

# Aetna Student Health<sup>SM</sup>

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) and administered by Chickering Claims Administrators, Inc.** Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.



## 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](http://www.treasury.gov/resource-center/sanctions).*

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## 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.**

Dependents are not eligible to use the services of the ASU Health Services and are therefore not subject to the referral requirements and penalties.



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# 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.**

<b>POLICY YEAR MAXIMUM</b>	<b>Unlimited</b>	<b>Non-Preferred Care</b>
<b>POLICY YEAR DEDUCTIBLE</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<p><i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i></p> <p><i>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></p> <p><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></p> <p>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 &amp; Counseling Services (Office Visits), Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps &amp; 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.</p> <p>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.</p>	<p><b>Medical</b></p> <p>Individual: \$500 per Policy Year</p> <p>Family: \$1,500 per Policy Year</p> <p><b>Pharmacy</b> \$500 per Policy Year regardless of preferred or non-preferred</p>	<p><b>Medical</b></p> <p>Individual: \$1,000 per Policy Year</p> <p>Family: \$3,000 per Policy Year</p>
<b>COINSURANCE</b>	Covered Medical Expenses are payable at the Coinsurance percentage specified below, after any applicable Deductible.	
<b>OUT OF POCKET MAXIMUMS</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<p><i>Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year.</i></p> <p><i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i></p> <ul style="list-style-type: none"> <li>• expenses that are not covered medical expenses;</li> <li>• penalties, and other expenses not covered by this Policy</li> </ul>	<p><b>Medical &amp; Pharmacy:</b></p> <p>Individual Out-of-Pocket: \$2,500 per Policy Year</p> <p>Family Out-of-Pocket: \$5,000 per Policy Year</p>	<p>Individual Out-of-Pocket: \$3,000 per Policy Year</p> <p>Family Out-of-Pocket: \$6,000 per Policy Year</p>
<b>Referral Requirements</b>	<p><i>Except for the services noted below that do not require a referral, if you do not obtain a referral from ASU Campus Health Services, your benefits will be payable at the Non-Preferred Care Benefit level.</i></p> <ul style="list-style-type: none"> <li>• Care received beyond 50 miles from the Tempe Campus (Upon return to the campus area, the student must return to the Campus Health Service for necessary followup care)</li> <li>• Treatment is for an Emergency Medical Condition (all followup treatment must be obtained through Campus Health Services)</li> <li>• Urgent Care Expenses</li> <li>• Maternity Care</li> <li>• Obstetric and Gynecological Treatment</li> <li>• Annual Eye Exam</li> <li>• Injury to Sound Natural teeth</li> <li>• Preventive/Routine Services (services considered preventive according to USPSTF or CDC and/or services rendered not to diagnosis or treat an Accident or Sickness)</li> <li>• Pediatric Care</li> <li>• Care for Covered Dependents</li> </ul> <p><i>Dependents are not eligible to use the services of the Campus Health Services and are therefore not subject to the referral requirements and penalties.</i></p>	
<b>Inpatient Hospitalization Benefits</b>		
<b>Room and Board Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge for a semi-private room
<b>Miscellaneous Hospital Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<p><i>Covered Medical Expenses include, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i></p>		
<b>Non-Surgical Physicians Visit Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<p><i>Non-surgical services of the attending Physician, or a consulting Physician</i></p>		
<b>Surgical Expenses</b>		

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	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Surgical Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Anesthesia Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Assistant Surgeon Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Ambulatory Surgical Expense Outpatient Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Hospital Outpatient Department Expense</b>	100% of the Negotiated Charge	50% of the Negotiated Charge
<b>Walk-in Clinic Visit Expense</b>	After a \$35 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Emergency Room Expense</b> <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
<b>Important Note:</b> 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		
<b>Urgent Care Expense</b>	After a \$35 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Ambulance Expense</b>	100% of the Negotiated Charge	100% of the Actual Charge
<b>Physician's Office Visit Expense</b> <i>This benefit includes visits to specialists</i>	After a \$35 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Laboratory and X-ray Expense</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>High Cost Procedures Expense</b> <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
<b>Therapy Expense</b> <i>Includes Physical, Speech, Occupational, Cardiac, Pulmonary, Inhalation and Chiropractic Therapy</i>	After a \$35 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Durable Medical and Surgical Equipment Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Prosthetic Devices Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Foot Orthotics Expense</b> <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
<b>Hearing Aids Expense</b> <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
<b>Dental Injury Expense</b>	80% of the Actual Charge	
<b>Allergy Testing and Treatment Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Diagnostic Testing For Learning Disabilities Expense</b> <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>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Preventive Care</b>	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.	
<b>Pap Smear Screening Expense</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Mammogram Expense</b> <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

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	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Immunizations Expense</b> <i>Includes travel immunizations, HPV vaccine and flu shots</i>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Routine Physical Exam Expense</b> <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"> <li>• Screening and counseling services, such as:</li> <li>• Interpersonal and domestic violence;</li> <li>• Sexually transmitted diseases; and</li> <li>• Human Immune Deficiency Virus (HIV) infections.</li> <li>• Screening for gestational diabetes.</li> <li>• High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older, and limited to once every three years.</li> </ul>		
<b>Routine Screening for Sexually Transmitted Disease Expense</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Routine Colorectal Cancer Screening Expense</b> <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
<b>Routine Prostate Cancer Screening</b> <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
<b>Vision Care Exam Expense</b> <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
<b>Pediatric Vision Care Services and Supplies</b> <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 &amp; 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
<b>Pediatric Routine Dental Exam Expense</b> <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, <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a></i>  <i>Benefits are provided to covered persons through age 18</i>	100% of the Negotiated Charge	70% of the Recognized Charge
<b>Pediatric Basic Dental Care Expense</b> <i>Type B 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, <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a></i>  <i>Benefits are provided to covered persons through age 18</i>	70% of the Negotiated Charge	50% of the Recognized Charge
<b>Pediatric Major Dental Care Expense</b> <i>Type C 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, <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a></i>  <i>Benefits are provided to covered persons through age 18</i>	50% of the Negotiated Charge	50% of the Recognized Charge
<b>Pediatric Orthodontia Expense</b> <i>Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)</i>	50% of the Negotiated Charge	50% of the Recognized Charge

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	Preferred Care	Non-Preferred Care
<b>Routine Foot Care</b> <i>Includes Medically Necessary routine foot care</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Treatment of Mental and Nervous Disorders</b>	Please Note: This includes Autism Spectrum Disorders	
<b>Mental and Nervous Disorders Inpatient Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Mental and Nervous Disorders Outpatient Expense</b>	After a \$25 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Alcoholism and Drug Addiction Treatment</b>		
<b>Inpatient Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Outpatient Expense</b>	After a \$25 Copay per visit, 100% of the Negotiated Charge	50% of the Recognized Charge
<b>Maternity Benefits</b>		
<b>Maternity Expense</b>	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Prenatal Care/Comprehensive Lactation Support and Counseling Services</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Breast Feeding Durable Medical Equipment</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Well Newborn Nursery Care Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Family Planning Expense</b>		
Unless specified below, not covered under this benefit are charges for:		
<ul style="list-style-type: none"> <li>• Services which are covered to any extent under any other part of this Plan;</li> <li>• Services and supplies incurred for an abortion;</li> <li>• Services provided as a result of complications resulting from a voluntary sterilization</li> <li>• Procedure and related followup care;</li> <li>• Services which are for the treatment of an identified illness or injury;</li> <li>• Services that are not given by a physician or under his or her direction;</li> <li>• Psychiatric, psychological, personality or emotional testing or exams;</li> <li>• Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA; Male contraceptive methods or devices;</li> <li>• The reversal of voluntary sterilization procedures, including any related followup care</li> </ul>		
<b>Voluntary Sterilization</b> <i>Includes Tubal Ligation for sterilization</i>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Voluntary Sterilization</b> <i>Includes Vasectomy for sterilization</i>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Contraceptives</b> <b>Important Note:</b> Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Prescription Drug Coverage</b>		
<b>Prescribed Medicines Expense</b> <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).</i>  <i>Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to <a href="http://www.AetnaSpecialtyRx.com">www.AetnaSpecialtyRx.com</a></i>  <i>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 (ddl) and Zalcitabine (ddC), to the same extent as other prescription drugs and treatments</i>	After a \$500 RX Deductible, 80% on Generic Drugs, 60% on Brand Formulary Drugs, 60% on Brand Non-Formulary Drugs, 60% on Specialty Drugs up to a \$150 Copay per prescription	
<b>Diabetic Testing and Supplies Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Outpatient Diabetic Self-management Education Programs Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Temporomandibular Joint Dysfunction Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Hospice Benefit</b>	100% of the Negotiated Charge	50% of the Recognized Charge

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	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Home Health Care Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Licensed Nurse Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Skilled Nursing Facility Expense</b> <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
<b>Rehabilitation Facility Expense</b>	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
<b>Cochlear Implant Expense</b> <i>Includes bone in hearing aids</i>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Orthognathic Treatment Expense</b> <i>Includes coverage for correcting deformities of the jaw and the associated malocclusion</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Human Organ Transplant Expenses</b> <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.</i>  <i>Travel &amp; 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.</i>  <i>Transplant services are covered only if they are required to perform human to human organ or tissue transplants, such as:</i>  <ol style="list-style-type: none"> <li>1. Allogeneic bone marrow/stem cell;</li> <li>2. Autologous bone marrow/stem cell;</li> <li>3. Cornea;</li> <li>4. Heart;</li> <li>5. Heart/lung;</li> <li>6. Kidney;</li> <li>7. Kidney/pancreas;</li> <li>8. Liver;</li> <li>9. Lung;</li> <li>10. Pancreas;</li> <li>11. Small bowel/liver; or</li> <li>12. Kidney/liver.</li> </ol> <i>Organ transplant coverage will apply only to non-experimental transplants for the specific diagnosis</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
<b>Autism Spectrum Disorder Expense</b>	Benefits are payable on the same basis as any other Sickness.	Benefits are payable on the same basis as any other Sickness.
<b>Eosinophilic Gastrointestinal Disorder Expense</b>	Covered at 75% of Actual Charge	Covered at 75% of Actual Charge
<b>Medical Foods Expense</b>	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.
<b>Transgender Related Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness	Covered Medical Expenses are payable on the same basis as any other Sickness
<b>Weight-Loss Treatment Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness	Covered Medical Expenses are payable on the same basis as any other Sickness
<b>Tobacco Cessation Expense</b>	Covered at 100% of Negotiated Charge. Coverage includes Tobacco cessation counseling and OTC products	Covered at 50% of Recognized Charge. Coverage includes Tobacco cessation counseling and OTC products

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.

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## 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](http://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, No Dependent Coverage

Services Offered	Your Responsibility
General Medicine	\$10 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
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

Covered Dependents: No referral is required from an ASU Health Services location, but it is to your advantage to utilize an Aetna Preferred Provider.

## How Much Does It Cost?

Coverage:	Fall A	Fall B	Fall C
	8/16/14-10/14/14	10/15/14-1/3/15	8/16/14-1/3/15
Enrollment Deadline:	09/03/2014	10/28/2014	09/03/2014
Student	\$394	\$533	\$927
Spouse	\$1,093	\$1,474	\$2,567
Child(ren)	\$938	\$1,265	\$2,204
Family	\$1,549	\$2,091	\$3,640
Coverage:	Spring A	Spring B	Spring C
	1/4/15-3/15/15	3/16/15-8/15/15	1/4/15-8/15/15
Enrollment Deadline:	01/25/2015	03/30/2015	01/25/2015
Student	\$467	\$1,006	\$1,473
Spouse	\$1,292	\$2,785	\$4,078
Child(ren)	\$1,109	\$2,391	\$3,501
Family	\$1,833	\$3,950	\$5,782

For Summer Coverage, please contact ASU or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for rates and dates.

## 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/](http://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](mailto:insurance@asu.edu). Once enrolled, coverage is automatically continued each semester and premiums are charged to your ASU student account.

Dependents can enroll online directly at

<http://www.aetnastudenthealth.com/ArizonaState>. At the ASU section, click on "Medical Plan: ABOR Student Plan" and follow the directions given. Once enrolled for Fall, dependent coverage is automatically continued each Spring and premiums are charged to the account originally provided.

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](http://www.aetnastudenthealth.com).

### Waiver Deadline Dates

Fall -9/3/2014

Fall B for eligible students only-10/28/2014

Spring – 1/25/2015

Spring B for eligible students only-3/30/2015

Summer- For Summer Deadlines, please contact ASU or visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

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](http://www.AetnaSpecialtyRx.com).
- **Quit Tobacco Cessation Program:** Say good-bye to tobacco and hello to a healthier future! You'll get personal attention in a one on one session or online group from Aetna health professionals that can help find what works for you.
- **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 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](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.

## 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](http://www.aetnastudenthealth.com) to learn more or call 1-866-378-0178.

Or Contact ASU Health Services- [insurance@asu.edu](mailto: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 Health Service; Infirmary or **Hospital**; or by health care providers employed by the Policyholder.
2. Expense incurred for vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or **prescriptions** or examinations except as required for repair caused by a covered **injury** or as provided elsewhere in this plan.
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 obligation to pay such charges in the absence of insurance.
8. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this 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 calendar year of the accident which causes the **injury**; or in the next calendar year.
10. Expense incurred for voluntary or elective abortions unless otherwise provided in this 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**. **Custodial care** means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes **room and board** and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
  - by whom they are prescribed; or
  - by whom they are recommended; or
  - by whom or by which they are performed.
17. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
  - (a) There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or
  - (b) If required by the FDA, approval has not been granted for marketing; or
  - (c) A recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or

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

## EXCLUSIONS Continued...

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

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

(a) The disease can be expected to cause death within one year in the absence of effective treatment; and

(b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

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

(a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or

(b) Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute

if Aetna determines that available; scientific evidence demonstrates that the drug is effective or shows promise of being effective; for the disease. Insurers are required to cover patient costs associated with cancer clinical trials. Applies to routine patient costs incurred by a participant in a Phase I, II, III, or IV cancer clinical trial if the costs would be covered for non-investigational treatment,

18. Expenses incurred for breast reduction/mastectomy, except as required for reconstructive surgery of the breast following mastectomy.
19. Expenses incurred for gynecomastia (male breasts).
20. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
21. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
22. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
23. Expense for telephone consultations; 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 as a result of **dental** treatment; including extraction of wisdom teeth; except for treatment resulting from **injury to sound natural teeth**; as provided elsewhere in this Policy.
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; and charges for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; elective sterilization or its reversal; or elective abortion; unless specifically provided for in this Policy.

29. Expenses incurred for massage therapy.
30. Expense for charges that are not **recognized charges**; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the **recognized charge** for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
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; or supply; which is not **medically necessary**; as determined by Aetna; for the diagnosis, care or treatment of the **sickness or injury** involved. This applies even if they are prescribed; recommended; or approved; by the person's attending **physician**; or **dentist**.

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

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

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

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

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

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

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 (5/20/13 – 8/18/13)

#### 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, 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

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.



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