

# **NOTICE:**

**This notice is to inform you that  
all dependent coverage under the Plan  
will terminate, effective the  
2015-16 policy year.**

No coverage for a dependent Spouse or  
Child(ren) will be available under the Plan for  
the 2015-2016 policy year.



**Domestic & International**

## **2015-2016 Student Health Insurance**

# **California Maritime Academy**

[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

**aetna<sup>SM</sup>**

Underwritten by:  
Aetna Life Insurance Company  
**Policy #867864**

Plan Brokered by:  
Wells Fargo Insurance Services USA, Inc.  
CA License No. 0D08408

The California State University International Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

## IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at **(866) 378-8885** or send an email through your Aetna Navigator Account or at <http://www.aetnastudenthealth.com/customer-service/customer-service.aspx>. You will be able to obtain a copy of the full Master Policy as soon as it is available.

## CSU STUDENT HEALTH PLAN

Due to the special nature of the educational experience at California Maritime Academy, which includes a training cruise, often involving international travel, students are required to be covered by health insurance. The promotion of good health for our students has always been our concern. This brochure summarizes how the Student Health Insurance Plan works, what it covers and how the plan will help you with medical needs and costs. After you've read about the Student Health Insurance Plan, keep these important facts in mind:

- ♦ To enroll in this insurance plan students must meet the eligibility requirements as listed below.
- ♦ Keep your insurance card with you at all times, and show it to the physician or hospital when you seek medical treatment.
- ♦ Learn about your Academy's Student Health & Wellness Center (SHWC), its location, hours of operation, and the types of services it offers. If possible, go first to your Academy's SHWC for treatment during their regular hours of operation. SHWC can help you locate medical providers when you need additional care or specialists.
- ♦ You may choose any provider you wish, but if you would like to use an Aetna Preferred Care Provider, you can locate them through Aetna Navigator (see page 4 for details). Complete all forms accurately and respond promptly to requests for information from the claims department.

## WHEN COVERAGE BEGINS

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the **later of**, but **no sooner than** :

- ♦ The Master Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Insurance, Authorized Agent or University; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

**IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Aetna Student Health.**

The below enrollments will be allowed a **30 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **30 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **30 days** of the prior policy termination date.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m. on **the earlier of**:

- ♦ Date the Master Policy terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ Date the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.
- ♦ In the event there is overlapping coverage under the same Master Policy number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

**COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.**

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com) or call **(800) 853-5899** to request a paper copy free of charge.

PLAN COST				
TERMS OF COVERAGE	ANNUAL 8/26/15 - 8/22/16	FALL 8/26/15 - 12/31/15	SPRING/SUMMER 1/1/16 - 8/22/16	SUMMER 4/24/16 - 8/22/16
Student only	\$1,941.54	\$693.09	\$1,249.45	\$655.98

**NOTE: COVERAGE IS FOR STUDENTS ONLY. DEPENDENTS ARE NOT COVERED.**

*Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to CSU and Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.*

### WHO IS ELIGIBLE TO ENROLL?

All matriculated students who are actively attending classes at the Academy and taking 6 or more credits are eligible and must be enrolled in the plan on a hard waiver basis, unless proof of comparable coverage (CMA Minimum Requirements to Waive) and an online waiver form is submitted by the deadline. Students are also required to have and maintain Travel Assistance Benefits. All students who complete an online waiver, will be automatically enrolled in the CMA Travel Assistance policy. Dependent coverage is not available under the plan.

- Open University students who choose to enroll in this insurance plan must pay the Cal Maritime Student Health & Wellness Center’s mandatory semester fees.
- All international students possessing and maintaining a current passport and valid visa (F-1, J-1, or M-1, etc.), engaged in educational activities at the Academy who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy.
- Please note that course credits received from TV, internet video, satellite or any off-campus classes do not fulfill the eligibility requirement (exceptions are cruise courses when enrolled through Cal Maritime).

All students must actively attend classes for **45 days** following the date of enrollment in this plan for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo insurance for details.

To be an Insured Person under the Plan, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. **INSUREDS ARE COVERED ANYWHERE IN THE WORLD 24-HOURS A DAY. NO REFUNDS ARE ISSUED IF THE POLICY HAS BEEN UTILIZED PRIOR TO A WITHDRAWAL.**

Aetna and Wells Fargo Insurance maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Aetna and/or Wells Fargo Insurance discover that the Policy eligibility requirements have not been met, the only obligation is a pro-rata refund of premium.

For questions regarding eligibility for this plan, please call Wells Fargo Insurance at **1-800-853-5899**.

### PREMIUM REFUND/CANCELLATION

Refund requests should be directed to Wells Fargo Insurance at **(800) 853-5899** or via email at [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com). A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first **45 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **45 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled.

**INSURANCE PAYMENTS WITH PERSONAL CHECK**  
*(Note: personal checks are not always a payment option. Please check your school’s enrollment form for available payment options.)* If you make your insurance payment via personal check payable to Wells Fargo Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

### CMA MINIMUM REQUIREMENTS TO WAIVE

In order to qualify for a waiver, your current medical insurance coverage must meet the requirements determined by your school below:

- Meet Affordable Care Act and California coverage and benefits requirements
- Cover urgent and emergency care world-wide.
- Include coverage within the United States regardless of location.
- Include full coverage while in Solano county and/or within 50 miles of the California Maritime Academy.
- Be in effect at the start of attendance at California Maritime and be continuously maintained.

## WHERE DO I GO FOR SERVICE?

When you need care, consider Student Health Services (SHS) on your campus as your first stop. They can provide many of the routine health services you need. Services obtained at the SHS are reimbursed at the Preferred Care rate. A SHS referral is not required, and it does not guarantee services received will be considered eligible expenses under the plan, nor is it a guarantee of payment. You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Care Provider, you'll generally have less out of pocket expense for your care. To learn more about Preferred Care Providers, visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Student Health Services is for students only.

*\*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.*

## PREFERRED CARE PROVIDER NETWORK

Aetna Student Health has arranged for you to access the Aetna Preferred Care Provider network. It is to your advantage to utilize a Preferred Care Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Care Provider and a Non-Preferred Care Provider. Preferred Care Providers are independent contractors and are neither employees nor agents of the California State University system nor Aetna Student Health. To find a Preferred Care Provider, you can use Aetna's online DocFind® service located at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Click on "Find Your School" and enter your school name. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find Preferred Care Providers practicing in your area.

## PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to a Preferred Pharmacy, along with your applicable copay. The pharmacy will bill Aetna for the cost of the drug, plus a dispensing fee, less the copay amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an Aetna Preferred Pharmacy, and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications, less your copay.

For an Aetna Prescription claim form go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Find your school, then click "Prescription" to obtain an RX claim form. Or call (866) 378-8885.

Prescriptions from a Non-Preferred Pharmacy, or a health center pharmacy incapable of billing, must be paid for in full at the time of service and submitted for reimbursement.

## ID CARDS

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. You do not have to have your member ID card with you to be eligible to receive benefits; if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

**There are 3 ways to access your Member ID card:**

**Aetna Mobile App:** Download the Aetna app to your mobile device and log in to view your member ID card, find a doctor, check your benefits, and more. **Note: you will need your medical ID number to log in.**

**Aetna Website:** Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), search for your school name, and click "Print your ID card" to view and/or print a temporary medical ID card that contains your medical ID number. **Note: you will need your Student ID number to log in.**

**By Mail:** Your Medical ID card will be shipped within 3 weeks of your policy effective date.

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at (866) 378-8885.

## INFORMED HEALTH® LINE

The Informed Health Line is a 24-hours-a-day, 7-days-a-week toll-free line for insured students to access confidential medical advice, or get assistance with locating nearby preferred network providers. Just call (800) 556-1555 to talk to a registered nurse who can provide information on a range of topics. Callers must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Informed Health Line.

## MEMBER WEB: AETNA NAVIGATOR®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information.

**By logging into Aetna Navigator®, you can:**

- ♦ Review who is covered under your plan.
- ♦ Request member ID cards.
- ♦ View Claim Explanation of Benefits (EOB) statements.
- ♦ Find healthcare professionals and facilities that participate in your plan.
- ♦ Send an e-mail to Aetna Student Health Customer Service, and more!

**How do I register?**

- ♦ Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)
- ♦ Click on "Find Your School."
- ♦ Enter your school name and then click on "Search."
- ♦ Click on Aetna Navigator® and then the "Access Navigator" link.
- ♦ Follow the instructions for First Time User by clicking on the "Register Now" link.
- ♦ Select a user name, password and security phrase.

For help with registering, technical assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at (800) 225-3375.

### IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at **(866) 378-8885** or send an email through your Aetna Navigator Account or at <http://www.aetnastudenthealth.com/customer-service/customer-service.aspx>  
You will be able to obtain a copy of the full Master Policy as soon as it is available.

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

### WAIVER OF ANNUAL DEDUCTIBLE

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care Covered Medical Expenses 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, Preventive Care Immunizations (Facility or Office Visits), Well Woman Preventive Visits (Office Visits), Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type, Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps & Supplies, Family Contraceptive Counseling Services (Office Visits), Female Voluntary Sterilization (Inpatient and Outpatient), Pediatric Preventive Vision and Dental Service, Female Contraceptives Generic Prescription Drugs, Brand Prescription Drugs if no Generic equivalent. FDA-Approved Female Generic Emergency Contraceptives.

### SCHEDULE OF BENEFITS

#### Deductibles\*

The following Deductibles are applied before Covered Medical Expenses are payable: **Student: \$250 per Policy Year**

*\*Per visit or admission deductibles do not apply towards satisfying the plan Deductible.*

#### Coinurance

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to an Unlimited maximum benefit.

#### Out of Pocket Maximums

**Preferred Care Individual Out-of-Pocket: \$6,350 per Policy Year**

Once the Individual Out-of-Pocket Limit for Preferred Care 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. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care or Non-Preferred care; penalties, and other expenses not covered by this Plan.

INPATIENT HOSPITALIZATION EXPENSES	PREFERRED CARE	NON-PREFERRED CARE
<b>Room and Board Expense</b> , semi-private room. <i>The deductible is in addition to the plan deductible.</i>	80% of the Negotiated Charge	50% of the Recognized Charge after a \$500 Deductible per admission
<b>Intensive Care Room and Board Expense</b> , overnight stay. <i>The deductible is in addition to the plan deductible.</i>	80% of the Negotiated Charge	50% of the Recognized Charge after \$500 Deductible per admission
<b>Miscellaneous Hospital Expense</b> , includes; among others; expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x rays; oxygen tent; and drugs; medicines; and dressings.	80% of the Negotiated Charge	50% of the Recognized Charge
SURGICAL EXPENSE (INPATIENT & OUTPATIENT)	PREFERRED CARE	NON-PREFERRED CARE
<b>Surgical Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Anesthesia Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
OUTPATIENT BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
<b>Walk-In Clinic Expense.</b> <i>Copay is due at the time of visit and is in addition to the plan deductible.</i>	80% of the Negotiated Charge after a \$35 Co-pay per visit	50% of the Recognized Charge
<b>Emergency Room Visit Expense.</b> <i>Important note: Please note that as 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. The copay is in addition to the plan deductible.</i>	80% of the Negotiated Charge after \$100 Co-pay per visit (Co-pay waived if admitted)	80% of the Recognized Charge after \$100 Deductible per visit (Deductible waived if admitted)

## SCHEDULE OF BENEFITS (CONTINUED)

OUTPATIENT BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
<b>Urgent Care Expense.</b> <i>Please note: A covered person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance. The copay is in addition to the plan deductible.</i>	80% of the Negotiated Charge after a \$35 Co-pay per visit	50% of the Recognized Charge
<b>Ambulance Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge
<b>Physician's Office Visit Expense.</b> <i>Copay is due at time of visit and is in addition to the plan deductible.</i>	80% of the Negotiated Charge after a \$35 Co-pay per visit	50% of the Recognized Charge
<b>Laboratory and X-Ray Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Therapy Expense,</b> for the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, Inhalation Therapy, Cardiac Rehabilitation, or Occupational Therapy. Benefits for Chiropractic Care are limited to 12 visits per Policy Year and \$25 per visit.	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Breast Feeding Durable Medical Equipment Expense,</b> includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support.	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Allergy Testing and Treatment Expense,</b> includes laboratory tests, physician office visits to administer injections, prescribed medications for testing and treatment of the allergy, and other medically necessary supplies and services.	Payable on the same basis as any other Sickness	
<b>Routine Physical Exam Expense</b>	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Pediatric Preventive Care Expense,</b> for the comprehensive preventive care of children 16 years of age or younger, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	50% of the Recognized Charge
<b>Pediatric Preventive Care Expense,</b> for the comprehensive preventive care of children 17 and 18 years of age, including periodic health evaluations, immunizations, and lab services.	100% of the Negotiated Charge	50% of the Recognized Charge
MENTAL HEALTH BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
<b>Severe Mental Illness Expense - Inpatient,</b> for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child.	Payable as any other Sickness	
<b>Severe Mental Illness Expense - Outpatient</b>	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Mental and Nervous Disorders Expense,</b> inpatient and outpatient.	80% of the Negotiated Charge	50% of the Recognized Charge
ALCOHOLISM AND DRUG ADDICTION TREATMENT	PREFERRED CARE	NON-PREFERRED CARE
<b>Inpatient Expense,</b> for the treatment of alcohol and drug addiction.	80% of the Negotiated Charge	50% of the Recognized Charge
<b>Outpatient Expense,</b> for the treatment of alcohol and drug addiction.	80% of the Negotiated Charge	50% of the Recognized Charge
MATERNITY BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
<b>Maternity Expense,</b> for the care of the covered person and any newborn child.	Payable on the same basis as any other Sickness	
<b>Well Newborn Nursery Care Expense,</b> for the routine care of a covered person's newborn child.	80% of the Negotiated Charge	50% of the Recognized Charge

## SCHEDULE OF BENEFITS (CONTINUED)

ADDITIONAL BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
<b>Prescribed Medicine Expense</b> <i>Note: Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit, as noted in the Benefits Description on page 8.</i>	<b>Student Health Center Pharmacy:</b> 70% of the Actual Charge, following a \$30 Copay for each Generic Prescription Drug, 50% of the Actual Charge, following a \$90 Copay for each Formulary Brand Name Prescription Drug or 50% of the Actual Charge, following a \$120 Copay for each Non Formulary Brand Name Prescription Drug. <b>Preferred Care Pharmacy:</b> 70% of the Negotiated Charge, following a \$30 Copay for each Generic Prescription Drug, 50% of the Negotiated Charge, following a \$90 Copay for each Formulary Brand Name Prescription Drug or 50% of the Negotiated Charge, following a \$120 Copay for each Non-Formulary Brand Name Prescription Drug. <b>Non-Preferred Care Pharmacy:</b> 70% of the Recognized Charge, following a \$30 Copay for each Generic Prescription Drug, 50% of the Recognized Charge, following a \$90 Copay for each Formulary Brand Name Prescription Drug or 50% of the Recognized Charge, following a \$120 Copay for each Non-Formulary Brand Name Prescription Drug.	
Pap Smear Screening Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge	50% of the Recognized Charge
Family Planning Expense, includes charges incurred for services and supplies that are provided to prevent pregnancy.	100% of the Negotiated Charge	50% of the Recognized Charge
Routine Screening Expense, includes charges for Chlamydia, Sexually Transmitted Disease, and Colorectal Cancer screenings.	100% of the Negotiated Charge	50% of the Recognized Charge
Rehabilitation Facility Expense <i>The deductible is in addition to the plan deductible.</i>	80% of the Negotiated Charge	50% of the Recognized Charge after a \$500 deductible
Cochlear Implant Expense, internally implanted devices.	80% of the Negotiated Charge	50% of the Recognized Charge
Elective Abortion Expense	80% of the Negotiated Charge	50% of the Recognized Charge
Bariatric Surgery Expense, expenses include services rendered as part of medically necessary bariatric surgery treatment for morbid obesity.	Payable on the same basis as any other Sickness	
Human Organ Transplant Expense	Payable on the same basis as any other Sickness	
Pediatric Vision Care Services and Supplies	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Vision Care Exam Expense	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Dental Diagnostic and Preventive Care	100% of the Negotiated Charge	75% of the Recognized Charge
Pediatric Dental Basic Restorative Care	70% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Dental Major Restorative Care	50% of the Negotiated Charge	50% of the Recognized Charge

*For more details about these benefits, please see the Benefit Descriptions section on page 8.*

## BENEFIT DESCRIPTIONS

**Routine Physical Exam Expense:** Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.

A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:

- ♦ Routine vision and hearing screenings given as part of the routine physical exam.
- ♦ X-rays, lab, and other tests given in connection with the exam, and
- ♦ Materials for the administration of immunizations for infectious disease and testing for tuberculosis.

In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with,

- ♦ Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
- ♦ For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:
- ♦ Screening and counseling services, such as:
  - o Interpersonal and domestic violence;
  - o Sexually transmitted diseases\*;
  - o Human Immune Deficiency Virus (HIV) infections.
- ♦ Screening for gestational diabetes.
- ♦ High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years.

\*Sexually transmitted disease screening expense is limited to two screenings per Policy Year.

- ♦ X-rays, lab and other tests given in connection with the exam.
- ♦ Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- ♦ If the plan includes dependent coverage, for covered newborns, an initial hospital check up.

### Important Note:

For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, a covered person may contact his or her physician or Member Services by logging onto the Aetna website [www.aetna.com](http://www.aetna.com) or calling the toll-free number on the back of the ID card.

**Screening and Counseling Services:** Covered Medical Expenses include charges made by a physician in an individual or group setting for the following:

**Depression Screening:** This service is limited to once per year.

**Obesity:** Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:

- ♦ Preventive counseling visits and/or risk factor reduction intervention;
- ♦ Medical nutrition therapy;
- ♦ Nutritional counseling; and
- ♦ Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.

- ♦ Services in this category are subject to a combined limit of 26 individual or group visits by any recognized provider per Policy Year.
- ♦ The 10 Healthy Diet Counseling visits will be counted toward the total number of visits allowed for Obesity counseling.

**Misuse of Alcohol and/or Drugs:** Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.

- ♦ Services in this category are subject to a combined limit of 5 individual or group visits by any recognized provider per Policy Year.

**Use of Tobacco Products:** Screening and counseling services to aid a covered person to stop the use of tobacco products.

Coverage includes:

- ♦ Preventive counseling visits;
- ♦ Treatment visits; and
- ♦ Class visits;

To aid a covered person to stop the use of tobacco products.

Tobacco product means a substance containing tobacco or nicotine including:

- ♦ cigarettes;
- ♦ cigars;
- ♦ smoking tobacco;
- ♦ snuff;
- ♦ smokeless tobacco; and
- ♦ candy-like products that contain tobacco.

Limitations: Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for:

- ♦ Services which are covered to any extent under any other part of this Plan
- ♦ Services in this category are subject to a combined limit of 8 individual or group visits by an recognized provider per Policy Year.

**Family Planning Expense:** For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies that are provided to prevent pregnancy. All services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).

Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting.

The following contraceptive methods are covered expenses under this benefit:

**Voluntary Sterilization:** Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.

Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

Limitations:

Unless specified above, not covered under this benefit are charges for:

- ♦ 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;

*Continued on next page*

## BENEFIT DESCRIPTIONS (CONTINUED)

- ♦ Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;
- ♦ Male contraceptive methods, sterilization procedures or devices;
- ♦ The reversal of voluntary sterilization procedures, including any related follow-up care.

Important note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

**Pediatric Preventive Care Expense:** Covered Medical Expenses include charges for the comprehensive preventive care of children 16 years of age or younger, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services.

**Pediatric Preventive Care Expense:** Covered Medical Expenses include charges for the comprehensive preventive care of children 17 and 18 years of age, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics. Covered Medical Expenses will include periodic health evaluations, immunizations and lab services.

**Therapy Expense:** Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:

- ♦ Physical Therapy,
- ♦ Chiropractic Care,
- ♦ Speech Therapy,
- ♦ Inhalation Therapy,
- ♦ Cardiac Rehabilitation, or
- ♦ Occupational Therapy.

Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.

Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.

Covered Medical Expenses for chemotherapy, including 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. Covered Medical Expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy.

Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness.

**Allergy Testing and Treatment Expense:** Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.

Covered Medical Expenses include, but are not limited to, charges for the following:

- ♦ laboratory tests,
- ♦ physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and
- ♦ other medically necessary supplies and services.

**Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense:** Covered Medical Expenses for the diagnosis and medically necessary inpatient treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are pay-

able on the same basis as any other Sickness.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health.

**Clinical Review Services for Minors** - If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

- ♦ Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- ♦ Charges, if any, for services of an interpreter, and
- ♦ Charges, if any, for services of a patients’ rights advocate.

**Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense:** Covered Medical Expenses for the diagnosis and medically necessary outpatient treatment, including prescription drugs, of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child are payable on the same basis as any other sickness.

**Mental and Nervous Disorders Inpatient Expense:** Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges incurred by a covered person while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.

Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health.

**Clinical Review Services for Minors:** If clinical review services, as required by the California Welfare and Institution Code, are provided for a covered person who is a minor and who is confined in as a full-time inpatient in a private mental health facility on the consent of his parent or guardian, the following charges will be included as Covered Medical Expenses:

- ♦ Charges for the clinical review services to the extent such services are required by the California Welfare and Institution code,
- ♦ Charges, if any, for services of an interpreter, and
- ♦ Charges, if any, for services of patients’ rights advocate.

**Mental and Nervous Disorders Outpatient Expense:** Covered Medical Expenses, other than those for severe mental illness and/or serious emotional disturbances of a child, include charges for treatment of mental and nervous disorders while the covered person is not confined as a full-time inpatient in a hospital.

**Maternity Expense:** Covered Medical Expenses include 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.

Any decision to shorten such minimum coverage shall be made by the attending Physician, in consultation with the mother. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle-feeding.

Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy, Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.

**Prenatal Care:** Prenatal care will be covered for services received by a pregnant

*Continued on next page*

## BENEFIT DESCRIPTIONS (CONTINUED)

female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

**Comprehensive Lactation Support and Counseling Services:** Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post-partum period by a certified lactation support provider. The "post-partum period" means the 60 day period directly following the child's date of birth. Covered expenses incurred during the post-partum period also include the rental or purchase of breast feeding equipment.

Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

**Well Newborn Nursery Care Expense :** Benefits include charges for routine care of a covered person's newborn child as follows:

- ♦ Hospital charges for routine nursery care during the mother's confinement, but for not more than **four days**,
- ♦ Physician's charges for circumcision, and
- ♦ Physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day.

**Pap Smear Screening Expense:** Covered Medical Expenses include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA approved human papillomavirus screening test for women age 18 and older.

**Mammogram Expense:** Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician.

**Pediatric Vision Care Services and Supplies:** Covered expenses include charges for the following vision care services and supplies:

- ♦ Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses.
- ♦ Eyeglass frames, prescription lenses or prescription contact lenses

Coverage includes charges incurred for:

- ♦ Non-conventional prescription contact lenses that are required to correct visual acuity to 20/40 or better in the better eye and that correction cannot be obtained with conventional lenses. Aphakic prescription lenses prescribed after cataract surgery has been performed.

Low vision services.

A listing of the locations of the vision network providers under this Plan can be accessed at [www.aetna.com](http://www.aetna.com) website. Be sure to look at the appropriate vision network provider listing that applies to your plan, since different Aetna plans use different networks of providers. You must present your ID card to the vision network provider at the time of service. This benefit is subject to the maximums shown on the Schedule of Benefits. As to coverage for prescription lenses in a calendar year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.

**Limitations:** Unless specified above, not covered under this benefit are charges incurred for services and supplies:

- ♦ Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes.

**Human Organ Transplant Expense:** Transplants of organs, tissue, or bone marrow. We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge.



## EXCLUSIONS & LIMITATIONS

**IMPORTANT NOTICE:** This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Aetna Student Health at (866) 378-8885 or send an email through your Aetna Navigator Account or at [www.aetnastudenthealth.com/customer-service/customer-service.aspx](http://www.aetnastudenthealth.com/customer-service/customer-service.aspx). You will be able to obtain a copy of the full Master Policy as soon as it is available.

Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The plan neither covers nor provides benefits for the following:

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 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 unless otherwise provided in this policy.
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. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible 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 congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) 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 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.
11. Expense incurred as a result of commission of a felony.
12. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
13. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
14. 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.
15. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports; including collegiate or intercollegiate club sports and intramurals.
16. Expense for the contraceptive methods; devices or aids; and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
17. 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).
18. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
19. 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.
20. 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.
21. 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 a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (c) 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

*Continued on next page*

## EXCLUSIONS & LIMITATIONS (CONTINUED)

- professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. 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.
22. Expense incurred as a result of dental treatment; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures as provided elsewhere in this Policy.
  23. 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.
  24. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
  25. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the covered person is diabetic; or suffers from circulatory problems.
  26. 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.
  27. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
  28. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
  29. 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.
  30. Expense for telephone consultations (except Telemedicine services); charges for failure to keep a scheduled visit; or charges for completion of a claim form.
  31. Expense for the cost of supplies used in the performance of any occupational therapy.
  32. 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.
  33. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless otherwise provided in this plan.
  34. Expense for incidental surgeries; and standby charges of a physician.
  35. Expense for treatment and supplies for programs involving cessation of tobacco use, except as otherwise provided in this Plan.
  36. Expense incurred for the use of orthotics; unless used exclusively to promote healing.
  37. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness.
  38. 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.
  39. 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.
  40. 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.
  41. 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 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.
  42. Expenses incurred for the treatment of acne.
- Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

## COORDINATION OF BENEFITS

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Master Policy.

## EXTENSION OF BENEFITS

If a covered person is totally disabled on the termination date of the Policy, benefits will be extended to provide covered benefits that are necessary to treat medical conditions causing or directly related to the disability as determined by Aetna.

If a Covered Person is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the policy, but only while they are incurred during the 30 day period, following such termination of insurance.

## HOW DO I FILE A CLAIM?

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

**Aetna Student Health**  
**P.O. Box 981106, El Paso, TX 79998**  
**(866) 378-8885 (toll-free)**

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

1. Bills must be submitted within **90 days** from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within **180 days** from the date appearing on the Explanation of Benefits (EOB).
5. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

## HOW TO APPEAL A CLAIM

In the event a Covered Person disagrees with how a claim was processed, he/she may request a review of the decision. The Covered Person's requests must be made in writing within **one hundred eighty (180) days** of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why he/she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of medical necessity, etc.). Please submit all requests to:

**Aetna**  
**P.O. Box 14464**  
**Lexington, KY 40512**

## NOTICE

Aetna considers non-public personal member information ("NPI") confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use NPI internally, share it with our affiliates, and disclose it to healthcare providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law. Participating Network/Preferred Care Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of NPI, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health on the internet at: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## ADDITIONAL DISCOUNTS AND SERVICES

As a member of the Plan, you can also take advantage of additional discounts, and programs such as fitness discounts and weight management programs. These are not underwritten by Aetna and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit, [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## DEFINITIONS

**Accident:** An occurrence which (a) is unforeseen, (b) is not due to or contributed to by sickness or disease of any kind, and (c) causes injury.

**Actual Charge:** The charge made for a covered service by the provider who furnishes it.

**Coinurance:** The percentage of Covered Medical Expenses payable by Aetna under this Accident and Sickness Insurance Plan.

**Copay:** This is a fee charged to a person for Covered Medical Expenses. For Prescribed Medicines Expense, the copay is payable directly to the pharmacy for each: prescription, kit, or refill, at the time it is dispensed. In no event will the copay be greater than the pharmacy's charge per: prescription, kit, or refill.

**Covered Medical Expense:** Those charges for any treatment, service or supplies covered by this Policy which are:

- ♦ not in excess of the recognized and customary charges, or
- ♦ not in excess of the charges that would have been made in the absence of this coverage, and
- ♦ incurred while this Policy is in force as to the covered person except with respect to any expenses payable under the Extension of Benefit Provisions.

**Covered person:** A covered student and any covered dependent while coverage under this Policy is in effect.

**Deductible:** The amount of Covered Medical Expenses that are paid by each covered person during the policy year before benefits are paid.

**Designated Care:** Care provided by a Designated Care Provider upon referral from the School Health Services.

**Designated Care Provider:** A health care provider (or pharmacy;) that is affiliated; and has an agreement with the School Health Services to furnish services and supplies at a negotiated charge.

**Emergency Medical Condition:** This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury, is of such a nature that failure to get immediate medical care could result in:

- ♦ Placing the person's health in serious jeopardy, or
- ♦ Serious impairment to bodily function, or
- ♦ Serious dysfunction of a body part or organ, or
- ♦ In the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Generic Prescription Drug or Medicine:** A prescription drug which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

**Hospice:** 1. "Hospice care" means a centrally administered program of palliative services and supportive services provided by an interdisciplinary team directed by a physician. The program includes the provision of physical, psychological, custodial and spiritual care for persons who are terminally ill and their families. The care may be provided in the home, at a residential facility or at a medical facility at any time of the day or night. The term includes the supportive care and services provided to the family after the patient dies.

2. As used in this section: (a) "Family" includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood.

(b) "Interdisciplinary team" means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, registered nurse, social worker, clergyman and trained volunteer.

**Injury:** Bodily injury caused by an accident. This includes related conditions and recurrent symptoms of such injury.

**Medically Necessary:** A service or supply that is: necessary, and appropriate, for the diagnosis or treatment of a sickness, or injury, based on generally accepted current medical practice.

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 as significant positive outcome as any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition. It must be 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. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition. It must be 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 healthcare provider, or healthcare 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.

*Continued on next page*

## DEFINITIONS (CONTINUED)

**Negotiated Charge:** The maximum charge a Preferred Care Provider or Designated Provider has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

**Non-Preferred Care:** A health care service or supply furnished by a health care provider that is not a Designated Care Provider, or that is not a Preferred Care Provider, if, as determined by Aetna:

- ♦ the service or supply could have been provided by a Preferred Care Provider, and
- ♦ the provider is of a type that falls into one or more of the categories of providers listed in the directory.

**Non-Preferred Care Provider:**

- ♦ a health care provider that has not contracted to furnish services or supplies at a negotiated charge, or

**Pharmacy:** An establishment where prescription drugs are legally dispensed.

**Physician:** (a) legally qualified physician licensed by the state in which he or she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

**Preferred Care:** Care provided by

- ♦ a covered person's primary care physician, or a preferred care provider of the primary care
- ♦ physician, or
- ♦ a health care provider that is not a Preferred Care Provider for an emergency medical condition when travel to a Preferred Care Provider, is not feasible, or
- ♦ a Non-Preferred Urgent Care Provider when travel to a Preferred Urgent Care Provider for treatment is not feasible, and if authorized by Aetna.

**Preferred Care Provider:** A health care provider that has contracted to furnish services or supplies for a negotiated charge, but only if the provider is, with Aetna's consent, included in the directory as a Preferred Care Provider for:

- ♦ the service or supply involved, and
- ♦ the class of covered persons of which you are member.

**Preferred Pharmacy:** A pharmacy, including a mail order pharmacy, which is party to a contract with Aetna to dispense drugs to persons covered under this Policy, but only:

- ♦ while the contract remains in effect, and
- ♦ while such a pharmacy dispenses a prescription drug, under the terms of its contract with Aetna.

**Prescription:** An order of a prescriber for a prescription drug. If it is an oral order, it must be promptly put in writing by the pharmacy.

**Recognized Charge:** Only that part of a charge which is recognized is covered. The recognized charge for a service or supply is the lowest of:

- ♦ The provider's usual charge for furnishing it, and
- ♦ The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- ♦ The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

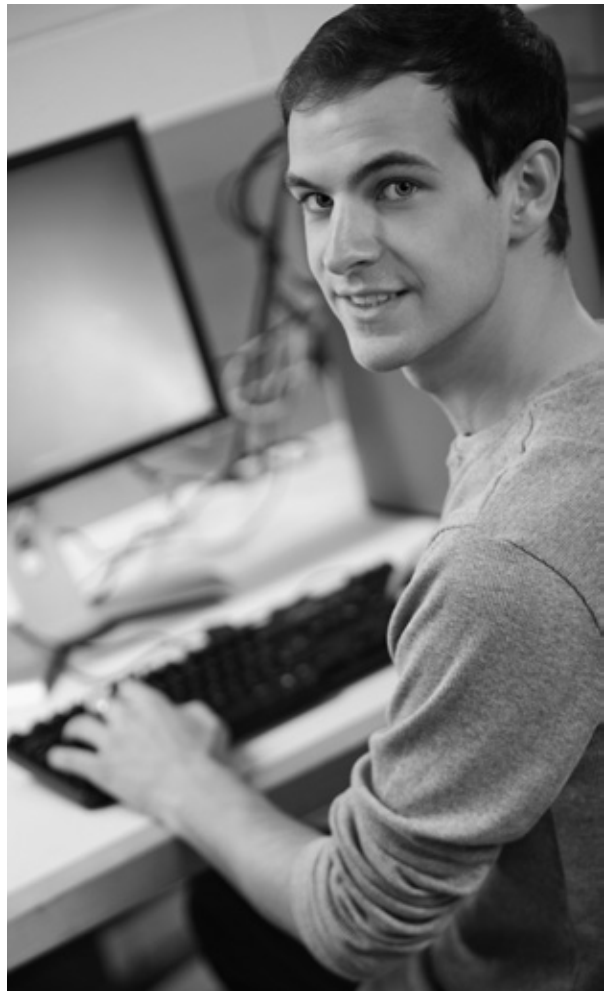
In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the recognized charge is the rate established in such agreement.

**In determining the recognized charge for a service or supply that is:**

- ♦ Unusual, or
- ♦ Not often provided in the area, or
- ♦ Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- ♦ The complexity,
- ♦ The degree of skill needed,
- ♦ The type of specialty of the provider,
- ♦ The range of services or supplies provided by a facility, and
- ♦ The prevailing charge in other areas.



## EMERGENCY ASSISTANCE SERVICES

### Provided by On Call International

#### GLOBAL RESPONSE CENTER:

(877) 318-6901 (Toll-free within the U.S.)

(603) 328-1909 (Outside the U.S.)

One Delaware Drive • Salem, NH 03079

E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

[www.oncallinternational.com](http://www.oncallinternational.com)

On Call International does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by On Call International. Claims for reimbursement will not be accepted.

### PROGRAM GUIDELINES

U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence or campus location for up to one year. Medical transportation services and repatriation of deceased remains services are available at campus location.\*

U.S. students studying abroad are eligible for services both at and away from their new campus location for up to one year.\*

Foreign national students studying in the U.S. are eligible for On Call International's services, both on or away from campus or while traveling in a country that is not their country of origin.\*

*\*Member shall be eligible for services during the term of his/her defined Program as long as his/her program is still effective and the membership fee has been paid prior to departure.*

### KEY SERVICES

**Medical Monitoring:** On Call's medical staff will communicate with the member's attending physician and obtain a full understanding of the situation. Medical professionals will stay in regular communication with local medical personnel and relay necessary information to the Member and Family.

**Emergency Medical Evacuation:** If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

**Medical Repatriation:** If after seeking medical attention, it is medically advisable for the member to seek further care at home, On Call will transport the member home or to a medical facility closer to home with a medical or non-medical escort, as necessary.

**Compassionate Visit:** If a member is traveling alone and will be hospitalized for more than **seven days**, On Call will provide economy, round-trip, common carrier transportation to the place of hospitalization and arrange lodging for a designated family member or friend.

**Care of Minor Children:** If a member is traveling with dependent children and is hospitalized as a result of a medical emergency for more than **seven days**, On Call will arrange for the transportation of the unattended children to their home, with an attendant if necessary.

**Return of Deceased Remains:** On Call will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes

arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

**Medical, Dental and Pharmacy Referrals:** On Call will provide referrals to medical, dental professionals and pharmacies in the given geographic locations of western style medical facilities and English speaking providers in an area served by On Call to the extent possible

**Hospital Admission Guarantee:** On Call will guarantee hospital admission by validating a member's health coverage or by advancing funds to the hospital. (Any advance of funds shall be charged to the member's credit card at the time of service).

**Prescription Assistance:** If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member's responsibility.

**Emergency Message Transmission:** On Call will receive and transmit authorized emergency messages for members.

**Legal Consultation and Referral:** If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

**Lost Luggage Assistance:** On Call will assist the member with the tracking of luggage lost or delayed in transit.

**Lost/Stolen Travel Document Assistance:** On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member's responsibility.

**Interpreter & Legal Referrals:** On Call will refer members to local translators and interpreters if communication problems cannot be solved via telephone.

**Pre-trip Information:** On Call offers members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

*Continued on next page*

### CONDITIONS & EXCLUSIONS

On Call International will not pay for services in the following instances:

- ♦ Services rendered without the coordination and approval of On Call
- ♦ Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
- ♦ Expenses incurred if the original or ancillary purpose of the member's trip is to obtain medical treatment.
- ♦ Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country. \*Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
- ♦ Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient. \*Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member's insurance company or employer.
- ♦ Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.

- ♦ Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
- ♦ A member on an organ transplant list prior to enrollment will not be entitled to a transport for that transplant.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.



## WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our customers or former customers to anyone, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

### CLAIMS AND COVERAGE QUESTIONS:

#### **Aetna Student Health**

P.O. Box 981106  
El Paso, TX 79998  
(866) 378-8885 (toll-free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

### FIND A MEDICAL PROVIDER IN THE PREFERRED CARE NETWORK:

#### **Aetna Preferred Care Provider Network**

(866) 381-1529 (toll-free)  
<http://www.aetna.com/docfind/custom/studenthealth>

### 24-HOUR NURSE ADVICE:

#### **Aetna Informed Health® Line**

(800) 556-1555

### PRESCRIPTIONS:

#### **Aetna Pharmacy Management**

(888) 792-3862  
<http://www.aetna.com/docfind/custom/studenthealth>

### EMERGENCY TRAVEL ASSISTANCE:

*(Provide this information to your Emergency Contact)*

#### **On Call International**

One Delaware Drive  
Salem, NH 03079  
(877) 318-6901 (Toll-free within the U.S.)  
(603) 328-1909 (Outside the U.S.)  
[www.oncallinternational.com](http://www.oncallinternational.com)

### ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:

#### **Wells Fargo Insurance Student Insurance**

(800) 853-5899  
Fax: (877) 612-7966  
Email: [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com)  
[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. 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. Information is believed to be accurate as of the production date; however, it is subject to change. Policy forms issued in OK include: GR-96134.

**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.

### IMPORTANT NOTE

The California State University International Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Underwritten by Aetna Life Insurance Company (ALIC)  
CALIFORNIA MARITIME ACADEMY - HEALTH INSURANCE PLAN  
2015-2016 ENROLLMENT FORM

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWING
80
Wells Fargo Insurance Medical ID#

STUDENT'S NAME	LAST / SURNAME																							
	FIRST NAME												MIDDLE INITIAL											
STUDENT I.D. #										DATE OF BIRTH (Month, Day, Year)														
U.S. MAILING ADDRESS (Use school address if none)					STREET										APARTMENT #									
CITY										STATE					ZIP									
PHONE #					EMAIL ADDRESS (REQUIRED)																			
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED					Please check appropriate box(es): <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> PRACTICAL TRAINING <input type="checkbox"/> VISITING FACULTY <input type="checkbox"/> SCHOLAR														
VISA TYPE (if applicable: F-1, J-1, etc.)										HOME COUNTRY: (if applicable)														
EMERGENCY CONTACT PERSON					NAME					RELATIONSHIP					PHONE #									
					EMAIL ADDRESS																			

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: ***studentinsurance.wellsfargo.com*** or call ***800-853-5899*** to request a paper copy free of charge.

## ID CARDS

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. **You do not have to have your member ID card with you to be eligible to receive benefits;** if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

**There are 3 ways to access your Member ID card:**

**Aetna Mobile App:** Download the Aetna app to your mobile device and log in to view your member ID card, find a doctor, check your benefits, and more. ***Note: you will need your medical ID number to log in.***

**Aetna Website:** Go to ***www.aetnastudenthealth.com***, search for your school name, and click "Print your ID card" to view and/or print a temporary medical ID card that contains your medical ID number. ***Note: you will need your Student ID number to log in.***

**By Mail:** Your Medical ID card will be shipped within 3 weeks of your policy effective date.

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at ***(866) 378-8885***.

**PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION • YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM**

Underwritten by Aetna Life Insurance Company

### WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

Underwritten by Aetna Life Insurance Company  
CALIFORNIA MARITIME ACADEMY - HEALTH INSURANCE PLAN  
2015-2016 ENROLLMENT FORM

HEALTH INSURANCE PLAN RATES				
TERMS OF COVERAGE	ANNUAL 8/26/15 - 8/22/16	FALL 8/26/15 - 12/31/15	SPRING/SUMMER 1/1/16 - 8/22/16	SUMMER 4/24/16 - 8/22/16
Student only	<input type="checkbox"/> \$1,941.54	<input type="checkbox"/> \$693.09	<input type="checkbox"/> \$1,249.45	<input type="checkbox"/> \$655.98

*NOTE: COVERAGE IS FOR STUDENTS ONLY. DEPENDENTS ARE NOT COVERED.*

*Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to CSU and Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.*

PAYMENT METHOD <i>(Remit in US Funds Only)</i>																								
<input type="checkbox"/> <b>Check/Money Order</b> – MAKE CHECKS PAYABLE TO: Wells Fargo Insurance - <i>(If paying on campus, make check/money order payable to California Maritime Academy)</i>																								
<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <i>You may also purchase this plan online at <a href="http://studentinsurance.wellsfargo.com">studentinsurance.wellsfargo.com</a></i>																								
Credit Card Account Number:															Expires <i>(month, year)</i> :									
Cardholder's Name:																								
<i>(Print Cardholder's name exactly as it appears on card.)</i>																								
<b>Mail or fax enrollment form and payment to:</b> Wells Fargo Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670   •   Fax (877) 612-7966																								

**NOTE: This is limited term coverage only.** Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated.

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW**

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**CLAIMS ADMINISTERED BY:**

*Claims, Eligibility  
and Coverage Questions*  
**Aetna Student Health**  
PO Box 981106  
El Paso, TX 79998  
(866) 378-8885 (toll-free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**TO FIND A DOCTOR OR PROVIDER:**

Aetna Life Insurance Co.  
(866) 378-8885 (toll-free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**PRESCRIPTIONS:**

**Aetna Pharmacy  
Management**  
(888) 792-3862  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

### 24-HOUR NURSE ADVICE:

**Informed Health Line**  
(800) 556-1555  
& TDD (800) 556-1555

**24/7 EMERGENCY TRAVEL ASSISTANCE:**

**On Call International**  
(877) 318-6901 (within U.S.)  
Dial U.S. access code plus  
(603) 328-1909 (Outside the U.S.)  
[www.oncallinternational.com](http://www.oncallinternational.com)

**PLAN BROKERED BY:**

**Wells Fargo Insurance Services**  
**USA, Inc.**  
**Student Insurance Division**  
CA License No. 0D08408  
(800) 853-5899  
studentinsurance.wellsfargo.com