

THE NEW SCHOOL

Aetna Student Health

Plan Design and Benefits Summary The New School

Policy Year: 2014 - 2015

Policy Number: 812804



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**www.aetnastudenthealth.com
(800) 878-1927**

This is a brief description of the Student Health Plan. The Plan is available for The New School 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 New School and may be viewed online at www.aetnastudenthealth.com. If any discrepancy exists between this Plan Summary and the Policy, the Master Policy will govern and control the payment of benefits.

You may find additional information about The New School Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/newschool or by calling Customer Service Toll Free at **(800) 878-1927**.

The New School

Dear New School Student and Family,

In order to encourage an environment where students actively seek to engage in activities that promote health and well-being, The New School offers on-campus Student Health Services, an Immunization Program, and a Student Health Insurance Plan.

Student Health Services

Student Health Services includes Medical and Counseling Services. Medical Services offers primary care to students who are ill, injured, or need routine care and preventive care services. Counseling Services offers short-term psychotherapy, psychiatric consultation, and referrals for specialized treatment needs. All services are offered by licensed professionals and are strictly confidential.

Immunizations

New York State law requires certain categories of students to provide documentation of immunizations for measles, mumps, and rubella (MMR), as well as a response to receipt of information on Meningococcal Disease (Meningitis). Student Health Services schedules immunization clinics for students who have been unable to obtain MMR immunizations elsewhere. Meningitis information and the Immunization Form are available at Student Health Services or by accessing www.newschool.edu/health (click on Immunization Form). Please contact Student Health Services at SHS@newschool.edu or call us at **(212) 229-1671**, option 5 for information on services and immunizations.

Student Health Insurance Plans

The Student Health Insurance Plan includes Plan 1 –The Student Health Services and Basic Accident Plan, and Plan 2 – The New School Accident and Sickness Plan. Any questions about Plan 1 and Plan 2 may be addressed to our health insurance administrator, University Health Plans, Inc. at **(800) 437-6448**.

All degree, diploma, online only, visiting, mobility (study abroad), Lang and Parsons consortium, graduate certificate program, ESL + Design program, ESL + Music program and both graduate and undergraduate degree program non-matriculating students are **automatically charged** a Student Health Services Fee and a Health Insurance Fee to cover the costs of the services indicated above.

The Student Health Services Fee (**\$318** per semester) enables students to use Student Health Services. Plan 1 coverage is automatically provided for those who pay the Student Health Services Fee. The New School Accident and Sickness Plan Insurance Fee - Plan 2 (**\$2,892/year with \$1,173** charged in the fall and **\$1,719** charged in the spring), enables students to use services outside Student Health Services. Depending on course load and status, you may be eligible to decline these services by completing an Online Waiver Form by the posted Waiver Deadline Date. Students wishing to waive may do so online at www.universityhealthplans.com.

Please read this Plan Summary carefully. It describes services, insurance coverage and limitations, waiver process, and important deadlines. It is your responsibility to understand the nature and scope of benefits and limitations as well as to abide by posted deadlines. A complete description of the benefits and full terms and conditions can be found in the Master Policy. If any discrepancy exists between this Plan Summary and the Policy, the Master Policy will govern and control the payment of benefits. A copy of the Master Policy can be found at The New School Student Health Services and can be seen during regular business hours.

Health care is expensive. If you plan to waive participation in the Student Health Insurance Plan, be sure your plan covers care in New York City. We strongly encourage you to consider remaining enrolled in the Student Health Insurance Plan as it offers comprehensive coverage for students.

We wish you a healthy and successful year at The New School!

Sincerely,

Tracy Robin

Assistant Vice President for Student Health and Support Services

The New School Student Health Services

The Student Health Services staff consists of Licensed Nurses, Physicians, Physician Assistants, Nurse Practitioners, Psychologists, Psychiatrists, and Clinical Social Workers. This professional staff has experience and special interest in working with college students.

Student Health Services is open weekdays throughout the academic year, except for university holidays. Evening and weekend hours are available for counseling services. Appointments are made as follows:

- A student should call in advance to make an appointment. The student will be scheduled for the next available time slot. If the student has an acute problem, they will be connected to a clinician who can assess the problem and make an appropriate appointment. Non-urgent medical appointments can be scheduled through the online portal, **SHSportal.newschool.edu**.
- Call 24 hours ahead to cancel an appointment. A student who is very late to an appointment may not be able to be seen the same day.
- A student in crisis is encouraged to walk-in and see a counselor.
- A student who is acutely ill, injured, or distressed should try to call ahead so arrangements can be made to be seen by an appropriate clinician, or an appropriate referral can be made to the nearest hospital emergency room. (It should be noted that a referral is not needed for treatment of an **Emergency Medical Condition** as defined in this Plan Summary.)

In **emergency** situations, students should call **911** to be transported directly to the nearest emergency room.

Your health care is your business. Your right to privacy is protected by law and by the ethical standards of Student Health Services. Counseling and medical records are kept strictly confidential. No one other than the staff at Student Health Services may be given information without your prior written consent (except where required, by law, and/or in a life-threatening situation). Friends, relatives, parents, faculty, administration and outside agencies are not allowed to access your health records without permission. If you wish to release your medical or counseling records to another health care provider, you should submit a written request to Student Health Services. Release forms are available.

In addition to the Student Health Services Fee, there are nominal fees for vaccinations. These fees are billed directly to the student's university account.

Coverage Periods

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

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/20/2014	08/19/2015	09/22/2014
Fall	08/20/2014	01/14/2015	09/22/2014
Spring	01/15/2015	08/19/2015	02/23/2015

Eligible Dependents: Coverage for dependents enrolled in the Plan is for the following Periods. Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below August 20, 2014, and will terminate at 11:59 PM on the Coverage End Date indicated August 19, 2015. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment Deadline
Annual	08/20/2014	08/19/2015	09/22/2014
Fall	08/20/2014	01/14/2015	09/22/2014
Spring	01/15/2015	08/19/2015	02/23/2015

You may find additional information about The New School Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/newschool or by calling Customer Service Toll Free at **(800) 878-1927**.

Rates

The rates below include the premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna).

Student	Annual 8/20/14-8/19/15	Spring 1/15/15-8/19/15
Plan 1 – Student Health Services and Basic Accident Plan	Included in \$318 per semester Student Health Services Fee	Included in \$318 per semester Student Health Services Fee
Plan 2 – The New School Student Accident and Sickness Plan	\$2,892	\$1,719

Dependent	Annual Coverage 08/20/14 – 08/19/15	Spring Coverage 01/15/15 – 08/19/15
Plan 2 – The New School Student Accident and Sickness Plan	Spouse/DP - \$7,215	Spouse/DP - \$4,289
	Child(ren) - \$5,629	Child(ren) - \$3,347

Student Coverage

Eligibility

Compulsory Students: All degree, diploma, online only, visiting, mobility (study abroad), Lang and Parsons consortium, graduate certificate program, ESL + Design, ESL + Music, and both graduate and undergraduate degree program non-matriculating students are **automatically charged** the Student Health Services Fee and the Student Health Insurance Fee. Undergraduate students who are registered for six (6) or more credits, including ESL + Design and ESL + Music, are required to pay the Student Health Services Fee regardless of their place of study (e.g., online only, study abroad, etc.). Any undergraduate student may waive participation in the Student Health Insurance Plan 2 by demonstrating that they already have comparable health insurance.

Compulsory Students who have comparable coverage under other insurance may waive participation in Plan 2 by waiving online. In order to have the Student Health Insurance Fee for Plan 2 removed from your MyNewSchool online account, you must submit an Online Waiver Form each year by the posted Waiver Deadline Date.

Optional Students: Undergraduate students who are registered for five (5) or fewer credits and all graduate students may waive participation in both Plan 1 and Plan 2. However, if you participate in Plan 2, you will be required to participate in Plan 1. In order to have the fee(s) waived from your MyNewSchool online account, you must submit an Online Waiver Form each year by the posted Waiver Deadline Date.

Late Enrollment: Under certain circumstances, coverage for late enrollees may be possible. For the Fall Semester, any enrollment occurring after **September 22, 2014**, is considered a late enrollment. For the Spring Semester, any enrollment occurring after **February 23, 2015**, is considered a late enrollment. Contact University Health Plans, Inc., at **(800) 437-6448** for late enrollment. If the student experiences a significant life change that directly affects his or her insurance coverage, **the deadline to enroll is 30 days after the significant life changing event.** A life changing event may include a loss of coverage from a prior plan, marriage, divorce, and other reasons beyond a person's control. Coverage for dependents will begin on **August 20, 2014**, if they are enrolled prior to the **September 22, 2014** deadline.

Dependent Coverage

Eligibility

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

Enrollment

To enroll the dependent(s) of a covered student, please complete the Enrollment Application provided by University Health Plans at www.universityhealthplans.com or you may contact them directly at **(800) 437-6448**. The Fall enrollment deadline is **September 22, 2014** and the Spring enrollment deadline is **February 23, 2015**. Dependent enrollment applications will not be accepted after these dates, unless there is a significant life change that directly affects their insurance coverage. If the student's dependent(s) experiences a significant life change that directly affects his or her insurance coverage, the deadline to enroll is **30** days after the significant life changing event. (An example of a significant life change would be loss of health coverage under another health plan.)

Newborn Infant and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects, for 31 days from the date of birth. At the end of this 31 day period, coverage will cease under The New School Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Student for 31 days from the moment of placement provided the child lives in the household of the Covered Student, and is dependent upon the Covered Student for support. To extend coverage for an adopted child past the 31 days, the Covered Student must 1) enroll the child within 31 days of placement of such child, and 2) pay any additional premium, if necessary, starting from the date of placement.

For information or general questions on dependent enrollment, contact University Health Plans at **(800) 437-6448**.

You may find additional information about The New School Health Insurance Plan by viewing the **2014 -2015 Plan Guide** at www.aetnastudenthealth.com/schools/newschool or by calling Customer Service Toll Free at **(800) 878-1927**.

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) 878-1927**.

- **If you do not secure pre-certification** for non-emergency inpatient admissions, or provide notification for emergency admissions, your covered medical expenses will be subject to a **\$200** penalty per admission Deductible.
- **If you do not secure pre-certification** for partial hospitalizations, your covered medical expenses will be subject to a **\$200** penalty per admission Deductible.

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 The New School, you may access it online at www.aetnastudenthealth.com. If any discrepancy exists between this Plan Summary and the Policy, the Master Policy will govern and control the payment of benefits.

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

Plan 1 – Student Health Services and Basic Accident Plan

Policy Year Maximum	\$10,000 per condition per Lifetime	
DEDUCTIBLE	Students: \$100 Per Policy Year	
<i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i>		
<i>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for: Prescribed Medicines Expense.</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.	
Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	90% of the Negotiated Charge	60% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Non-Surgical Physicians Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	90% of the Negotiated Charge	60% of the Recognized Charge

Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Ambulatory Surgical Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Walk-in Clinic Visit Expense	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge
Emergency Room Expense	90% of the Negotiated Charge	90% of the Recognized Charge
<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>		
Urgent Care Expense	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge
Ambulance Expense	90% of the Negotiated Charge	90% of the Recognized Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists.</i>	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge
Laboratory and X-ray Expense	90% 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>	90% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, and Occupational Therapy</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Therapy Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Chemotherapy Expense <i>Includes oral chemotherapy and anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic Devices Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Dental Injury Expense	90% of the Actual Charge	90% of the Actual Charge

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense</p> <p><i>Benefits are limited to a maximum of \$800 per Policy Year.</i></p> <p><i>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 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</i></p>	<p>90% of the Actual Charge*</p>	<p>90% of the Actual Charge*</p>

Additional Benefits	Preferred Care	Non-Preferred Care
<p>Home Health Care Expense</p> <p><i>Benefits are limited to a maximum of 40 visits per policy year</i></p>	<p>90% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>
<p>Licensed Nurse Expense</p>	<p>90% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>
<p>Skilled Nursing Facility Expense</p>	<p>90% of the Negotiated Charge for the semi-private room rate</p>	<p>60% of the Recognized Charge for the semi-private room rate</p>
<p>Rehabilitation Facility Expense</p>	<p>90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations</p>	<p>60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations</p>

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

Plan 2 – The New School Student Accident and Sickness Plan

Policy Year Maximum	Unlimited	
DEDUCTIBLE	Students: \$100 Per Policy Year Spouse: \$100 Per Policy Year Child: \$100 Per Policy Year	
<p><i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i></p>		
<p><i>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible: if already met under Accident Plan 1, and Preferred Care Pediatric Dental, and Preferred and Non-Preferred Care Pediatric Preventive Vision Services.</i></p>		
<p><i>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</i></p>		
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
<p><i>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.</i></p>	Individual Out-of-Pocket: \$2,500 per Policy Year Family Out-of-Pocket: \$5,000 per Policy Year	Individual Out-of-Pocket: unlimited Family Out-of-Pocket: unlimited
<p><i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i></p>		
<ul style="list-style-type: none"> • <i>expenses that are not covered medical expenses;</i> • <i>penalties, and</i> • <i>other expenses not covered by this Policy</i> 		

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	90% of the Negotiated Charge	60% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Non-Surgical Physicians Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Ambulatory Surgical Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Walk-in Clinic Visit Expense	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge

Emergency Room Expense	90% of the Negotiated Charge	90% of the Recognized Charge
<p>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.</p>		
Urgent Care Expense	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge
Ambulance Expense	90% of the Negotiated Charge	90% of the Recognized Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists, including charges made for telemedicine or telehealth</i>	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% of the Recognized Charge
Laboratory and X-ray Expense	90% 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>	90% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, and Occupational Therapy</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Therapy Expense	90% of the Negotiated Charge	60% of the Recognized Charge

Chemotherapy Expense <i>Includes oral chemotherapy and anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic Devices Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Hearing Aids <i>Benefit is limited to a single purchase (including repair/replacement) every three years.</i> <i>Bone Anchored Hearing Aids (if certain criteria are met) are limited to 1 per Lifetime.</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Dental Injury Expense	90% of the Actual Charge	90% 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 <i>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.</i>	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	

Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	70% of the Recognized Charge
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 for women under 40 are: prior personal history of breast cancer, positive genetic testings, family history of breast cancer, or other risk factors. Also includes 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>	100% of the Negotiated Charge*	70% of the Recognized Charge
Immunizations Expense <i>Includes travel immunizations and flu shots</i>	100% of the Negotiated Charge*	70% of the Recognized Charge
Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i>	100% of the Negotiated Charge*	After a \$25 per visit Deductible, 70% of the Recognized Charge
Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge*	70% of the Recognized Charge

<p>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, Virtual colonoscopy, Stool DNA</i></p>	<p>100% of the Negotiated Charge*</p>	<p>70% of the Recognized Charge</p>
<p>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. For a male age 40 and over, with a family history of prostate cancer or other prostate cancer risk factors, one digital rectal exam and one prostate specific antigen test each Policy Year. For a male, at any age, with a prior history of prostate cancer, one digital rectal exam and one prostate specific antigen test each Policy Year</i></p>	<p>100% of the Negotiated Charge*</p>	<p>70% of the Recognized Charge</p>

Pediatric Vision Care Exam Expense	100% of the Negotiated Charge*	70% of the Recognized Charge*
<i>Benefits are limited to 1 pair of glasses (lenses and frames) per Policy Year. Contact lenses covered if medically necessary.</i>		
<i>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>		
Pediatric Routine Dental Exam Expense	100% of the Negotiated Charge*	70% of the Recognized Charge
<i>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 The New School page on the Aetna Student Health website, www.aetnastudenthealth.com</i>		
<i>Benefits are provided to covered persons through age 18.</i>		
<i>Benefits are limited to 2 visits per Policy Year.</i>		
Pediatric Basic Dental Care Expense	70% of the Negotiated Charge*	50% of the Recognized Charge
<i>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 The New School page on the Aetna Student Health website, www.aetnastudenthealth.com</i>		
<i>Benefits are provided to covered persons through age 18.</i>		

Pediatric Major Dental Care Expense <i>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 The New School page on the Aetna Student Health website, www.aetnastudenthealth.com</i> <i>Benefits are provided to covered persons through age 18.</i>	50% of the Negotiated Charge*	50% of the Recognized Charge
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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
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Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Biologically based Mental Illness and for Children with Serious Emotional Disturbances	Inpatient Expense: 90% of the Negotiated Charge Outpatient Expense: 90% of the Negotiated Charge	Inpatient Expense: 60% of the Recognized Charge Outpatient Expense: After a \$25 per visit Deductible, 60% of the Recognized Charge
Other than Biologically based Mental Illness and Children with Serious Emotional Disturbances	Inpatient Expense: 90% of the Negotiated Charge Outpatient Expense: 90% of the Negotiated Charge	Inpatient Expense: 60% of the Recognized Charge Outpatient Expense: After a \$25 per visit Deductible, 60% of the Recognized Charge
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	90% of the Negotiated Charge	After a \$25 per visit Deductible, 60% 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 \$25 per visit Deductible, 70% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge*	70% of the Recognized Charge
Well Newborn Nursery Care Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Family Planning Expense		
<i>Unless specified elsewhere in the policy, not covered under this benefit are charges for:</i>		
<i>-Services which are covered to any extent under any other part of this Plan;</i>		
<i>-Services and supplies incurred for an abortion;</i>		
<i>-Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;</i>		
<i>-Services which are for the treatment of an identified illness or injury;</i>		
<i>-Services that are not given by a physician or under his or her direction;</i>		
<i>-Psychiatric, psychological, personality or emotional testing or exams;</i>		
<i>-Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;</i>		
<i>-Male contraceptive methods, or devices;</i>		
<i>-The reversal of voluntary sterilization procedures, including any related follow-up care</i>		
Voluntary Sterilization <i>Coverage for tubal ligation for voluntary sterilization</i>	100% of the Negotiated Charge*	70% of the Recognized Charge
Voluntary Sterilization <i>Coverage for vasectomy for voluntary sterilization</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Contraceptives <i>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</i>	100% of the Negotiated Charge*	70% of the Recognized Charge

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense <i>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 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</i></p>	<p>100% of the Negotiated Charge, following a \$50 Copay for each Non-Preferred Brand Name Prescription Drug, a \$40 Copay for each Brand Name Prescription Drug, or a \$25 Copay for each Generic Prescription Drug.</p>	<p>70% of the Recognized Charge, following a \$50 Deductible for each Non-Preferred Brand Name Prescription Drug, a \$40 Deductible for each Brand Name Prescription Drug, or a \$25 Deductible for each Generic Prescription Drug.</p>
Additional Benefits	Preferred Care	Non-Preferred Care
<p>Diabetic Treatment and Supplies Expenses</p>	<p>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</p>	
<p>Outpatient Diabetic Self-management Education Program Expense</p>	<p>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</p>	
<p>Temporomandibular Joint Dysfunction Expense <i>Includes charges incurred, by a covered person, for non-surgical treatment of Temporomandibular Joint (TMJ) Dysfunction, when the TMJ disorder is medical in origin</i></p>	<p>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</p>	
<p>Elective Abortion Expense</p>	<p>90% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>
<p>Hospice Expense</p>	<p>100% of the Negotiated Charge</p>	<p>100% of the Recognized Charge</p>

<p>Bereavement Counseling Includes counseling services for members family either before or after death of the member</p> <p><i>Benefits are limited to a maximum of 5 sessions.</i></p>	100% of the Negotiated Charge	100% of the Recognized Charge
<p>Home Health Care Expense Benefits are limited to a maximum of 40 visits per policy year.</p>	90% of the Negotiated Charge	60% of the Recognized Charge
<p>Licensed Nurse Expense</p>	90% of the Negotiated Charge	60% of the Recognized Charge
<p>Skilled Nursing Facility Expense</p>	90% of the Negotiated Charge for the semi-private room rate	60% of the Recognized Charge for the semi-private room rate
<p>Rehabilitation Facility Expense</p>	90% 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
<p>Bariatric Surgery Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity</p>	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	
<p>Human Organ Transplant Expense Includes transplants for surgeries determined to be non-experimental and non-investigational</p>	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	
<p>Exercise Facility Reimbursement Benefits are limited to \$200 for a member or \$100 for a spouse every 6 months.</p>	100% of the Actual Charge	
<p>Basic and Comprehensive Infertility Expense Covered services include: initial evaluation, evaluation of ovulatory function, postcoital test, hysterosalpingogram, treatment of ovulatory dysfunction, ovulation induction and monitoring with ultrasound, artificial insemination, hysteroscopy, laparoscopy and laparotomy.</p>	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	

Benefits **are not** covered for Covered Persons under the age of **21** or over the age of **44**.

Benefits **do not** include:

Advanced Reproductive Technology (ART) Benefits

Advanced Reproductive

Technology is defined as:

-In vitro fertilization (IVF);

-Zygote intrafallopian transfer (ZIFT);

-Gamete intra-fallopian transfer (GIFT);

-Cryopreserved embryo transfers; and

-Intracytoplasmic sperm injection (ICSI); or ovum microsurgery

Autism Spectrum Disorder Expense

Includes screening, diagnosis and treatment of autism spectrum disorder.

"Autism spectrum disorder" means any pervasive developmental disorder as defined in the most recent edition of the diagnostic and statistical manual of mental disorders, including autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, or pervasive developmental disorder not otherwise specified (PDD-NOS).

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

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 Student Health Services or by health care providers employed by the school.
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 or as provided elsewhere in this plan.
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. Aviation. This does not apply if a person is a fare paying passenger or a scheduled charter flight operated by a scheduled airline.
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 provided 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 (a) improve the function of a part of the body that 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 (c) as direct result of disease or surgery performed to treat a disease or injury. This exclusion does not apply to reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. (d) Repair of 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 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 provided under any mandatory automobile "no fault" coverage.
13. Expense incurred as a result of commission of a felony.
14. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
15. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
16. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
17. Expense incurred for 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.
18. Expenses incurred by a Covered Person who is 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 (or provides national health care).
19. Expense incurred for custodial care, except as medically necessary. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to by whom they are prescribed, by whom they are recommended, or by whom or by which they are performed.

20. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse; child; brother; sister; or parent.
21. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if: 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 If required by the FDA; approval has not been granted for marketing; or A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or 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: The disease can be expected to cause death within one year; in the absence of effective treatment; and The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved. Also, this exclusion will not apply with respect to drugs that: Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute; or Are recognized for treatment of the specific type of cancer for which the drug has been prescribed in one of the following reference compendia: 1. The American Medical Association Drug Evaluations; 2. The American Hospital Formulary Service Drug Information; or 3. The United States Pharmacopeia Drug Information; or 4. Recommended by review article or editorial comment in a major peer reviewed professional journal; or 5. If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.
22. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
24. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
25. Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.
26. 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.
27. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
28. 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.
29. Expense for incidental surgeries; and standby charges of a physician.

30. 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.
31. Expense incurred for injury resulting from the play or practice of intercollegiate sports (participating in sports clubs or intramural athletic activities is not excluded).
32. 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.
33. Expenses incurred for massage therapy.
34. 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.
35. 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.
36. Expenses for treatment of injury or sickness to the extent payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their Insurers).

The New School 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.