



August, 2022

Dear Incoming Graduate Student

On behalf of the Department of Biomedical Engineering, we would like to welcome you as one of the entering graduate students for the fall 2022 semester. We are pleased you are planning to be with us.

Fall 2022 semester classes begin on Monday, August 29th. Registration is now open. The University has a flexible web-based PeopleSoft Student Information System (SIS) for registration. The instructions for use have been sent to you by the School of Graduate Studies. Your initial academic advisor, who is listed below, will assist you with course selection and the development of a program of study. If a research advisor is already known, then that person is also listed. Beginning August 30th registration will be subject to late fees.

The School of Graduate Studies will be holding an orientation for new graduate students on Tuesday, August 23, 9am to 4pm in the Tinkham Veale University Center, where they will hand out ID cards, t-shirts, and have optional events. You will receive further details from the Office of Graduate Studies. An informal departmental orientation meeting will be held August, 2022. More details to come.

We expect that you will be on campus no later than August 22, 2022. Upon your arrival in Cleveland, please report to the Student Affairs Office in Wickenden Building, Room 335. If you have any questions please feel free to email us at bmestudentaffairs@case.edu.

Sincerely,

Ingrid Burton

Ingrid Burton, MBA
Student Affairs Specialist
Department of Biomedical Engineering

Academic Advisor:
Research Advisor:

Welcome New Biomedical Engineering Graduate Students

The following information outlines everything required as a new Graduate Student in Biomedical Engineering here at CWRU. If you have any questions please contact BME Academic Student Services at: bmestudentaffairs@case.edu

CASE NETWORK ID/EMAIL

You should have received an email from Graduate Studies with the following instructions to activate your CASE network ID and create your password. Your network ID is your access to Case's networking and computing services (SIS, Webmail, Software Center, and more...) The Network ID is composed of your first, middle, and last initials followed by numbers (e.g., abc123).

Go to: <https://its-services.case.edu/my-case-identity/activate/>

You will be asked for a nine-digit ID number; this is your social security number. Since international students may not have social security numbers, their message will contain a PIN.

INTERNATIONAL STUDENTS ONLY

Please report to International Student Services located in Tomlinson Hall, Room 143. Be sure to take your passport and Visa with you.

CASE MEDICAL PLAN

Students will automatically be enrolled in the CASE medical plan once they register. Link to CWRU Medical Plan: [CWRU Student Medical Plan 2022](#)

The fee is applied to your account during the Fall and Spring semesters through the Bursar's office. If you choose not to have coverage through the university, complete the online health waiver after you have registered and activated your account. If you would like Spouse and/or child coverage, please contact CASE Health Services at (216) 368-3050 or by email at: healthservice@case.edu

ACADEMIC ADVISING AND CLASSES

Meet with your academic advisor to select your courses for the semester (if not already done). Login to SIS (Student Information Service) and register for classes.

<http://www.case.edu/erp/sis>

From the Student Center, you can view your academic information, as well as the searchable schedule of classes to access semester schedules.

CASE ID CARD/PARKING PASS

Take your course registration printout and a form of photo identification (PASSPORT, STATE ID, DRIVERS LICENSE) to Access Services in Crawford Hall (located in the Basement). You will need to request a CASE identification card. You may also request a parking pass if needed.

BUILDING ACCESS PERMISSION FORM

Link to Building access form: [Building access fillable form](#)

Have your research advisor complete and sign your building access permission form and submit it to: bmeaccess@case.edu

GRADUATE PAYROLL

Please email Debra Rudolph (dxr190@case.edu) regarding the items needed to be added to payroll. Debra will forward copies of the required federal tax, state tax, and Form I-9. She will schedule an in-person appointment for you to complete the Employment Eligibility Verification (Form I-9). You must bring your original, unexpired Documents that Establish Identity and Employment Authorization (the list of acceptable documents is attached to the Form I-9).

HOUSING SERVICES

If you require housing assistance please inquire at the Office of Housing & Residential Life located in Yost Hall, Room 4 or by email at: residencelife@case.edu

After completion of all orientation activities you are ready to begin your studies. Congratulations! We are here to support your journey. If you have additional questions or concerns please contact the BME Student Services Office at: bmestudentaffairs@case.edu

Case Western Reserve University - Department of Biomedical Engineering
Key and Card Swipe Access Request Form - Internal Use Only
PLEASE PRINT CLEARLY TO AVOID DELAYS

Date: _____

Name: _____
Last Name First Name

Email: _____ @case.edu ID Number: _____
7-digit for Case, 9-digit for non-Case - NOT your Social Security Number

☐ Faculty ☐ Staff ☐ Grad Student ☐ Undergrad Graduation Date (All Students): _____

☐ Other (explain): _____ Expiration Date: _____
Required for "Other" Status

KEY REQUESTS – justification required (below):

Wickenden Bldg Rooms:							
Key Codes: (office use only)							

CARD SWIPE ACCESS – justification required (below):

- | | |
|--|---|
| <input type="checkbox"/> Wickenden Bldg, Building Perimeter | <input type="checkbox"/> Wickenden Bldg, 4 th floor hallway |
| <input type="checkbox"/> Wickenden Bldg, Neural Eng Center, NEC Access | <input type="checkbox"/> Wickenden Bldg, 5 th floor, WI-501 |
| <input type="checkbox"/> Wickenden Bldg, Neural Eng Center, WI-106 * | <input type="checkbox"/> Wickenden Bldg, 5 th floor, WI-506 |
| <input type="checkbox"/> Wickenden Bldg, Neural Eng Center, WI-106D * | <input type="checkbox"/> Wickenden Bldg, 5 th floor, WI-523a-e |
| <input type="checkbox"/> Wickenden Bldg, Neural Eng Center, WI-122 * | <input type="checkbox"/> Bingham Bldg, Building Perimeter |
| <input type="checkbox"/> Wickenden Bldg, Computer Lab, WI-301 | |
| <input type="checkbox"/> Wickenden Bldg, Wet Lab, WI-302 | <input type="checkbox"/> Other: _____ |
- *requires special authorization

By signing this document, I affirm that the above information is true and correct, and that I will comply with all University policies (www.case.edu/accessservices/) regarding University access. I further affirm that I will pick up any keys and/or other materials issued to me from Access Services within 30 days of notification, and that I am personally responsible for the immediate return of said items upon separation from the University. I also understand that I am responsible for any fees or penalties which may arise from loss or damage of said items or my non-compliance with these terms. **(Fees as of July 2016: ID replacement \$25, unclaimed key \$25, replacement key \$50/first key, \$25/additional keys. Per University policy, the department cannot pay or reimburse the lost key fine.)**

Your Signature: _____ Date: _____

- Complete and sign the above section of this form, and have your supervisor complete and sign the section immediately below.
- **Make a copy of this completed and signed form and keep it for your records.**
- Return this signed form to this email address: bmeaccess@case.edu.
- You will be emailed when your keys are ready for pickup. Keys are dispensed from Access Services in the basement of Crawford Hall. **Please pick up your keys promptly to avoid an unclaimed key fee.**
- **Do not lose or damage your ID or key(s)! You will be charged for replacements!**
- Please write to: bmeaccess@case.edu if you have any questions.

----- Supervisor's Section -----

----- Supervisor's Section -----

Justification for access: _____
Required - to be filled in by supervisor only

Supervisor Approval: _____
Print Name Signature Date

----- Administrative Section -----

----- Administrative Section -----

Administrative Approval: _____
Print Name Signature Date

Submitted by: _____
Print Name Signature Date



CASE WESTERN RESERVE
UNIVERSITY
CASE SCHOOL OF ENGINEERING

BME Graduate Contact Information Fall 2022

Name: _____

Local Address: _____

City, State, Zip: _____

Home or Cell Number: _____

Email Address: _____

*Please return this form to Student Affairs, Wickenden 335 or
email the form to: bmestudentaffairs@case.edu



DIRECTORY

CASE WESTERN RESERVE
Case School of Engineering
(Nord Hall).....D5
College of Arts & Sciences
(Crawford Hall).....C5
Frances Payne Bolton School of
Nursing.....E4
Jack, Joseph and Morton
Mandel School of
Applied Social Sciences.....D3
School of Dental Medicine.....E5
School of Graduate Studies
(Tomlinson Hall).....D5
School of Law.....D3
School of Medicine.....E5
Weatherhead School of
Management (Peter B. Lewis).....D3
Adelbert Hall.....D5
Adelbert Gym.....D5
Admission (Undergraduate)
[Wolstein Hall].....D3
Allen Library.....D4
Amasa Stone Chapel.....D5
Archives.....D6
Art Studio.....E6
Bookstore (University).....E3
Bellflower Hall.....E2

Bingham.....D5
BioEnterprise.....D6
Biomedical Research.....E5
Carlton Commons.....E6
Cedar Avenue Service Center.....C7
Clark.....D3
**Cleveland Center for Molecular
and Structural Biology**.....A3
Cleveland Hillel Foundation.....D4
Crawford.....C5
Cutter.....D2
DiSanto Field.....E2
Dively.....D3
Eldred.....D5
Emerson Gym.....D6
Fribley Commons.....E8
Glennan.....D6
Guest House.....F6
Guilford.....D3
Harcourt House.....F6
Harkness Chapel.....D3
Haydn.....D3
Health Service.....E5
Horsburgh Gym.....D6
[U] Tech Care Center.....C4
Kelvin Smith Library.....C4
Leutner Commons.....D2

Linsalata Alumni Center.....D3
**Jack, Joseph and Morton
Mandel Comm. Studies**.....E3
Mather Dance Center.....D4
Mather House.....D4
Mather Memorial.....D3
Mather Park.....D2
Morley.....D5
**The Milton and Tamar Maltz
Performing Arts Center at the
Temple - Tifereth Israel**.....B4
**Mt. Sinai Skills &
Simulation Center**.....B1
Nobby's Ballpark.....E1
Nord.....D5
One-to-One Fitness.....E5
Police Station.....E3
Pytte Science Center.....D5
Biology.....D5
Clapp.....D5
Millis.....D5
Schmitt.....D5
**Richey Mixon Building |
Sears think[box]**.....E6
Rockefeller.....D5
Robbins.....E5

Sears.....D5
Sears Tower.....E5
Security North Annex.....D2
Service Building.....E5
Smith, A.W......D5
Smith, Kent Hale.....D5
South Residential Village.....E6
Steiner.....E3
Stone.....D2
Strosacker.....D5
Thwing Center.....D4
Tinkham Veale University Center.....D4
Toby's Plaza.....E3
Tomlinson.....D5
Van Horn Field.....D6
Veale Center.....E6
Wade Commons.....E2
White.....D6
Wickenden.....D5
Wolstein Hall.....D3
Wolstein Research.....E4
Wood.....E5
**Wyant Athletic and
Wellness Center**.....E2
Yost.....D5

UNIVERSITY HOUSING
North Residential Village.....E2
RESIDENCE HALLS
Clarke Tower.....E2
Cutler.....E2
Hitchcock.....E2
Norton.....E2
The Village at 115th.....E2
Pierce.....E2
Raymond.....E2
Sherman.....E2
Smith.....E2
Stephanie Tubbs Jones.....E1
Storrs.....D2
Taft.....D2
Taplin.....D2
Tyler.....D2
GREEK HOUSES
Alpha Chi Omega.....E3
Alpha Phi.....D2
Delta Tau Delta.....D2
Phi Gamma Delta.....D3
Phi Kappa Theta.....C2
Phi Mu.....E3
Theta Chi.....D2
Zeta Beta Tau.....D2

South Residential Village.....E/F6
RESIDENCE HALLS
Alumni.....E6
Glaser.....F6
Howe.....F6
Kusch.....F6
Michelson.....F6
Staley.....E6
Tippit.....E6
GREEK HOUSES
Beta Theta.....F5
Delta Gamma.....F5
Delta Upsilon.....F6
Kappa Alpha Theta.....F6
Phi Delta Theta.....F5
Phi Kappa Psi.....F6
Phi Sigma Rho.....F6
Sigma Chi.....F6
Sigma Psi.....F5
Sigma Psi.....F6
Zeta Psi.....F6
UNIVERSITY-OWNED
APARTMENTS.....E3
1680 Building.....E2
1715 Building.....E3
1727 Building.....E3
The Noble.....E3

Triangle.....E3
Twin Gables.....E3
AREA OFFICES
Wade Area Office.....E2
Fribley Area Office.....E6
UNIVERSITY CIRCLE
Church of the Covenant.....D4
Cleveland Botanical Garden.....D3
Cleveland Clinic.....A5
**Cleveland Hearing and
Speech Center**.....E3
Cleveland Institute of Art.....E3
Cleveland Institute of Music.....D2
Cleveland Museum of Art.....C3
**Cleveland Museum of
Natural History**.....C3
Coffee House at University Circle.....D3
Denny's.....D2
Glidden House.....D3
L'Albatros.....D3
Museum of Contemporary Art.....E3
Music School Settlement.....D1
Rapid Transit Stations
Cedar - University.....E6
Little Italy.....F3
Severance Hall.....D4

Society of Friends.....C2
Tudor Arms Hotel.....C6
UCI Police.....F2
University Circle
United Methodist Church.....C4
University Hospitals
Cleveland Medical Center.....E4
Bolwell.....E4
Emergency Medicine.....D4
Hanna.....D3
Humphrey.....D4
Wearn.....D4
Lakeside.....D5
Lerner Tower.....E4
Mather.....E4
MacDonald.....E5
Pathology.....D5
Rainbow.....D5
Seidman Cancer Center.....D4
Uptown.....E3
VA Medical Center.....E2
Western Reserve Historical Society.....C2
Visitor Information Center.....D5

P-00 Visitor Parking

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Aetna Student Health Plan Design and Benefits Summary

Preferred Provider Organization (PPO)

Case Western Reserve University

Policy Year: 2021 – 2022

Policy Number: 686194

www.aetnastudenthealth.com

(877) 850-6038



Disclaimer: These rates and benefits are pending approval by the Ohio Department of Insurance and can change. If they change, we will update this information.

This is a brief description of the Student Health Plan. The plan is available for Case Western Reserve University students and their eligible dependents. The plan is insured by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Certificate issued to you and may be viewed online at www.aetnastudenthealth.com. If there is a difference between this Plan Summary and the Certificate, the Certificate will control.

Telephone Directory

Health Services (216) 368-2450

Counseling Service (216) 368-5872

Student Medical Plan Department (216) 368-3049

Coverage Periods

Students: Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated below.

New Spring Semester students: Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated below.

Coverage for all insured students from CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE (MSD) STUDENTS, AND CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE, enrolled for coverage in the Plan for the following Coverage Periods.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	07/01/2021	01/09/2022	09/03/2021
Spring	01/10/2022	06/30/2022	01/21/2022

ALL STUDENTS EXCEPT THOSE LISTED ABOVE

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	08/01/2021	01/09/2022	09/03/2021
Spring	01/10/2022	07/31/2022	01/21/2022

If a student registers after September 03, 2021 for Fall Semester and after January 21, 2022 for Spring Semester, the Student Medical Plan will become effective on the date the student registers (not on the effective date listed above).

Rates – For Student Only

The fee for the Student Medical Plan is automatically billed each Fall and Spring semester to students registered for at least one credit hour. The fee will appear on the student's tuition bill each semester. Payment is due in accordance with the University's tuition schedule.

	Rates		
	Annual	Fall Semester	Spring Semester
Student	\$3,192	\$ 1,596	\$ 1,596
Spouse	\$ 3,192	\$ 1,596	\$ 1,596
Child	\$ 3,192	\$ 1,596	\$ 1,596
Two or More Child(ren)	\$ 6,384	\$ 3,192	\$ 3,192

***All insurance coverage is subject to applicable state form and rate filing approval and, once approved, to the terms of the Master Policy. We have not yet received approval from the state insurance department for the benefits, features and rates described in this document. As part of the approval process, the State may require us to make changes to the benefits, features and/or rates. We will notify you if that happens.*

Student Coverage

Eligibility

- **Student of Case Western Reserve University registered for at least one credit hour.**
- **Students of The Cleveland Institute of Art and The Cleveland Institute of Music registered for at least one credit hour.**

NOT ELIGIBLE TO RECEIVE COVERAGE

- **Students cross-registered for classes at Case Western Reserve University or its affiliates.**
- **Employees of Case Western Reserve University who are eligible for Benelect.**
- **Students enrolled in virtual classes - please call Student Medical Plan Department at (216) 368-3049 for a list of these programs.**

Enrollment

Eligible students will be automatically enrolled in this Plan, unless a waiver is submitted by the deadline dates listed in page 2 of this Plan Design and Benefits Summary. Under certain conditions, the Student Medical Plan fee may be waived.

All registered students are required to have medical insurance that is comparable to the Case Western Reserve University Student Medical Plan. Insurance coverage must meet the following criteria in order to be deemed comparable.

1. **Plan must be fully compliant with all coverage and consumer protection requirements outlined under the Patient Protection and Affordable Care Act (PPACA).**
2. **Coverage is currently active and the student agrees to maintain health coverage throughout the entire policy year.**
3. **Coverage for pre-existing conditions with no waiting period.**
4. **Plan provides coverage in Northeast Ohio or where enrolled in CWRU classes.**

5. **Plan provides emergency and non-emergency inpatient and outpatient (laboratory, diagnostic services, primary and specialty care and physical therapy) and inpatient and outpatient mental health/substance abuse as any other condition.**

In addition to meeting the above criteria, international students must:

1. **Have coverage for emergency medical evacuation in the amount of at least \$50,000 (medical evacuation is emergency transportation to the nearest, most qualified treatment facility).**
2. **Have coverage of at least \$ 25,000 for repatriation (repatriation provides transportation to the student's home country in the event of death).**

Waiver Process

The student medical plan waiver process is moving from the Student Information System to your MyHealthConnect account, and will become available when you've registered for the fall semester.

Once it becomes available in your MyHealthConnect account, you can waive the Student Medical Plan by following these steps:

1. **First, get your insurance card and log in to MyHealthConnect**
2. **From the homescreen, click Insurance Waivers from the left-hand navigation menu and click "proceed."**
3. **Next, check each box acknowledging that you agree to the following conditions, then click "proceed."**
4. **Fill out the form with your insurance and contact information.**
5. **Upload images of the front and back of your insurance card.**

Students from CIA and CIM should submit a waiver form to their individual school.

It is each student's responsibility to ensure that the alternate coverage is adequate. Before submitting a waiver, please note that many commercial insurance plans do not cover a student after a certain age.

Fall Semester: A waiver request is valid for two semesters. Students who elect to waive the Medical Plan will automatically have the fee waived for Fall and Spring semesters. Student must submit a waiver form in support of their request. The waiver must be received no later than September 03, 2021.

New Spring Semester: Students who elect to waive the Medical Plan must submit a waiver form in support of their request. The waiver must be received no later than January 21, 2022.

All waivers are subject to audit by Case Western Reserve University & Aetna Student Health. Any student's plan found to not meet the requirements will be charged for the Student Medical Plan.

Qualifying Life Event

Students who waive the Plan for a given semester are eligible to apply for coverage during that semester if they experience a qualifying event. A qualifying event is defined as follows:

- **Reaching the age limit of another health insurance plan;**
- **Loss of health insurance through a marriage or divorce;**
- **Involuntary loss of coverage from another health insurance plan.**

Students must apply for coverage with the Case Western Reserve University Student Medical Plan within 31 days of loss of coverage from their current medical insurance.

For more information, contact the Student Medical Plan Department at (216) 368-3049 or medicalplan@case.edu

Dependent Coverage

Eligibility

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

If the plan covers dependent children, then any dependent unmarried child, who will terminate coverage because he/she meets a limiting age under the policy, shall not terminate coverage if the child continues to be incapable of self-sustaining employment by reason of mental deficiency or physical handicap and primarily dependent upon the student for support and maintenance. Proof of such handicap and dependency may be required upon initial continuation and every two years thereafter.

Enrollment

Medical coverage for spouse, domestic partner, and dependent children may only be purchased if the student has purchased the Student Medical Plan coverage for students.

- **Coverage may be purchased on a per semester basis or on an annual basis. ENROLLMENT IS NOT AUTOMATIC. You must renew the coverage each semester or each year.**
- **All students enrolled at Case Western Reserve University refer to page 2 for coverage dates and enrollment dates.**

Dependent Verification

Dependents who enroll in the Case Western Reserve University Student Medical Plan must be eligible for coverage. In order to verify your dependents eligibility, you must provide the required documents. Please visit CWRU.edu/StudentMedicalPlan to access the list of eligibility rules and document required to verify your dependent(s).

Important note regarding coverage for a newborn infant or newly adopted child:

- **A newborn child - Your newborn child is covered on your health plan for the first 31 days from the moment of birth.**
 - **To keep your newborn covered, you must notify Student Medical Plan Office of the birth and pay any required premium contribution during that 31-day period.**
 - **You must still enroll the child within 31 days of birth even when coverage does not require payment of an additional premium contribution for the newborn.**
 - **If you miss this deadline, your newborn will not have health benefits after the first 31 days.**
 - **If your coverage ends during this 31-day period, then your newborn's coverage will end on the same date as your coverage. This applies even if the 31-day period has not ended.**
- **An adopted child or a child legally placed with you for adoption - A child that you, or that you and your spouse, or civil union partner or domestic partner adopts or is placed with you for adoption is covered on your plan for the first 31 days after the adoption or the placement is complete.**
 - **To keep your child covered, you must submit completed enrollment information to Student Medical Plan Office within 31 days after the adoption or placement for adoption.**
 - **You must still enroll the child within 31 days of the adoption or placement for adoption even when coverage does not require payment of an additional premium contribution for the child.**
 - **If you miss this deadline, your adopted child or child placed with you for adoption will not have health benefits after the first 31 days.**
 - **If your coverage ends during this 31-day period, then coverage for your adopted child or child placed with you for adoption will end on the same date as your coverage. This applies even if the 31-day period has not ended.**

If you need information or have general questions on dependent enrollment, call Student Medical Plan Department at (216) 368-3049.

Medicare Eligibility Notice

You are not eligible to enroll in the student health plan if you have Medicare at the time of enrollment in this student plan. The plan does not provide coverage for people who have Medicare.

Termination and Refunds

Medical Leave of Absence:

Coverage may be continued without interruption for one additional semester for a student who leaves the university due to a personal medical condition provided the student was registered and enrolled in the Student Medical Plan in the previous semester.

In order to continue medical coverage under the Student Medical Plan, the Student Medical Plan office (located at University Health Service) must be notified of the leave prior to the semester in which the leave is to take effect.

Students must provide the following to Student Medical Plan Office:

- 1. A letter from the dean or advisor of the school in which the student is enrolled, approving the requested medical leave.**
- 2. Payment of the Student Medical Plan fee prior to the beginning of the semester in which the leave is to take effect.**

This extension does not apply to students who are leaving the university for reasons other than a personal medical condition.

If you withdraw from classes to enter the armed forces of any country, coverage will terminate as of the effective date of such entry and a pro rata refund of premiums will be made if you submit a written request within 90 days of withdrawal from classes.

In-network Provider Network

Aetna Student Health offers Aetna's broad network of In-network Providers. You can save money by seeing In-network Providers because Aetna has negotiated special rates with them, and because the Plan's benefits are better.

If you need care that is covered under the Plan but not available from an In-network Provider, contact Member Services for assistance at the toll-free number on the back of your ID card. In this situation, Aetna may issue a pre-approval for you to receive the care from an Out-of-network Provider. When a pre-approval is issued by Aetna, the benefit level is the same as for In-network Providers.

Precertification

You need pre-approval from us for some eligible health services. Pre-approval is also called precertification. Your in-network physician is responsible for obtaining any necessary precertification before you get the care. [When you go to an out-of-network provider, it is your responsibility to obtain precertification from us for any services and supplies on the precertification list. If you do not precertify when required, there is a \$500 penalty for each type of eligible health service that was not precertified. This does not apply to services and supplies deemed to be medically necessary. For a current listing of the health services or prescription drugs that require precertification, contact Member Services or go to www.aetnastudenthealth.com.

Precertification Call

Precertification should be secured within the timeframes specified below. To obtain precertification, call Member Services at the toll-free number on your ID card. This call must be made:

Non-emergency admissions:	You, your physician or the facility will need to call and request precertification at least 14 days before the date you are scheduled to be admitted.
An emergency admission:	You, your physician or the facility must call within 48 hours or as soon as reasonably possible after you have been admitted.
An urgent admission:	You, your physician or the facility will need to call before you are scheduled to be admitted. An urgent admission is a hospital admission by a physician due to the onset of or change in an illness, the diagnosis of an illness, or an injury.
Outpatient non-emergency services requiring precertification:	You or your physician must call at least 14 days before the outpatient care is provided, or the treatment or procedure is scheduled.
Delivery:	You, your physician, or the facility must call within 48 hours of the birth or as soon thereafter as possible. No penalty will be applied for the first 48 hours after delivery for a routine delivery and 96 hours for a cesarean delivery.

We will provide a written notification to you and your physician of the precertification decision, where required by state law. If your precertified services are approved, the approval is valid for 30 days as long as you remain enrolled in the plan.

Once we authorize eligible health services, we will not refuse to pay if your physician or PCP, in good faith, submitted complete, accurate, and all necessary information to us.

When you receive precertification for a chronic condition, we will honor this previous precertification for an approved drug from the date of approval to the lesser of either: a) 12 months or b) the last day of your eligibility under this policy.

What types of services and supplies require precertification?

Precertification is required for the following types of services and supplies:

Inpatient services and supplies	Outpatient services and supplies
Stays in a hospice facility	Applied behavior analysis
Stays in a hospital	Certain prescription drugs and devices*
Stays in a rehabilitation facility	Complex imaging
Stays in a residential treatment facility for treatment of mental disorders and substance abuse	Cosmetic and reconstructive surgery
Stays in a skilled nursing facility	Intensive outpatient program (IOP) – mental disorder and substance abuse diagnoses
	Kidney dialysis
	Knee surgery
	Medical injectable drugs, (immunoglobulins, growth hormones, multiple sclerosis medications, osteoporosis medications, botox, hepatitis C medications)*
	Outpatient back surgery not performed in a physician's office
	Outpatient detoxification
	Partial hospitalization treatment – mental disorder and substance abuse diagnoses
	Private duty nursing services
	Psychological testing/neuropsychological testing
	Sleep studies
	Transcranial magnetic stimulation (TMS)
	Wrist surgery

When you receive precertification for a chronic condition, we will honor this previous precertification for an approved drug from the date of approval to the lesser of either: a) 12 months or b) the last day of your eligibility under this policy.

**For a current listing of the prescription drugs and medical injectable drugs that require precertification, contact Member Services by calling the toll-free number on your ID card in the How to contact us for help section or by logging onto the Aetna website at www.aetnastudenthealth.com.*

Coordination of Benefits (COB)

Some people have health coverage under more than one health plan. If you do, we will work together with your other plan(s) to decide how much each plan pays. This is called coordination of benefits (COB). A complete description of the Coordination of Benefits provision is contained in the certificate issued to you.

Description of Benefits

The Plan excludes coverage for certain services and has limitations on the amounts it will pay. While this Plan Summary document will tell you about some of the important features of the Plan, other features that may be important to you are defined in the Certificate. To look at the full Plan description, which is contained in the Certificate issued to you, go to www.aetnastudenthealth.com.

This Plan will pay benefits in accordance with any applicable Ohio Insurance Law(s).

Policy year deductible	In-network coverage	Out-of-network coverage
Student	\$400 per policy year	\$750 per policy year
Spouse	\$400 per policy year	\$750 per policy year
Each child	\$400 per policy year	\$750 per policy year
Family	\$1,200 per policy year	\$2,250 per policy year
Individual This is the amount you owe for in-network and out-of-network eligible health services each policy year before the plan begins to pay for eligible health services. This policy year deductible applies separately to you and each of your covered dependents. After the amount you pay for eligible health services reaches the policy year deductible, this plan will begin to pay for eligible health services for the rest of the policy year. This is true even if the family policy year deductible has not yet been met.		
Family This is the amount you and your covered dependents owe for in-network and out-of-network eligible health services each policy year before the plan begins to pay for eligible health services. After the amount you and your covered dependents pay for eligible health services reaches this family policy year deductible, this plan will begin to pay for eligible health services that you and your covered dependents incur for the rest of the policy year.		
To satisfy this family policy year deductible limit for the rest of the policy year, the following must happen: <ul style="list-style-type: none"> • The combined eligible health services that you and each of your covered dependents incur towards the individual policy year deductibles must reach this family policy year deductible limit in a policy year. 		
When this occurs in a policy year, the individual policy year deductibles for you and your covered dependents will be considered to be met for the rest of the policy year.		
Eligible health services applied to the out-of-network policy year deductibles will not be applied to satisfy the in-network policy year deductibles. Eligible health services applied to the in-network policy year deductibles will not be applied to satisfy the out-of-network policy year deductibles.		
Policy year deductible waiver		
The policy year deductible is waived for all of the following eligible health services: <ul style="list-style-type: none"> • In-network care for <i>Preventive care and wellness</i> • In-network care for <i>Pediatric dental care</i> • In-network care and out-of-network care for <i>Pediatric vision care</i> • In-network care and out-of-network care for <i>Outpatient prescription drugs</i> 		
Maximum out-of-pocket limit per policy year		
Student	\$6,500 per policy year	\$15,000 per policy year
Spouse	\$6,500 per policy year	\$15,000 per policy year
Each child	\$6,500 per policy year	\$15,000 per policy year
Family	\$13,000 per policy year	\$30,000 per policy year
Eligible health services applied to the out-of-network maximum out-of-pocket limit will not be applied to satisfy the in-network maximum out-of-pocket limit and eligible health services applied to the in-network maximum out-of-pocket limit will not be applied to satisfy the out-of-network maximum out-of-pocket limit.		

Eligible health services	In-network coverage	Out-of-network coverage
Routine physical exams		
Performed at a physician's office	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Maximum age and visit limits per policy year through age 21	Subject to any age and visit limits provided for in the comprehensive guidelines supported by the American Academy of Pediatrics/Bright Futures/Health Resources and Services Administration guidelines for children and adolescents.	
Maximum visits per policy year age 22 and over	1 visit	
Preventive care immunizations		
Performed in a facility or at a physician's office	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Maximums	Subject to any age limits provided for in the comprehensive guidelines supported by Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.	
Exclusions: • The following are not eligible health services under this section: Any immunization that is not considered to be preventive care or recommended as preventive care by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.		
Routine gynecological exams (including Pap smears and cytology tests)		
Performed at a physician's, obstetrician (OB), gynecologist (GYN) or OB/GYN office	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Maximum visits per policy year	1 visit	

Eligible health services	In-network coverage	Out-of-network coverage
Preventive screening and counseling services		
Preventive screening and counseling services for Obesity and/or healthy diet counseling, Misuse of alcohol & drugs, Tobacco Products, Depression Screening, Sexually transmitted infection counseling & Genetic risk counseling for breast and ovarian cancer	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Maximum Visits:	Age 0-22: unlimited visits. Age 22 and older: 26 visits per 12 months, of which up to 10 visits may be used for healthy diet counseling	
Misuse of Alcohol maximum per policy year	5 visits	
Tobacco Products Counseling maximum per policy year	8 visits	
Depression screening maximum per policy year	1 visit	
STI maximum per policy year	2 visits	
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none">• Services which are <i>not</i> preventive care and are covered to any extent under any other part of this plan• Tobacco Use: Any treatment that is not recommended by the United States Preventive Services Task Force (USPSTF)		
Routine cancer screenings	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Maximums	Subject to any age; family history; and frequency guidelines as set forth in the most current: <ul style="list-style-type: none">• 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; and• The comprehensive guidelines supported by the Health Resources and Services Administration.	
Lung cancer screening maximum	1 screening every 12 month	
Prenatal care services (Preventive care services only)	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit

Eligible health services	In-network coverage	Out-of-network coverage
Preventive screening and counseling services (continued)		
Lactation support and counseling services	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Lactation counseling services maximum per policy year	6 visits	
Breast pump supplies and accessories	100% (of the negotiated charge) per item No copayment or policy year deductible applies	60% (of the recognized charge) per item
Limitations and exclusions: Coverage for the purchase of breast pump equipment is limited to one item of equipment, for the same or similar purpose. Including the accessories and supplies needed to operate the item. You are responsible for the entire cost of any additional pieces of the same or similar equipment you purchase or rent for personal convenience or mobility.		
Female contraceptive counseling services office visit	100% (of the negotiated charge) per visit No copayment or policy year deductible applies	60% (of the recognized charge) per visit
Contraceptive counseling services maximum per policy year	2 visits	
Female contraceptive prescription drugs and devices	100% (of the negotiated charge) per item No copayment or policy year deductible applies	60% (of the recognized charge) per item
Female voluntary sterilization - Inpatient & Outpatient provider services	100% (of the negotiated charge) No copayment or policy year deductible applies	60% (of the recognized charge)
Physicians and other health professionals (including nurse and physician assistant)		
Physician, specialist including Consultants Office visits (non-surgical/non-preventive care by a physician and specialist) Includes telemedicine consultations	\$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit

Eligible health services	In-network coverage	Out-of-network coverage
Allergy testing and treatment (including nurse and physician assistant)		
Allergy testing & Allergy injections treatment, including Allergy sera and extracts administered via injection, performed at a physician's or specialist's office	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Physician and specialist - surgical services		
Inpatient surgery performed during your stay in a hospital or birthing center by a surgeon (includes anesthetist and surgical assistant expenses)	80% (of the negotiated charge)	60% (of the recognized charge)
Exclusions: <ul style="list-style-type: none"> • The following are not eligible health services under this section • The services of any other physician who helps the operating physician • A stay in a hospital (Hospital stays are covered in the <i>Eligible health services under your plan – Hospital and other facility care</i> section) • A separate facility charge for surgery performed in a physician's office • Services of another physician for the administration of a local anesthetic 		
Outpatient surgery performed at a physician's or specialist's office or outpatient department of a hospital or surgery center by a surgeon (includes anesthetist and surgical assistant expenses)	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Alternatives to physician office visits		
Walk-in clinic visits (non-emergency visit)	\$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit
Hospital and other facility care		
Inpatient hospital (room and board) and other miscellaneous services and supplies)	80% (of the negotiated charge) per admission	60% (of the recognized charge) per admission
Includes birthing center facility charges		
In-hospital non-surgical physicians services	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Alternatives to hospital stays		
Outpatient surgery (facility charges) performed in the outpatient department of a hospital or surgery center	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Exclusions: <ul style="list-style-type: none"> • The following are not eligible health services under this section: • The services of any other physician who helps the operating physician • A stay in a hospital (Hospital stays are covered in the <i>Eligible health services under your plan – Hospital and other facility care</i> section) • A separate facility charge for surgery performed in a physician's office • Services of another physician for the administration of a local anesthetic 		

Eligible health services	In-network coverage	Out-of-network coverage
Alternatives to hospital stays (continued)		
Home Health Care	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Food, housing, homemaker services and home delivered meals • Home or outpatient hemodialysis services (these are covered under the <i>Eligible health services under your policy – Dialysis treatments</i> section) • Physician charges • Helpful environmental materials (handrails, ramps, telephones, air conditioners, and similar services, appliances and devices) • Services provided by R.N.s and other health workers who are not acting as employees or under approved arrangements with the home health care agency • Services provided by a member of the patient's immediate family • Services provided by volunteer ambulance associations that you are not obligated to pay, visiting teachers, vocational guidance and other counselors, and services related to outside occupational and social activities 		
Hospice - Inpatient	80% (of the negotiated charge) per admission	60% (of the recognized charge) per admission
Hospice - Outpatient	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Funeral arrangements • Pastoral counseling • Financial or legal counseling which includes estate planning and the drafting of a will • Homemaker or caretaker services that are services which are not solely related to your care and may include: <ul style="list-style-type: none"> - Sitter or companion services for either you or other family members - Maintenance of the house 		
Outpatient private duty nursing (covered only when provided in a home-setting)	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Skilled nursing facility - Inpatient	80% (of the negotiated charge) per admission	60% (of the recognized charge) per admission
Hospital emergency room Emergency services within the capability of the emergency department of a hospital needed to treat the emergency medical condition	\$250 copayment then the plan pays 80% (of the balance of the negotiated charge) per visit	Paid the same as in-network coverage, subject to the plan's in-network deductible
Non-emergency care in a hospital emergency room	Not covered	Not covered

(continued on next page)

Eligible health services	In-network coverage	Out-of-network coverage
Hospital Emergency Room - Important note: <ul style="list-style-type: none"> • As out-of-network providers do not have a contract with us the provider may not accept payment of your cost share, (copayment/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. You should send the bill to the address listed on the back of your ID card, and we will resolve any payment dispute with the provider over that amount. Make sure the ID card number is on the bill. • A separate hospital emergency room copayment/coinsurance will apply for each visit to an emergency room. If you are admitted to a hospital as an inpatient right after a visit to an emergency room, your emergency room copayment/coinsurance will be waived and your inpatient copayment/coinsurance will apply. • Covered benefits that are applied to the hospital emergency room copayment/coinsurance cannot be applied to any other copayment/coinsurance under the plan. Likewise, a copayment/coinsurance that applies to other covered benefits under the plan cannot be applied to the hospital emergency room copayment/coinsurance. • Separate copayment/coinsurance amounts may apply for certain services given to you in the hospital emergency room that are not part of the hospital emergency room benefit. These copayment/coinsurance amounts may be different from the hospital emergency room copayment/coinsurance. They are based on the specific service given to you. • Services given to you in the hospital emergency room that are not part of the hospital emergency room benefit may be subject to copayment/coinsurance amounts that are different from the hospital emergency room copayment/coinsurance amounts. 		
Urgent Care	\$30 copayment then the plan pays 80% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Non-emergency services in a hospital emergency room facility • Non-urgent care in an urgent care facility (at a non-hospital freestanding facility) 		
Pediatric dental care (Limited to covered persons through the end of the month in which the person turns age 19)		
Type A services	100% (of the negotiated charge) per visit No copayment or deductible applies	70% (of the recognized charge) per visit
Type B services	70% (of the negotiated charge) per visit No policy year deductible applies	50% (of the recognized charge) per visit
Type C services	50% (of the negotiated charge) per visit No policy year deductible applies	50% (of the recognized charge) per visit
Orthodontic services	50% (of the negotiated charge) per visit No policy year deductible applies	50% (of the recognized charge) per visit

Eligible health services	In-network coverage	Out-of-network coverage
Pediatric dental care (continued) (Limited to covered persons through the end of the month in which the person turns age 19)		
Dental emergency treatment Coverage for dental emergencies includes only the dental care needed to reduce pain and stabilize the condition.	Covered according to the type of benefit and the place where the service is received	Paid the same as in-network coverage according to the type of benefit and the place where the service is received
<p>The following are not eligible health services under this section:</p> <ul style="list-style-type: none"> • Any instruction for diet, plaque control and oral hygiene • Crown, inlays, onlays, and veneers unless: <ul style="list-style-type: none"> - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material or - The tooth is an abutment to a covered partial denture or fixed bridge • Dental implants and removal of implants (that are determined not to be medically necessary), braces, mouth guards, and other devices to protect, replace or reposition teeth • Dentures, crowns, inlays, onlays, bridges, or other appliances or services used: <ul style="list-style-type: none"> - For splinting - To alter vertical dimension - To restore occlusion - For correcting attrition, abrasion, abfraction or erosion • Treatment of any jaw joint disorder and treatments to alter bite or the alignment or operation of the jaw, including temporomandibular joint dysfunction disorder (TMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment, except as covered in the <i>Eligible health services under your plan – Specific conditions</i> section • General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another eligible health service • Orthodontic treatment for: <ul style="list-style-type: none"> - Replacement of broken appliances - Re-treatment of orthodontic cases - Changes in treatment necessitated by an accident - Maxillofacial surgery - Myofunctional therapy - Lingually placed direct bonded appliances and arch wires (i.e. “invisible braces”) - Removable acrylic aligners (i.e. “invisible aligners”) • Pontics, crowns, cast or processed restorations made with high noble metals (gold) • Prescribed drugs, pre-medication or analgesia (nitrous oxide) • Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures • Replacement of teeth beyond the normal complement of 32 • Routine dental exams and other preventive services and supplies, except as specifically provided in the <i>Eligible health services under your plan – Other services</i> section • Services and supplies done where there is no evidence of pathology, dysfunction, or disease other than covered preventive services • Surgical removal of impacted wisdom teeth only for orthodontic reasons • Treatment by other than a dentist or dental provider 		

Eligible health services	In-network coverage	Out-of-network coverage
Specific Conditions		
Dermatological treatment	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Cosmetic treatment and procedures 		
Diabetic services and supplies (including equipment and training)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Temporomandibular joint dysfunction treatment (TMJ) and craniomandibular joint dysfunction treatment (CMJ)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Dental implants 		
Accidental Dental Injury	80% (of the negotiated charge)	80% (of the recognized charge)
Maternity care and related well newborn nursery care		
Maternity care (includes delivery and postpartum care services in a hospital or birthing center)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Well newborn nursery care in a hospital or birthing center	80% (of the negotiated charge) No policy year deductible applies	60% (of the recognized charge) No policy year deductible applies
Family planning services - other		
Voluntary sterilization for males - surgical services	80% (of the negotiated charge)	60% (of the recognized charge)
Abortion - physician or specialist surgical services Please note: Therapeutic abortion is a covered expense, defined as a termination of a pregnancy when recommended by a provider, to save the life or health of the mother or as a result of rape or incest.	80% (of the negotiated charge)	60% (of the recognized charge)
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Reversal of voluntary sterilization procedures, including related follow-up care • Voluntary termination of pregnancy • Family planning services received while confined as an inpatient in a hospital or other facility 		

Eligible health services	In-network coverage	Out-of-network coverage
Gender affirming treatment		
Surgical, hormone replacement therapy, and counseling treatment	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Exclusions: All other cosmetic services and supplies not listed under eligible health services above are not covered under this benefit. This includes, but is not limited to the following: <ul style="list-style-type: none"> • Rhinoplasty • Face-lifting • Lip enhancement • Facial bone reduction • Blepharoplasty • Liposuction of the waist (body contouring) • Reduction thyroid chondroplasty • Hair removal • Voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which are used in feminization • Chin implants, nose implants, and lip reduction, which are used to assist masculinization, are considered cosmetic 		
Autism spectrum disorder		
Autism spectrum disorder treatment, diagnosis and testing and Applied behavior analysis	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Mental Health (Includes coverage for biologically and non-biologically based mental illness) & Substance Abuse Treatment		
Inpatient hospital (room and board and other miscellaneous hospital services and supplies)	80% (of the negotiated charge) per admission	60% (of the recognized charge) per admission
Outpatient office visits (includes telemedicine consultations)	\$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit
Other outpatient treatment (includes Partial hospitalization and Intensive Outpatient Program)	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Telemedicine <ul style="list-style-type: none"> - Services given by providers that are not contracted with Aetna as telemedicine providers - Services given when you are not present at the same time as the provider - Services including: <ul style="list-style-type: none"> ○ Telephone calls for behavioral health services ○ Telemedicine kiosks ○ Electronic vital signs monitoring or exchanges, (e.g. Tele-ICU, Tele-stroke) 		

Eligible health services	In-network coverage Network (IOE facility)	In-network coverage - Network (Non-IOE facility)	Out-of-network coverage - Network Non-IOE facility and out-of- network facility
Transplant services Inpatient and outpatient facility services	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Transplant services Inpatient and outpatient physician and specialist services	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Transplant services-travel and lodging	Covered	Covered	Covered
Lifetime Maximum payable for Travel and Lodging Expenses for any one transplant, including tandem transplants	\$10,000	\$10,000	\$10,000
Transplant services – unrelated donor search services- Maximum Benefit for unrelated donor search services	\$30,000 per transplant	\$30,000 per transplant	\$30,000 per transplant
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Services and supplies furnished to a donor when the recipient is not a covered person • Harvesting and storage of organs, without intending to use them for immediate transplantation for your existing illness • Harvesting and/or storage of bone marrow, or hematopoietic stem cells without intending to use them for transplantation within 12 months from harvesting, for an existing illness 			

Eligible health services	In-network coverage	Out-of-network coverage
Basic infertility services	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Injectable infertility medication, including but not limited to menotropins, hCG, and GnRH agonists. • All charges associated with: <ul style="list-style-type: none"> - A non-member surrogate. A surrogate is a female carrying her own genetically related child where the child is conceived with the intention of turning the child over to be raised by others, including the biological father - Cryopreservation of eggs, embryos or sperm - Storage of eggs, embryos, or sperm - Thawing of cryopreserved eggs, embryos or sperm - The care of the donor in a donor egg cycle which includes, but is not limited to, any payments to the donor, donor screening fees, fees for lab tests, and any charges associated with care of the donor required for donor egg retrievals or transfers - The use of a non-member gestational carrier. A gestational carrier is a female carrying an embryo to which the person is not genetically related - Obtaining sperm for ART services • Home ovulation prediction kits or home pregnancy tests • The purchase of donor embryos, donor oocytes, or donor sperm • Reversal of voluntary sterilizations, including follow-up care • Ovulation induction with menotropins, Intrauterine insemination and any related services, products or procedures • In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Cryopreserved embryo transfers and any related services, products or procedures (such as Intracytoplasmic sperm injection (ICSI) or ovum microsurgery) 		
Specific therapies and tests		
Outpatient diagnostic testing		
Diagnostic complex imaging services performed in the outpatient department of a hospital or other facility	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Diagnostic lab work and radiological services performed in a physician's office, the outpatient department of a hospital or other facility	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Outpatient Chemotherapy, Radiation & Respiratory Therapy	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy) Combined for short-term rehabilitation services and habilitation therapy services Includes Day rehabilitation services (physical medicine and rehabilitation)	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit

Eligible health services	In-network coverage	Out-of-network coverage
Specific therapies and tests (continued)		
Acupuncture therapy	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit

Exclusions:

The following are not eligible health services under this section:

- Maintenance therapy to delay or minimize muscular deterioration if you are suffering from a chronic disease or illness
- Repetitive exercise to improve movement, maintain strength and increase endurance (including assistance with walking for weak or unstable patients)
- Range of motion and passive exercises that are not related to the restoration of a specific loss of function, but are for maintaining a range of motion in paralyzed extremities
- General exercise programs
- Diathermy, ultrasound and heat treatments for pulmonary conditions
- Diapulse
- Work hardening
- Supplies (looms, ceramic tiles, leather, utensils)
- Therapy to improve or restore functions that could be expected to improve as you resume normal activities again
- General exercises to promote overall fitness and flexibility
- Therapy to improve motivation
- Suction therapy for newborns (feeding machines)
- Soft tissue mobilization (visceral manipulation or visceral soft tissue manipulation), augmented soft tissue mobilization, myofascial
- Adaptions to the home such as ramp ways, door widening, automobile adaptors, kitchen adaptation or other type of similar equipment
- Any service unless provided in accordance with a specific treatment plan
- Services not given by a physician (or under the direct supervision of a physician), physical, occupational or speech therapist
- Occupational therapy for diversional, recreational, or vocational therapies (i.e., hobbies or arts and crafts)
- Maintenance treatment using acupuncture therapy
- Acupuncture when provided for the following conditions:
 - Acute low back pain
 - Addiction
 - AIDS
 - Amblyopia
 - Allergic rhinitis
 - Asthma
 - Autism spectrum disorders
 - Bell's Palsy
 - Burning mouth syndrome
 - Cancer-related dyspnea
 - Carpal tunnel syndrome
 - Chemotherapy-induced leukopenia
 - Chemotherapy-induced neuropathic pain

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Specific therapies and tests (continued)

Exclusions (continued):

- **Acupuncture when provided for the following conditions (continued):**
 - **Chronic pain syndrome (e.g., RSD, facial pain)**
 - **Chronic obstructive pulmonary disease**
 - **Diabetic peripheral neuropathy**
 - **Dry eyes**
 - **Erectile dysfunction**
 - **Facial spasm**
 - **Fetal breech presentation**
 - **Fibromyalgia**
 - **Fibrotic contractures**
 - **Glaucoma**
 - **Hypertension**
 - **Induction of labor**
 - **Infertility (e.g., to assist oocyte retrieval and embryo transfer during IVF treatment cycle)**
 - **Insomnia**
 - **Irritable bowel syndrome**
 - **Menstrual cramps/dysmenorrhea**
 - **Mumps**
 - **Myofascial pain**
 - **Myopia**
 - **Neck pain/cervical spondylosis**
 - **Obesity**
 - **Painful neuropathies**
 - **Parkinson's disease**
 - **Peripheral arterial disease (e.g., intermittent claudication)**
 - **Phantom leg pain**
 - **Polycystic ovary syndrome**
 - **Post-herpetic neuralgia**
 - **Psoriasis**
 - **Psychiatric disorders (e.g., depression)**
 - **Raynaud's disease pain**
 - **Respiratory disorders**
 - **Rheumatoid arthritis**
 - **Rhinitis**
 - **Sensorineural deafness**
 - **Shoulder pain (e.g., bursitis)**
 - **Stroke rehabilitation (e.g., dysphagia)**
 - **Tennis elbow/epicondylitis**
 - **Tension headache**
 - **Tinnitus**
 - **Tobacco Cessation**
 - **Urinary incontinence**
 - **Uterine fibroids**
 - **Xerostomia**
 - **Whiplash**

Eligible health services	In-network coverage	Out-of-network coverage
Specific therapies and tests (continued)		
Manipulation therapy	\$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Manipulation therapy rendered in the home as part of a home health care agency's services 		
Other services and supplies		
Emergency ground, air, and water ambulance (includes non-emergency ambulance)	80% (of the negotiated charge) per trip	Paid the same as in-network coverage, subject to the plan's in-network deductible
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Ambulance services, for routine transportation to receive outpatient or inpatient services • Other vehicles that do not meet the definition of ambulance, including but not limited to ambulances • Ambulance services to a morgue or funeral home • Ambulance usage when another type of transportation is available without endangering your health • Ambulance usage for the convenience of you, your family, or a physician 		
Clinical trial (routine patient costs)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Services and supplies related to data collection and record-keeping that is solely needed due to the clinical trial (i.e. protocol-induced costs) • Services and supplies provided by the trial sponsor without charge to you • The experimental intervention itself (except medically necessary Category B investigational devices and promising experimental and investigational interventions for terminal illnesses in certain clinical trials in accordance with Aetna's claim policies) • In-network coverage limited to benefits for routine patient services provided within the network • A health care service, item, or drug that is subject to the cancer clinical trial or is provided solely to satisfy data collection and analysis and not used in direct clinical management of the patient. • An investigational or experimental drug or device not approved for market by the FDA. • Transportation, lodging, food, or other expenses for the patient, family member, or companion that are associated with travel to or from a facility providing the cancer clinical trial. • An item or drug provided by the cancer clinical trial sponsors free of charge. • A service, item, or drug eligible for reimbursement by a person other than the insurer, including the sponsor of the cancer clinical trial. • Experimental or investigational treatment. 		
Clinical trial therapies	Covered according to the type of benefit and the place where the service is received.	Covered according to the type of benefit and the place where the service is received.
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Except as described above, clinical trial therapies (experimental or investigational) are not eligible health services under this section 		

Eligible health services	In-network coverage	Out-of-network coverage
Other services and supplies (continued)		
Durable medical and surgical equipment	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Air conditioners • Ice bags/cold pack pump • Raised toilet seats • Rental of equipment if you're in a facility that is expected to provide such equipment • Translift chairs • Treadmill exerciser • Tub chair used in shower 		
Nutritional support	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Any food item, including infant formulas, vitamins, plus prescription vitamins, medical foods and other nutritional items, even if it is the sole source of nutrition, except as covered under this section or unless recommended by the United States Preventive Services Task Force (USPSTF) 		
Orthotic devices	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Orthopedic shoes, except therapeutic shoes for diabetics • Foot support devices, such as arch supports and corrective shoes, unless they are an essential part of a leg brace • Garter belts or similar devices • Standard elastic stockings and other supplies not specially made and fitted 		
Prosthetic Devices & Cranial prosthetics (medical wigs)	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Surgical bras following mastectomy maximum per policy year	4	
Cochlear implants	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none"> • Repair and replacement due to loss, misuse, abuse or theft • Dentures, dental appliances, or replacing teeth or structures directly supporting teeth • Artificial heart implants • Wigs (except as described above after cancer treatment) • Penile prosthesis 		

Eligible health services	In-network coverage	Out-of-network coverage
Other services and supplies (continued)		
Hearing exams	\$30copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30copaymentthentheplan pays 60% (of the balance of the recognized charge) per visit
Hearing exam maximum	One hearing exam every policy year	
The following are not covered under this benefit: <ul style="list-style-type: none">• Hearing exams given during a stay in a hospital or other facility, except those provided to newborns as part of the overall hospital stay		
Hearing aids	80% (of the negotiated charge) per item	60% (of the recognized charge) per item
Hearing Aid Maximum per policy year	One hearing aid per ear every policy year	
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none">• A replacement of:<ul style="list-style-type: none">- A hearing aid that is lost, stolen or broken- A hearing aid installed within the prior 36-month period• Replacement parts or repairs for a hearing aid• Batteries or cords• A hearing aid that does not meet the specifications prescribed for correction of hearing loss• Anyearorhearing examperformedbyaphysician who is not certified as an otolaryngologist or otologist		
Physician and specialist non-routine foot care treatment	Coveredaccordingtothetype of benefit and the place where the service is received	Coveredaccordingtothetypeof benefit and the place where the service is received
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none">• Services and suppliesfor:<ul style="list-style-type: none">- The treatment of calluses, bunions, toenails, flat feet, hammertoes, fallen arches- The treatment of weak feet, chronic foot pain or conditions caused by routine activities, such as walking, running, working or wearing shoes- Supplies (including orthopedic shoes), foot orthotics, arch supports, shoe inserts, ankle braces, guards, protectors, creams, ointments and other equipment, devices and supplies- Routine pedicure services, such as cutting of nails, corns and calluses when there is no illness or injury of the feet		

Eligible health services	In-network coverage	Out-of-network coverage
Pediatric vision care (Limited to covered persons through the end of the month in which the person turns age 19)		
Pediatric routine vision exams (including refraction)-performed by a legally qualified ophthalmologist or optometrist Includes comprehensive low vision evaluations Includes visit for fitting of contact lenses	100% (of the negotiated charge) per visit No policy year deductible applies	60% (of the recognized charge) per visit No policy year deductible applies
Maximum visits per policy year Low vision Maximum Fitting of contact Maximum	1 visit One comprehensive low vision evaluation every policy year 1 visit	
Pediatric vision care services & supplies - Eyeglass frames, prescription lenses or prescription contactlenses	100%(of the negotiated charge) per item No policy year deductible applies	60%(of the recognized charge) per visit No policy year deductible applies
Maximum number Per year: Eyeglass frames Prescription lenses Contact lenses (includes non-conventional prescription contact lenses & aphakic lenses prescribed after cataract surgery)	One set of eyeglass frames Onepairof prescriptionlenses Daily disposables: up to 3-month supply Extended weardisposable: upto 6-month supply Non-disposable lenses: one set	
Exclusions: The following are not eligible health services under this section: • Eyeglassframes, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes		
*Important note: Refer to the Vision care section in the certificate of coverage for the explanation of these vision care supplies. As to coverage for prescription lenses in a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both. All prescription lenses include scratch resistant coating with no additional copayment.		

Eligible health services	In-network coverage	Out-of-network coverage
Vision Care - Limited to covered persons age 19 and over		
Adult routine vision exams (including refraction) performed by a legally qualified ophthalmologist or optometrist	\$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit	\$30 copayment then the plan pays 60% (of the balance of the recognized charge) per visit
Includes fitting of prescription contact lenses		
Fitting of Contact maximum	1 visit	
Eyeglass frames, prescription lenses or prescription contact lenses	80% (of the negotiated charge) per visit	60% (of the recognized charge) per visit
Maximum per policy year - eyeglass frames and prescription lenses	\$150	
Maximum per policy year - prescription contact lenses	\$75	
Exclusions: The following are not eligible health services under this section: <ul style="list-style-type: none">• Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes Your plan does not cover adult vision care services and supplies, except as described in this section. <ul style="list-style-type: none">• Special supplies such as non-prescription sunglasses• Special vision procedures, such as orthoptics or vision therapy• Eye exams during your stay in a hospital or other facility for health care• Eyeglasses or duplicate or spare eyeglasses or lenses or frames• Replacement of lenses or frames that are lost or stolen or broken• Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures• Services to treat errors of refraction		
*Important note: Refer to the Vision care section in the certificate of coverage for the explanation of these vision care supplies.		

Outpatient prescription drugs
Copayment/coinsurance waiver for risk reducing breast cancer drugs
The policy year deductible and the per prescription copayment/coinsurance will not apply to risk reducing breast cancer prescription drugs when obtained at a retail in-network, pharmacy. This means that such risk reducing breast cancer prescription drugs are paid at 100%.
Outpatient prescription drug copayment waiver for tobacco cessation prescription and over-the-counter drugs
The outpatient prescription drug copayment will not apply to the first two 90-day treatment regimens per policy year for tobacco cessation prescription drugs and OTC drugs when obtained at a retail in-network pharmacy. This means that such prescription drugs and OTC drugs are paid at 100%.
Your outpatient prescription drug copayment will apply after those two regimens per policy year have been exhausted.

Outpatient prescription drug copayment waiver for contraceptives

The outpatient prescription drug copayment will not apply to female contraceptive methods when obtained at an in-network pharmacy.

This means that such contraceptive methods are paid at 100% for:

- Certain over-the-counter (OTC) and [generic] contraceptive prescription drugs and devices for each of the methods identified by the FDA. Related services and supplies needed to administer covered devices will also be paid at 100%.
- If a generic prescription drug or device is not available for a certain method, you may obtain certain brand-name prescription drug or device for that method paid at 100%.

Also, you may qualify for a medical exception. If your provider documents a medical exception and submits the exception to us, certain FDA-approved brand-name or non-formulary contraceptives may also be covered as preventive care. We will defer to the provider's determination.

The outpatient prescription drug copayment will continue to apply to prescription drugs that have a generic equivalent, biosimilar or generic alternative available within the same therapeutic drug class obtained at an in-network pharmacy unless you are granted a medical exception. The certificate of coverage explains how to get a medical exception.

Eligible health services	In-network coverage	Out-of-network coverage
Preferred generic prescription drugs		
For each fill up to a 30-day supply filled at a retail pharmacy	\$15 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	\$15 copayment per supply then the plan pays 60% (of the balance of the recognized charge) No policy year deductible applies
More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy	\$30 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	Not covered
Preferred brand-name prescription drugs		
For each fill up to a 30-day supply filled at a retail pharmacy	\$50 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	\$50 copayment per supply then the plan pays 60% (of the balance of the recognized charge) No policy year deductible applies
More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy	\$100 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	Not covered

Eligible health services	In-network coverage	Out-of-network coverage
Outpatient prescription drugs (continued)		
Non-preferred generic prescription drugs		
For each fill up to a 30-day supply filled at a retail pharmacy	\$100 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	\$100 copayment per supply then the plan pays 60% (of the balance of the recognized charge) No policy year deductible applies
More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy	\$200 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	Not covered
Non-preferred brand-name prescription drugs		
For each fill up to a 30-day supply filled at a retail pharmacy	\$100 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	\$100 copayment per supply then the plan pays 60% (of the balance of the recognized charge) No policy year deductible applies
More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy	\$200 copayment per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	Not covered
Specialty drugs		
For each fill up to a 30-day supply filled at a retail pharmacy	Copayment is 20% (of the negotiated charge) but will be no more than \$250 per supply then the plan pays 100% (of the balance of the negotiated charge) No policy year deductible applies	Copayment is 20% (of the recognized charge) but will be no more than \$250 per supply then the plan pays 100% (of the balance of the recognized charge) No policy year deductible applies
Orally administered anti-cancer prescription drugs For each fill up to a 30-day supply filled at a retail pharmacy	100% (of the negotiated charge) No policy year deductible applies	100% (of the recognized charge) No policy year deductible applies

Eligible health services	In-network coverage	Out-of-network coverage
Outpatient prescription drugs (continued)		
Preventive care drugs and supplements filled at a retail pharmacy For each 30-day supply	100% (of the negotiated charge per prescription or refill) No copayment or policy year deductible applies	Paid according to the type of drug per the schedule of benefits, above
Risk reducing breast cancer prescription drugs filled at a pharmacy For each 30-day supply	100% (of the negotiated charge per prescription or refill) No copayment or policy year deductible applies	Paid according to the type of drug per the schedule of benefits, above
Maximums:	Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force.	
Tobacco cessation prescription drugs and OTC drugs-preventative care filled at a pharmacy For each 30-day supply	100% (of the negotiated charge per prescription or refill) No copayment or policy year deductible applies	Paid according to the type of drug per the schedule of benefits, above
Maximums:	Coverage is permitted for two 90-day treatment regimens only. Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force.	

A covered person, a covered person's designee or a covered person's prescriber may seek an expedited medical exception process to obtain coverage for non-covered drugs in exigent circumstances. An "exigent circumstance" exists when a covered person is suffering from a health condition that may seriously jeopardize a covered person's life, health, or ability to regain maximum function or when a covered person is undergoing a current course of treatment using a non-formulary drug. The request for an expedited review of an exigent circumstance may be submitted by contacting Aetna's *Pre-certification Department* at 1-855-240-0535, faxing the request to 1-877-269-9916, or submitting the request in writing to:

CVS Health
ATTN: Aetna PA
1300 E Campbell Road
Richardson, TX 75081

Exclusions

Alternative health care

- **Services and supplies given by a provider for alternative health care. This includes but is not limited to aromatherapy, naturopathic medicine, herbal remedies, homeopathy, energy medicine, Christian faith-healing medicine, Ayurvedic medicine, yoga, hypnotherapy, and traditional Chinese medicine.**

Armed Forces

- **Services and supplies received from a provider as a result of an injury sustained, or sickness contracted, while in the service of the Armed Forces of any country. When you enter the Armed Forces of any country, we will refund any unearned pro rata premium to the policyholder.**

Behavioral health treatment

Services for the following based on categories, conditions, diagnoses (or equivalent terms as listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association) are not covered under the behavioral health benefit:

- **Stay in a facility for treatment for dementia and amnesia without a behavioral disturbance that necessitates mental health treatment**
- **School and/or education service, including special education, remedial education, wilderness treatment programs, or any such related or similar programs**
- **Services provided in conjunction with school, vocation, work or recreational activities**
- **Transportation**
- **Sexual deviations and disorders except for gender identity disorders**
- **Tobacco use disorders and nicotine dependence except as described in the *Coverage and exclusions - Preventive care* section**
- **Pathological gambling, kleptomania, and pyromania**
- **Specific developmental disorders of scholastic skills (learning disorders/learning disabilities)**
- **Specific developmental disorder of motor functions**
- **Specific developmental disorders of speech and language**
- **Other disorders of psychological development**

Beyond legal authority

- **Services and supplies provided by a health professional or other provider that is acting beyond the scope of its legal authority**

Blood, blood plasma, synthetic blood, blood derivatives or substitutes

Blood, blood plasma, synthetic blood, blood derivatives or substitutes, if you are not responsible for these costs/charges. Examples of these are:

- **The provision of blood to the hospital, other than blood derived clotting factors**
- **Any related services including processing, storage or replacement expenses**
- **The services of blood donors, apheresis or plasmapheresis**
- **For autologous blood donations, only administration and processing expenses are covered**

Breasts

- **Services and supplies given by a provider for breast reduction or gynecomastia.**

Cosmetic services and plastic surgery

- **Except for complications resulting from cosmetic services or surgeries, any treatment, surgery (cosmetic or plastic), service or supply to alter, improve or enhance the shape or appearance of the body. Whether or not for psychological or emotional reasons. Injuries that occur during medical treatments are not considered accidental injuries even if unplanned or unexpected.**

This exclusion does not apply to:

- **Specific conditions that include, but are not limited to heart attack, pulmonary embolism, blood clots, and the worsening of co-morbid conditions. Surgery after an accidental injury when performed as soon as medically feasible**
- **Coverage that may be provided under the *Eligible health services under your plan – Gender affirming treatment* section.**

Court-ordered services and supplies

- **This includes court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding unless medically necessary or a covered benefit under your plan**

Custodial care

Examples are:

- **Routine patient care such as changing dressings, periodic turning and positioning in bed**
- **Administering oral medications**
- **Care of a stable tracheostomy (including intermittent suctioning)**
- **Care of a stable colostomy/ileostomy**
- **Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings**
- **Care of a bladder catheter (including emptying/changing containers and clamping tubing)**
- **Watching or protecting you**
- **Respite care adult (or child) day care or convalescent care except in connection with hospice care**
- **Institutional care. This includes room and board for rest cures, adult day care and convalescent care**
- **Help with walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods**
- **Any other services that a person without medical or paramedical training could be trained to perform**
- **Any service that can be performed by a person without any medical or paramedical training**

Dental care for adults

- **Dental services for adults including services related to:**
 - **The care, filling, removal or replacement of teeth and treatment of injuries to or diseases of the teeth**
 - **Dental services related to the gums**
 - **Apicoectomy (dental root resection)**
 - **Orthodontics**
 - **Root canal treatment**
 - **Soft tissue impactions**
 - **Alveolectomy**
 - **Augmentation and vestibuloplasty treatment of periodontal disease**
 - **False teeth**
 - **Prosthetic restoration of dental implants**
 - **Dental implants**

This exception does not include removal of bony impacted teeth, bone fractures, removal of tumors, and odontogenic cysts.

Educational services

Examples of these services are:

- **Any service or supply for education, training or retraining services or testing, except where described in the *Eligible health services under your plan – Diabetic services and supplies (including equipment and training)* section. This includes:**
 - **Special education**
 - **Remedial education**
 - **Wilderness treatment programs (whether or not the program is part of a residential treatment facility or otherwise licensed institution)**
 - **Job training**
 - **Job hardening programs**
- **Educational services, schooling or any such related or similar program, including therapeutic programs within a school setting.**

Elective treatment or elective surgery

- **Elective treatment or elective surgery except as specifically covered under the student policy and provided while the student policy is in effect**

Examinations

Any health or dental examinations needed that is not listed as an eligible health service above or required under the federal preventive care services:

- **Because a third party requires the exam. Examples are, examinations to get or keep a job, or examinations required under a labor agreement or other contract**
- **Because a law requires it, unless medically necessary**
- **To buy insurance or to get or keep a license**
- **To travel**
- **To go to a school, camp, or sporting event, or to join in a sport or other recreational activity**

Experimental or investigational

- **Experimental or investigational drugs, devices, treatments or procedures unless otherwise covered under clinical trial therapies (experimental or investigational) or covered under clinical trials (routine patient costs). See the *Eligible health services under your plan – Other services* section.**

Facility charges

For care, services or supplies provided in:

- **Rest homes**
- **Assisted living facilities**
- **Similar institutions serving as a person's main residence or providing mainly custodial or rest care**
- **Health resorts**
- **Spas or sanitariums**
- **Infirmaries at schools, colleges, or camps**

Genetic care

- **Any treatment, device, drug, service or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects**

Growth/Height care

- **Human growth hormone for children born small for gestational age unless there is evidence that the member meets one or more clinical criteria detailed in our precertification and clinical policies**

Immunizations related to travel or work **except as specifically provided in the** *Eligible health services – Preventive care and wellness* **section of the certificate.**

Maintenance care

- **Care made up of services and supplies that maintain, rather than improve, a level of physical or mental function, except for habilitation therapy services. See the** *Eligible health services under your plan – Habilitation therapy services* **section**

Maternity and related newborn care

- **Any services and supplies related to births that take place in the home or in any other place not licensed to perform deliveries**

Medical supplies – outpatient

- **Any outpatient disposable supply or device, unless medically necessary for the management of disease and prescribed by a provider. Examples of these are:**
 - **Sheaths**
 - **Elastic garments**
 - **Support hose**
 - **Bedpans**
 - **Other home test kits**
 - **Neck braces**
 - **Compresses**

Medicare

- **Services and supplies available under Medicare, if you are entitled to premium-free Medicare Part A or enrolled in Medicare Part B, or if you are not entitled to premium-free Medicare Part A or enrolled in Medicare Part B because you refused it, dropped it, or did not make a proper request for it**

Mental health and substance abuse related disorders treatment

- **The following categories (or equivalent terms as listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association) are not covered:**
 - **Sexual deviations and disorders except for gender identity disorders**
 - **Tobacco use disorders except as described in the** *Eligible health services under your plan – Preventive care and wellness* **section**
 - **Pathological gambling, kleptomania, pyromania**
 - **Specific developmental disorders of scholastic skills (learning disorders/learning disabilities)**
 - **Specific developmental disorder of motor functions**
 - **Specific developmental disorders of speech and language**
 - **Other disorders of psychological development**

Non-medically necessary services and supplies

- **Services and supplies which are not medically necessary for the diagnosis, care, or treatment of an illness or injury or the restoration of physiological functions. This includes behavioral health services that are not primarily aimed at the treatment of illness, injury, restoration of physiological functions or that do not have a physiological or organic basis. This applies even if they are prescribed, recommended, or approved by your physician, dental provider, or vision care provider. This exception does not apply to *Preventive care and wellness* benefits.**

Non-U.S. citizen

- **Services and supplies received by a covered person (who is not a United States citizen) within the covered person's home country but only if the home country has a socialized medicine program**

Organ removal

- **Services and supplies given by a provider to remove an organ from your body for the purpose of donating or selling the organ except as described in the *Eligible health services under your plan* section. This does not apply if you are donating the organ to a spouse, domestic partner, civil union partner, child, brother, sister, or parent.**

Outpatient prescription or non-prescription drugs and medicines

- **Outpatient prescription drugs or non-prescription drugs and medicines provided by the policyholder**

Personal care, comfort or convenience items

- **Any service or supply primarily for your convenience and personal comfort or that of a third party**

Preventive care and wellness

- **Services for diagnosis or treatment of a suspected or identified illness or injury**
- **Exams given during your stay for medical care**
- **Services not given by or under a physician's direction**
- **Psychiatric, psychological, personality or emotional testing or exams**
- **Services provided as a result of complications resulting from a female voluntary sterilization procedure and related follow-up care**
- **Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA**
- **Male contraceptive methods or devices**
- **The reversal of voluntary sterilization procedures, including any related follow-up care**
- **Female voluntary sterilization procedures that were not billed separately by the provider**

Riot

- **Services and supplies that you receive from providers as a result of an injury from your direct "participation in a riot". This means when you take part in a riot in any way such as inciting, or conspiring to incite, the riot.**

Routine exams

- **Routine physical exams, routine eye exams, routine dental exams, routine hearing exams and other preventive services and supplies, except as specifically provided in the *Eligible health services under your plan* section**

School health services

- **Services and supplies normally provided by the policyholder's:**

- **School health services**
- **Infirmary**
- **Hospital**
- **Pharmacy or**

by health professionals who

- **Are employed by**
- **Are Affiliated with**
- **Have an agreement or arrangement with, or**
- **Are otherwise designated by**

the policyholder.

Services provided by a family member

- **Services provided by a spouse, domestic partner, civil union partner parent, child, step-child, brother, sister, in-law or any household member**

Services, supplies and drugs received outside of the United States

- **Non-emergency services, outpatient prescription drugs or supplies received outside of the United States. They are not covered even if they are covered in the United States under this certificate of coverage.**

Specialty prescription drugs

- **Drugs that are included on the list of specialty prescription drugs as covered under your outpatient prescription drug benefit.**

Strength and performance

- **Services, devices and supplies such as drugs or preparations designed primarily for the purpose of enhancing your:**
 - **Strength**
 - **Physical condition**
 - **Endurance**
 - **Physical performance**

Students in mental health field

- **Any services and supplies provided to a covered student who is specializing in the mental health care field and who receives treatment from a provider as part of their training in that field**

Therapies and tests

- **Hair analysis**
- **Hypnosis and hypnotherapy**
- **Massage therapy, except when used as a physical therapy modality**
- **Sensory or auditory integration therapy**

Treatment in a federal, state, or governmental entity

- **Any care in a hospital or other facility owned or operated by any federal, state or other governmental entity, except to the extent coverage is required by applicable laws**

Wilderness treatment programs

See *Educational services* **within this section**

Work related illness or injuries

- **Coverage available to you under worker's compensation or under a similar program under local, state or federal law for any illness or injury related to employment or self-employment.**
- **A source of coverage or reimbursement will be considered available to you even if you waived your right to payment from that source. You may also be covered under a workers' compensation law or similar law. If you submit proof that you are not covered for a particular illness or injury under such law, then that illness or injury will be considered "non-occupational" regardless of cause.**

The Case Western Reserve University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Sanctioned Countries

If coverage provided by this policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license.

For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call the number listed on your ID card at no cost.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 14462, Lexington, KY 40512, 1-800-648-7817, TTY 711, Fax 859-425-3379, CRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates.

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመሃወዲያዎች ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվությունն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	Ⴀႃႃႃ Ⴀႃႃႃႃ Ⴀႃႃႃႃႃ Ⴀ Ⴀႃႃႃ ႠႠႠႠႠႠ Ⴀႃ, ႠႃႃႠႠႠ Ⴀႃႃ ႠႠႃႃ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kâleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပ္ပၤလၢနကတၢ်ဟ့ၣ်အိၣ်အကီၢ်.ကိးဘၣ်လီၤတဲစီနီၣ်ဂံၢ်လၢအိၣ်လၢနခိၣ်ဂီၤ (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیراگیشتن به خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລູໂນໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelok wōṇean ṇan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowoł doo bą́ąh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yīn ran de wëër de thokic ke cīn wëu kor keek tēnɔŋ yīn. Ke yīn col ran ye koc kuony nē namba de abac tō nē ID kard duñ de tīt de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

