

Aetna Student HealthSM

Brought to you by The Arizona Board of Regents, Arizona State University and Aetna Student Health

Group 697443

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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.

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.**



Visit www.aetnastudenthealth.com to learn more.

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.

POLICY YEAR MAXIMUM	Unlimited	Non-Preferred Care
POLICY YEAR DEDUCTIBLE	Preferred Care	Non-Preferred Care
<i>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, this Plan will waive the Deductible for: Ambulance Expenses, Emergency Room Expenses, Non-Hospital Based Laboratory Expenses and all Preferred Care services with a Copay</i>	Medical Individual: \$500 per Policy Year	Medical Individual: \$1,000 per Policy Year
<i>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.</i>	Pharmacy \$250 per Policy Year regardless of preferred or non-preferred	

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, 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, Mammography and Pap Smear Expenses, Hospice, Diabetic Supplies, Outpatient Diabetic Self- Management, Chlamydia Screening and Sexually Transmitted Disease 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 and Emergency Room Expenses.

COINSURANCE	Covered Medical Expenses are payable at the Coinsurance percentage specified below, after any applicable Deductible.	
OUT OF POCKET MAXIMUMS	Preferred Care	Non-Preferred Care
<i>Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year.</i>	Medical & Pharmacy: Individual Out-of-Pocket: \$3,000 per Policy Year	Medical & Pharmacy: Individual Out-of-Pocket: \$3,000 per Policy Year
<i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i>		
<ul style="list-style-type: none"> • expenses that are not covered medical expenses; • penalties, and other expenses not covered by this Policy 		

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		
Room and Board Expense	80% of the Negotiated Charge	50% of the Recognized Charge for a semi-private room.
Miscellaneous Hospital Expense <i>Covered Medical Expenses include, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	80% of the Negotiated Charge	50% of the Recognized Charge
Non-Surgical Physicians Visit Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	80% of the Negotiated Charge	50% of the Recognized Charge

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	Preferred Care	Non-Preferred Care
Surgical Expenses		
Surgical Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	50% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	50% of the Recognized Charge
Ambulatory Surgical Expense Outpatient Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Hospital Outpatient Department Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Walk-in Clinic Visit Expense	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Emergency Room Expense <i>Prior Authorization is not required for an initial medical screening exam and any immediately necessary stabilizing treatment, but may be required for services arising after the initial screening and/or necessary stabilizing treatment</i>	After a \$200 per visit Copay (waived if admitted), 100% of the Negotiated Charge.	After a \$200 per visit Deductible (waived if admitted), 100% of the Actual Charge.
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		
Urgent Care Expense	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Ambulance Expense	100% of the Negotiated Charge	100% of the Actual Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists</i>	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge.
Laboratory and X-ray Expense	100% of the Negotiated Charge	50% of the Recognized Charge
High Cost Procedures Expense <i>Including CT scans, MRIs, PET scans, Laser Treatment and Nuclear Cardiac Imaging Tests</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, Occupational, Cardiac, Pulmonary, Inhalation Therapy</i>	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Prosthetic Devices Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Foot Orthotics Expense <i>Covered only for diabetes mellitus and any of the following complications involving the foot: Peripheral neuropathy with evidence of callus formation; or history of pre-ulcerative calluses; or history of previous ulceration; or foot deformity; or previous amputation of the foot or part of the foot; or poor circulation</i>	80% of the Negotiated Charge	50% of the Recognized Charge
Hearing Aids Expense <i>Limited to one hearing aid per ear, per Policy Year. Includes new or replacement hearing aids no longer under warranty (precertification required); cleaning or repair and batteries for cochlear implants</i>	80% of the Negotiated Charge	50% of the Recognized Charge
Dental Injury Expense	80% of the Actual Charge	
Allergy Testing and Treatment Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Diagnostic Testing For Learning Disabilities Expense <i>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan</i>	Payable in accordance with the type of expense incurred and the place where service is provided.	

Visit www.aetnastudenthealth.com to learn more.

	Preferred Care	Non-Preferred Care
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.	
Pap Smear Screening Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Mammogram Expense <i>Includes one baseline mammogram for women between age 35 and 39. Coverage is also provided for one mammogram every 2 years or more frequently based on a physician's recommendation for women age 40 to 49, and yearly for age 50 and over</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Immunizations Expense <i>Includes travel immunizations, HPV vaccine and flu shots</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Routine Physical Exam Expense <i>For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. Preferred care for these screenings and counseling services are covered at 100% of the negotiated charge. These services may include but are not limited to:</i>	100% of the Negotiated Charge	50% of the Recognized Charge
<ul style="list-style-type: none"> • Screening and counseling services, such as: • Interpersonal and domestic violence; • Sexually transmitted diseases; and • Human Immune Deficiency Virus (HIV) infections. • Screening for gestational diabetes. • High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older, and limited to once every three years. 		
Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Routine Colorectal Cancer Screening Expense <i>Includes charges for colorectal cancer examination and laboratory tests, for any non-symptomatic person age 50 or more, or a symptomatic person under age 50, for the following: One fecal occult blood test every 12 months in a row, a Sigmoidoscopy at age 50 and every 3 years thereafter, one digital rectal exam every 12 months in a row, a double contrast barium enema, once every 5 years, a colonoscopy, once every 10 years, virtual colonoscopy, Stool DNA</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Routine Prostate Cancer Screening <i>Includes charges incurred by a covered person for the screening of cancer as follows: for a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Vision Care Exam Expense <i>Benefits are limited to 1 exam per Policy Year</i>	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Pediatric Vision Care Services and Supplies <i>Exams are limited to 1 exam per Policy Year. Supplies are limited to 1 pair of glasses (lenses and frames) per Policy Year</i> <i>Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)</i>	100% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Routine Dental Exam Expense <i>Type A Expenses:</i> <i>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</i> <i>Benefits are provided to covered persons through age 18</i>	100% of the Negotiated Charge	70% of the Recognized Charge

	Preferred Care	Non-Preferred Care
Pediatric Basic Dental Care Expense <i>Type B Expenses:</i> 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	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Major Dental Care Expense <i>Type C Expenses:</i> 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	50% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Orthodontia Expense Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)	50% of the Negotiated Charge	50% of the Recognized Charge
Routine Foot Care Includes Medically Necessary routine foot care	Payable in accordance with the type of expense incurred and the place where service is provided.	
Treatment of Mental and Nervous Disorders	Please note: This includes Autism Spectrum Disorders	
Mental and Nervous Disorders Inpatient Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Mental and Nervous Disorders Outpatient Expense	After a \$25 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Alcoholism and Drug Addiction Treatment		
Inpatient Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Outpatient Expense	After a \$25 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Maternity Benefits		
Maternity Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge	50% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge	50% of the Recognized Charge
Well Newborn Nursery Care Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Family Planning Expense Unless specified below, not covered under this benefit are charges for: <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan; • Services and supplies incurred for an abortion; • Services provided as a result of complications resulting from a voluntary sterilization • Procedure and related follow-up care; • Services which are for the treatment of an identified illness or injury; • Services that are not given by a physician or under his or her direction; • Psychiatric, psychological, personality or emotional testing or exams; • Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA; Male contraceptive methods or devices; • The reversal of voluntary sterilization procedures, including any related follow-up care 		
Voluntary Sterilization Includes Tubal Ligation for sterilization	100% of the Negotiated Charge	50% of the Recognized Charge
Voluntary Sterilization Includes Vasectomy for sterilization	80% of the Negotiated Charge	50% of the Recognized Charge
Contraceptives Important Note: 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.	100% of the Negotiated Charge	50% of the Recognized Charge

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	Preferred Care	Non-Preferred Care
Prescription Drug Coverage		
Prescribed Medicines Expense <i>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</i>	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.	
Additional Benefits		
Diabetic Testing and Supplies Expenses	80% of the Negotiated Charge	50% of the Recognized Charge
Outpatient Diabetic Self-management Education Programs Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Temporomandibular Joint Dysfunction Expense <i>Covered medical expenses also include orthognathic surgery to correct deformities of the jaw and the associated malocclusion.</i>	Payable in accordance with the type of expense incurred and the place where service is provided.	
Hospice Benefit	100% of the Negotiated Charge	50% of the Recognized Charge
Home Health Care Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Licensed Nurse Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Skilled Nursing Facility Expense <i>Benefits are limited to a maximum of 90 days per Policy Year</i>	80% of the Negotiated Charge	50% of the Recognized Charge for the semi-private room rate.
Rehabilitation Facility Expense	80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.	50% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.
Cochlear Implant Expense <i>Includes bone in hearing aids</i>	80% of the Negotiated Charge	50% of the Recognized Charge
Human Organ Transplant Expenses <i>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:</i>	Payable in accordance with the type of expense incurred and the place where service is provided.	
	<ol style="list-style-type: none"> 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 12. Kidney/liver. 	
	<i>Organ transplant coverage will apply only to non-experimental transplants for the specific diagnosis</i>	

Visit www.aetnastudenthealth.com to learn more.

	Preferred Care	Non-Preferred Care
Autism Spectrum Disorder Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Eosinophilic Gastrointestinal Disorder Expense	Covered at 75% of Actual Charge	Covered at 75% of Actual Charge
Medical Foods Expense	Covered at 50% of the cost of medical foods prescribed to treat inherited metabolic disorders.	Covered at 50% of the cost of medical foods prescribed to treat inherited metabolic disorders.
Basic Infertility Expense <i>Covered medical expenses include charges made by a physician to diagnose and to surgically treat the underlying medical cause of infertility.</i>	Payable in accordance with the type of expense incurred and the place where service is provided.	
Clinical Trial Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Consultant (or Specialist) Expense	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Dermatological Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Impacted Wisdom Teeth Dental Expense (only when medically necessary)	80% of the Actual Charge	80% of the Actual Charge
Non-Elective Surgical – Second Opinion Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Non-Prescription Enteral Formula Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Podiatric Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Short-Term Cardiac and Pulmonary Rehabilitation Therapies Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Second Surgical Opinion Expense	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Spinal Manipulation Expense	After a \$35 Copay per visit, 100% of the Negotiated Charge.	50% of the Recognized Charge
Transfusion or Dialysis of Blood Exposure	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Reconstructive Breast Surgery Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Bariatric Surgery Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.

	Preferred Care	Non-Preferred Care
Gender Reassignment (Sex Change) Surgery Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Weight-Loss Treatment Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	Payable in accordance with the type of expense incurred and the place where service is provided.
Tobacco Cessation Expense	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.	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.

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.

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

Visit www.aetnastudenthealth.com to learn more.

Where Can I Go for Service?

When you need care, make one of the ASU Health Services or Counseling Services locations 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

Services Offered	Your Responsibility
General Medicine	\$15 Copay per visit
Well-Woman Care	No Copay Applied
Specialist Care	\$30 Copay per visit
Lab	\$10 Copay per day
X-ray	\$10 Copay per day
Chiropractic Care	\$30 Copay per visit
Psychiatric Services**	\$15 Copay per visit
Initial Counseling Assessment	No Copay Applied
Brief Counseling Treatment	\$15 Copay per visit

**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?

Coverage:	Fall A	Fall B	Fall C
	8/16/15-10/14/15	10/15/15-1/3/16	8/16/15-1/3/16
Enrollment Deadline:	09/02/2015	10/27/2015	09/02/2015
Student	\$378	\$511	\$889
Coverage:	Spring A	Spring B	Spring C
	1/4/16-3/15/16	3/16/16-8/15/16	1/4/16-8/15/16
Enrollment Deadline:	01/24/2016	03/27/2016	01/24/2016
Student	\$454	\$965	\$1,419
Coverage:	Summer A	Summer B	Summer C
	5/16/16-6/28/16	6/29/16-8/15/16	5/16/16-8/15/16
Enrollment Deadline:	5/29/2016	7/12/2016	5/29/2016
Student	\$277	\$303	\$580

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.

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.
- **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 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 expenses 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.

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.

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 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 the payment of benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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.
16. Expense incurred for custodial care.
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 unless specifically 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
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;
 - Infirmarys 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 as specifically described under Preventive Care Benefits.

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.

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 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, 9 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

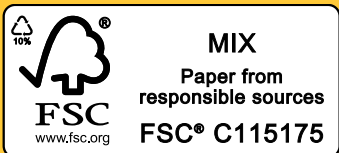
ASU Health Services-Downtown

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.
(602) 496-0721

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.





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