

Summary of Benefits

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on the Reasonable Charge allowance unless otherwise specified. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

This Plan always pays benefits in accordance with any applicable Indiana Insurance Law(s).

Lifetime Student Aggregate Maximum per condition: \$100,000.	
Lifetime Dependent Aggregate Maximum per condition: \$100,000.	
Annual Plan Deductible <i>(Does not apply to care rendered at any of the IU Health Centers)</i>	Preferred Care: \$500 per person. Non-Preferred Care: \$750 per person.
Student/Family Annual Out-of-Pocket Maximum <i>(Includes Deductible)</i>	Preferred Care: \$1,000 per Individual/\$2,000 per Family. Non-Preferred Care: Not Applicable. Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply.
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses <i>(Includes Inpatient Miscellaneous Expenses and Intensive Care Expenses)</i>	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge for an overnight stay after a \$200 Copay per admission. Non-Preferred Care: 50% of the Reasonable Charge for the semi-private room rate for an overnight stay is subject to a maximum of a \$1,200 Aggregate Maximum benefit per day.
Physician's Hospital Visit Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)	
Inpatient Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$100 per surgical procedure Copay. Non-Preferred Care: 50% of the Reasonable Charge.
Outpatient Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$50 per surgical procedure Copay. Non-Preferred Care: 50% of the Reasonable Charge.

Surgical Benefits (Inpatient and Outpatient) (continued)	
Day Surgery Miscellaneous Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Anesthetist Expenses	Covered Medical Expenses for the charges of an anesthetist are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: Preferred Care: 50% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Outpatient Benefits	
Physician's Office Visit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$15 Copay per visit. Non-Preferred Care: 50% of the Reasonable Charge. Covered Medical Expenses are also included for routine visits, including well-child visits. However, coverage of routine care (excluding well-woman services) is subject to a maximum of \$300 per Policy Year.
Lab Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$10 per visit Copay. Copay applies per bill. Non-Preferred Care: 50% of the Reasonable Charge.
X-ray Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$20 per visit Copay. Copay applies per bill. Non-Preferred Care: 50% of the Reasonable Charge.
Allergy Testing and Treatment Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$10 per visit Copay. Copay applies per bill. Non-Preferred Care: 50% of the Reasonable Charge.
Physical Therapy Expenses	Covered Medical Expenses for charges are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$10 Copay per visit. Non-Preferred Care: 50% of the Reasonable Charge.

Outpatient Benefits (continued)	
Durable Medical Equipment Expenses (Limited to a \$10,000 lifetime maximum benefit)	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge. Covered Medical Expenses are payable subject to a lifetime maximum of \$10,000.
Mental Health and Substance Abuse Benefits	
Inpatient & Outpatient Expenses – Mental Health	Inpatient: Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Outpatient: Covered Medical Expenses for outpatient treatment of a mental health condition are payable as follows: Preferred Care: 100% of the Negotiated Charge after a \$15 Copay per visit. Non-Preferred Care: 50% of the Reasonable Charge.
Inpatient & Outpatient Expenses – Substance Abuse	Inpatient: Covered Medical Expenses for the treatment of substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness up to a maximum of 20 days per Policy Year. Outpatient: Covered on the same basis as any other outpatient expense up to a maximum of 30 visits per Policy Year.
Pervasive Developmental Disorders Expenses	Covered Medical Expenses include both the diagnosis and treatment of these conditions as long as they are included in a Physician’s treatment plan. Exclusions such as Medical Necessity, experimental and investigational, and learning disabilities are waived for these expenses only if these expenses are for services specifically indicated in the Physician’s treatment plan. Covered Medical Expenses are payable on the same basis as any expense.
Maternity Benefits	
Maternity Expenses	Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.

Additional Benefits	
High Cost Procedure Expenses	<p>Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging and Laser treatments are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge after a \$20 per visit Copay. Copay applies per bill.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Women's Health Benefit Expenses	<p>Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense.</p> <p>Covered Medical Expenses include an annual Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any outpatient expense.</p>
Diabetic Treatment Expenses <i>(Please note: diabetic testing supplies and insulin are covered under the Prescription Drug program)</i>	<p>Covered Medical Expenses for diabetic self-management or for supplies not covered by the Prescription Drug program are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge after a \$10 Copay.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Treatment of an Emergency Medical Condition Expenses	<p>Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge after a \$50 Copay per visit. Copay waived if admitted.</p> <p>Non-Preferred Care: 100% of the Reasonable Charge after a \$50 Deductible per visit. Deductible waived if admitted.</p>
Ambulance Expenses	<p>Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum of \$1,500 per trip for ground transportation and \$1,500 per trip for transportation by air for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.</p>

Additional Benefits (continued)

<p>Prescription Drug Benefits <i>(Please note: Prescriptions filled at the Indiana University Health Center are covered at 100% with a \$10 Copay; oral contraceptives are covered only at the Health Center)</i></p>	<p>Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year, are payable as follows: Indiana University Health Center: 100% after a \$10 Copay. All Other Preferred Pharmacies: 100% of the Negotiated Charge after a \$10 Copay per Generic Prescription Drug; or 100% of the Negotiated Charge after a \$20 Copay per Brand-Name Prescription Drug.</p> <p>Covered Prescription expenses are payable up to a maximum of \$1,000 per Policy Year.</p> <p>Medications not covered by this benefit include, but are not limited to: oral contraceptives (oral contraceptives are covered only at the Student Health Centers), allergy sera (see Allergy Testing and Treatment coverage), drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p> <p>Prior authorization is required for growth hormones and drugs which are used in the treatment of malaria, and for more than a 30-day supply per Prescription or refill.</p> <p>For assistance, or for a complete list of excluded medications or drugs covered with prior authorization, please contact (800) 238-6279.</p> <p>Benefits are paid only when Prescriptions are filled at a Pharmacy which is a Preferred Care Provider. Please use your Aetna Student Health ID card when obtaining your Prescriptions.</p>
<p>Dental Expenses</p>	<p>Covered Medical Expenses are payable at 100% of the Reasonable Charge for the treatment of an Injury to sound, natural teeth.</p>
<p>Hospice Care Expenses</p>	<p>Covered Medical Expenses for inpatient care will be covered on the same basis as any inpatient expense.</p>
<p>Home Health Care Expenses</p>	<p>Covered Medical Expenses are payable at 100% of the Reasonable Charge incurred within 12 months from the date of the first home health care visit. The maximum number of covered visits is limited to 40. Four hours of home health aide service shall be considered as one home care visit.</p>
<p>Mastectomy and Mastectomy-Related Services Expenses</p>	<p>Covered Medical Expenses include charges incurred for mastectomy and mastectomy-related services including:</p> <ul style="list-style-type: none"> • Reconstruction and surgery to achieve symmetry between breasts; • Prosthesis; and • Treatment of physical complications of all stages of mastectomy, including lymphedemas. <p>Covered Medical Expenses are payable on the same basis as any other expense.</p>

Additional Services and Discounts

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

Aetna Vision SM Discount Program ¹	Aetna VisionSM Discount Program: The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).
Aetna Fitness SM Discount Program ¹	Aetna FitnessSM Discount Program: Aetna's Fitness Program provides members with access to services provided by GlobalFit TM , the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services. <i>*At some clubs, participation may be restricted to new club members.</i>
Aetna Weight Management SM Discount Program ¹	Aetna Weight ManagementSM Discount Program: Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig [®] weight loss programs and products. Start with a FREE 30-day trial membership* then choose either a 6*- or 12*-month program** that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more. <i>* Offers good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping where applicable.</i> <i>**Additional weekly food discounts will grow throughout the year, based on active participation.</i>
eDiets ^{®1}	eDiets[®]: 25% discount on weekly dues for an eDiet membership.
Zagat Survey [®] Healthy Dining ¹	Zagat Survey[®] Healthy Dining: 30% discounts on online subscriptions to restaurant and lifestyle guides.
SpaWish [®] Gift Certificate ¹	SpaWish[®] Gift Certificate: Spa gift certificates redeemable at a national network of 1,300 day spas.
Mayo Clinic Bookstore.com ¹	Mayo Clinic Bookstore.com: Discounts for books on health and wellness.
Aetna's Informed Health [®] Line ²	Aetna's Informed Health[®] Line: Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.

Additional Services and Discounts (continued)

	<p>You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.</p> <p>You also have access to our Audio Health Library, a recorded collection of thousands of health topics that’s available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.</p> <p>Or, to get credible health information online, register for Aetna Navigator® (visit www.aetnastudenthealth.com to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness</i> and then <i>Health A-Z</i>.</p> <p>To reach an Informed Health Line Nurse, please call (800) 556-1555. For TDD (hearing and speech impaired only), please call (800) 270-2386.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>
Health and Wellness Resources ²	<p>Health and Wellness Resources: This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.</p>
Beginning Right SM Maternity Program ²	<p>Beginning RightSM Maternity Program: Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.</p>
Aetna Natural Products and Services SM Discount Program ^{1,2,3}	<p>Aetna Natural Products and ServicesSM Discount Program: Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.</p>
Quit&Fit TM Tobacco Cessation Program ^{2,3}	<p>Quit&FitTM Tobacco Cessation Program: This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.</p>
<p>¹ Discount programs provide access to discounted prices and are NOT insured benefits.</p> <p>² Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.</p> <p>³ These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.</p>	