



Aetna Student Health

Plan Design and Benefits Summary DePaul University

Policy Year: 2014 - 2015
Policy Number: 711116



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www.aetnastudenthealth.com
(800)878-1938

This is a brief description of the Student Health Plan. The Plan is available for DePaul University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the DePaul University and may be viewed online at www.aetnastudenthealth.com.

Coverage Periods

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

Enrollment I, II, and III are open to any DePaul student eligible for insurance. Students will be required to pay in full at the time of enrollment. There will be no termination of coverage permitted.

Eligible Dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment Deadline
Annual	09/01/2014	08/31/2015	09/30/2014
Enrollment I	12/01/2014	08/31/2015	12/31/2014
Enrollment II	03/01/2015	08/31/2015	03/31/2015
Enrollment III	06/01/2015	08/31/2015	06/30/2015

Rates

Rates Undergraduates and Graduate Students

	Annual	Enrollment I	Enrollment II	Enrollment III
Student Only	\$2,981.00	\$2,235.75	\$1,490.50	\$745.25
Spouse Only*	\$5,646.00	\$4,234.50	\$2,823.00	\$1,411.50
Each Child*	\$4,256.00	\$3,192.00	\$2,128.00	\$1,064.00

Enrollment I, II, and III are open to any DePaul student eligible for insurance. Students will be required to pay in full at the time of enrollment. There will be no termination of coverage permitted.

*additional premium

Student Coverage

Eligibility

Students enrolled at DePaul University for one or more credit hours are eligible for coverage. Students must actively attend classes for at least the first **31 days** after the date for which coverage is purchased. Part-time study, independent study, Internet classes and television (TV) courses may not fulfill the eligibility requirements stating that the **covered student** actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium, less any claims paid.

Exception: A **Covered Person** entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any **covered dependents**, upon written request received by Aetna within **90 days** of withdrawal from school.

Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, civil union partner, and dependent children under age 26.

Dependent children who are covered because they are full-time college students will be allowed to continue on the plan if they are on medical leave or reduce to part-time due to a catastrophic illness or injury. Coverage to extend for 12 months or the normal terminating age (earlier of). The plan will allow dependents up to age 30.

A dependent child, who is a military veteran, may be covered to age 30 provided that he or she:

- be unmarried
- be under age 30
- be an Illinois resident, and
- satisfy the eligibility requirements listed below.

Eligibility for a military veteran dependent

To be eligible for coverage to age 30 in Illinois, the military veteran dependent must:

- have served as a member of the active or Reserve Component of the Armed Forces of the United States, including the Illinois National Guard
- have received a release or discharge other than a dishonorable discharge, and
- submit proof of services using a D22-14 (Member 4 or 6) form, otherwise known as a "Certificate of Release or Discharge from Active Duty."

Student Enrollment

To enroll online or obtain an enrollment application for voluntary coverage, log on to **www.aetnastudenthealth.com** and search for your school, then click on Enroll to download the appropriate form.

Dependent Enrollment

To enroll the dependent(s) of a covered student, please visit www.aetnastudenthealth.com, select DePaul University, and click on the enrollment link. Please refer to the Coverage Periods section of this document for coverage dates and deadline dates. Dependent enrollment applications will not be accepted after the enrollment deadline, unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage under another health plan.)

The completed Enrollment Form and premium must be sent to Aetna Student Health.

Preferred Provider Network

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

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

Pre-certification Program

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at **(800)878-1938**.

If you do not secure pre-certification for inpatient admissions, or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a retrospective review for medical necessity.

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

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

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

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

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

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

Pre-certification of emergency inpatient admissions

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

Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to DePaul University, you may access it online at www.aetnastudenthealth.com.

*All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited	
	Preferred Care	Non-Preferred Care
DEDUCTIBLE	Individual:	Individual:
<i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i>	Student: \$500 per Policy Year Spouse: \$500 per Policy Year Child: \$500 per Policy Year	Student: \$1,000 per Policy Year Spouse: \$1,000 per Policy Year Child: \$1,000 per Policy Year
<i>In compliance with Illinois State Mandate(s) the Policy Year Deductible is also waived for: victims of sexual assault or abuse.</i>		
<i>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for: Physician Office Visit Expense, Outpatient Mental Health & Substance Abuse Office Visits Expenses, Consultant Expense, Walk-In Clinic Expense, Urgent Care Expense, Emergency Room Expense, Pediatric Preventative Care Expense, Pap Smear Screening Expense, Mammogram Expense, and Preferred Care Pediatric Preventive Dental and Vision Services.</i>		
<i>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</i>		

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.

OUT OF POCKET MAXIMUMS**Preferred Care****Non-Preferred Care**

Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at **100%** for the remainder of the Policy Year.

Combined Out-of-Pocket:

Individual: **\$6,000** per Policy Year

Family: **\$12,000** per Policy Year

The following expenses do not apply toward meeting the Out-of-Pocket Limit:

- expenses that are not covered medical expenses;
- penalties, and
- other expenses not covered by this Policy

Inpatient Hospitalization Benefits**Preferred Care****Non-Preferred Care**

Room and Board Expense

After a **\$50** per admission Copay,

After a **\$100** per admission Deductible,

80% of the Negotiated Charge

60% of the Recognized Charge for a semi-private room

Miscellaneous Hospital Expense

Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings

80% of the Negotiated Charge

60% of the Recognized Charge

Non-Surgical Physicians Expense

Non-surgical services of the attending Physician, or a consulting Physician

80% of the Negotiated Charge

60% of the Recognized Charge

Surgical Expenses**Preferred Care****Non-Preferred Care**

Surgical Expense (Inpatient and Outpatient)

80% of the Negotiated Charge

60% of the Recognized Charge

Anesthesia Expense (Inpatient and Outpatient)

80% of the Negotiated Charge

60% of the Recognized Charge

Assistant Surgeon Expense (Inpatient and Outpatient)

80% of the Negotiated Charge

60% of the Recognized Charge

Ambulatory Surgical Expense

80% of the Negotiated Charge

60% of the Recognized Charge

Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Walk-in Clinic Visit Expense	After a \$20 per visit Copay, 100% of the Negotiated Charge*	After a \$40 per visit Deductible, 100% of the Recognized Charge*
Emergency Room Expense <i>Important Note: Please note that Non-Preferred Care Providers do not have a contract with Aetna; the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill</i>	After a \$200 per visit Copay*, 80% of the Negotiated Charge (waived if admitted)	After a \$200 per visit Copay*, 80% of the Recognized Charge (waived if admitted)
Urgent Care Expense	After a \$50 per visit Copay, 80% of the Negotiated Charge*	After a \$75 per visit Deductible, 60% of the Recognized Charge*
Ambulance Expense	80% of the Negotiated Charge	80% of the Recognized Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists</i>	After a \$20 per visit Copay, 100% of the Negotiated Charge*	After a \$40 per visit Deductible, 100% of the Recognized Charge*
Laboratory and X-ray Expense	80% of the Negotiated Charge	60% of the Recognized Charge
High Cost Procedures Expense <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech and Occupational Therapy</i>	80% of the Negotiated Charge	60% of the Recognized Charge

Therapy Expense <i>Includes charges for chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. Covered medical expenses also include expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Therapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Cardiac Rehabilitation Services Expense <i>Benefits are available if you have a history of any of the following: acute myocardial infarction, coronary artery bypass graft Surgery, percutaneous transluminal coronary angioplasty, heart valve Surgery, heart transplantation, stable angina pectoris, compensated heart failure or transmyocardial revascularization</i> <i>Benefits are limited to 36 Treatment Sessions within the six month period.</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic & Orthotic Devices Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Dental Injury Expense	80% of the Actual Charge	
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

Diagnostic Testing For Learning Disabilities Expense
Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Dental Expense for Impacted Wisdom Teeth

80% of the Actual Charge

Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	100% of the Recognized Charge*
<p>Mammogram Expense <i>Includes one baseline mammogram for women between age 35 and 40. Coverage is also provided for one routine annual mammogram for women age 40 and older, as well as when medically indicated for women with risk factors who are under age 40. Risk factors that are under age 40. Risk factors for women under 40 are: Prior personal history of breast cancer, Positive Genetic Testings, Family history of breast cancer, or other risk factors</i> <i>Mammogram screenings coverage must also include comprehensive ultrasound screening for the entire breast or breasts if a mammogram demonstrates heterogenous or dense breast tissue and when determined to be medically necessary by a licensed physician</i></p>	100% of the Negotiated Charge*	100% of the Recognized Charge*
<p>Immunizations Expense <i>Includes travel immunizations and flu shots</i></p>	100% of the Negotiated Charge*	100% of the Recognized Charge
<p>Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i></p>	100% of the Negotiated Charge*	100% of the Recognized Charge

Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
Routine Colorectal Cancer Screening Expense <i>Includes charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following: One fecal occult blood test every 12 months in a row, a Sigmoidoscopy at age 50 and every 3 years thereafter, one digital rectal exam every 12 months in a row, a double contrast barium enema, once every 5 years, a colonoscopy, once every 10 years</i>	100% of the Negotiated Charge*	100% of the Recognized Charge
Routine Prostate Cancer Screening <i>Includes charges incurred by a covered person for the screening of cancer as follows: for a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year</i>	100% of the Negotiated Charge*	100% of the Recognized Charge
Pediatric Vision Care Exam Expense <i>Supplies are limited to 1 pair of glasses (lenses and frames per Policy Year)per Policy Year Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)</i> <i>Benefits are provided to covered persons through age 18</i>	100% of the Negotiated Charge*	80% of the Recognized Charge*

Pediatric Routine Dental Exam Expense	100% of the Negotiated Charge*	80% of the Recognized Charge
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Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the DePaul University page on the Aetna Student Health website, www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18

Benefits are limited to 1 every 6 months, and 1 every 12 months in a school setting.

Pediatric Basic Dental Care Expense	70% of the Negotiated Charge*	50% of the Recognized Charge
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Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the DePaul University page on the Aetna Student Health website, www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18

Pediatric Major Dental Care Expense	50% of the Negotiated Charge*	50% of the Recognized Charge
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Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the DePaul University page on the Aetna Student Health website, www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18

Pediatric Orthodontia Expense <i>Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)</i> <i>Benefits are provided to covered persons through age 18</i>	50% of the Negotiated Charge*	50% of the Recognized Charge
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Inpatient Expense	After a \$50 per admission Copay, 80% of the Negotiated Charge	After a \$100 per admission Deductible, 60% of the Recognized Charge
Outpatient Expense	After a \$20 per visit Copay, 100% of the Negotiated Charge*	After a \$40 per visit Deductible, 100% of the Recognized Charge*
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	After a \$50 per admission Copay, 80% of the Negotiated Charge	After a \$100 per admission Deductible, 60% of the Recognized Charge
Outpatient Expense	After a \$20 per visit Copay, 100% of the Negotiated Charge*	After a \$40 per visit Deductible, 100% of the Recognized Charge*
Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge*	After a \$40 per visit Deductible, 100% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge*	80% of the Recognized Charge
Well Newborn Nursery Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge

Family Planning Expense

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

- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services provided as a result of complications resulting from a voluntary sterilization
- Procedure and related follow-up care;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- 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

Voluntary Sterilization Coverage for tubal ligation for voluntary sterilization	100% of the Negotiated Charge*	80% of the Recognized Charge
Voluntary Sterilization Coverage for vasectomy for voluntary sterilization	80% of the Negotiated Charge	60% of the Recognized Charge
Contraceptives	100% of the Negotiated Charge*	80% of the Recognized Charge

Important Note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at **100%** of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
Prescribed Medicines Expense Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at 888 RX-AETNA (available 24 hours). Aetna Specialty Pharmacy provides specialty medications	100% of the Negotiated Charge, following a \$15 Copay for each Non-Formulary Generic Drug, a \$75 Copay for each Non-Formulary Brand Name Drug, a \$15 Copay for each Formulary Generic Drug, and a \$45 Copay for each Formulary Brand Name Drug.	80% of the Recognized Charge.

and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com

Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Program Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Temporomandibular Joint Dysfunction Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Acupuncture Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Hospice Benefit	80% of the Negotiated Charge	60% of the Recognized Charge
Home Health Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Licensed Nurse Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Skilled Nursing Facility Expense	After a \$50 per admission Copay, 80% of the Negotiated Charge for the semi-private room rate	After a \$100 per admission Deductible, 60% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
Convalescent Facility Expense	After a \$50 per admission Copay, 80% of the Negotiated Charge	After a \$100 per admission Deductible, 60% of the Recognized Charge
Autism Expense <i>Disorder(s) shall include the following care when prescribed, provided or ordered for an individual diagnosed with an Autism Spectrum Disorder: psychiatric care, including diagnostic services; psychological assessments and treatments;</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

habilitative or rehabilitative treatments; therapeutic care, including behavioral Speech, Occupational and Physical Therapies that provide treatment in the following areas: a) self-care and feeding, b) pragmatic, receptive and expressive language, c) cognitive functioning, d) applied behavior analysis (ABA), intervention and modification, e) motor planning and f) sensory processing

Bariatric Surgery Expense
Includes Bariatric Surgical Procedures

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Hearing Aids Expense
Includes Bone Anchored Hearing Aids (osseointegrated auditory implants)

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Infertility Services Expense
Benefits are limited to 6 Completed oocyte retrievals per Lifetime
Quantity limit is 4 with an additional 2 only following a live birth and under certain conditions

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Private Duty Nursing
Includes services in the home only. No benefits will be provided when a nurse ordinarily resides in the home or is a member of the immediate family. Private Duty Nursing includes teaching and monitoring of complex care skills such as tracheotomy suctioning, medical equipment use and monitoring to home caregivers and is not intended to provide for long term supportive care

After a **\$50** per admission Copay, **80%** of the Negotiated Charge

After a **\$100** per admission Deductible, **60%** of the Recognized Charge

Cosmetic Surgery Expense
Includes services covered only for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Human Organ Transplant Expense

Benefits will be provided only for cornea, kidney, bone marrow, heart valve, muscular-skeletal, parathyroid, heart, lung, heart/lung, liver, pancreas or pancreas/kidney human organ or tissue transplants

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Human Organ Transplant Expense Transportation and Lodging

*Benefits for transportation and lodging are limited to a combined maximum of **\$10,000** per transplant. The maximum amount that will be provided for lodging is **\$50** per person per day*

100% of the Actual Charge

Naprapathic Services Expense

Naprapathic Medicine is a system of healthcare that employs Manual Medicine, Nutritional Counseling and Therapeutic Modalities, specializing in the treatment of pain caused by Connective Tissue Disorders

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

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

Exclusions

This Plan 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 (except when required after cataract surgery); or other vision or hearing aids; or **prescriptions** or examinations except as required for repair caused by a covered **injury** unless otherwise provided in the policy.
3. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. Expense incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
7. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
9. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons, to the extent needed to improve the function of a part of the body that: (a) is not a tooth or structure that supports the teeth, and (b) is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or as direct result of disease, or (c) to the extent needed to repair an injury which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year. For reconstructive breast surgery following a mastectomy, including (1) all stages of reconstruction of the breast on which the mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (3) prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas, in a manner determined by the attending physician and patient to be appropriate.
10. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

11. Expense incurred as a result of commission of a felony.
12. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
13. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
14. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
15. Treatment for injury to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
16. 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).
17. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
18. 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.
19. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
20. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
21. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational (a) if there are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved, or (b) if required by the FDA, approval has not been granted for marketing, or (c) a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes, or (d) the written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease if Aetna determines that: (a) The disease can be expected to cause death within one year in the absence of effective treatment, and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of

disease involved. (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND), or Group c/treatment IND status, or (b) Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute, or (c) If Aetna determines that available, scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.

22. Expense for services or supplies provided for the treatment of obesity and/or weight control, except morbid obesity through gastric bypass surgery or such other methods as recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity.
23. Expenses incurred for gynecomastia (male breasts).
24. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
25. Expenses incurred for: care, treatment, services, or supplies for or related to obstructive sleep apnea, and sleep disorders, including CPAP, and UPP.
26. Expense incurred by a covered person, not a United States citizen, for services performed within the covered person's home country, if the covered person's home country has a socialized medicine program.
27. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
28. 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.
29. 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.
30. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
31. Expense for services or supplies used to treat conditions related to hyperkinetic syndromes; learning disabilities; behavioral problems; mental retardation; or senile deterioration; beyond the period necessary to diagnose the condition.
32. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the covered person is eligible, but did not enroll in Part B.
33. Expense for telephone consultations (except telemedicine), charges for failure to keep a scheduled visit, or charges for completion of a claim form.
34. 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.

35. Expense for services or supplies provided for the treatment of obesity and/or weight control, except morbid obesity through gastric bypass surgery or such other methods as recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity.
36. Expense for incidental surgeries, and standby charges of a physician.
37. Expense incurred as a result of dental treatment, including extraction of wisdom teeth, except for treatment resulting from injury to sound natural teeth, as provided elsewhere in this Policy.
38. Expense incurred for injury resulting from the play or practice of intercollegiate sports (participating in sports clubs, or intramural athletic activities, is not excluded).
39. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
40. Expenses incurred for massage therapy.
41. Expense incurred for or related to sex change surgery
42. Expense for charges that are not recognized charges, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the recognized charge for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
43. Expense for treatment of covered students who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
44. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending physician or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must:
 - (a) be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition, (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition, and (c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: (a) information relating to the affected person's health status, (b) reports in peer reviewed medical literature, (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data, (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment, (e) the opinion of health professionals in the generally recognized health specialty involved, and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional, or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare

provider, or healthcare facility, or (c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined, or (d) those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a physician's or a dentist's office or other less costly setting.

45. Expenses incurred for the treatment of acne.

The DePaul University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.