

# Aetna Student Health 2012



InterExchange:  
Au Pair USA, Camp  
USA, Career Training  
USA and Work &  
Travel USA

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## Contact Information

For questions about:

- Medical Claims Please call Aetna Student Health at **(866) 577-7041**. If outside the U.S., call collect by dialing the U.S. access code plus **(617) 218-8400**.

Claims Mailing Address:  
Aetna Student Health  
P.O. Box 981106  
El Paso, TX 79998

- Emergency Services provided by On Call International 24/7  
Emergency Travel Assistance Services Please contact: On Call International at **(866) 525-1956** (within U.S.). If outside the U.S., call collect by dialing the U.S. access code plus **(603) 328-1956**.

- InterExchange: Au Pair USA, Camp USA, Career Training USA and Work & Travel USA  
161 Sixth Avenue, New York, NY 10013  
Phone: **1 (212) 924-0446**  
Toll-free: **1 (877) 439-4567** Fax: **1 (212) 924-0575**

## Medical Claims Procedures

Understanding the guidelines of your Plan may prevent you from paying unexpected out-of-pocket fees.

Below are some tips on what you need to know:

- Be sure to present your Health Insurance Card when visiting a Medical Provider.
- To find an Aetna Preferred Provider or go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)
- If you are being treated by an In-Network Preferred Provider, your claim will automatically be submitted to Aetna Student Health by the Medical Provider.
- If you are being treated by a Non-Preferred Provider, ask how your claim will be filed with the Medical Provider. A Non-Aetna Preferred Provider may ask for payment immediately. If the Provider does not file the claim directly with Aetna Student Health, then you must file the claim by submitting an itemized bill. When filing a claim make sure to provide your name, ID number and "InterExchange" should be written clearly on all medical bills. Always retain copies for your records.
- Payment on filed claims for covered expenses will be mailed directly to the hospital or doctor unless proof of payment is submitted with the claim.

Once a claim is processed, an Explanation of Benefits (EOB) Statement will be sent to you explaining the benefit paid to the Provider. The Provider will then send you a statement indicating if a balance is due.

*Note: All Customer Service inquiries, including Provider Network questions, should be directed to Aetna Student Health by calling **(866) 577-7041***

## On Call International

Aetna Student Health has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

### **Accidental Death and Dismemberment (AD&D) Benefits.**

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following: Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of \$10,000.

### **Medical Evacuation and Repatriation (MER) Benefits.**

The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist Covered Persons when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation  
(while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

### **Natural Disaster and Political Evacuation Services (NDPE).**

The following benefits are underwritten by CV Starr (CV), with medical and travel assistance services provided by On Call.

If a Covered Person requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a Covered Person requires emergency evacuation due to a natural disaster, which makes his/her location uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point. Benefits are payable up to \$100,000 per event per person.

## **Worldwide Emergency Travel Assistance (WETA) Services.**

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year. The information contained above is a just summary of the AD&D, MER and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the AD&D, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

*NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.*

To file a claim for AD&D benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free **1-866-525-1956** or collect **1-603-328-1956**. All Covered Persons should carry their On Call ID card when traveling.

Aetna Student Health is the brand name for products and services provided by Aetna Life and Casualty (Bermuda), Ltd. and Chickering Claims Administrators, Inc, (CCA). CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to AD&D, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers AD&D, MER or WETA benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

*\*These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

## Frequently Asked Questions

Taking care of medical details.

### **Is it my responsibility to file a medical claim?**

If you visit an In-Network Preferred Provider, they should file a medical claim on your behalf. In the event that the provider does not submit a claim for you, please send the claim to the address on page 2.

### **How do I choose a doctor or hospital?**

Go to Aetna DocFind® and you can search for doctors, hospitals and specialist by specialty or location. This directory of medical providers can be found at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

## Coverage Summaries

Listed below are summaries of the Plan benefits. Please refer to the Master Policy for a complete description. Insured Medical Plan is underwritten by Aetna Life and Casualty (Bermuda), Ltd. Accidental Death and Dismemberment coverage is underwritten by United States Fire Insurance Company. Medical Evacuation/Repatriation coverage is provided by On Call International and is underwritten by Virginia Surety Company.



## Work & Travel USA Program Coverage Summary

<b>Policy Maximum</b>	\$200,000 per condition per policy year.
<b>Coinsurance</b>	Preferred: 100% of the Negotiated Charge. Non-Preferred: 100% of Recognized Charge.
<b>Emergency Room</b>	After a \$250 copay per visit (waived if admitted), 100%
<b>Office Visit Copay</b>	After a \$40 copay per visit, 100%
<b>Walk-in Clinic</b>	After a \$40 Copay per visit, 100%
<b>Ambulance</b>	100%
<b>Coinsurance</b>	100%
<b>Hospitalization</b>	100%
<b>Therapy Expense</b>	100%, If recommended by a physician for the treatment of a disablement and administered by a licensed physiotherapist.
<b>Mental Health</b>	100%. Benefits are limited to \$1,500 per policy year for inpatient and outpatient combined.
<b>Prescription Medications</b>	100%
<b>Immunizations</b>	100% (Accident and Sickness Related Only)
<b>Dental Injury Expense</b> as a result of injury to sound natural tooth caused by an injury	100%. Benefits are limited to \$75 per tooth per policy year.
<b>Dental Expense for Impacted Wisdom Teeth Expense</b> for the removal of impacted and or abscessed wisdom tooth	100% Benefits are limited to \$75 per tooth per policy year.
<b>Alleviation of Dental Pain</b>	100%. Benefits are limited to \$500 per policy year. Preferred: 100% of the Negotiated Charge. Non-Preferred: 100% of Reasonable Charge.
<b>Elective Surgical-Second Opinion Expense</b>	After a \$40 Copay per visit, 100%.
<b>Consultant or Specialist Expense</b>	After a \$40 Copay per visit, 100%.
<b>Evacuation</b>	Unlimited
<b>Repatriation</b>	Unlimited
<b>Emergency Return Home</b>	\$2,500
<b>Bedside Visitation by a Family Member</b>	\$2,500
<b>Accidental Death and Dismemberment</b>	\$10,000
<b>Home Country Coverage</b>	Excluded
<b>Worldwide Travel Assist</b>	Included

## Camp USA and Career Training USA Program Coverage Summary

<b>Policy Maximum Coinsurance</b>	\$200,000 per condition per policy year. Preferred: 100% of the Negotiated Charge. Non-Preferred: 100% of Recognized Charge.
<b>Emergency Room</b>	After a \$250 copay per visit (waived if admitted), 100%
<b>Office Visit Copay</b>	After a \$50 copay per visit, 100%
<b>Walk-in Clinic</b>	After a \$50 copay per visit, 100%
<b>Ambulance</b>	100%
<b>Coinsurance</b>	100%
<b>Hospitalization</b>	100%
<b>Therapy Expense</b>	100%, If recommended by a physician for the treatment of a disablement and administered by a licensed physiotherapist.
<b>Mental Health</b>	100%. Benefits are limited to \$1,500 per policy year for inpatient and outpatient combined.
<b>Prescription Medications</b>	100%
<b>Immunizations</b>	100% (Accident and Sickness Related Only)
<b>Dental Injury Expense</b> as a result of injury to sound natural tooth caused by an injury.	100%. Benefits are limited to \$75 per tooth per policy year.
<b>Dental Expense for Impacted Wisdom Teeth Expense</b> for the removal of impacted and or abscessed wisdom tooth	100% Benefits are limited to \$75 per tooth per policy year.
<b>Alleviation of Dental Pain</b>	100%. Benefits are limited to \$500 per policy year.
<b>Elective Surgical-Second Opinion Expense</b>	After a \$50 Copay per visit, 100%.
<b>Consultant or Specialist Expense</b>	After a \$50 Copay per visit, 100%.
<b>Evacuation</b>	Unlimited
<b>Repatriation</b>	Unlimited
<b>Emergency Return Home</b>	\$2,500
<b>Bedside Visitation by a Family Member</b>	\$2,500
<b>Accidental Death and Dismemberment</b>	\$10,000
<b>Home Country Coverage</b>	Excluded
<b>Worldwide Travel Assist</b>	Included

## Au Pair USA Program Coverage Summary

<b>Policy Maximum</b>	\$200,000 per condition per policy year.
<b>Coinsurance</b>	Preferred: 100% of the Negotiated Charge. Non-Preferred: 100% of Recognized Charge.
<b>Emergency Room</b>	After a \$250 copay per visit (waived if admitted), 100%
<b>Office Visit Copays</b>	After a \$50 copay per visit, 100%
<b>Walk-in Clinic</b>	After a \$50 copay per visit, 100%
<b>Ambulance</b>	100%
<b>Coinsurance</b>	100%
<b>Hospitalization</b>	100%
<b>Therapy Expense</b>	100%, If recommended by a physician for the treatment of a disablement and administered by a licensed physiotherapist.
<b>Mental Health</b>	100%. Benefits are limited to \$1,500 per policy year. Benefits are limited to \$1,500 per policy year for inpatient and outpatient combined.
<b>Prescription Medications</b>	100%
<b>Immunizations</b>	100% (Accident and Sickness Related Only)
<b>Dental Injury Expense</b> as a result of injury to sound natural tooth caused by an injury	100%. Benefits are limited to \$75 per tooth per policy year.
<b>Dental Expense for Impacted Wisdom Teeth Expense</b> for the removal of impacted and or abscessed wisdom tooth	100% Benefits are limited to \$75 per tooth per policy year.
<b>Alleviation of Dental Pain</b>	100%. Benefits are limited to \$500 per policy year.
<b>Elective Surgical-Second Opinion Expense</b>	After a \$50 Copay per visit, 100%.
<b>Consultant or Specialist Expense</b>	After a \$50 Copay per visit, 100%.
<b>Evacuation</b>	Unlimited
<b>Repatriation</b>	Unlimited
<b>Emergency Return Home</b>	\$2,500
<b>Bedside Visitation by a Family Member</b>	\$2,500
<b>Accidental Death and Dismemberment</b>	\$10,000
<b>Home Country Coverage</b>	Excluded
<b>Worldwide Travel Assist</b>	Included

## Definitions

The following words and phrases when used in this Policy shall have, unless the context clearly indicates otherwise, the meaning given to them below:

**Copay:** this is a fee charged to a person for Covered Medical Expenses.

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

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

**Medically Necessary:** a service or supply that is necessary and appropriate for the diagnosis or treatment of a sickness or injury based on generally accepted current medical practice. A service or supply will not be considered as medically necessary if:

- It is provided only as a convenience to the covered person or provider; or
- It is not the appropriate treatment for the covered person's diagnosis or symptoms; or
- It exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular physician may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply medically necessary.

**Pre-Existing Condition:** any injury; sickness; or condition that was diagnosed or treated; or would have caused a prudent person to seek diagnosis or treatment; within 90 days prior to the covered person's effective date of insurance.

**Prescription Drugs:** any of the following:

- A drug, biological, or compounded prescription which; by law; may be dispensed only by prescription.
- Injectable insulin; disposable needles and syringes; when prescribed and purchased at the same time as insulin; and disposable diabetic supplies.

**Sound Natural Teeth:** natural teeth; the major portion of the individual tooth which is present regardless of fillings and is not carious; abscessed; or defective. Sound natural teeth shall not include capped teeth.

## Exclusions and Limitations

This Policy does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses; or other vision or hearing aids.
3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self defense; so long as they are not taken against persons who are trying to restore law and order.
4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. Expense incurred for injury or sickness resulting from declared or undeclared war or any act thereof.
6. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.

7. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to:  
Improve the function of a part of the body that:
  - Is not a tooth or structure that supports teeth;
  - Is malformed as a result of a severe birth defect; including harelip; webbed fingers; or toes;
  - Or as a direct result of disease or surgery performed to treat a disease or injury.
  - Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy;) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
11. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
13. Expense incurred as a result of preventive medicines; serums; vaccines or oral contraceptive.

14. Expense incurred as a result of commission of a felony.
15. Expense incurred for voluntary or elective abortions unless otherwise provided in this Policy.
16. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
17. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
18. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
19. Expense incurred for a treatment; service; or supply which is not medically necessary as determined by Aetna; for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed recommended or approved by the person's attending physician or dentist.
20. Expense incurred as a result of suicide; attempted suicide or intentionally self inflicted injury whether sane or not.
21. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports; including collegiate or intercollegiate club sports and intramurals.
22. Expense incurred by a covered person not a United States Citizen for services performed within the covered person's home country.
23. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
24. Expense incurred for the treatment of alcoholism or drug addiction.
25. Expense for allergy serums and injections.
26. Treatment for injury to the extent benefits are payable under any state no-fault automobile coverage; first party medical benefits payable under any other mandatory Nofault law.

27. Expense for Maternity, contraceptive methods; devices or aids; and charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
28. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
29. Expense incurred for experimental or investigative procedures.
30. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
31. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
  - By whom they are prescribed; or
  - By whom they are recommended; or
  - By whom or by which they are performed.
32. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
33. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
34. Expenses incurred for breast reduction/mammoplasty.
35. Expenses incurred for gynecomastia (male breasts).
36. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
37. Expenses incurred for: care; treatment; services; or supplies for or related to obstructive sleep apnea; and sleep disorders; including CPAP; and UPP.

38. Expense incurred as a result of dental treatment; except for treatment resulting from injury to sound natural teeth; dental abscesses; or for removal of wisdom teeth; as provided elsewhere in this Policy.
39. Expense incurred for; or related to; services; treatment; testing; educational testing; training; or medication for Attention Deficit Disorder; Attention Deficit Hyperactive Disorder; or Learning Disabilities; or other developmental delays.
40. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
41. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
42. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when medically necessary; because the covered person is diabetic; or suffers from circulatory problems.
43. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.
44. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
45. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
46. Expenses incurred for hearing exams.
47. Expense for transplants.
48. Expense for the cost of supplies used in the performance of any occupational therapy.

49. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
50. Expense for services or supplies provided for the treatment of obesity and/or weight control.
51. Expense for treatment and supplies for programs involving cessation of tobacco use.
52. Expense for services and supplies in connection with psychological testing; or neuropsychological testing.
53. Expenses incurred for massage therapy.
54. Expenses Incurred for Speech Therapy.
55. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
56. Expense for charges that are not recognized charges; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
57. Expenses arising from a pre-existing condition.
58. Expenses for routine physical exams; including expenses in connection with well newborn care; routine vision exams; routine dental exams; routine hearing exams; immunizations; or other preventive services and supplies; except to the extent coverage of such exams; immunizations; services; or supplies is specifically provided in the Policy.
59. Expenses incurred for chiropractic care, unless otherwise provided in this Plan.
60. Expenses incurred for the treatment of acne.
61. Expenses for specific name hazards: motorcycle driving, scuba diving, mountain climbing, skydiving, professional and amateur racing.

*Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Policy; or if coverage of the charges is required under any law that applies to the coverage.*

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