

**2009-2010**

*University of Central Florida*



Student Health Insurance Plan Brochure

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

*Policy Number 697435*

**This Plan Contains a Deductible**

## WHERE TO FIND HELP

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In case of an emergency, call **911** or your local emergency hotline, or go directly to an emergency care facility. For non-emergency situations please visit or call UCF Health Services at **(407) 823-3850**.

### **For questions about the Aetna Student Health Insurance Plan:**

- Insurance Benefits, Copays, Deductibles
- Enrollment, eligibility
- Claims Processing
- Pre-Certification Requirements

#### *Please Contact:*

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(866) 378-8881**

### **For questions about:**

- ID Cards

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

#### *For lost ID cards, contact:*

Aetna Student Health  
**(866) 378-8881**

### **For questions about:**

- Status of Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

#### *Please Contact:*

Aetna Pharmacy Management  
**(800) 238-6279** (Available 24 hours)

### **For questions about:**

- Provider Listings

#### *Please Contact:*

Aetna Student Health  
**(866) 378-8881**

For a complete list of providers, call Aetna Student Health at **(866) 378-8881** or you can use Aetna's **DocFind**<sup>®</sup> Service at either: [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html) or [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

### **For questions about:**

- On Call International 24/7 Emergency Travel Assistance Services

#### *Please Contact:*

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

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

**For questions about UCF Health Services:**

- Appointments

*Please Contact:*

UCF Health Services

**(407) 823-3850**

**For questions about:**

- Referrals
- Diagnostic Tests
- Qualifying Events

*Please Contact:*

UCF Health Services Insurance Department

**(407) 823-1649**

Informed HEALTH Line-24-hour Nurse Line

**(800) 556-1555**

## **IMPORTANT NOTE**

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Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to University of Central Florida. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the UCF Health Center during business hours.

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

**Subject to the terms of the Policy, benefits are available for you and your eligible dependents only for the coverage's listed below, and only up to the maximum amounts shown.**

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## UNIVERSITY OF CENTRAL FLORIDA HEALTH SERVICES

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The UCF Health Center (Building 127) is located on the southern end of Apollo Circle on the main campus, just south of the Chemistry Building and in between the Math & Physics Building and the Counseling Center.

For general information, please call **(407) 823-2701**.

To schedule an appointment, please call **(407) 823-3850**.

### **Normal UCF Health Center Hours (Fall/Spring Semester)**

Monday – Friday: 8:00 a.m. – 6:00 p.m.

Saturday (acute care only): 10:00 a.m. – 2:00 p.m.

Sunday: Closed

### **Normal UCF Health Center Hours (Summer and breaks)**

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

Saturday and Sunday: Closed

### **Covered services rendered through UCF Health Services for which expenses are incurred will be paid at 100% with no Deductible, including the following:**

- Routine OB/GYN exam with routine lab tests per Policy Year (Pap smear, Papnet, GC/Chlamydia and Pregnancy), up to a benefit of \$75 per Policy Year.
- Annual screening for STDs, up to a benefit of \$75 per Policy Year.
- Counseling Services.
- Toenail excisions.

Prescriptions filled at the UCF Health Center Pharmacy and Knight Aide are subject to a \$10 Copay for Generic Prescription Drugs, a \$20 Copay for Brand-Name Prescription Drugs and a \$40 Copay for Non-Preferred brand.

### **PLEASE NOTE (NEW FOR 2009-2010): THERE IS A \$1,250 MAXIMUM FOR COVERED PRESCRIPTION DRUGS.**

**Access to UCF Health Services is limited to fee-paying students or qualified “off semester” students. Spousal dependents of eligible students who pre-pay the semester health fee have access to UCF Health Services with the same benefits as the enrolled student. Child dependents are not eligible to use UCF Health Services and do not receive reduced Deductibles.**

## **POLICY PERIOD**

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1. **Students:** Coverage for all insured students enrolled for the Fall Semester will become effective on **August 15, 2009**, and will terminate on **August 14, 2010**.
2. **New Spring Semester Students:** Coverage for all insured students enrolled for the Spring Semester will become effective on **January 1, 2010**, and will terminate on **August 14, 2010**.
3. **Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see page (32) of this Brochure. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

## RATES

Please visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for payment options.

### Basic Medical Plan

<b>2009/2010</b>	<b>Annual Plan 8/15/09-08/14/10</b>	<b>Fall Only December Graduates Only 8/15/09-12/31/09</b>	<b>Spring/Summer 1/1/10-8/14/10</b>	<b>Summer Only 5/1/10-8/14/10</b>
<b>Student Only</b>	\$1,384	\$527	\$857	\$402
<b>Spouse Only</b>	\$3,199	\$1,218	\$1,981	\$929
<b>One Child</b>	\$1,930	\$735	\$1,195	\$560
<b>Two or more Children</b>	\$5,276	\$2,009	\$3,267	\$1,532

### Supplemental Plan

<b>2009/2010</b>	<b>Annual Plan 8/15/09-8/14/10</b>	<b>Fall Only December Graduates Only 8/15/09-12/31/09</b>	<b>Spring Only 1/1/10-8/14/10</b>	<b>Summer Only 5/1/10- 8/14/10</b>
<b>Student Only</b>	\$116	\$44	\$72	\$34
<b>Spouse Only</b>	\$249	\$95	\$154	\$72
<b>One Child</b>	\$156	\$59	\$97	\$45
<b>Two or more Children</b>	\$401	\$153	\$248	\$116

**College of Medicine: Medical Plan**

<b>2009/2010</b>	<b>Annual Plan 8/3/09-8/14/10</b>	<b>Fall Only 8/3/09-12/31/09</b>	<b>Spring Only 1/1/10-8/14/10</b>	<b>Summer Only 5/1/10-8/14/10</b>
<b>Student Only</b>	\$1,429	\$572	\$857	\$402
<b>Spouse Only</b>	\$3,304	\$1,323	\$1,981	\$929
<b>One Child</b>	\$1,993	\$797	\$1,195	\$560
<b>Two or more Children</b>	\$5,449	\$2,182	\$3,267	\$1,532

**College of Medicine: Supplemental Plan**

<b>2009/2010</b>	<b>Annual Plan 8/3/09-8/14/10</b>	<b>Fall Only 8/3/09-12/31/09</b>	<b>Spring Only 1/1/10-8/14/10</b>	<b>Summer Only 5/1/10-8/14/10</b>
<b>Student Only</b>	\$120	\$48	\$72	\$34
<b>Spouse Only</b>	\$257	\$103	\$154	\$72
<b>One Child</b>	\$161	\$64	\$97	\$45
<b>Two or more Children</b>	\$414	\$166	\$248	\$116

## UNIVERSITY OF CENTRAL FLORIDA STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

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This is a brief description of the Accident and Sickness Medical Expense benefits available for UCF students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the UCF's Health Center during business hours.

### STUDENT COVERAGE

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#### *DOMESTIC STUDENT ELIGIBILITY*

Domestic Undergraduate students enrolled in a minimum of six credit hours (three credit hours during the summer), Graduate students, all practical training students and all visiting scholars (Post-doctoral) are eligible to enroll in the Plan on a voluntary basis.

#### *INTERNATIONAL STUDENTS ELIGIBILITY*

All international students with a current passport and student Visa (F1 or J1) are required to provide proof of comparable coverage. International students who have comparable coverage through another plan will be required to submit a waiver application online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). The deadline to submit a waiver for the Fall semester is **September 30, 2009**.

#### **To Enroll/Waive Online:**

- Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- Click on "Find Your School" and enter UCF or University of Central Florida.
- Click on the "Enroll/Waive" tab.
- Follow the prompts on the screen. Provide all information requested to confirm enrollment/waiver.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium, less any claims paid.

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, and any covered dependents, upon written request received by Aetna within 90 days of withdrawal from school.

### PREMIUM REFUND POLICY

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If you withdraw from school within the first 31 calendar days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. If the student withdraws from the University of Central Florida within the first 31 calendar days of the semester, a full refund of the insurance premium will be paid unless you or your covered dependent has filed a medical claim. If the student withdraws from the University of Central Florida after the first 31 calendar days of the semester, coverage will remain in effect until the end of the term for which premium has been paid. **No refunds will be granted after the first 31 calendar days of the semester.**

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. 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.

## INTERNATIONAL STUDENTS WAIVER PROCESS/PROCEDURE

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<b>International: F1 and J1 Visa Students</b>	<b>Waiver Deadline Date</b>
Students enrolling for the Fall Semester	<b>9/30/2009</b>
Students enrolling for the Spring Semester	<b>1/30/2010</b>

*Waiver submissions may be audited by University of Central Florida, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting the waiver request, you agree that your current insurance plan may be contacted for confirmation that your coverage is in force for the applicable Policy Year and that it meets the school's waiver requirements.*

## DEPENDENT COVERAGE

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### ***ELIGIBILITY***

**Dependent:** (a) the **covered student's** spouse residing with the **covered student**; or (b) dependent who is the insured's child (by blood or by law) who:

1. is less than 30 years of age; and
2. is unmarried; and
3. has no dependents; and
4. is a resident of FL **or** if not a resident of FL is enrolled as a full- or part-time student; and
5. is not provided coverage as a named subscriber, insured, enrollee or **Covered Person** under any other health plan, student, or franchise health plan, or individual health benefits plan or is not entitled to benefits under Medicare.

The parent of the dependent must remain a covered student in order for the dependent to remain covered on the Plan. If the covered student terminates coverage, the dependent also loses coverage under the Plan.

### ***DEPENDENT TERMINATION***

Coverage will cease on the earliest of the following events:

- the end of the calendar year in which the dependent turns 30;
- the student (insured) loses coverage and is terminated;
- the date the dependent become covered under another group plan;
- the date the dependent moves out of state and is not a student;
- the date on which due premium is not paid;
- the date on which this Plan terminates or the date the Policyholder terminates participation under this Plan. If coverage is replaced by another group policy, the student and the dependent have the right to become covered under the new Policy until they are no longer eligible as noted above.

### ***NEWBORN INFANT AND ADOPTED CHILD COVERAGE***

All health insurance benefits applicable for children will be payable with respect to a newborn child from the moment of birth. The coverage for a newborn child will consist of coverage for expenses incurred as a result of injury or sickness, including the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities, or prematurity, and also includes transportation costs of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition if the transportation is certified by the attending physician as necessary to protect the health and safety of the newborn child. The coverage of transportation costs may not exceed the usual and customary charges, up to **\$1,000**.

Notice must be given to Aetna within 31 days of the date of the child's birth. If timely notice of the child's birth is given to Aetna, no additional premium will be charged for the coverage of the newborn child for the duration of the notice period. If notice is not given to Aetna within the 31 day period, an additional premium will be charged from the date of the child's birth. **If notice is given within 60 days of the birth of the child, Aetna will not deny coverage for a child due to the failure of the covered student to provide a timely notice to Aetna of the birth of the child. This provision also applies to a newborn child who, as outlined below, is adopted by the covered student.**

Coverage is provided for a child legally placed for adoption with a covered student from the moment of placement. Except in the case of a foster child, coverage for an adopted child will not be denied as a result of a pre-existing condition. In the case of a newborn child, insurance for such child becomes effective at the moment of birth if a written agreement to adopt such child has been entered into by the covered student prior to the birth of the child.

Notice must be given to Aetna within 31 days of the date of the adopted child's birth or placement in the covered student's home. If timely notice of the child's birth is given to Aetna, no additional premium will be charged for the coverage of the newborn child for the duration of the notice period. If notice is not given to Aetna within the 31 day period, an additional premium will be charged from the date of the child's birth or placement. **If notice is given within 60 days of the birth or placement of the child, Aetna will not deny coverage for a child due to the failure of the covered student to provide a timely notice to Aetna of the birth or placement of an adopted child.**

Insurance will not become effective for an adopted child who is not ultimately placed in the residence of the covered student.

**Please Note: Previously Covered Persons must re-enroll for dependent coverage by September 30, 2009 for the Fall Semester, and by January 30, 2010 for the Spring Semester, in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous coverage occurs, a condition existing during such a break which is a pre-existing condition will not be payable. See the Continuously Insured Section of this Brochure.**

For information or general questions on dependent enrollment, contact Aetna Student Health at, (866) 378-8881 or:

- Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
- Click on "Find Your School" and enter UCF or University of Central Florida.
- Click on the "Enroll/Waive" tab.
- Follow the prompts on the screen. Provide all information requested to confirm enrollment/waiver.

### **CONTINUOUSLY INSURED**

Persons who have remained continuously insured under this Policy or other policies will be covered for any pre-existing condition, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Policy. Previously **Covered Persons** must re-enroll for coverage, including dependent coverage, by **September 30, 2009**, for the Fall Semester, and by **January 30, 2010**, for the Spring Semester in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous coverage occurs, the pre-existing conditions limitation will apply (see page 12).

## **PREFERRED PROVIDER NETWORK**

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Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the UCF campus.

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. Preferred Providers are independent contractors, and are neither employees nor agents of UCF, Aetna Student Health, or Aetna.

You may obtain information regarding Preferred Providers by contacting Aetna Student Health at **(866) 378-8881**, or through the internet by accessing DocFind® at [www.aetna.com/docfind/custom/studenthealth/index.html](http://www.aetna.com/docfind/custom/studenthealth/index.html).

1. Click on “Enter DocFind”
2. Select zip code, city, or county
3. Enter criteria
4. Select Provider Category
5. Select Provider Type
6. Select Plan Type – Student Health Plans
7. Select “Start Search” or “More Options”
8. “More Options” enter criteria and “Search”

*\*Preferred Providers are independent contractors and are neither employees nor agents of University of Central Florida, Aetna Student Health, or Aetna.*

## **REFERRAL REQUIREMENTS: NEW FOR 2009-2010**

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A referral from UCF Health Services is required for all **Covered Persons** who have pre-paid the semester health fee (excluding dependents under age 18) prior to receiving medical services from providers other than UCF Health Services. Expenses incurred for services for which no prior referral has been obtained are excluded from coverage. Referrals are required on a per accident or sickness basis, and must be renewed each Policy Year. Children under the age of 18 are not eligible to use the UCF Health Services and are not subject to the referral requirements.

A referral is not required in the following circumstances:

- Treatment is for an Emergency Medical Condition, Follow up care **MUST** be coordinated through UCF Health Services,
- When UCF Health Service is closed,
- The student is more than 25 miles away from the UCF Health Services,
- Medical care obtained when a student is no longer able to use Health Services due to a change in student status,
- Maternity and Gynecology services,
- Dermatology services for the first five visits only, then a referral is required,
- Exposure to needle stick or bloodborne pathogens.

## **PRE-CERTIFICATION PROGRAM**

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Pre-certification simply means calling Aetna Student Health prior to treatment to obtain approval for a medical procedure or service. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. All requests for certification must be obtained by contacting Aetna Student Health at **(866) 378-8881** (attention Managed Care Department).

- **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 condition Deductible.

The following inpatient and outpatient services or supplies require pre-certification:

- All inpatient admissions, including length of stay, to a hospital, convalescent facility, 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 48/96 hours.
- 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 Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Accident and Sickness Plan.

***PRE-CERTIFICATION OF NON-EMERGENCY INPATIENT ADMISSIONS, PARTIAL HOSPITALIZATION, IDENTIFIED OUTPATIENT SERVICES AND HOME HEALTH SERVICES***

The patient, Physician or hospital must telephone at least **three business days** prior to the planned admission or prior to the date the services are scheduled to begin.

***NOTIFICATION OF EMERGENCY ADMISSIONS***

The patient, patient's representative, Physician or hospital must telephone within **one business day** following inpatient (or partial hospitalization) admission.

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***PRE-EXISTING CONDITIONS/CONTINUOUSLY INSURED PROVISIONS***

***PRE-EXISTING CONDITION***

A pre-existing condition is an injury or disease that was present before your first day of coverage under a group health insurance plan. If you received treatment or services for that injury or disease **or** you took prescription drugs or medicines for that injury or disease during the **180 days (six months)** prior to your first day of coverage, that injury or disease will be considered a pre-existing condition.

***LIMITATION***

Expenses incurred by a **Covered Person** as a result of a pre-existing condition will not be considered **Covered Medical Expenses** unless no charges are incurred or treatment rendered for the condition for a period of six months while covered under this program, or the **Covered Person** has been covered under this Program for twelve consecutive months, whichever happens first.

Routine follow-up care to determine whether breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice diagnosis, care or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

***CONTINUOUSLY INSURED***

You have been continuously insured if you (1) had "creditable health insurance coverage" (such as COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this Plan; **and** (2) the creditable coverage ended within **63 days** of the date you enrolled under this Plan. If both of these tests are met, then the pre-existing limitation period under this Plan will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage. You will be asked to provide evidence of your prior creditable coverage.

Once a break (of more than **63 days**) in your continuous coverage occurs, the definition of pre-existing conditions will apply.

Pre-existing conditions will not apply to adopted children.

## DESCRIPTION OF BENEFITS

**Please Note: The University of Central Florida Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the University of Central Florida Plan Brochure carefully before deciding whether this Plan is right for you. While this 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. If you want to look at the full Plan description, which is contained in the Master Policy issued to the University of Central Florida, you may view it at UCF Health Services or you may contact Aetna Student Health at (866) 378-8881.**

**This Plan will never pay more than \$250,000 in a Policy Year per accident or sickness, unless the Plan maximum is increased to \$1,000,000 with the addition of the supplemental Plan. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.**

Subject to the terms of the Policy, benefits are available for you and your eligible dependents only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

## SUMMARY OF BENEFITS CHART

### DEDUCTIBLES

The following Deductibles are applied before **Covered Medical Expenses** for Preferred Care and Non-Preferred Care are payable:

#### *Students:*

Preferred Care: **\$250** per Policy Year.

Non-Preferred Care: **\$400** per Policy Year.

#### *Family:*

Preferred Care: **\$500** per Policy Year.

Non Preferred Care: **\$1,000** per Policy Year.

### COINSURANCE

**Covered Medical Expenses** are payable at the coinsurance percentage specified below, after any applicable Deductible, up to a maximum benefit of **\$250,000** for any one accident, or any one sickness, per Policy Year (or **\$1,000,000** if the supplemental Plan was purchased).

### OUT OF POCKET MAXIMUMS

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, up to any benefit maximum that may apply.

Preferred Care Individual Out-of-Pocket: **\$2,000\***

Preferred Care Family Out-of-Pocket: **\$6,000\***

Non-Preferred Care Individual Out-of-Pocket: **\$4,000\***

Non-Preferred Care Family Out-of-Pocket: **\$12,000\***

**\*Excludes Mental Health, Substance Abuse and Prescription Medications.**

All coverage is based on Reasonable Charges unless otherwise specified.

<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge for the semi-private room for an overnight stay.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge for a semi-private room for an overnight stay.</p>
Intensive Care Unit Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge for the Intensive Care Room Rate for an overnight stay.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge for the Intensive Care Room Rate for an overnight stay.</p>
Miscellaneous Hospital Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to: laboratory tests, X-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines.</p>
Physician Hospital Visit/ Consultation Expenses	<p><b>Covered Medical Expenses</b> for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>

<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Expenses	<p><b>Covered Medical Expenses</b> for charges for surgical services, performed by a Physician, are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>
Anesthetist and Assistant Surgeon Expenses	<p><b>Covered Medical Expenses</b> for the charges of an anesthetist and an assistant surgeon, during a surgical procedure, are payable  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>
Outpatient Hospital Services for Surgery Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>
Ambulatory Surgical Expenses	<p><b>Covered Medical Expenses</b> for outpatient surgery performed in an ambulatory surgical center are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> must be incurred on the day of the surgery or within <b>48 hours</b> after the surgery.</p>

<b>Outpatient Benefits</b>	
<b>Covered Medical Expenses</b> include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.	
Outpatient Hospital Expenses	<b>Covered Medical Expenses</b> for outpatient treatment in a hospital are payable as follows: <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.
Emergency Room Expenses	<b>Covered Medical Expenses</b> incurred for treatment of an Emergency Medical Condition are payable as follows: Plan Deductible is waived for Emergency Care.  <u>Preferred Care:</u> After a \$ <b>100</b> Copay (waived if admitted), <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> After a \$ <b>100</b> Deductible (waived if admitted), <b>80%</b> of the Reasonable Charge.  <i>Please Note: This per visit Deductible does not apply towards meeting the annual Deductible.</i>
Urgent Care Expenses	Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.  <b>Please Note:</b> A <b>Covered Person</b> should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The <b>Covered Person</b> should go directly to the emergency room of a hospital or call <b>911</b> for ambulance and medical assistance.  <b>Covered Medical Expenses</b> for urgent care treatment are payable as follows: <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.  Plan Deductible is waived for Emergency Care.  <b>Non-Urgent Care</b> <b>Covered Medical Expenses</b> for charges made by an urgent care provider to treat a non-urgent condition are payable as follows: <u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge. <u>Non-Preferred Care:</u> <b>80%</b> of the Reasonable Charge.  Non-urgent care includes, but is not limited to, the following: <ul style="list-style-type: none"> <li>• follow-up care,</li> <li>• any lab and radiological exams which are not related to the treatment of the urgent condition.</li> </ul>
Ambulance Expenses	<b>Covered Medical Expenses</b> are payable at <b>80%</b> of the Actual Charge.
Pre-Admission Testing Expenses	<b>Covered Medical Expenses</b> for Pre-Admission Testing charges while an outpatient before scheduled surgery are payable on the same basis as any other condition.  <i>Please see the Definition of Pre-Admission Testing on page 45 for more detailed information on this benefit.</i>  A referral from UCF Health Services is required. Otherwise, benefits will be excluded from coverage.

Physician's Office Visit Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Please Note:</b> Routine Physical exams are not covered under the Plan.</p>
Laboratory and X-ray Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>
High Cost Procedures Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over <b>\$200</b>.</p> <p><i>Please see the Definition of High Cost Procedures on page 41 for more detailed information on this benefit.</i></p>
Therapy Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Chiropractic Care,</li> <li>• Speech Therapy,</li> <li>• Inhalation Therapy, or</li> <li>• Occupational Therapy.</li> </ul> <p>Expenses for Chiropractic Care are <b>Covered Medical Expenses</b>, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are <b>Covered Medical Expenses</b>, only if such therapies are a result of <b>injury</b> or <b>sickness</b>.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>30 visits</b> per Policy Year.</p>
Chemotherapy Expenses	<p><b>Covered Medical Expenses</b> also include charges incurred by a <b>Covered Person</b> for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> <li>• Radiation therapy,</li> <li>• Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy,</li> <li>• Dialysis, and</li> <li>• Respiratory therapy.</li> </ul> <p>Benefits for these types of therapies are payable for <b>Covered Medical Expenses</b> on the same basis as any other sickness:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>

Durable Medical Equipment Expenses	<p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p> <p>Benefits will include medically necessary foot orthotics to prevent complications of diabetes.</p>
Prosthetic Devices Expenses	<p><b>Covered Medical Expenses</b> for: artificial limbs, or eyes, and other non-dental prosthetic devices, as a result of an accident or sickness are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 80%</u> of the Reasonable Charge.</p> <p>Benefits do <b>not</b> include: eye exams, eyeglasses, vision aids, hearing aids, communication aids, orthopedic shoes, foot orthotics, or other devices to support the feet.</p>
Outpatient Physical Therapy Expenses	<p><b>Covered Medical Expenses</b> for physical therapy are payable as follows when provided by a licensed physical therapist and only when physical therapy begins within six months of the onset of symptoms:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>30 visits</b> per Policy Year, etc.</p>
Dental Injury Expenses	<p><b>Covered Medical Expenses</b> include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> <li>• Natural teeth damaged, lost, or removed, or</li> <li>• Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan.</li> </ul> <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> <li>• Free from decay, or</li> <li>• In good repair, and</li> <li>• Firmly attached to the jawbone at the time of the injury.</li> <li>• The treatment must be done in the calendar year of the accident or the next one.</li> </ul> <p>If:</p> <ul style="list-style-type: none"> <li>• Crowns (caps), or</li> <li>• Dentures (false teeth), or</li> <li>• Bridgework, or</li> <li>• In-mouth appliances,</li> </ul> <p>are installed due to such injury, <b>Covered Medical Expenses</b> include only charges for:</p> <ul style="list-style-type: none"> <li>• The first denture or fixed bridgework to replace lost teeth,</li> <li>• The first crown needed to repair each damaged tooth, and</li> <li>• An in-mouth appliance used in the first course of orthodontic treatment after the injury.</li> </ul> <p>Surgery needed to:</p> <ul style="list-style-type: none"> <li>• Treat a fracture, dislocation, or wound.</li> <li>• Cut out cysts, tumors, or other diseased tissues.</li> <li>• Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.</li> </ul> <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p>

	<p><b>Covered Medical Expenses</b> are payable at <b>80%</b> of the Actual Charge.</p> <p>Benefits are limited to <b>\$500</b> per accident.</p> <p><b>EXTENSION OF BENEFITS</b>  If a <b>Covered Person</b> is <b>not</b> totally disabled when his/her Dental Expense coverage ceases because this Policy discontinues as to the class of which he/she is a member:</p> <ul style="list-style-type: none"> <li>• Dental Expense benefits will be available for up to <b>90 days</b> from the date this Policy discontinues, but only for services and supplies needed for treatment of any dental condition diagnosed prior to the date coverage ceases and while coverage was in force for such person.</li> <li>• These include services and supplies which have been rendered and received, including delivered and installed, if these apply, prior to the end of the <b>90 day</b> period. Not included are routine services and services and supplies for orthodontic treatment.</li> </ul> <p>This Extension of Benefits will cease on the earlier of:</p> <ol style="list-style-type: none"> <li>(a) the end of the 90 day period after the <b>Covered Person's</b> coverage ceases under this Policy; and</li> <li>(b) the date the person covered under this Policy becomes covered under the succeeding Policy providing coverage or services for similar dental procedures.</li> </ol> <p>However, during any time that an elimination period in the succeeding Policy excludes either the patient or the services rendered as a result of any dental condition diagnosed prior to the date coverage ceases and while coverage was in force for such person, this Extension of Benefits will be deemed to continue until the end of the <b>90 day</b> period.</p>
<p>Anesthesia and Hospitalization Benefits for Dental Services Expenses</p>	<p><b>Covered Medical Expenses</b> include charges for general anesthesia and hospitalization performed in connection with non-covered dental services.</p> <p>Covered on the same basis as provided for Hospital Expenses, Surgical Expenses and Outpatient Expenses depending upon where services are rendered. With respect to:</p> <ul style="list-style-type: none"> <li>• Children who are under eight years of age; and</li> <li>• Persons with medical conditions that would create an undue medical risk if the dental service or surgery is not rendered in a hospital or in a surgery center.</li> </ul> <p>Payable the same as any other condition.</p>
<p>Allergy Testing Expenses</p>	<p>Benefits include charges incurred for diagnostic testing of allergies and immunology services, when referred by UCF Health Services. A referral from UCF Health Services is required. Otherwise, benefits are not payable.</p> <p>Covered dependents under the age of 18 are not required to obtain a referral to be eligible for this benefit.</p> <p><b>Covered Medical Expenses</b> include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> <li>• laboratory tests, physician office visits, prescribed medications for testing of the allergy.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge.</p>

<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expenses</p>	<p><b>Covered Medical Expenses</b> for diagnostic testing for:</p> <ul style="list-style-type: none"> <li>• Attention Deficit Disorder, or</li> <li>• Attention Deficit Hyperactive Disorder, or</li> <li>• Dyslexia.</li> </ul> <p>Are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge.</p> <p>A referral from UCF Health Services is required for students and dependents over 18. Otherwise, benefits can be denied.</p> <p>Once a <b>Covered Person</b> 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 Policy.</p>
<p>Child Health Supervision Services Expenses</p>	<p><b>Covered Medical Expenses</b> include the following services, delivered or supervised by a physician, for covered dependents under 16 years of age. Each visit will include:</p> <ul style="list-style-type: none"> <li>• a review and written record of the child's complete medical history,</li> <li>• physical examination,</li> <li>• developmental assessment,</li> <li>• anticipatory guidance,</li> <li>• appropriate immunizations, and laboratory test.</li> </ul> <p>These services and periodic visits will be provided in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics.</p> <p>Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit.</p> <p>No Deductible shall apply to the <b>Covered Medical Expenses</b> under this provision. In all other respects, these benefits are subject to all of the terms of this Policy.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p>
<p>Newborn Screening Expenses</p>	<p><b>Covered Medical Expenses</b> will include testing for Phenylketonuria prior to two weeks of age, and testing for other metabolic diseases and hereditary or congenital disorders at appropriate ages. Every infant born will also be screened for early hearing impairment, and for environmental risk factors that place children and their families at risk for increased morbidity, mortality and other negative outcomes.</p> <p>Benefits are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge.</p>

<p>Well Baby Care Expenses</p>	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p><b>Routine preventive and primary care</b> services are services rendered to a covered dependent child, from the date of birth through the attainment of <b>two years</b> of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge, Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge, Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p>
<p>Immunizations Expenses</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• charges incurred by a covered student and covered dependents to age 19 for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, and testing for tuberculosis,</li> <li>• charges incurred by a covered student and covered dependent to age 19, for the materials for the administration of appropriate and <b>medically necessary</b> immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics, Advisory Committee on Immunization Practices (ACIP) and American College Health Association (ACHA).</li> </ul> <p>Benefits for materials and administration of immunizations are covered up to a limit of <b>\$200</b> per Policy Year.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>
<p>Consultant or Specialist Expenses</p>	<p><b>Covered Medical Expenses</b> include the expenses for the services of a consultant or specialist, when referred by UCF Health Services. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>

<b>Mental Health Benefits</b>	
Inpatient Expenses	<p><b>Covered Medical Expenses</b> for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Inpatient mental health treatment is limited to a maximum of <b>30 days</b> per Policy Year.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a mental health condition are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>40 visits</b> per Policy Year.</p>

<b>Substance Abuse Benefits</b>	
Inpatient Expenses	<p><b>Covered Medical Expenses</b> for the treatment of a substance abuse condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p> <p><b>Covered Medical Expenses</b> are payable up to a maximum of <b>\$8,000</b> per Policy Year and <b>\$16,000</b> Lifetime.</p>
Outpatient Expenses	<p><b>Covered Medical Expenses</b> for outpatient treatment of a substance abuse condition are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p><b>Covered Medical Expenses</b> also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p> <p><b>Covered Medical Expenses</b> are payable up to a maximum of <b>\$8,000</b> per Policy Year and <b>\$16,000</b> Lifetime.</p>

<b>Maternity Benefits</b>	
Maternity Expenses	<p><b>Covered Medical Expenses</b> include inpatient care of the <b>Covered Person</b> and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p><b>Covered Medical Expenses</b> include services rendered by a certified nurse midwife, licensed midwife or birthing center in connection with childbirth.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending Physician, in consultation with the mother. In such cases, <b>Covered Medical Expenses</b> may include home visits, parent education, assistance and training in breast or bottle-feeding.</p> <p><b>Covered Medical Expenses</b> for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p> <p>No referral is required for this benefit.</p>
Well Newborn Nursery Care Expenses	<p>Benefits include charges for routine care of a <b>Covered Person's</b> newborn child as follows:</p> <ul style="list-style-type: none"> <li>• hospital charges for routine nursery care during the mother's confinement, but for not more than four days (for a normal delivery),</li> <li>• physician's charges for circumcision, and</li> <li>• physician's charges for visits to the newborn child in the hospital and consultations, but for not more than one visit per day.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>

<b>Additional Benefits</b>	
Prescription Drug Benefit Expenses	<p>Prescription Drug Benefits are payable as follows:  <b>Covered Prescription Expenses</b> are payable up to a maximum of <b>\$1,250</b> per Policy Year.</p> <p><b>UCF Pharmacy and Knight Aide (located in Knights Plaza near UCF Arena)</b>  Covered Prescription medications will be covered at the following level:  <u>Generic: 100%</u> after a <b>\$10</b> Copay.  <u>Brand: 100%</u> after a <b>\$20</b> Copay.  <u>Non-Preferred Brand: 100%</u> after a <b>\$40</b> Copay.</p> <p><b>Retail Pharmacies</b>  <u>Preferred Pharmacy: 60%</u> of the Negotiated Charge.  <u>Generic: 60%</u> after a <b>\$10</b> Copay.  <u>Brand: 60%</u> after a <b>\$20</b> Copay.  <u>Non-Preferred Brand: 60%</u> after a <b>\$40</b> Copay.</p> <p><u>Non-Preferred Pharmacy: 60%</u> of the Reasonable Charge.  <u>Generic: 60%</u> after a <b>\$10</b> Deductible.  <u>Brand: 60%</u> after a <b>\$20</b> Deductible.  <u>Non-Preferred Brand: 60%</u> after a <b>\$40</b> Deductible.</p> <p><i>Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Preferred Pharmacy. Please refer to the Prescription Drug Claim Procedure section of this Brochure for information regarding claim submission and reimbursement process.</i></p>

	<p>Please note that using UCF Health Center Pharmacy and Knight Aide will save you time and money. You will only be responsible for nominal Copays.</p> <p>This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered sickness or accident occurring during the Policy Year. Please use your Aetna Student Health ID card when obtaining your prescriptions.</p> <p>Prior Authorization is required for certain Prescription Drugs, Imitrex, certain stimulants, growth hormones and for any Prescription quantities larger than a 30-day supply. <i>(This is only a partial list.)</i></p> <p>Medications not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, non-self injectables, Accutane and Solodyne. <i>(This is only a partial list.)</i></p> <p>For assistance or for a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at <b>(800) 238-6279</b> (available 24 hours).</p> <p>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 <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a>.</p>
<p>Diabetes Expense Benefits</p>	<p><b>Covered Medical Expenses</b> will include diabetic:</p> <ol style="list-style-type: none"> <li>1. Equipment, Supplies; and</li> <li>2. Self-Management Education Programs;</li> </ol> <p>when the <b>Covered Person's</b> treating physician or a physician who specializes in the treatment of diabetes certifies them to be medically appropriate and necessary.</p> <p><i>Please see the definition on page 40 of this Brochure for more information on Diabetic Self-Management Education Programs.</i></p> <p>Benefits are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Coverage for insulin, including syringes, and diabetic testing supplies are a <b>Covered Medical Expense</b> under the Prescription Drug portion of the Plan.</p>
<p>Hypodermic Needles Expenses</p>	<p><b>Covered Medical Expenses</b> for hypodermic needles and syringes used in the treatment of diabetes are payable as follows:  Payable as any other expense under the Prescription Drug portion of the Plan.</p>
<p>TMJ Expenses</p>	<p><b>Covered Medical Expenses</b> for medically necessary diagnostic or surgical procedures involving bones or joints of the face and jaw, when resulting from congenital or developmental deformity, disease or injury are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$5,000</b> per lifetime.</p>

<p>Bones and Joints of the Facial Region Expenses</p>	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for diagnostic and surgical procedures involving bones or joints of the facial region when the service is medically necessary to treat conditions caused by congenital or developmental deformity, disease or injury.</p> <p><b>Covered Medical Expenses</b> for Bones and Joints of the Facial Region are payable the same as any other condition.</p>
<p>Prescription Contraceptive Device Expenses</p>	<p><b>Covered Medical Expenses</b> include:</p> <ul style="list-style-type: none"> <li>• Charges incurred for contraceptive drug and devices that by law need a physician's prescription and that have been approved by the FDA.</li> <li>• Related outpatient contraceptive services such as: <ul style="list-style-type: none"> <li>○ Consultations,</li> <li>○ Exams,</li> <li>○ Procedures, and</li> <li>○ Other medical services and supplies.</li> </ul> </li> </ul> <p><b>Covered Medical Expenses</b> for contraceptive devices and outpatient contraceptive services are payable on the same as any other condition.</p> <p>No referral is required for this benefit.</p>
<p>Pap Smear Expenses</p>	<p><b>Covered Medical Expenses</b> for one annual routine Pap smear screening for women age 18 and older are payable as follows:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>No referral is required for this benefit.</p>
<p>Mammography Expenses</p>	<p><b>Covered Medical Expenses</b> include one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors who are under age 40 are:</p> <ul style="list-style-type: none"> <li>• Prior personal history of breast cancer;</li> <li>• Positive Genetic Testing's;</li> <li>• Family history of breast cancer; or</li> <li>• Other risk factors.</li> </ul> <p>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue and when determined to be medically necessary by a licensed physician.</p> <p>Benefits are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>No referral is required for this benefit.</p>

<p>Mastectomy Reconstruction and Prosthetic Expenses</p>	<p><b>Covered Medical Expenses</b> include charges incurred incident to a mastectomy for:</p> <ul style="list-style-type: none"> <li>(a) the initial prosthetic device; and</li> <li>(b) reconstructive surgery.</li> </ul> <p>For purposes of this provision, the term "mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed physician. If a mastectomy is performed and there is no evidence of malignancy, coverage is limited to the provision of an initial prosthetic device and reconstructive surgery performed within two years of the mastectomy.</p> <p>Benefits are payable on the same basis as any other condition.</p> <p>This Policy also pays for outpatient post-surgical follow-up care in keeping with the medical standards by a licensed health care professional qualified to provide post-surgical mastectomy care. The treating physician will determine the most appropriate setting which may include a hospital, physician office, outpatient center or the home of the <b>Covered Person</b>. These services are <b>Covered Medical Expenses</b> to the same extent as charges incurred for the treatment of any other disease.</p>
<p>Family Planning Expenses</p>	<p><b>Covered Medical Expenses</b> for Infertility Services and Sexual Dysfunction Service Expenses are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p> <p>Benefits are limited to <b>\$5,000</b> lifetime.</p> <p><b>Covered Medical Expenses</b> do <b>not</b> include sterilization procedures.</p>
<p>Routine Prostate Cancer Screening Expenses</p>	<p><b>Covered Medical Expenses</b> for the screening of cancer:</p> <ul style="list-style-type: none"> <li>• for a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>
<p>Elective Surgical Second Opinion Expenses</p>	<p><b>Covered Medical Expenses</b> include a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the <b>Covered Person's</b> physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p><b>Covered Medical Expenses</b> are payable as follows:</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expenses</p>	<p><b>Covered Medical Expenses</b> include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan. The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p><u>Preferred Care:</u> <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care:</u> <b>70%</b> of the Reasonable Charge.</p>

Dermatological Expenses	<p>Benefits include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p> <p>Benefits will include five visits to a dermatologist per Policy Year without a referral. Additional visits require a referral from UCF Health Services.</p>
Podiatric Expenses	<p>Benefits include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p><b>Covered Medical Podiatric Expenses</b> are covered:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not <b>Covered Medical Expenses</b>, unless medically necessary to prevent complications of diabetes.</p>
Home Health Care Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> <li>(a) The services are furnished by, or under arrangements made by, a licensed home health agency,</li> <li>(b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every <b>60 days</b>. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital (or skilled nursing facility) if the services and supplies were not provided under the home health care plan. The physician must examine the <b>Covered Person</b> at least once a month,</li> <li>(c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined,</li> <li>(d) The care starts within seven days after discharge from a hospital as an inpatient, and</li> <li>(e) The care is for the same condition that caused the hospital confinement, or one related to it.</li> </ul> <p><u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p> <p>Benefits are limited to <b>60 visits</b> per Policy Year.</p>
Transfusion or Dialysis of Blood Expenses	<p>Benefits include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care: 80%</u> of the Negotiated Charge.  <u>Non-Preferred Care: 70%</u> of the Reasonable Charge.</p>

Hospice Benefit Expenses	<p>Benefits include charges for hospice care provided for a terminally ill <b>Covered Person</b> during a hospice benefit period.</p> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge.</p> <p><i>Please see definition on page 42 for more information on this benefit.</i></p> <p>The maximum benefit is <b>\$200</b> per Policy Year.</p>
Licensed Nurse Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p><b>Covered Medical Expenses</b> for a Licensed Nurse are covered as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge.</p>
Skilled Nursing Facility Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> <li>• in lieu of confinement in a hospital as a full time inpatient, or</li> <li>• within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement.</li> </ul> <p><b>Covered Medical Expenses</b> are payable as follows:  <u>Preferred Care</u>: <b>80%</b> of the Negotiated Charge for the semi-private room rate.  <u>Non-Preferred Care</u>: <b>70%</b> of the Reasonable Charge for the semi-private room rate.</p> <p><i>Benefits for Skilled Nursing require pre-certification. Maximum of 60 days per Policy Year.</i></p>
Rehabilitation Facility Expenses	<p><b>Covered Medical Expenses</b> include charges incurred by a <b>Covered Person</b> for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p><b>Covered Medical Expenses</b> for Rehabilitation Facility Expense are payable on the same basis as any other condition.</p> <p><i>Benefits for Rehabilitation Facility expenses require pre-certification.</i></p>
Cleft Lip/Cleft Palate Expenses	<p><b>Covered Medical Expenses</b> include the treatment of Cleft Lip/Cleft Palate and any other condition related to or developed as a result of the cleft lip or palate.</p> <p>Benefits for the services or supplies listed below are payable on the same basis as any other sickness:</p> <ul style="list-style-type: none"> <li>• Oral surgery and facial surgery. This includes pre-operative and post-operative care performed by a physician.</li> <li>• Oral prosthesis treatment, obturators and orthotic devices.</li> <li>• Initial installation of partial or full removable dentures or of fixed bridgework.</li> <li>• Replacement of dentures by dentures or fixed bridgework by fixed bridgework when required as a result of structural changes in the mouth or jaw due to growth.</li> <li>• Cleft orthodontic therapy.</li> <li>• Diagnostic services of a physician to find out if and to what extent the child's ability to</li> </ul>

	<p>speaking or hearing has been lost or impaired.</p> <ul style="list-style-type: none"> <li>• Rehabilitative speech therapy given by a physician that is expected to restore or improve the child's ability to speak. This includes speech aids and training in the use of such aids.</li> <li>• Psychological assessment and counseling.</li> <li>• Genetic assessment and counseling for the child and the child's parents.</li> <li>• Hearing aids.</li> <li>• Nutrition services.</li> </ul> <p>A legally qualified audiologist or speech therapist will be deemed to be a "physician" for the purposes of this benefit.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p>
<p>Osteoporosis Expenses</p>	<p><b>Covered Medical Expenses</b> will include the medically necessary diagnosis and treatment of osteoporosis for high-risk <b>Covered Persons</b>. High risk <b>Covered Persons</b> include, but are not limited to the following: estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy individuals who have primary hyperparathyroidism, and individuals who have a family history or osteoporosis.</p> <p><b>Covered Medical Expenses</b> are payable on the same basis as any other condition.</p>

**Supplemental Medical Coverage**  
 The Aggregate Maximum benefit under the Student Accident and Sickness Insurance described above is **\$250,000**. If you have purchased the Basic Student Health Insurance Plan at University of Central Florida, you are eligible to purchase this Supplemental Plan to extend a combined maximum of **\$1,000,000**.

## **ADDITIONAL SERVICES AND DISCOUNTS**

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

**Aetna Fitness<sup>SM</sup> Discount Program:** Aetna's Fitness discount program provides members with access to preferred membership rates at nearly 10,000 fitness clubs nationwide and in Canada in the GlobalFit<sup>TM</sup> network. Members can also save on GlobalFit's other programs and services, such as at-home weight loss programs, home fitness equipment and videos and even one-on-one health coaching services\* to help them quit smoking, reduce stress, lose weight, or meet any other health goal.

*\*Offered by WellCall, Inc. through GlobalFit.*

**Aetna Weight Management<sup>SM</sup> Discount Program:** Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig<sup>®</sup> weight loss programs and products. Start with a FREE 30-day trial membership\* then choose either a six\* or twelve\* month program\*\* that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

*\* Offers good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping where applicable.*

*\*\*Additional weekly food discounts will grow throughout the year, based on active participation.*

**Find a meal plan that works for you at eDiets<sup>®</sup>:** Get a personalized plan for healthy eating that fits your lifestyle, and save 25% on weekly eDiets dues. You'll have access to customized weekly menus, recipes, support boards, chats, nutrition tools and fitness tips.

**Use Zagat® reviews as a guide for your night out:** Planning a night on the town? Or, want to visit a city where you've never been? Subscribe to Zagat online and get a 30% discount on their members-only services. You can sign up for access to restaurant reviews only, or choose full access and get ratings and reviews on hotels, restaurants, movies and other attractions. You can even order printed guides at a discount!

**Give the gift of relaxation to yourself or a friend through SpaWish:** Get a 10% discount when you buy a gift certificate of at least \$100, good for services at any of over 1,000 spas across the U.S. Choose a spa close to home or near your favorite place to visit!

**Get trusted health information from the MayoClinic.com Bookstore:** Choose from newsletters and books — with recipes for healthy living, advice on staying in shape, guides on living with certain health conditions and more. It's all at your fingertips — and at a discount! The size of the discount will depend on the item price and other available discounts.

**Aetna's Informed Health® Line:** Get answers from a registered nurse at any time — just call our toll-free Informed Health Line. With one simple call, you can:

- Learn more about health conditions that you or your family members have.
- Find out more about a medical test or procedure.
- Come up with questions to ask your doctor.

**Talk to a registered nurse:** Our nurses can discuss more than 5,000 health and wellness topics. Call them anytime you have a health question.

**Listen to our Audio Health Library:\*** Call and learn about a topic that interests you. Choose from thousands of health conditions. Listen in English or Spanish. You can also transfer to a registered nurse at any time during your call.

*\*Not all topics discussed within the Audio Health Library are covered expenses under your health insurance Plan.*

**Go online for even more health information:** If you like to go online for health information, check out the Healthwise® Knowledgebase. You can learn more about a health condition you have, medications you take, and more. Link to it through your secure Aetna Navigator® website at [www.aetnavigators.com](http://www.aetnavigators.com).

**Health and Wellness Portal:** This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.

**Beginning Right® Maternity Program:** Give your baby a healthy start. Our Beginning Right Maternity Program comes with your health insurance Plan. Use it throughout your pregnancy and after your baby is born. If you have health conditions or risk factors that may need special attention, we can help. Our nurses can give you personal case management to help you find ways to lower your risks. The more you know the better chance you have for good health ... for you and your baby.

**Aetna Natural Products and Services<sup>SM</sup> Discount Program:** Offers members access to reduced rates on services from natural therapy professionals, including acupuncturists, chiropractors, massage therapists and dietetic counselors, and access to discounts on over-the-counter vitamins, herbal and nutritional supplements and health-related products, such as foot care and natural body care products.

**Quit Tobacco Cessation Program:** Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads®, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

**Aetna Health Connections<sup>SM</sup> Disease Management Program:** This program offers support for over 35 conditions with smart technology and supportive services to ensure a healthier you. Our goal is to make it easier to manage your health and live your life well. Our CareEngine® system continuously scans your health data to identify safety risks and solutions. Using technology to look for opportunities for better care and programs and services helps to

meet your individual needs. You may also receive a call or letter from the Aetna Health Connections Disease Management nurse. Call us at **(866) 269-4500** to get started.

With our **Aetna Dental® PPO** insurance Plan, participating dentists have agreed to provide services at a negotiated rate for covered services, as well as reduced fees for certain non-covered services such as cosmetic tooth whitening, so you generally pay less out of pocket. Enroll and search dentists online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

*\* In Texas, the Preferred Provider Organization (PPO) Plan is known as the Participating Dental Network (PDN).*

**Price: \$284 Student only // \$296 Student + 1 Dependent // \$350 Student + 2 or more Dependents**

*All of the above services, programs or benefits may be offered by vendors who are independent contractors and not employees or agents of Aetna.*

*Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna.*

***Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.***

*The Aetna Dental PPO insurance Plan is underwritten by Aetna Life Insurance Company.*

## **GENERAL PROVISIONS**

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### **STATE MANDATED BENEFITS**

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

### **SUBROGATION/REIMBURSEMENT**

#### **RIGHT OF RECOVERY PROVISION**

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a **Covered Person** has against any party potentially responsible for making any payment to a **Covered Person**, due to a **Covered Person's** injuries or illness, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a **Covered Person** receives any payment from any potentially responsible party, as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the **Covered Person** for all amounts this Plan has paid, and will pay as a result of that Injury or illness, up to and including the full amount the **Covered Person** receives, from all potentially responsible parties. A "**Covered Person**" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any **Covered Person**, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a **Covered Person** or on a **Covered Person's** behalf due to a **Covered Person's** injuries or illness or any insurance coverage responsible making such payment, including but not limited to:

- Uninsured motorist coverage,
- Underinsured motorist coverage,
- Personal umbrella coverage,
- Med-pay coverage,
- Workers compensation coverage,
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The **Covered Person** shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The **Covered Person** shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the **Covered Person** to notify Aetna within 45 days of the date when any notice is given to any party, including an

attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the **Covered Person**.

The **Covered Person** acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the **Covered Person's** damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the **Covered Person**, which is insufficient to make the **Covered Person** whole, or to compensate the **Covered Person** in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the **Covered Person** to pursue the **Covered Person's** damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The **Covered Person** shall be responsible for the payment of all attorney fees for any attorney hired or retained by the **Covered Person** or for the benefit of the **Covered Person**.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the **Covered Person** identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the **Covered Person** and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

#### ***NON-DUPLICATION OF BENEFITS***

This provision applies if a **Covered Person**:

- (a) is covered by any other group or blanket health care plan, and
- (b) would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the Plan will pay will be reduced by such excess.

#### **EXTENSION OF BENEFITS**

If a **Covered Person** is disabled on the date his/her insurance terminates, expenses incurred after the termination date and during a period of disability shall be payable in accordance with the Policy, but only while they are incurred during the 90 day period following such termination of insurance.

Benefits will continue to be available for a **Covered Person** who incurs medical expenses directly relating to a pregnancy that began before coverage under this Policy ceased. Such benefits will be covered only for the period of that pregnancy.

#### **TERMINATION OF INSURANCE**

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

#### ***TERMINATION OF STUDENT COVERAGE***

Insurance for a **covered student** will end on the first of these to occur:

- (a) the date this Policy terminates,
- (b) the last day for which any required premium has been paid,
- (c) the date on which the **Covered Person** enters the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
- (d) the date the **covered student** is no longer in an eligible class.

If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled, and for which premium has been paid.

#### ***TERMINATION OF DEPENDENT COVERAGE***

Insurance for a **covered student's dependent** will end when insurance for the **covered student** ends. Before then, coverage will end:

- (a) For a child, on the first premium due date following the first to occur of:
  1. the date the child is no longer chiefly dependent upon the student for support and maintenance,
  2. the date of the child's marriage, and
  3. the end of the calendar year in which the child reaches the age of 30
- (b) The date the **covered student** fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date **dependent** coverage is deleted from this Policy.
- (e) For a domestic partner, the earlier to occur of:
  1. the date this Policy no longer allows coverage for domestic partners, and
  2. the date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- (f) The date the **dependent** ceases to be in an eligible class.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

#### ***INCAPACITATED DEPENDENT CHILDREN***

Insurance may be continued for incapacitated **dependent** children who reach the age at which insurance would otherwise cease. The **dependent** child must be chiefly dependent for support upon the **covered student** and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **Covered Person** within 31 days after the date insurance would otherwise cease. Proof of the handicap will not be required unless a claim is denied. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna each year; that the child remains physically or mentally unable to earn his/her own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- (a) the date specified under the provision entitled Termination of Dependent Coverage, or
- (b) the date the child is no longer incapacitated and dependent on the **covered student** for support.

#### **EXCLUSIONS**

This Policy does not cover nor provide benefits for:

1. Expenses 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. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or **Hospital**, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, 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**.
4. Expenses incurred as a result of **injury** due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.

5. Expenses incurred as a result of an **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. Expenses incurred as a result of an **injury** or **sickness** due to working for wage or profit and for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
7. Expenses 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. Expenses incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expenses 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:
  - 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**.
  - 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. Expenses covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are paid under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expenses for **injuries** sustained as the result of a motor vehicle accident to the extent that benefits are paid under other valid and collectible insurance whether or not claim is made for such benefits.
13. Expenses incurred as a result of commission of a felony.
14. Expenses incurred for voluntary or elective abortions unless otherwise provided in this Policy.
15. Expenses incurred after the date insurance terminates for a **Covered Person** except as may be specifically provided in the Extension of Benefits Provision.
16. Expenses 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.
17. Expenses 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 **medical necessary**, the service or supply must:

- be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the **sickness** or **injury** involved and the person's overall health condition,

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

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

In no event will the following services or supplies be considered to be **medically necessary**:

- those that do not require the technical skills of a medical, a mental health, or a dental professional, or
  - those furnished mainly for the personal comfort or convenience of the person, any person who cares for him/her, or any persons who is part of his/her family, any healthcare provider, or healthcare facility, or
  - those furnished solely because the person is an inpatient on any day on which the person's **sickness** or **injury** could safely and adequately be diagnosed or treated while not confined, or
  - those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a **physician's** or a **dentist's** office, or other less costly setting.
18. Expenses incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports, including collegiate or intercollegiate club sports and intramurals.
  19. Expenses incurred by a **Covered Person** not a United States Citizen for services performed within the **Covered Person's** home country.
  20. Treatment for **injury** to the extent benefits are paid under any state No-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
  21. 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).
  22. Expenses incurred for which no member of the **Covered Person's** immediate family has any legal obligation for payment.
  23. Expenses 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.
  24. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
  25. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
    - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or **injury** involved, or
    - If required by the FDA, approval has not been granted for marketing, or
    - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or

- The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

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

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

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

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

26. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
27. Expenses incurred for breast reduction/mamoplasty.
28. Expenses incurred for Gynecomastia (male breasts).
29. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
30. Expenses incurred for: care, treatment, services, or supplies for or related to obstructive sleep apnea, and sleep disorders, including CPAP, and UPP.
31. Expenses 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.
32. Expenses incurred for acupuncture, unless services are rendered for anesthetic purposes.
33. Expenses incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
34. Expenses 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.
35. Expenses incurred for **custodial care**, private duty nursing services and supplies, provided by a sanitarium, or rest cures. **Custodial care** means services and supplies furnished to a person, mainly to help him/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.
36. Expenses incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
37. Expenses incurred for hearing aids, the fitting, or prescription of hearing aids.

38. Expenses incurred for hearing exams.
39. Expenses for services or supplies used to treat conditions related to autism, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition.
40. Expenses 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.
41. Expenses for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
42. Expenses 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**.
43. Expenses for incidental surgeries, and standby charges of a **physician**.
44. Expenses for treatment and supplies for programs involving cessation of tobacco use.
45. Expenses incurred as a result of **dental** treatment, including extraction of wisdom teeth, except for treatment resulting from **injury to sound natural teeth**, as provided elsewhere in this Policy.
46. Expenses 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.
47. Expenses incurred for massage therapy.
48. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
49. Expenses for charges that are not **Reasonable Charges**, as determined by Aetna.
50. Expenses 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.
51. Expenses for treatment of **covered students** or covered teachers who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
52. Expenses for treatment of **injury** or **sickness** to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the **injury** or **sickness** (or their Insurers).
53. Expenses arising from a **pre-existing condition**.
54. 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.

Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Policy, or coverage of the charges is required under any law that applies to the coverage.

## DEFINITIONS

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### Accident

An occurrence which (a) is unforeseen, (b) is not due to or contributed to by **sickness** or disease of any kind, and (c) causes **injury**.

### Actual Charge

The charge made for a covered service by the provider who furnishes it.

### Aggregate Maximum

The maximum benefit that will be paid under this Policy for all **Covered Medical Expenses** incurred by a **Covered Person** that accumulate will be per condition, per Policy Year.

### Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - physicians who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - a physician trained in cardiopulmonary resuscitation,
  - a defibrillator,
  - a tracheotomy set, and
  - a blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

### Birthing Center

A freestanding facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one physician who is a specialist in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to physicians who practice obstetrics and gynecology in an area **hospital**.
- Has at least two beds or two birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.

- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a hospital in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient and child.

### **Brand Name Prescription Drug or Medicine**

A **prescription drug** which is protected by trademark registration.

### **Chlamydia Screening Test**

This is any laboratory test of the urogenital tract that specifically detects for infection by one or more agents of Chlamydia trachomatis, and which test is approved for such purposes by the FDA.

### **Coinsurance**

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

### **Complications of Pregnancy**

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- acute nephritis or nephrosis, or
- cardiac decompensation or missed abortion, or
- similar conditions as severe as these.

Not included are (a) false labor, occasional spotting or **physician** prescribed rest during the period of pregnancy, (b) morning **sickness**, (c) hyperemesis gravidarum and preclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

**Complications of Pregnancy** also include:

- non-elective cesarean section, and
- termination of an ectopic pregnancy, and
- spontaneous termination when a live birth is not possible. (This does not include voluntary abortion)

### **Convalescent Facility**

This is an institution that:

- Is licensed to provide, and does provide, the following on an inpatient basis for persons convalescing from disease or injury:
  - professional nursing care by a R.N., or by a L.P.N. directed by a full-time R.N., and
  - physical restoration services to help patients to meet a goal of self-care in daily living activities.
- Provides 24 hour a day nursing care by licensed nurses directed by a full-time R.N.
- Is supervised full-time by a **physician** or R.N.
- Keeps a complete medical record on each patient.
- Has a utilization review plan.
- Is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, for mental retardates, for custodial or educational care, or for care of mental disorders.
- Makes charges.

**Copay**

This is a fee charged to a person for **Covered Medical Expenses**.

For Prescribed Medicines Expense, the **Copay** is payable directly to the **pharmacy** for each **prescription**, kit, or refill, at the time it is dispensed. In no event will the **Copay** be greater than the **pharmacy's** charge per **prescription**, kit, or refill.

**Covered Dental Expenses**

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

- not in excess of the **reasonable and customary** charges, or
- not in excess of the charges that would have been made in the absence of this coverage,
- and incurred while this Policy is in force as to the **Covered Person**.

**Covered Dependent**

A **covered student's dependent** who is insured under this Policy.

**Covered Medical Expenses**

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

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

**Covered Person**

A **covered student** and any **covered dependent** while coverage under this Policy is in effect.

**Covered Student**

A student of the Policyholder who is insured under this Policy.

**Deductible**

The amount of **Covered Medical Expenses** that are paid by each **Covered Person** during the **Policy Year** before benefits are paid.

**Dental Consultant**

A **dentist** who has agreed to provide consulting services in connection with the Dental Expense Benefit.

**Dental Provider**

This is any **dentist**, group, organization, dental facility, or other institution, or person legally qualified to furnish dental services or supplies.

**Dentist**

A legally qualified **dentist**. Also, a **physician** who is licensed to do the dental work he/she performs.

**Dependent**

(a) the **covered student's** spouse residing with the **covered student**; or (b) a domestic partner and (c) the **covered student's** child through the end of the calendar year in which the child reaches the age of 30 if:

- The child is dependent upon the **covered student** for support,
- The child is living in the household of **the covered student**, or the child is a fulltime or part-time student.

The term "child" includes a **covered student's** step-child, adopted child and a child for whom a petition for adoption is pending and who is residing with the **covered student** and who is chiefly dependent on the **covered student** for his/her full support.

The term **dependent** does not include a person who is: (a) an eligible student; (b) an eligible teacher; or (b) a member of the armed forces.

**Designated Care**

Care provided by a **Designated Care Provider** upon referral from the **UCF Health Services**.

**Designated Care Provider**

A health care provider (or **pharmacy**,) that is affiliated, and has an agreement with the **UCF Health Services** to furnish services and supplies at a **Negotiated Charge**.

**Diabetic Self-Management Education Program**

A diabetic self-management education program must be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. Nutritional counseling must be provided by a licensed dietitian.

"Diabetic self-management education" is an outpatient training program designed to instruct a person in the self-management of diabetes. It may include training in self-care or diet.

Program expenses incurred for the following are not included:

- A diabetic education program whose only purpose is weight control; or
- A diabetic education program that is available to the public at no cost; or
- A general program not just for diabetics; or
- A program made up of services not generally accepted as necessary for the management of diabetes.

**Directory**

A listing of **Preferred Care Providers** in the **service area** covered under this Policy, which is given to the Policyholder.

**Durable Medical and Surgical Equipment**

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- made to withstand prolonged use,
- made for and mainly used in the treatment of a disease or **injury**,
- suited for use in the home,
- not normally of use to person's who do not have a disease or **injury**,
- not for use in altering air quality or temperature,
- not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

**Elective Treatment**

Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the **Covered Person's** effective date of coverage. **Elective treatment** includes, but is not limited to:

- tubal ligation,
- vasectomy,
- breast reduction,
- sexual reassignment surgery,
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis,
- treatment for weight reduction,
- learning disabilities,
- temporomandibular joint dysfunction (TMJ),
- immunization,
- treatment of infertility, and
- routine physical examinations.

### **Emergency Admission**

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- requires confinement right away as a full-time inpatient, and
- if immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
  - loss of life or limb, or
  - significant impairment to bodily function, or
  - permanent dysfunction of a body part.

### **Emergency Condition**

This is any traumatic injury or condition which:

- occurs unexpectedly,
- requires immediate diagnosis and treatment, in order to stabilize the condition, and
- is characterized by symptoms such as severe pain and bleeding.

### **Emergency Medical Condition**

This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his/her condition, **sickness**, or **injury**, is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy, or
- Serious impairment to bodily function, or
- Serious dysfunction of a body part or organ, or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

### **Generic Prescription Drug or Medicine**

A **prescription drug** which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

### **High Cost Procedure**

High Cost Procedures include the following procedures and services:

- (a) C.A.T. Scan,
- (b) Magnetic Resonance Imaging,
- (c) Laser treatment:
  - which must be provided on an outpatient basis, and may be incurred in the following:
    - A **physician's** office, or
    - **Hospital** outpatient department, or emergency room, or
    - Clinical laboratory, or
    - Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

### **Home Health Agency**

- an agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- an agency certified as such under Medicare, or an agency approved as such.

### **Home Health Aide**

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by a R.N., L.P.N., or L.V.N., primarily aid the **Covered Person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

### **Home Health Care**

Health services and supplies provided to a **Covered Person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

**Home Health Care Plan**

A written plan of care established and approved in writing by a **physician**, for continued health care and treatment in a **Covered Person's** home. It must either follow within 24 hours of and be for the same or related cause(s) as a period of **hospital** or skilled nursing confinement, or be in lieu of **hospital** or skilled nursing confinement.

**Hospice**

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal illness. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The hospital administration must meet the standards of the National Hospice Organization and any licensing requirements.

**Hospice Benefit Period**

A period that begins on the date the attending **physician** certifies that the **Covered Person** is a terminally ill patient who has less than six months to live. It ends after six months (or such later period for which treatment is certified) or on the death of the patient, if sooner.

**Hospice Care Expenses**

The reasonable and customary charges made by a hospice for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by a R.N., L.P.N., or L.V.N., charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the **Covered Person's** immediate family prior to, and within three months after, the **Covered Person's** death, and charges for respite care for up to five days in any 30 day period.

**Hospital**

A facility which meets all of these tests:

- it provides in-patient services for the care and treatment of injured and sick people, and
- it provides room and board services and nursing services 24 hours a day, and
- it has established facilities for diagnosis and major surgery, and
- it is run as a **hospital** under the laws of the jurisdiction which it is located.

**Hospital** does not include a place run mainly: (a) for alcoholics or drug addicts, (b) as a convalescent home, or (c) as a nursing or rest home. The term "**hospital**" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the **Covered Person**.

**Hospital Confinement**

A stay of 18 or more hours in a row as a resident bed patient in a **hospital**.

**Injury**

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

**Intensive Care Unit**

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

**Jaw Joint Disorder**

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

**Mail Order Pharmacy**

An establishment where **prescription drugs** are legally dispensed by mail.

### **Medically Necessary**

A service or supply that is: necessary, and appropriate, for the diagnosis or treatment of a **sickness**, or **injury**, based on generally accepted current medical practice.

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

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

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- information relating to the affected person's health status,
- reports in peer reviewed medical literature,
- reports and guidelines published by nationally recognized health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be **medically necessary**:

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

### **Medication Formulary**

A listing of **prescription drugs** which have been evaluated and selected by Aetna clinical pharmacists, for their therapeutic equivalency and efficacy. This listing includes both brand name and **generic prescription drugs**. This listing is subject to periodic review, and modification by Aetna.

### **Member Dental Provider**

Any **dental provider** who has entered in to a written agreement to provide to **covered students** the dental care described under the Dental Expense Benefit.

A **covered student's member dental provider** is a **member dental provider** currently chosen, in writing by the **covered student**, to provide dental care to the **covered student**.

A **member dental provider** chosen by a **covered student** takes effect as the **covered student's member dental provider** on the effective date of that **covered student's** coverage.

### **Negotiated Charge**

The maximum charge a **Preferred Care Provider** or **Designated Provider** has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

### **Non-Occupational Disease**

A **non-occupational disease** is a disease that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:

- is covered under any type of workers' compensation law, and
- is not covered for that disease under such law.

### **Non-Occupational Injury**

A **non-occupational injury** is an accidental bodily **injury** that does not:

- arise out of (or in the course of) any work for pay or profit, or
- result in any way from an **injury** which does.

### **Non-Preferred Care**

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:

- the service or supply could have been provided by a **Preferred Care Provider**, and
- the provider is of a type that falls into one or more of the categories of providers listed in the **directory**.

### **Non-Preferred Care Provider**

- a health care provider that has not contracted to furnish services or supplies at a **Negotiated Charge**, or
- a **Preferred Care Provider** that is furnishing services or supplies without the referral of a **UCF Health Services**.

### **Non-Preferred Pharmacy**

A **pharmacy** not party to a contract with Aetna, or a **pharmacy** who is party to such a contract but who does not dispense **prescription drugs** in accordance with its terms.

### **Non-Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that is not a **Preferred prescription drug expense**.

### **One Sickness**

A **sickness** and all recurrences and related conditions which are sustained by a **Covered Person**.

### **Orthodontic Treatment**

Any

- medical service or supply, or
- dental service or supply,

furnished to prevent or to diagnose or to correct a misalignment:

- of the teeth, or
- of the bite, or
- of the jaws or jaw joint relationship, whether or not for the purpose of relieving pain.

Not included is:

- the installation of a space maintainer, or
- surgical procedure to correct malocclusion.

### **Out-of-Area Emergency Dental Care**

**Medically necessary** care or treatment for an **emergency medical condition** that is rendered outside a 30-70 mile radius of the **covered student's member dental provider**. Such care is subject to specific limitations set forth in this Policy.

**Out-of-Pocket Limit**

The amount that must be paid, by the **covered student**, or the **covered student** and their **covered dependents**, before **Covered Medical Expenses** will be payable at 100% for the remainder of the **Policy Year**. The **Out-of-Pocket Limit** applies only to **Covered Medical Expenses** for **Preferred Care**, which are payable at a rate greater than 50%.

The following expenses do not apply toward meeting the **Out-of-Pocket Limit**:

- **Deductibles**,
- **Copays**,
- expenses that are not **Covered Medical Expenses**,
- expenses for **designated care** or **Non-Preferred Care**,
- penalties,
- expenses for prescription drugs, and
- other expenses not covered by this Policy.

**Outpatient Diabetic Self-Management Education Program**

A scheduled program on a regular basis, which is designed to instruct a **Covered Person** in the self-management of diabetes. It is a day care program of educational services and self-care training, (including medical nutritional therapy). The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes diabetic education or management.

**Partial Hospitalization**

Continuous treatment consisting of not less than four hours and not more than twelve hours in any 24 hour period under a program based in a **hospital**.

**Pervasive Developmental Disorder**

A neurological condition, including Asperger's Syndrome and Autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Pharmacy**

An establishment where **prescription drugs** are legally dispensed.

**Physician**

(a) legally qualified **physician** licensed by the state in which he/she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

**Policy Year**

The period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

**Pre-Admission Testing**

Tests done by a hospital, surgery center, licensed diagnostic lab facility, or physician, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- the tests are related to the scheduled surgery,
- the tests are done within the seven days prior to the scheduled surgery,
- the person undergoes the scheduled surgery in a **hospital** or **surgery center**, this does not apply if the tests show that surgery should not be done because of his/her physical condition,
- the charge for the surgery is a **Covered Medical Expense** under this Plan,
- the tests are done while the person is not confined as an inpatient in a **hospital**,
- the charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- the test results appear in the person's medical record kept by the **hospital** or **surgery center** where the surgery is to be done, and
- the tests are not repeated in or by the **hospital** or **surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the covered percentage that would have applied in the absence of this benefit.

### **Pre-Existing Condition**

Any **injury, sickness**, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the **Covered Person's** effective date of insurance.

### **Preferred Care**

Care provided by:

- a **Covered Person's primary care physician**, or a **Preferred Care Provider** on the referral of the **primary care physician**, or
- a health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider**, (or referral by a **Covered Person's primary care physician** prior to treatment), is not feasible, or
- a **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

### **Preferred Care Provider**

A health care provider that has contracted to furnish services or supplies for a **Negotiated Charge**, but only if the provider is, with Aetna's consent, included in the **directory** as a **Preferred Care Provider** for:

- the service or supply involved, and
- the class of **Covered Persons** of which you are member.

### **Preferred Pharmacy**

A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under this Policy, but only:

- while the contract remains in effect, and
- while such a **pharmacy** dispenses a **prescription drug**, under the terms of its contract with Aetna.

### **Preferred Prescription Drug Expense**

An expense incurred for a **prescription drug** that:

- is dispensed by a **Preferred Pharmacy**, or for an **emergency medical condition** only, by a **Non-Preferred Pharmacy**, and
- is dispensed upon the **Prescription** of a **Prescriber** who is:
  - a **Designated Care Provider**, or
  - a **Preferred Care Provider**, or
  - a **Non-Preferred Care Provider**, but only for an **emergency medical condition**, or on referral of a person's **Primary Care Physician**, or
  - a **dentist** who is a **Non-Preferred Care Provider**, but only one who is not of a type that falls into one or more of the categories of providers listed in the **directory** of **Preferred Care Providers**.

### **Prescriber**

Any person, while acting within the scope of his/her license, who has the legal authority to write an order for a **prescription drug**.

### **Prescription**

An order of a **prescriber** for a **prescription drug**. If it is an oral order, it must be promptly put in writing by the **pharmacy**.

### **Prescription Drugs**

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal Law, may be dispensed only by **prescription** and which is required to be labeled “Caution: Federal Law prohibits dispensing without **prescription**”,
- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.

### **Primary Care Physician**

This is the **Preferred Care Provider** who is:

- selected by a person from the list of **Primary Care Physicians** in the **directory**,
- responsible for the person's on-going health care, and
- shown on Aetna's records as the person's **Primary Care Physician**.

For purposes of this definition, a **Primary Care Physician** also includes the **UCF Health Services**.

### **Reasonable and Customary**

The charge which is the smallest of:

- the **Actual Charge**,
- the charge usually made for a covered service by the provider who furnishes it, and
- the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

### **Reasonable Charge**

Only that part of a charge which is reasonable is covered. The **Reasonable Charge** for a service or supply is the lowest of:

- The provider's usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.
- In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the **Reasonable Charge** is the rate established in such agreement.

In determining the **Reasonable Charge** for a service or supply that is:

- Unusual, or
- Not often provided in the area, or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity,
- The degree of skill needed,
- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The prevailing charge in other areas.

### **Recognized Charge**

Only that part of a charge which is recognized is covered. The **Recognized Charge** for a service or supply is the lowest of:

- The provider's usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply, and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the **Recognized Charge** percentage made for that service or supply.

In some circumstances, Aetna may have an agreement, either directly or indirectly, through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the **Recognized Charge** is the rate established in such agreement.

In determining the **Recognized Charge** for a service or supply that is:

- Unusual, or
- Not often provided in the area, or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity,
- The degree of skill needed,
- The type of specialty of the provider,
- The range of services or supplies provided by a facility, and
- The **Recognized Charge** in other areas.

### **Residential Treatment Facility**

A treatment center for children and adolescents, which provides residential care and treatment for emotionally disturbed individuals, and is licensed by the department of children and youth services, and is accredited as a residential treatment center by the council on accreditation or the joint commission on accreditation of health organizations.

### **Respite Care**

Care provided to give temporary relief to the family or other care givers in emergencies and from the daily demands for caring for a terminally ill **Covered Person**.

### **Room and Board**

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

### **Routine Screening for Sexually Transmitted Disease**

This is any laboratory test approved for such purposes by the FDA that specifically detects for infection by one or more agents of:

- Gonorrhea,
- Syphilis,
- Hepatitis,
- HIV, and
- Genital Herpes.

### **School Health Services**

Any organization, facility, or clinic operated, maintained, or supported by the school or other entity under contract to the school which provides health care services to enrolled students and their **dependents** who are over the age of 18.

### **Semi-Private Rate**

The charge for **room and board** which an institution applies to the most beds in its semi-private rooms with two or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

### **Service Area**

The geographic area, as determined by Aetna, in which the **Preferred Care Providers** are located.

### **Sickness**

Disease or illness including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and complications of pregnancy. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

### **Skilled Nursing Facility**

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- organized facilities for medical services,
- 24 hours nursing service by R.N.'s,
- a capacity of six or more beds,
- a daily medical records for each patient, and
- a **physician** available at all times.

### **Sound Natural Teeth**

Natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. **Sound natural teeth** shall not include capped teeth.

### **Surgery Center**

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
  - **physicians** who practice surgery in an area **hospital**, and
  - **dentists** who perform oral surgery.
- Has at least two operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic X-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
  - a **physician** trained in cardiopulmonary resuscitation, and
  - a defibrillator, and
  - a tracheotomy set, and
  - a blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

### **Surgical Assistant**

A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a **physician**.

### **Surgical Expenses**

Charges by a **physician** for,

- a surgical procedure,
- a necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- usual postoperative treatment.

### **Surgical Procedure**

- a cutting procedure,
- suturing of a wound,
- treatment of a fracture,
- reduction of a dislocation,
- radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- electrocauterization,
- diagnostic and therapeutic endoscopic procedures,
- injection treatment of hemorrhoids and varicose veins,
- an operation by means of laser beam,
- cryosurgery.

### **Totally Disabled**

Due to disease or **injury**, the **Covered Person** is not able to engage in most of the normal activities of a person of like age and sex in good health.

### **Urgent Admission**

One where the **physician** admits the person to the **hospital** due to:

- the onset of or change in a disease, or
- the diagnosis of a disease, or
- an **injury** caused by an **accident**,

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within two weeks from the date the need for the confinement becomes apparent.

### **Urgent Condition**

This means a sudden illness, **injury**, or condition, that:

- is severe enough to require prompt medical attention to avoid serious deterioration of the **Covered Person's** health,
- includes a condition which would subject the **Covered Person** to severe pain that could not be adequately managed without urgent care or treatment,
- does not require the level of care provided in the emergency room of a **hospital**, and
- requires immediate outpatient medical care that cannot be postponed until the **Covered Person's physician** becomes reasonably available.

### **Urgent Care Provider**

This is:

- A freestanding medical facility which:
  - Provides unscheduled medical services to treat an **urgent condition** if the **Covered Person's physician** is not reasonably available.
  - Routinely provides ongoing unscheduled medical services for more than eight consecutive hours.
  - Makes charges.
  - Is licensed and certified as required by any state or federal law or regulation.
  - Keeps a medical record on each patient.
  - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
  - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
  - Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
  - has contracted with Aetna to provide urgent care, and
  - is, with Aetna's consent, included in the Provider **Directory** as a **Preferred Urgent Care Provider**.

**It is not the emergency room or outpatient department of a hospital.**

### **Walk-in Clinic**

A clinic with a group of **physicians**, which is not affiliated with a **hospital**, that provides: diagnostic services, observation, treatment, and rehabilitation on an outpatient basis.

## **CLAIM PROCEDURE**

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

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student Accident and Sickness Insurance Plan.

### **HOW TO APPEAL A CLAIM**

In the event a **Covered Person** disagrees with how a claim was processed, he/she may request a review of the decision. The **Covered Person's** requests must be made in writing within 180 days of receipt of the Explanation of Benefits (EOB). The **Covered Person's** request must include why he/she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of medical necessity, etc.). Please submit all requests to:

Aetna Student Health  
P.O. Box 15717  
Boston, MA 02215-0014

### **PRESCRIPTION DRUG CLAIM PROCEDURE**

When obtaining a covered prescription, please present your ID card to a Pharmacy along with your applicable Copay. The pharmacy will bill Aetna for the cost of the drug, plus a dispensing fee, less the Copay amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from Pharmacy, and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications, less your Copay.

## **ON CALL INTERNATIONAL**

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Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits. A brief description of these benefits is outlined below.

### **ACCIDENTAL DEATH AND DISMEMBERMENT (ADD) BENEFITS**

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

**NOTE: For most school plans, ADD benefits are provided by Aetna Life Insurance Company (ALIC). However, in some states, ADD benefits may be provided through a contractual relationship between Chickering Claims Administrators, Inc. (CCA) and On Call International (On Call). ADD coverage provided through On Call is underwritten by United States Fire Insurance Company (USFIC). Please refer to your school's policy to determine whether ALIC or USFIC underwrites ADD benefits for your specific Plan. Should you have questions or need to file a claim please contact Aetna Student Health at (866) 378-8881.**

## **MEDICAL EVACUATION AND REPATRIATION (MER) AND WORLDWIDE EMERGENCY TRAVEL ASSISTANCE (WETA) SERVICES PROVIDED THROUGH ON CALL INTERNATIONAL, INC.**

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International, Inc. (On Call) to provide **Covered Persons** with access to certain Medical Evacuation and Repatriation (MER) and Worldwide Emergency Travel Assistance (WETA) benefits and/or services.

### ***MEDICAL EVACUATION AND REPATRIATION (MER) BENEFITS***

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

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- Return of Traveling Companion
- \$2,500 Emergency Return Home in the event of death or life-threatening illness of a parent or sibling

### ***WORLDWIDE EMERGENCY TRAVEL ASSISTANCE (WETA) SERVICES***

On Call provides the following travel assistance services:

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

**NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will NOT be provided for any such services not provided and arranged through On Call. Although certain medical services may be covered under the terms of the Covered Person's Student Health Insurance Plan (the "Plan"), On Call does not provide coverage for medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.**

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

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

## **AETNA'S NAVIGATOR®**

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### ***GOT QUESTIONS? GET ANSWERS WITH AETNA'S NAVIGATOR®***

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized claims and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online. **By logging into Aetna Navigator, you can:**

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

### ***HOW DO I REGISTER?***

- Go to ***www.aetnastudenthealth.com***.
- Find your school in the School Directory.
- Click on Aetna Navigator® Member Website and then the “Register for Aetna Navigator” link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

### ***NEED HELP WITH REGISTERING ONTO AETNA NAVIGATOR?***

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

## NOTICE

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

**Administered by:**

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
**(866) 378-8881**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Underwritten by:**

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

Policy No. 697435

The University of Central Florida Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.