</tr>
</thead>
</table>
| *Covered dental expenses include* | charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of Michigan - International page on the Aetna Student Health website, 
<p>| <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> | Benefits are provided to covered persons through age 18 |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric Orthodontia Expense</strong></td>
<td>50% of the Negotiated Charge*</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><em>Medically necessary comprehensive treatment.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Replacement of retainer (limit one per lifetime)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits are provided to covered persons through age 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine Hearing Exam Expense</strong></td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><em>Limited to a maximum of 1 routine hearing exam per policy year</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment of Mental and Nervous Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Expense</strong></td>
<td>After a $150 Copay per admission, 100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Outpatient Expense</strong></td>
<td>After a $20 Copay per visit, 100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Alcoholism and Drug Addiction Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Expense</strong></td>
<td>After a $150 Copay per admission, 100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Outpatient Expense</strong></td>
<td>After a $20 Copay per visit, 100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Maternity Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Expense</strong></td>
<td>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</td>
<td></td>
</tr>
<tr>
<td><strong>Prenatal Care/Comprehensive Lactation Support and Counseling Services</strong></td>
<td>100% of the Negotiated Charge*</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Breast Feeding Durable Medical Equipment</strong></td>
<td>100% of the Negotiated Charge*</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Well Newborn Nursery Care Expense</strong></td>
<td>100% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
</tbody>
</table>
### Family Planning Expense

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

- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;
- The reversal of voluntary sterilization procedures, including any related follow-up care

<table>
<thead>
<tr>
<th>Voluntary Sterilization</th>
<th>Coverage for tubal ligation for voluntary sterilization</th>
<th>100% of the Negotiated Charge*</th>
<th>80% of the Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Sterilization</td>
<td>Coverage for vasectomy for voluntary sterilization</td>
<td>90% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
</tbody>
</table>

**Contraceptives**

**Important Note:** Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written

<table>
<thead>
<tr>
<th>Prescription Drug Coverage</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medicines Expense</td>
<td>90% of the Negotiated Charge*</td>
<td>80% of the Recognized Charge*</td>
</tr>
</tbody>
</table>

**Prescription Drug Coverage**

Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at **888 RX-AETNA** (available 24 hours).

Aetna Specialty Pharmacy provides specialty medications and support to members living...
with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com

Includes coverage for Off-label use of FDA approved prescription drugs, including any medically necessary supplies to administer the drug; and drugs used in antineoplastic therapy and the reasonable cost of administration of these drugs.

<table>
<thead>
<tr>
<th>Additional Benefits</th>
<th>Preferred Care</th>
<th>Non-Preferred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Testing Supplies Expense</td>
<td>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Outpatient Diabetic Self-management Education Programs Expense</td>
<td>After a $20 Copay per visit, <strong>100%</strong> of the Negotiated Charge</td>
<td><strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Temporomandibular Joint Dysfunction Expense</td>
<td>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Elective Abortion Expense</td>
<td><strong>90%</strong> of the Negotiated Charge*</td>
<td><strong>90%</strong> of the Recognized Charge*</td>
</tr>
<tr>
<td>Benefits are limited to $485 per condition, per occurrence, per Policy Year etc.</td>
<td></td>
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</tr>
<tr>
<td>Hospice Benefit</td>
<td>After a $150 Copay per admission, <strong>100%</strong> of the Negotiated Charge</td>
<td><strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care Expense</td>
<td><strong>90%</strong> of the Negotiated Charge</td>
<td><strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Nurse Expense</td>
<td><strong>100%</strong> of the Negotiated Charge</td>
<td><strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Skilled Nursing Facility Expense</td>
<td>After a $150 Copay per admission, <strong>100%</strong> of the Negotiated Charge for the semi-private room rate</td>
<td><strong>80%</strong> of the Recognized Charge for the semi-private room rate</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rehabilitation Facility Expense</td>
<td>After a $150 Copay per admission, <strong>100%</strong> of the Negotiated Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations</td>
<td><strong>80%</strong> of the Recognized Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convalescent Facility Expense</td>
<td>After a $150 Copay per admission, <strong>100%</strong> of the Negotiated Charge</td>
<td><strong>80%</strong> of the Recognized Charge</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Autism Expense

**Pervasive developmental disorders, including but not limited to autism spectrum disorder, are Covered for initial evaluation and follow-up psychiatric medication management**

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.

### Bariatric Surgery Expense

**Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity**

Benefits are limited to 1 procedure per lifetime.

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.

### Infertility Expense

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.

### Human Organ Transplant Expense

**Covered Services**

- Evaluations for transplants and transplants of the following organs at a facility approved by us, but only when we have approved the transplant as Medically/Clinically Necessary and non-experimental:
  - (a) Bone marrow or stem cell
  - (b) Cornea
  - (c) Heart
  - (d) Kidney
  - (e) Liver
  - (f) Lung
  - (g) Pancreas
  - (h) Small bowel

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.

### Orthognatic Surgery Expense

**Includes Orthognatic Surgery to correct conditions of the jaw and face related to structure, growth, sleep apnea, TMJ disorders, malocclusion problems owing to skeletal disharmonies, or other orthodontic problems that cannot be easily treated with braces**

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.

*Annual Deductible does not apply to these services*
Exclusions

This Plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound, natural teeth or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.

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

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

4. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.

5. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

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

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

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

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

10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the 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, webbed fingers, or toes, or as direct result of disease, or surgery performed to treat a disease or injury. b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury, or in the next calendar year.

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

12. Expense incurred as a result of commission of a felony.
13. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.

14. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.

15. 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.

16. Treatment for injury to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.

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

18. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.

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

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

21. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: a) There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or injury involved, or b) If required by the FDA, approval has not been granted for marketing, or c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or d) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that: a) The disease can be expected to cause death within one year, in the absence of effective treatment, and b) The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved. Also, this exclusion will not apply with respect to drugs that: a) Have been granted treatment investigational new drug (IND), or b) Group c/treatment IND status, or c) Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute, d) If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.
22. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss, unless specifically provided in this Policy.

23. Expenses incurred for breast reduction/mammoplasty.

24. Expenses incurred for gynecomastia (male breasts).

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

26. 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.

27. Expense incurred for; or related to; services; treatment; testing; educational testing; training; or medication for Attention Deficit Disorder; Attention Deficit Hyperactive Disorder; or Learning Disabilities; or other developmental delays, unless otherwise provided in this Plan.

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

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

30. 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.

31. 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.

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

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

34. Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.

35. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the covered person is eligible, but did not enroll in Part B.

36. Expense for telephone consultations (except telemedicine services), charges for failure to keep a scheduled visit, or charges for completion of a claim form.

37. 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.

38. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless specifically provided in the policy.

39. Expense for incidental surgeries, and standby charges of a physician.
40. Expense for treatment and supplies for programs involving cessation of tobacco use, unless otherwise provided for in this plan.

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

42. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.

43. Expenses incurred for massage therapy.

44. Expenses incurred for, or in connection with, speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts, speak words, and form sentences), as a result of an accident or sickness.

45. Expense incurred for, or related to, sex change surgery.

46. Expense for charges that are not recognized charges, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the recognized charge for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.

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

48. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.

49. Expense incurred for a treatment, service, or supply, which is not medically necessary, as determined by Aetna, for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved, by the person’s attending physician, or dentist. In order for a treatment, service, or supply, to be considered medically necessary, the service or supply must: a) be care, or treatment, which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved, and the person’s overall health condition, b) be a diagnostic procedure which is indicated by the health status of the person, and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved, and the person’s overall health condition, and c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: 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: a) those that do not
require the technical skills of a medical, a mental health, or a dental professional, or b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility, or c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a physician's or a dentist's office, or other less costly setting.

50. Expenses incurred for the treatment of acne.

The University of Michigan International Student/Scholar Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.