

# **Aetna Student Health Plan Design and Benefits Summary**

## **Carnegie Mellon University Standard Plan**

**Policy Year: 2014 - 2015**

**Policy Number: 867853**



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[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)  
(877)410-6560

This is a brief description of the Student Health Plan. The Plan is available for Carnegie Mellon University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to Carnegie Mellon University and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

## Carnegie Mellon University Health Services

The University Health Services is the University's on-campus health facility. Staffed by nurse practitioners and registered nurses, it is open Monday, Tuesday and Wednesday from 8:30 a.m. to 7:00 p.m. Thursday 10:00 to 7:00 Friday 8:30 to 5:00 and Saturdays 11:00 to 3:00, during the Fall and Spring semesters. A Physician and nurse practitioner are on call until 11:30 p.m. Monday thru Friday and 7:00 a.m. to 1:30 p.m. on weekends.

For more information, call the Health Services at **(412)268-2157**. In the event of an emergency, call **911** or the Campus Police at **(412)268-2323**.

## Coverage Periods

**Students:** Coverage for all insured students enrolled for coverage in the Plan for the following Coverage Periods. Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
<b>Annual</b>	08/01/2014	07/31/2015	09/05/2014
<b>Spring</b>	01/01/2015	07/31/2015	01/31/2015
<b>Summer</b>	05/01/2015	07/31/2015	06/15/2015

**Eligible Dependents:** Coverage for eligible dependents under the Plan is available for the following Coverage Periods. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
<b>Annual</b>	08/01/2014	07/31/2015	09/05/2014
<b>Spring</b>	01/01/2015	07/31/2015	01/31/2015
<b>Summer</b>	05/01/2015	07/31/2015	06/15/2015

## Rates

The rates below include both premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna), as well as Carnegie Mellon University's administrative fee.

Standard Plan Rates Undergraduates and Graduate Students			
	Annual	Spring Semester	Summer Semester
Student	\$1,191.00	\$709.33	\$324.00
Student plus One	\$3,213.00	\$1888.83	\$829.50
Student plus Family	\$3,870.00	\$2272.08	\$993.75

### Aetna Vision Preferred Insurance Plan (Optional)

2014/2015	Annual Vision Insurance Rate
Individual Only	\$82.44
Two Person Only	\$153.84
Family Only	\$224.64

### Aetna Dental PPO Plan (Optional)

2014/2015	Annual Dental Insurance Rate
Individual Only	\$255
Two Person Only	\$428
Family Only	\$640

## Student Coverage

### Eligibility

(i) a registered student enrolled in an undergraduate program, graduate program and/or doctoral program, (ii) a registered student enrolled in a formal university certificate program, (iii) a registered student in **ABS** (absentia) status that is actively working on his/her research, and/or (iv) a visiting scholar and/or researcher who is not eligible for university employee benefits. Students must actively attend classes for at least the first **31 days** after the date for which coverage is purchased. If they leave after **31 days**, it is their option whether they want to keep the policy they purchased or cancel it and obtain a prorated refund (if no claims have been paid on their behalf).

Home study, correspondence, Internet classes, and television (**TV**) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

### Enrollment

Eligible students will be automatically enrolled in this Plan, unless the completed waiver application has been received by Carnegie Mellon University by the specified enrollment deadline dates listed in the previous section of this Plan Design and Benefits Summary. For access to enrollment and waiver options, sign on to the Carnegie Mellon Student Information Online (**SIO**), select Campus Life, then Health Insurance. For more information please visit [www.cmu.edu/health-services/student-insurance](http://www.cmu.edu/health-services/student-insurance).

## Dependent Coverage

### Eligibility

Covered students may also enroll their lawful spouse, domestic partner, and dependent children up to the age of **26**.

### Enrollment

Dependents should be enrolled at the time of the student enrollment. For access to enrollment and waiver options, sign on to the Carnegie Mellon Student Information Online (**SIO**), select Campus Life, then Health Insurance. Please refer to the Coverage Periods section of this document for coverage dates and deadline dates. Dependent enrollment applications will not be accepted after the enrollment deadline, unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage under another health plan.) Please contact the Student Health Insurance office at [shinsure@andrew.cmu.edu](mailto:shinsure@andrew.cmu.edu) for any enrollment changes.

If, while you are covered by this plan, you have a covered dependent child who is called up for active duty (state National Guard or reserves) while he or she is a full time student, Aetna Student Health will extend this child's coverage upon his or her return until you are no longer covered by this plan. This dependent coverage will be available at the first Fall or Spring enrollment period after the dependent child has 1) returned from duty and 2) returned to full time student status. The offered coverage for this dependent child will continue until A) you are no longer a student covered by this plan; or B) the dependent child is no longer a full time student **or** a period of time equal to the duration of the child's military duty has passed.

## Preferred Provider Network

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

## Pre-certification Program

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at **(877)410-6560**.

### **You'll need pre-certification for the following inpatient services:**

- All inpatient admissions, including length of stay, to a hospital, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility;
- All inpatient maternity care, after the initial **48 hours** for a vaginal delivery or **96 hours** for a cesarean section;
- All partial hospitalization in a hospital, residential treatment facility, or facility established primarily for the treatment of substance abuse

### **Pre-certification DOES NOT guarantee the payment of benefits for your inpatient admission**

Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Master Policy. Also you can view eligibility, notification guidelines, and benefit coverage.

### **Pre-certification of non-emergency inpatient admissions and partial hospitalization**

**Non-emergency admissions must be requested at least three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

### **Pre-certification of emergency inpatient admissions**

**Emergency admissions must be requested within one (1) business day** after the admission.

## Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary 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 Carnegie Mellon University, you may access it online at **[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)**. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited
<p><b>DEDUCTIBLE</b></p> <p><i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i></p> <p><i>In compliance with Pennsylvania State Mandate(s), the Policy Year Deductible is waived for Routine Gynecological Exams.</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 Preventive Care Immunizations, Routine Gynecological Exams, Enteral Formula, and Preferred Care Pediatric Preventive Dental and Vision Services.</i></p> <p><i>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</i></p>	<p>Individual: <b>\$400</b> per covered person per policy year</p> <p>Family: <b>\$800</b> per policy year</p>
<p><b>COINSURANCE</b></p>	<p>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.</p>
<p><b>OUT OF POCKET MAXIMUMS</b></p> <p><i>Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at <b>100%</b> 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><i>expenses that are not covered medical expenses;</i></li> <li><i>penalties, and</i></li> </ul> <p><i>other expenses not covered by this Policy</i></p>	<p>Individual Out-of-Pocket Limit: <b>\$3,000</b></p> <p>Family Out-of-Pocket Limit: <b>\$6,000</b></p>

<b>Inpatient Hospitalization Benefits</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Room and Board Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge for a semi-private room
<b>Miscellaneous Hospital Expense</b> <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Non-Surgical Physicians Expense</b> <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Surgical Expenses</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Surgical Expense (Inpatient and Outpatient)</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Anesthesia Expense (Inpatient and Outpatient)</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Assistant Surgeon Expense (Inpatient and Outpatient)</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Ambulatory Surgical Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Outpatient Expense</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Hospital Outpatient Department Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Walk-in Clinic Visit Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Emergency Room Expense</b> <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.	After a <b>\$100</b> per visit Copay (waived if admitted),  <b>80%</b> of the Negotiated Charge	After a <b>\$100</b> per visit Deductible (waived if admitted),  <b>80%</b> of the Recognized Charge

<b>Urgent Care Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Ambulance Expense</b>	<b>80%</b> of the Negotiated Charge	<b>80%</b> of the Recognized Charge
<b>Physician's Office Visit Expense</b> <i>This benefit includes visits to specialists</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Laboratory and X-ray Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>High Cost Procedures Expense</b> <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Therapy Expense</b> <i>Includes Physical and Occupational Therapy</i>  <i>Benefits are limited to a maximum of 30 visits per Policy Year combined for Physical and Occupational Therapy.</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Therapy Expense</b> <i>Includes Speech Therapy</i>  <i>Benefits are limited to a maximum of 30 visits per Policy Year for Speech Therapy.</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Chemotherapy Expense</b> <i>Includes anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Chiropractic Therapy Expense</b>  <i>Benefits are limited to a maximum of 25 visits per Policy Year for Chiropractic Therapy</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Durable Medical and Surgical Equipment Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Prosthetic Devices Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Dental Injury Expense</b>	<b>80%</b> 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>	<b>80% of the Negotiated Charge</b>	<b>60% of the Recognized Charge</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>		
<b>Dental Expense for Impacted Wisdom Teeth</b>	<b>80% of the Actual Charge</b>	
<b>Preventive Care</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Pap Smear Screening Expense</b>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge*</b>
<b>Mammogram Expense</b> <i>Includes charges for: A mammogram on an annual basis for women 40 years of age and older, for women less than 40 years of age, a mammogram when recommended by the woman's physician</i>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Immunizations Expense</b> <i>Includes travel immunizations and flu shots</i>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge*</b>
<b>Routine Physical Exam Expense</b> <i>Includes routine tests and related lab fees</i>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Routine Screening for Sexually Transmitted Disease Expense</b>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Routine Colorectal Cancer Screening Expense</b>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Routine Prostate Cancer Screening</b>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Pediatric Vision Care Exam Expense</b> <i>Supplies are limited to 1 pair of glasses (lenses and frames) per Policy Year.</i>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge*</b>
<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>		
<i>Benefits are provided to covered persons through age 18.</i>		

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**Pediatric Routine Dental Exam Expense**  
*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 Carnegie Mellon University page on the Aetna Student Health website,  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)*

**100% of the Negotiated Charge\***

**80% of the Recognized Charge**

*Benefits are provided to covered persons through age 18.*

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**Pediatric Basic Dental Care Expense**  
*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 Carnegie Mellon University page on the Aetna Student Health website,  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)*

**70% of the Negotiated Charge\***

**50% of the Recognized Charge**

*Benefits are provided to covered persons through age 18.*

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**Pediatric Major Dental Care Expense**  
*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 Carnegie Mellon University page on the Aetna Student Health website,  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)*

**50% of the Negotiated Charge\***

**50% of the Recognized Charge**

*Benefits are provided to covered persons through age 18.*

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**Pediatric Orthodontia Expense**  
*Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)*

**50% of the Negotiated Charge\***

**50% of the Recognized Charge**

*Benefits are provided to covered persons through age 18.*

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<b>Treatment of Mental and Nervous Disorders</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Inpatient Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Outpatient Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Alcoholism and Drug Addiction Treatment</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Inpatient Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Outpatient Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Maternity Benefits</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</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>	<b>100%</b> of the Negotiated Charge*	<b>80%</b> of the Recognized Charge
<b>Breast Feeding Durable Medical Equipment</b>	<b>100%</b> of the Negotiated Charge*	<b>80%</b> of the Recognized Charge
<b>Well Newborn Nursery Care Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Family Planning Expense</b>		
<i>Unless specified below, not covered under this benefit are charges for:</i> - 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		
<b>Voluntary Sterilization</b> <i>Coverage for tubal ligation for voluntary sterilization</i>	<b>100%</b> of the Negotiated Charge*	<b>80%</b> of the Recognized Charge
<b>Voluntary Sterilization</b> <i>Coverage for vasectomy for voluntary sterilization</i>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge

<b>Contraceptives</b>	<b>100% of the Negotiated Charge*</b>	<b>80% of the Recognized Charge</b>
<b>Important Note:</b> Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at <b>100%</b> 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.		
<b>Prescription Drug Coverage</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Prescribed Medicines Expense</b> 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 <b>(888) RX-AETNA</b> (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 <b>www.AetnaSpecialtyRx.com</b>	<b>100%</b> of the Negotiated Charge after a  <b>\$15</b> Copay for each Generic Prescription Drug, a  <b>\$45</b> Copay for each Preferred Brand Name Prescription Drug, or  <b>\$60</b> Copay for each Non-Preferred Brand Name Prescription Drug.	<b>100%</b> of the Recognized Charge after a  <b>\$15</b> Deductible for each Generic Prescription Drug, a  <b>\$45</b> Deductible for each Preferred Brand Name Prescription Drug, or  <b>\$60</b> Deductible for each Non-Preferred Brand Name Prescription Drug.  You must pay out of pocket for Prescriptions at a Non-Preferred Pharmacy and then submit the receipt with a Prescription Claim Form for reimbursement.
<b>Additional Benefits</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Diabetic Equipment 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>Elective Abortion Expense</b>	<b>100%</b> of the Negotiated Charge	<b>80%</b> of the Recognized Charge
<b>Hospice Benefit</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Home Health Care Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge
<b>Licensed Nurse Expense</b>	<b>80%</b> of the Negotiated Charge	<b>60%</b> of the Recognized Charge

<b>Skilled Nursing Facility Expense</b>	<b>80%</b> of the Negotiated Charge for the semi-private room rate	<b>60%</b> of the Recognized Charge for the semi-private room rate
<i>Benefits are limited to a maximum of 120 days per policy year.</i>		
<b>Rehabilitation Facility Expense</b>	<b>80%</b> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	<b>60%</b> of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
<b>Human Organ Transplant 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.	

***\*Annual Deductible does not apply to these services***

## Exclusions

1. This Plan does not cover nor provide benefits for:
2. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
3. 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.
4. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids or prescriptions or examinations except as required for repair caused by a covered injury or as provided elsewhere in this Plan.
5. 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.
6. 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.
7. 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 Laws.
8. 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.

9. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
11. 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:  
(a) 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 (b) as a direct result of surgery performed to treat a disease or injury, or (c) to repair an injury 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.
12. Expense covered by any other valid and collectible medical, health, or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
15. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
16. 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.
17. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
18. 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.
19. 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).
20. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
21. 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, by whom they are recommended, or by whom or by which they are performed.
22. 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. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
23. Expenses incurred for blood or blood plasma except charges by a hospital for the processing or administration of blood.

24. 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 (a) if there are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or (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 (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; or (c) If Aetna determines that available; scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.
25. Expenses incurred for gastric bypass and any restrictive procedures; for weight loss.
26. Expenses incurred for breast reduction/mammoplasty unless they are incurred in connection with a mastectomy and breast reconstruction.
27. Expenses incurred for gynecomastia (male breasts).
28. Expense incurred by a covered person not a United States citizen for services performed within the covered person's home country if the covered person's home country has a socialized medicine program.
29. Expense incurred for or related to services, treatment, testing, educational testing, training, or medication for Learning Disabilities or other developmental delays.
30. Expense incurred for acupuncture unless services are rendered for anesthetic purposes.
31. Expense incurred for alternative holistic medicine and/or therapy, including but not limited to yoga and hypnotherapy.
32. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits. The Policy will only pay for those losses which are not payable under the automobile medical payment insurance Policy.
33. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
34. Expense incurred for hearing aids, the fitting or prescription of hearing aids.
35. Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.

36. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the covered person is eligible but did not enroll in Part B.
37. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
38. Expense for the cost of supplies used in the performance of any occupational therapy.
39. 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.
40. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless specifically provided in the policy.
41. Expense for incidental surgeries and standby charges of a physician.
42. Expense for contraceptive methods, devices, or aids and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
43. Expenses incurred for massage therapy.
44. 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.
45. 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.
46. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.
47. 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: (a) 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; (b) 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 (c) 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: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health



professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or (c) 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 (d) 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.

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