The Arizona Board of Regents Student Health Insurance Plan for Arizona State University (the Plan) is underwritten by Aetna Life Insurance Company (Aetna). Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).
Who Is Aetna Student Health?
Aetna Student Health has a strong knowledge of health insurance benefits and an expansive network of physicians, hospitals, and other health care providers. We’ve been offering health insurance coverage to students like you for 30 years at colleges and universities across the country. We work with the Arizona State University (ASU) Health and Counseling professionals and administrators to give you access to medical care when you need it. You are even covered when you travel home or to another country*, throughout the policy/school year.

What Is The Plan All About?
Students’ health care needs can best be satisfied when an organized system of health care providers at ASU Health Services manages the treatment. If you need services or treatment outside of the ASU Health Services, you must first obtain a referral from ASU Health Services. If you do not receive a referral from ASU Health Services your benefits will be payable at the Non-Preferred Care benefit level.

Why Is a Student Health Insurance Plan Important?
Health care costs are at an all-time high. Don’t let an unexpected trip to the doctor or hospital set you back financially. Here are some things to think about:

- Take a look at the Plan and compare it to your current coverage. Look at premiums, Deductibles, benefits provided and the time covered. You’re covered for as long as you are registered with ASU and meeting the minimum credit requirements of an undergraduate or graduate student.

- Your current coverage may not protect you when you are away from home or abroad. If you travel in the U.S. or study abroad*, it’s good to know you’re covered if you need health care.

*Your Plan may reimburse you for services provided when care is rendered outside of the United States, subject to the terms of the Master Policy.

Whenever coverage provided by any insurance policy is in violation of any U.S., U.N. or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the U.S. Treasury’s website at: www.treasury.gov/resource-center/sanctions.

What Is The Plan All About?
Students’ health care needs can best be satisfied when an organized system of health care providers at ASU Health Services manages the treatment. If you need services or treatment outside of the ASU Health Services, you must first obtain a referral from ASU Health Services. If you do not receive a referral from ASU Health Services your benefits will be payable at the Non-Preferred Care benefit level.
Your Benefits at a Glance
Here is a brief description of the Plan benefits.

STATE MANDATED BENEFITS

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

If you do not obtain a referral from ASU Health Services, your benefits will be payable at the Non-Preferred benefit level.

<table>
<thead>
<tr>
<th>POLICY YEAR MAXIMUM</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY YEAR DEDUCTIBLE</td>
<td>Medical:</td>
<td>Medical:</td>
</tr>
<tr>
<td></td>
<td>Individual:</td>
<td>Individual:</td>
</tr>
<tr>
<td></td>
<td>$500 per Policy Year</td>
<td>$1,000 per Policy Year</td>
</tr>
</tbody>
</table>

POLICY YEAR DEDUCTIBLE

Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable. In addition to state and federal requirements for waiver of the Policy Year Deductible, the Plan will waive the Deductible for:

- Ambulance Expenses
- Emergency Room Expenses
- Non-Hospital Based Laboratory Expenses
- All Preferred Care services with a Copay

Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible. This Policy Year Deductible and the Prescribed Medicine Expense Deductible do not apply towards satisfying each other.

In compliance with the Affordable Care Act, the Annual Deductible is waived for Preferred Care Covered Medical Expenses (refer to specific benefit types for list of services) rendered as part of the following benefit types:

- Routine Physical Exam Expense (Office Visits)
- Pap Smear Screening Expense
- Mammogram Expense
- Routine Screening for Sexually Transmitted Disease Expense
- Routine Colorectal Cancer Screening Expense
- Routine Prostate Cancer Screening Expense
- Well Woman Preventive Visits (Office Visits)
- Screening & Counseling Services (Office Visits)
- Routine Cancer Screenings (Outpatient)
- Prenatal Care (Office Visits)
- Comprehensive Lactation Support and Counseling Services (Facility or Office Visits)
- Breast Pumps & Supplies
- Family Contraceptive Counseling Services (Office Visits)
- Female Voluntary Sterilization (Inpatient and Outpatient)
- Laboratory Services
- Newborn Screening
- Immunizations
- Hypodermic Needles
- Prostate Cancer Screening Expenses
- Colorectal Cancer Screening Expenses
- Female Generic Contraceptive Devices
- Female Generic Contraceptive Prescription Drugs
- Female Over-the-Counter Contraceptive Methods.

The Annual Deductible is waived for all Preferred Care services with a copay.

The Annual Deductible is also waived for the following Preferred and Non-Preferred Care services; Ambulance Expenses; Emergency Room Expenses.

COINSURANCE

Covered Medical Expenses are payable at the Coinsurance percentage specified below, after any applicable Deductible.

<table>
<thead>
<tr>
<th>OUT OF POCKET MAXIMUM</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Pharmacy:</td>
<td>Medical:</td>
<td>Medical:</td>
</tr>
<tr>
<td>Individual Out-of-Pocket:</td>
<td>Individual:</td>
<td>Individual:</td>
</tr>
<tr>
<td>$3,000 per Policy Year</td>
<td>$3,000 per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

Referral Requirements

Except for the services noted below that do not require a referral, if you do not obtain a referral from ASU Health Services, your benefits will be payable at the Non-Preferred Care Benefit level.

- Care received beyond 50 miles from the Tempe Campus (Upon return to the campus area, the student must return to the Health Services for necessary follow-up care)
- Treatment is for an Emergency Medical Condition (all follow-up treatment must be obtained through Health Services)
- Urgent Care Expenses
- Maternity Care
- Obstetric and Gynecological Treatment
- Annual Eye Exam
- Injury to Sound Natural teeth
- Preventive/Routine Services (services considered preventive according to USPSTF or CDC and/or services rendered not to diagnosis or treat an Accident or Sickness)
- Pediatric Care
- Vasectomies

Inpatient Hospitalization Benefits

<table>
<thead>
<tr>
<th>Room and Board Expense</th>
<th>80% of the Negotiated Charge</th>
<th>50% of the Recognized Charge for a semi-private room.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous Hospital Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Covered Medical Expenses include, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-Surgical Physicians Visit Expense

80% of the Negotiated Charge

Non-surgical services of the attending Physician, or a consulting Physician

Visit www.aetnastudenthealth.com to learn more.
<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Expense (Inpatient and Outpatient)</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Anesthesia Expense (Inpatient and Outpatient)</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Assistant Surgeon Expense (Inpatient and Outpatient)</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Ambulatory Surgical Expense (Inpatient and Outpatient)</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Outpatient Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient Department Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Walk-in Clinic Visit Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Emergency Room Expense</td>
<td>After a $200 per visit Copay (waived if admitted), 100% of the Negotiated Charge</td>
<td>After a $200 per visit Deductible (waived if admitted), 100% of the Actual Charge</td>
</tr>
<tr>
<td>Important Note: Please note that Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your Deductible and Coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>100% of the Negotiated Charge</td>
<td>100% of the Actual Charge</td>
</tr>
<tr>
<td>Physician's Office Visit Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Laboratory and X-ray Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>High Cost Procedures Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Therapy Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Durable Medical and Surgical Equipment Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Prosthetic Devices Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Foot Orthotics Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Hearing Aids Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Dental Injury Expense</td>
<td>80% of the Actual Charge</td>
<td></td>
</tr>
<tr>
<td>Allergy Testing and Treatment Expense</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
</tr>
<tr>
<td>Diagnostic Testing For Learning Disabilities Expense</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
</tr>
</tbody>
</table>

Visit www.aetnastudenthealth.com to learn more.
<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Smear Screening Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Mammogram Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Immunizations Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Routine Physical Exam Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Routine Screening for Sexually Transmitted Disease Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Routine Colorectal Cancer Screening Expense</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Routine Prostate Cancer Screening</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Vision Care Exam Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Vision Care Services and Supplies</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Pediatric Routine Dental Exam Expense</td>
<td>100% of the Negotiated Charge</td>
<td>70% of the Recognized Charge</td>
</tr>
</tbody>
</table>

Preventive Care:
Covered Medical Expenses include charges for the following screening and counseling services: obesity and/or healthy diet, misuse of alcohol and/or drugs, use of tobacco products, sexually transmitted infections, genetic risks for breast and ovarian cancer and depression screening. Preferred Care for these screening and counseling services are covered at 100% of the negotiated charge.

Pediatric Routine Dental Exam Expense:
Type A Expenses: Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the ASU page on the Aetna Student Health website, www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18.

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<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric Basic Dental Care Expense</strong></td>
<td><strong>Type B Expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the ASU page on the Aetna Student Health website, <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a></td>
<td>70% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Benefits are provided to covered persons through age 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Major Dental Care Expense</strong></td>
<td><strong>Type C Expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the ASU page on the Aetna Student Health website, <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a></td>
<td>50% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Benefits are provided to covered persons through age 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Orthodontia Expense</strong></td>
<td>Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)</td>
<td>50% of the Negotiated Charge</td>
</tr>
<tr>
<td><strong>Routine Foot Care</strong></td>
<td>Includes Medically Necessary routine foot care</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
</tr>
<tr>
<td><strong>Treatment of Mental and Nervous Disorders</strong></td>
<td>Please note: This includes Autism Spectrum Disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Mental and Nervous Disorders Inpatient Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Mental and Nervous Disorders Outpatient Expense</strong></td>
<td>After a $25 Copay per visit, 100% of the Negotiated Charge.</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Alcoholism and Drug Addiction Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Outpatient Expense</strong></td>
<td>After a $25 Copay per visit, 100% of the Negotiated Charge.</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Maternity Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Expense</strong></td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td></td>
</tr>
<tr>
<td><strong>Prenatal Care/Comprehensive Lactation Support and Counseling Services</strong></td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Breast Feeding Durable Medical Equipment</strong></td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Well Newborn Nursery Care Expense</strong></td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td><strong>Family Planning Expense</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unless specified below, not covered under this benefit are charges for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services which are covered to any extent under any other part of this Plan;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services and supplies incurred for an abortion;</td>
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<td></td>
</tr>
<tr>
<td>• Services provided as a result of complications resulting from a voluntary sterilization</td>
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<td></td>
</tr>
<tr>
<td>• Procedure and related follow-up care;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services which are for the treatment of an identified illness or injury;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services that are not given by a physician or under his or her direction;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychiatric, psychological, personality or emotional testing or exams;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any contraceptive methods that are only &quot;reviewed&quot; by the FDA and not &quot;approved&quot; by the FDA;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Male contraceptive methods or devices;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The reversal of voluntary sterilization procedures, including any related follow-up care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voluntary Sterilization</strong></td>
<td>Includes Tubal Ligation for sterilization</td>
<td>100% of the Negotiated Charge</td>
</tr>
<tr>
<td><strong>Voluntary Sterilization</strong></td>
<td>Includes Vasectomy for sterilization</td>
<td>80% of the Negotiated Charge</td>
</tr>
<tr>
<td><strong>Contraceptives</strong></td>
<td>Brand-Name Prescription Drug or Devices from a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.</td>
<td>100% of the Negotiated Charge</td>
</tr>
</tbody>
</table>
### Prescription Drug Coverage

**Prescribed Medicines Expense**

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

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

Includes any and all drugs and pharmaceutical forms of treatment for HIV and/or AIDS approved by the Food and Drug Administration, including but not limited to Zidovudine, formerly Azidothymidine ("AZT"), Didanosine (ddI) and Zalcitabine (ddC), to the same extent as other prescription drugs and treatments.

### Additional Benefits

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Testing and Supplies Expenses</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Outpatient Diabetic Self-management Education Programs Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Temporomandibular Joint Dysfunction Expense</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td></td>
</tr>
<tr>
<td>Hospice Benefit</td>
<td>100% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Home Health Care Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Licensed Nurse Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Skilled Nursing Facility Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Rehabilitation Facility Expense</td>
<td>80% of the Negotiated Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.</td>
<td>50% of the Recognized Charge for the rehabilitation facility’s daily room and board maximum for semi-private accommodations.</td>
</tr>
<tr>
<td>Cochlear Implant Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
</tbody>
</table>

**Human Organ Transplant Expenses**

Organ and Tissue Transplantation and Donor Coverage. No coverage if Member is an organ donor for a recipient other than a Member enrolled under this Plan.

Travel & lodging expenses are limited to $10,000 per transplant. Travel and lodging are not covered if the Member is a donor. Organ transplant services include the recipient’s medical, surgical and hospital services; inpatient immunosuppressive medications; and costs for organ procurement.

Transplant services are covered only if they are required to perform human to human organ or tissue transplants, such as:

1. Allogeneic bone marrow/stem cell;
2. Autologous bone marrow/stem cell;
3. Cornea;
4. Heart;
5. Heart/lung;
6. Kidney;
7. Kidney/pancreas;
8. Liver;
9. Lung;
10. Pancreas;
11. Small bowel/liver; or

Organ transplant coverage will apply only to non-experimental transplants for the specific diagnosis.

After a $250 RX Deductible, $20 Copay on Generic Drugs, $60 Copay on Brand Formulary Drugs, $80 Copay on Brand Non-Formulary Drugs, $100 Copay on Specialty Drugs.

Visit www.aetnastudenthealth.com to learn more.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Eosinophilic Gastrointestinal Disorder Expense</td>
<td>Covered at 75% of Actual Charge</td>
<td>Covered at 75% of Actual Charge</td>
</tr>
<tr>
<td>Medical Foods Expense</td>
<td>Covered at 50% of the cost of medical foods prescribed to treat inherited metabolic disorders.</td>
<td>Covered at 50% of the cost of medical foods prescribed to treat inherited metabolic disorders.</td>
</tr>
<tr>
<td>Basic Infertility Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Covered medical expenses include charges made by a physician to diagnose and to surgically treat the underlying medical cause of infertility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Trial Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Consultant (or Specialist) Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge.</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Dermatological Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Impacted Wisdom Teeth Dental Expense (only when medically necessary)</td>
<td>80% of the Actual Charge</td>
<td>80% of the Actual Charge</td>
</tr>
<tr>
<td>Non-Elective Surgical – Second Opinion Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Non-Prescription Enteral Formula Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Podiatric Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Short-Term Cardiac and Pulmonary Rehabilitation Therapies Expense</td>
<td>80% of the Negotiated Charge</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Second Surgical Opinion Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge.</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Spinal Manipulation Expense</td>
<td>After a $35 Copay per visit, 100% of the Negotiated Charge.</td>
<td>50% of the Recognized Charge</td>
</tr>
<tr>
<td>Transfusion or Dialysis of Blood Exposure</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Reconstructive Breast Surgery Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
<tr>
<td>Bariatric Surgery Expense</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place service is provided.</td>
</tr>
</tbody>
</table>
The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. 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. To look at the full Plan description, which is contained in the Master Policy issued to The Arizona Board of Regents on behalf of Arizona State University, you may access it online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

*All coverage is based on Recognized Charges unless otherwise specified.

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to learn more.

<table>
<thead>
<tr>
<th>Service</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Reassignment (Sex Change)</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
</tr>
<tr>
<td>Surgery Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight-Loss Treatment Expense</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
<td>Payable in accordance with the type of expense incurred and the place where service is provided.</td>
</tr>
<tr>
<td>Tobacco Cessation Expense</td>
<td>Covered Medical Expenses include charges incurred by a covered person for medically necessary tobacco cessation counseling and tobacco cessation medications, along with other related services that are Covered Medical Expenses under this plan. Benefits are payable for Covered Medical Expenses on the same basis as any other sickness.</td>
<td>Covered Medical Expenses include charges incurred by a covered person for medically necessary tobacco cessation counseling and tobacco cessation medications, along with other related services that are Covered Medical Expenses under this plan. Benefits are payable for Covered Medical Expenses on the same basis as any other sickness.</td>
</tr>
</tbody>
</table>
Where Can I Go for Service?

When you need care, make one of the ASU Health Services or Counseling Services your first stop. They can provide many of the routine health services you need. If you need care they can’t provide, they’ll refer you to a doctor or other health care provider who belongs to Aetna’s Preferred Provider network. If a referral is not obtained, you will be subject to a benefit reduction and claims will be paid at the Non-Preferred level of care.

You also may visit any licensed health care provider directly for covered services in Aetna’s Preferred Provider network (doctors, specialists, facilities except that specific Plan restrictions on certain services may apply). However, when you visit ASU Health Services or Counseling Services first, you’ll generally pay less out of your own pocket for your care.

To learn more about Preferred Providers, visit www.aetnastudenthealth.com.

*Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

ASU Health Services/Counseling Services Costs — Students Only

<table>
<thead>
<tr>
<th>Services Offered</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td>Well-Woman Care</td>
<td>No Copay Applied</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Lab</td>
<td>$10 Copay per day</td>
</tr>
<tr>
<td>X-ray</td>
<td>$10 Copay per day</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Psychiatric Services**</td>
<td>$15 Copay per visit</td>
</tr>
<tr>
<td>Initial Counseling Assessment</td>
<td>No Copay Applied</td>
</tr>
<tr>
<td>Brief Counseling Treatment</td>
<td>$15 Copay per visit</td>
</tr>
</tbody>
</table>

**In the event that psychiatric services provided by ASU Counseling staff are unavailable, the ASU Counseling Service will provide referrals to community-based Aetna Student Health providers. Preferred rates would apply.

How Much Does It Cost?

<table>
<thead>
<tr>
<th>Coverage:</th>
<th>Fall A</th>
<th>Fall B</th>
<th>Fall C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/16/15-10/14/15</td>
<td>10/15/15-1/3/16</td>
<td>8/16/15-1/3/16</td>
</tr>
<tr>
<td>Enrollment Deadline:</td>
<td>09/02/2015</td>
<td>10/27/2015</td>
<td>09/02/2015</td>
</tr>
<tr>
<td>Student</td>
<td>$378</td>
<td>$511</td>
<td>$889</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage:</th>
<th>Spring A</th>
<th>Spring B</th>
<th>Spring C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/4/16-3/15/16</td>
<td>3/16-6/15/16</td>
<td>1/4/16-6/15/16</td>
</tr>
<tr>
<td>Enrollment Deadline:</td>
<td>01/24/2016</td>
<td>03/27/2016</td>
<td>01/24/2016</td>
</tr>
<tr>
<td>Student</td>
<td>$454</td>
<td>$965</td>
<td>$1,419</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage:</th>
<th>Summer A</th>
<th>Summer B</th>
<th>Summer C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5/16/16-6/28/16</td>
<td>6/29/16-8/15/16</td>
<td>5/16/16-8/15/16</td>
</tr>
<tr>
<td>Student</td>
<td>$277</td>
<td>$303</td>
<td>$380</td>
</tr>
</tbody>
</table>

How And When Do I Enroll in the Plan?

Domestic Students

All eligible undergraduate and graduate students may enroll in the Plan through the ASU student registration system at www.asu.edu. Click on MyASU then click on Health & Wellness link, then click on the Health Insurance link). The ASU Student Insurance Office can provide you with detailed enrollment instructions. Students may contact the Insurance Office by calling (480) 965-2411, or via e-mail at insurance@asu.edu.

Once enrolled, coverage is automatically continued each semester and premiums are charged to your ASU student account.

Please make sure you understand your school’s credit hour and other requirements for enrolling in this plan. Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school’s eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

International Students

Participation in the Plan is required for all non-sponsored International students, regardless of the number of units being taken. All International students with an F-1 or J-1 visa are automatically enrolled in the Plan.

The premium for the Plan will be added to your tuition bill. If you have comparable coverage and wish to waive coverage under the Plan, proof of comparable coverage, in accordance with ASU’s requirements, must be completed online each academic term by the enrollment deadlines. To complete the Online Waiver Form, visit www.aetnastudenthealth.com.

Waiver Deadline Dates

Fall – 9/2/2015
Fall B for eligible students only-10/28/2015
Spring – 1/24/2016
Spring B for eligible students only-3/27/2016
Summer – 5/29/2016
Summer B for eligible students only-7/12/2016

Those students enrolled in the B term only are eligible for later deadline. Contact ASU to confirm your status.

Waiver submissions may be audited by Arizona State University, 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 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.

Please make sure you understand your school’s credit hour and other requirements for enrolling in this plan. Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school’s eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

Visit www.aetnastudenthealth.com to learn more.
And There’s More…
As a member of the Plan, you can also take advantage of the following services.

- **Aetna Specialty Pharmacy**: provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. For compounded medications, Aetna Specialty Pharmacy will coordinate getting your prescription to the compounding pharmacy that will be able to fill your prescription. For additional information please go to [www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com).

- **Beginning Right® Maternity Program**: Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

- **Aetna’s Informed Health® Line**: Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*. The nurses can help you:
  - Learn about medical procedures and treatment options.
  - Improve how you talk with your doctor and other health care providers.
  - Find out how to describe your symptoms better.
  - Ask the right questions.
  - Tell your doctor about your eating, exercise and lifestyle habits.

  Call anytime. (United States only). Nurses are available 24-hours a day.
  To reach a nurse, call **1-800-556-1555**.
  TDD for hearing and speech-impaired people only: **1-800-270-2386**.
  Or reach them through E-mail.
  You can send an e-mail to [IHL2@aetna.com](mailto:IHL2@aetna.com) for links to health information about your questions. Nurses reply within 24 hours. Note: Due to security reasons, the Informed Healthline will not open any attachments sent by e-mail.
  Or listen to the Audio Health Library**. It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

*While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. Information is believed to be accurate as of the production date; however, it is subject to change.

**Not all topics may be covered under your plan.

Use the Healthwise® Knowledgebase to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discounts, programs and wellness services are subject to change without notice. Not all discounts, programs are available in all states.

**Optional Programs:**

**Vital Savings by Aetna® on Dental** is a dental discount program helping you and your dependents save. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces) No claims to file. Enroll online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

Price: $25-Student only
  $44-Student plus one dependent
  $63-Student plus two or more dependents

*Actual costs and savings vary by provider and geographic area.

**The Vital Savings by Aetna® program (the “Program”) is not insurance.** The Program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, **1-888-BeVital**, is the Discount Medical Plan Organization.

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to learn more.
Your Home Page @ Aetna Navigator
Once you're a member of the Plan, you have access to Aetna Navigator, your secure member website. It's packed with personalized benefits and health information. When you register with Aetna Navigator, you'll have your own personal home page to:

- View your most recent claims
- See who is covered under your Plan
- Use cost of care tool
- View your health history report which provides your health data in a portable and easy to read format
- And much more!

Learn More!
Go to www.aetnastudenthealth.com to learn more or call 1-866-378-0178.

Or Contact ASU Health Services - insurance@asu.edu, 480-965-2411.

Aetna Student Health and OnCall are independent contractors and are not employees or agents of each other or each other's affiliates. For the client's convenience, fees for coverage and services provided by OnCall are included in the rates above; however, OnCall services are not part of the Plan. Aetna Student Health receives a portion of these fees. For further information regarding amounts retained by Aetna Student Health or any other questions regarding the OnCall program, please contact your account representative.

This material is for information only. Dental benefits and health/dental insurance plans contain exclusions, benefit maximums and limitations. The plan will pay benefits in accordance with any applicable Arizona insurance law. If any discrepancy exists between this pamphlet and the Master Policy/Group Agreement, the Master Policy/Group Agreement will govern and control any applicable Arizona insurance law. If any discrepancy exists between this pamphlet and the Master Policy/Group Agreement, the Master Policy/Group Agreement will govern and control

EXCLUSIONS
This Plan does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's School Health Services; Infirmary or Hospital; or by health care providers employed by the Policyholder.

2. Expenses incurred for vision-related services and supplies, except as specifically covered in the Policy. In addition, the plan does not cover:
   - Special supplies such as non-prescription sunglasses;
   - Vision service or supply which does not meet professionally accepted standards;
   - Special vision procedures, such as orthoptics or vision training;
   - Eye exams during a stay in a hospital or other facility for health care;
   - Eyeglasses or duplicate or spare eyeglasses or lenses or frames;
   - Replacement of lenses or frames that are lost or stolen or broken;
   - Acuity tests; and
   - Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures;
   - Services to treat errors of refraction.

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

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

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

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

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

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

9. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to:
   - 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 policy year of the accident which causes the injury; or in the next policy year.

10. Expense incurred for voluntary or elective abortions unless specifically covered under the Policy.

11. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.

12. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.

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

14. 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).

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


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

18. Expenses incurred for breast reduction/mammoplasty.

Visit www.aetnastudenthealth.com to learn more.
EXCLUSIONS Continued...

19. Expenses incurred for gynecomastia (male breasts).
20. Expense incurred for acupuncture **except as specifically covered under the Policy.**
21. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy **unspecified as covered under the Policy.**
22. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
23. Expense for charges for failure to keep a scheduled visit; or charges for completion of a claim form.
24. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
25. Expense for incidental surgeries; and standby charges of a physician.
26. Expense incurred for dental treatment; services and supplies except for those resulting from injury to sound natural teeth **and those as specifically covered under the Policy.**
27. Expense incurred for injury resulting from the play or practice of intercollegiate sports; (participating in sports clubs; or intramural athletic activities; is not excluded).
28. Expense 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; male or female elective sterilization reversal; or elective abortion; **unless specifically covered in the Policy.**
29. Expenses incurred for massage therapy.
30. Expense incurred for non-preferred care charges that are not recognized charges.
31. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
32. Expense incurred for a treatment; service; prescription drug; or supply; which is not medically necessary; as determined by Aetna; for the diagnosis, care or treatment of the sickness or injury involved; the restoration of physiological functions, or covered preventive services. This includes behavioral health services that are not primarily aimed at treatment of sickness, injury, restoration of physiological functions or that do not have a physiological or organic basis. This applies even if they are prescribed; recommended; or approved; by the person’s attending physician, dentist, or vision provider.
33. Expense incurred for the male or female reversal of voluntary sterilizations, including related follow-up care and treatment of complications of such procedures.
34. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization **except as specifically covered in the Policy.** This limitation does not apply to a donation by a covered person to a spouse; child; brother; sister; or parent.
35. Expense incurred for hearing exams, hearing aids; the fitting; or prescription of hearing aids **except as specifically covered under the Policy.** Not covered are: Any hearing service or supply that does not meet professionally accepted standards;
- Hearing exams given during a stay in a hospital or other facility;
- Any tests, appliances, and devices for the improvement of hearing, including aids, hearing aids and amplifiers, or to enhance other forms of communication to compensate for hearing loss or devices that simulate speech; and
- Routine hearing exams, except for routine hearing screenings as specifically described under Preventive Care Benefits.
36. Expense incurred for any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this Policy, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.
37. Expense incurred for any treatment, drug, service or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including counseling, hypnosis and other therapies, medications, nicotine patches and gum **except as specifically covered under the Policy.**
38. Expense incurred for preferred care charges in excess of the negotiated charge.
39. Expense incurred in a facility for care, services or supplies provided in:
- Rest homes;
- Assisted living facilities;
- Similar institutions serving as an individual’s primary residence or providing primarily custodial or rest care;
- Health resorts;
- Spas, sanitariums;
- Infirmaries at schools, colleges or camps; and
- Wilderness Treatment Programs or any such related or similar program, school and/or education service.
40. Nursing and home health aide services or therapeutic support services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities).
41. Expense incurred for contraception **except as specifically covered in the Policy.**
42. Expense incurred for disposable outpatient supplies **except as specifically covered in the Policy.** Any outpatient disposable supply or device, including but not limited to sheaths, bags, elastic garments, support hose, bandages, bedpans, syringes, blood or urine testing supplies, and other home test kits; and splints, neck braces, compresses, and other devices not intended for reuse by another patient.
43. Expense incurred for drugs, medications and supplies; **except as specifically covered in the Policy.** Not covered are:
- Over-the-counter drugs, biological or chemical preparations and supplies that may be obtained without a prescription including vitamins;
- Services related to the dispensing, injection or application of a drug;
- A prescription drug purchased illegally outside the United States, even if otherwise covered under this plan within the United States;
- Immunizations related to work;
- Needles, syringes and other injectable aids, **except as covered for diabetic supplies; and for a covered drug;**
- Drugs related to the treatment of non-covered medical expenses;
- Performance enhancing steroids;
- Implantable drugs and associated devices;
- Injectable drugs if an alternative oral drug is available, unless medically necessary;
- Any expenses for prescription drugs, and supplies covered under the Pharmacy Plan will not be covered under this medical expense plan. prescription drug exclusions that apply.
to the Aetna Pharmacy plan will apply to the medical expense coverage; and

- Charges for any prescription drug for the treatment of erectile dysfunction, impotence, or sexual dysfunction or inadequacy whether functional or organic.

44. Expense incurred for educational services:

- Any services or supplies related to education, training or retraining services or testing, including: special education, remedial education, job training and job hardening programs;
- Developmental, learning and communication disorders, behavioral disorders, (including pervasive developmental disorders) training or cognitive rehabilitation, regardless of the underlying cause;” (this exclusion does not apply to autism spectrum disorders) and
- Services, treatment, and educational testing and training related to behavioral (conduct) problems, learning disabilities and delays in developing skills
- Services eligible under the Individuals with Disabilities in Education Act (IDEA).

45. Expenses incurred for food items **except as specifically covered under the Policy**: Any food item, including infant formulas, nutritional supplements, vitamins, including prescription vitamins, medical foods and other nutritional items, even if it is the sole source of nutrition. This limitation will not apply to formulas and special modified food products to treat inherited metabolic disorders and amino acid-based formulas to treat eosinophilic gastrointestinal disorders.

46. Expense incurred for therapies and tests: Any of the following treatments or procedures including but not limited to:

- Aromatherapy;
- Bio-feedback and bioenergetic therapy;
- Carbon dioxide therapy;
- Chelation therapy (except for heavy metal poisoning);
- Computer-aided tomography (CAT) scanning of the entire body;
- Early intensive behavioral interventions (including Applied Behavior Analysis, Denver, LEAP, TEACHH, Rutgers programs) **except as specifically covered in the Policy**;
- Educational therapy, **except as specifically covered in the Policy**;
- Gastric irrigation;
- Hair analysis;
- Hyperbaric therapy, except for the treatment of decompression or to promote healing of wounds;
- Hypnosis, and hypnotherapy, except when performed by a physician as a form of anesthesia in connection with covered surgery;
- Lovaas therapy;
- Massage therapy;
- Megavitamin therapy;
- Primal therapy;
- Psychodrama;
- Purging;
- Recreational therapy;
- Rolfing;
- Sensory or auditory integration therapy;
- Sleep therapy;
- Thermograms and thermography

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

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

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

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

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

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

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to learn more.
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:

**Tempe Campus**

**ASU Health Services**
451 E. University Drive  
Tempe, AZ 85281-2104  
(480) 965-3346  
ASU On-Call After Hours  
Medical Advice  
(800) 293-5775  
Fall/Spring Hours: Monday – Friday, 8 a.m. – 6 p.m.  
Last appointment 5:30 p.m.  
Saturday, 10 a.m. – 2 p.m.  
Last appointment 1:30  
Summer Hours: Monday – Friday, 8 a.m. – 5 p.m.  
Last appointment 4:30 p.m.

**Counseling & Consultation**
451 E. University Drive  
Student Services Bldg., Room 334  
150 S. Forest Avenue  
Tempe, AZ 85287-1012  
(480) 965-6146  
Hours: Monday – Friday, 8 a.m. – 5 p.m.

**ASU Health Services-South**
Sonora Residence Hall  
1480 Rural Road  
Tempe, AZ  
(480) 965-3346  
Fall/Spring Hours: Monday – Friday, 9 a.m. – 6 p.m.  
Last appointment 5:30 p.m.  
ASU Health Services-South Closed during summer (5/20/16 – 8/18/16)

**ASU Health Services – SRC**
ASU Health Services – SRC  
Student Recreation Complex  
Apache Blvd & Palm Walk  
Tempe, AZ  
(480) 965-3346  
Fall/Spring Hours: Monday – Friday  
Visit [www.students.asu.edu/health](http://www.students.asu.edu/health) for hours of operation.

**Polytechnic Campus**

**ASU Health Services-Polytechnic**
7332 Sun Devil Mall  
Mesa, AZ 85212  
(480) 727-1500  
Hours: Monday – Friday, 9 a.m. – 12:30 p.m.  
1 p.m. – 4:30 p.m.

**Counseling Services**
6049 S. Backus Mall  
Sutton Hall, Suite 240  
Mesa, AZ 85212  
(480) 727-1255  
Hours: Monday – Friday, 8 a.m. – 5 p.m.

**West Campus**

**ASU Health Services-West**
University Center Building, Room 190  
4701 W. Thunderbird Road  
Glendale, AZ 85306  
(602) 543-8019  
Hours: Monday – Friday, 8 a.m. – 1 p.m.  
1:30 p.m. – 5 p.m.

**Counseling Center**
University Center Building, Room 221  
4701 W. Thunderbird Road  
Glendale, AZ 85306  
(602) 543-8125  
Hours: Monday – Friday, 8 a.m. – 5 p.m.

**Phoenix Campus**

**ASU Health Services-Downtown**
NP Healthcare Phoenix  
Nursing & Health Innovation Building  
500 N. 3rd Street, Suite 155  
Phoenix, AZ 85004  
(602) 496-0721  
Hours: Monday – Friday, 8 a.m. – 1 p.m.  
2 p.m. – 5 p.m.

**Counseling Services**
NP Healthcare Phoenix  
Nursing & Health Innovation Building  
500 N. 3rd Street, Suite 155  
Phoenix, AZ 85004  
(602) 496-0721  
Hours: Monday – Friday, 8 a.m. – 1 p.m.  
2 p.m. – 5 p.m.

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to learn more.