USC STUDENT ONLY HEALTH INSURANCE PLAN
2013/2014
STUDENT - SATELLITE CAMPUS MEDICAL PLAN

In addition to dollar and percentage copays, insured persons are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applied to a specific covered service. Insured persons are also responsible for all costs over the plan maximums. Plan maximums and other important information appear in italics.

Explanation of Covered Expense

Plan payments apply to the lesser of the charges billed by the provider or the following:

Preferred Providers – PPO Negotiated rates. Insured persons are not responsible for the difference between the Preferred provider’s usual charge & the negotiated amount.

Non-Preferred Providers and Other Health Care Providers (includes those not represented in the PPO provider network) – The recognized charge for professional services or the-recognized charge for institutional services.

When using Non-Preferred and Other Health Care Providers, insured persons may be responsible for any difference between the allowed amount and the actual charges, as well as any deductible & percentage copay.

Your student health insurance coverage, offered by Aetna Student Health*, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of $750,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (877) 626-2299. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

* Fully insured Aetna Student Health Insurance Plans are underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies and their applicable affiliated companies.
**Maximum:** $750,000 per Insured Person per Policy Year

**Deductible:**
- Aetna Student Health Non-Preferred Care Providers - $700/insured person per Policy Year

Note: Max deductible applied per benefit year is $700. The USC Health Center Fee cannot be applied towards the deductible.

**NOTE:** The above deductibles will be waived for USC DESIGNATED CARE only for the following benefits:
- Physician Office Visit
- Walk-in Clinic Visit Expense
- Consultant or Specialist Expense
- Immunization Expense
- Urgent Care Expenses

**NOTE:** The above deductibles will be waived for USC DESIGNATED CARE and PREFERRED CARE for the following benefits:
- Physical Therapy Expense
- Occupational Therapy Expense
- Chiropractic Expense
- Outpatient Mental Health Expense

**Waiver of Annual Deductible**

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care Covered Medical Expenses (refer to specific benefit types for list of services) rendered as part of the following benefit types: Routine Physical Exam Expense (Office Visits), Pap Smear Screening Expense, Mammogram Expense, Routine Screening for Sexually Transmitted Disease Expense, Routine Colorectal Cancer Screening, Routine Prostate Cancer Screening Expense, Well Woman Preventive Visits (Office Visits), Screening & Counseling Services (Office Visits as illustrated under the Routine Physical Exam benefit type), Routine Cancer Screenings (Outpatient), Prenatal Care (Office Visits), Comprehensive Lactation Support and Counseling Services (Facility or Office Visits), Breast Pumps & Supplies, Family Contraceptive Counseling Services (Office Visits), Female Voluntary Sterilization (Inpatient and Outpatient)

The Policy Year Deductible is not applicable to the following covered expenses:
- Female Generic Contraceptive Devices
- Female Generic Contraceptive Prescription Drugs
- Female Over-the-Counter Contraceptive Methods

**Out of Pocket Maximum:** USC Providers and Aetna Preferred Providers - $3,500 per Policy Year, per Insured Person

Aetna Student Health Non-Preferred Care Providers - $7,000 per Policy Year, per Insured Person

Note: The deductibles and coinsurances apply towards the out of pocket maximum. After an insured person reaches the out-of-pocket maximum, the insured person remains responsible for precertification penalties (if applicable), and for non-PPO providers & other health care providers, costs in excess of the covered expense.

**NOTE:** *When an insured person receives Inpatient and Outpatient hospital care services at USC University Hospital, Children's Hospital, USC/Norris Cancer Hospital, Verdugo Hills, Las Encinas Hospital (Mental Health and Substance Abuse only), BHA Alhambra Hospital (Mental Health and Substance Abuse only), and Doheny Eye Institute the copay is 10% of negotiated services, with referrals and appropriate prior authorization.

**NOTE:** If services requiring preauthorization are not preauthorized a preauthorization penalty of $500 per admission will be applied.

**Student Medical Plan – Covered Services:**
Note: this is not a full description of benefits. For a complete description of benefits, please refer to the University of Southern California Student Health Insurance brochure located at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefit Description</th>
<th>USC Providers Based on Negotiated Rate</th>
<th>Aetna Preferred Providers Based on Negotiated Rate</th>
<th>Aetna Non-Preferred Providers Based on Recognized Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Medical Services Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room and Board Expense</td>
<td>Covered Medical Expenses include Hospital Room and Board Expenses incurred by a covered person for the period of confinement as an inpatient.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Intensive Care Room and Board Expense</td>
<td>Covered Medical Expenses include Hospital Room and Board Expenses incurred by a covered person for the period of confinement as an inpatient in an intensive care unit.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Miscellaneous Hospital Expense</td>
<td>“Miscellaneous Hospital Expense” includes; among others; expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x-rays; oxygen tent; and drugs; medicines; and dressings.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Surgical Physician's Expense</td>
<td>Covered Medical Expenses include charges incurred by a covered person who is confined as an inpatient in a hospital for a surgical procedure for the services of a physician who is not the physician who may have performed surgery on the covered person.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Licensed Nurse Expense</td>
<td>Covered Medical Expenses include charges incurred by a covered person who is confined in a hospital as a resident bed patient; and requires the services of a registered nurse or licensed practical nurse.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Surgical Benefits – Inpatient and Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Expense</td>
<td>Covered Medical Expenses include charges incurred by a covered person for surgery provided by a hospital on an inpatient or outpatient basis</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>When surgery is performed in the outpatient department of a hospital, Covered Medical Expenses include hospital services provided within 24 hours of the covered surgical procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia Expense</td>
<td>If, in connection with such operation, the covered person requires the services of an anesthetist who is not employed or retained by the hospital in which the operation is performed, the expenses incurred will be Covered Medical Expenses.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Assistant Surgeon Expense</td>
<td>If, in connection with such operation, the covered person requires the services of an Assistant Surgeon, the expenses incurred will be Covered Medical Expenses.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Outpatient Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician's Office Visit Expense</td>
<td>This benefit includes visits to specialists. If a covered person requires the services of a physician in the physician’s office while not confined as an inpatient in a hospital; Covered Medical Expenses include the charges made by the physician. This benefit includes visits to specialists.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Room Expense</td>
<td>Benefits are payable for Covered Medical Expenses incurred by a covered person for: Services received in the emergency room of a hospital while the covered person is not a full-time inpatient of the hospital. The treatment received must be emergency care for an emergency medical condition. There is no coverage for elective treatment; routine care; or care for a non-emergency illness.</td>
<td>N/A</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>When a covered person requires the use of a professional ambulance in an emergency; this Policy will pay for the charges incurred. Covered Medical Expenses for the service are limited to charges for ground transportation to the nearest hospital equipped to render treatment for the condition. Air transportation is covered only when medically necessary.</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Walk-in Clinic Visit Expense</td>
<td>Covered Medical Expenses include services rendered in a walk-in clinic.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Laboratory and X-ray Expense</td>
<td>Benefits are payable for Covered Medical Expenses incurred by a covered person for: diagnostic X rays; laboratory services; and consultant's visits; incurred on an outpatient basis.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Physical Therapy Expense</td>
<td>Benefits are payable for Covered Medical Expenses incurred by a covered person for physical therapy when provided by a licensed physical therapist and only when physical therapy begins within 6 months of the onset of symptoms. This benefit is limited to a maximum of 26 visits per policy year combined for Physical and Occupational therapy and Chiropractic Care. An additional 26 visits will be available for Post-Surgical Physical Therapy</td>
<td>After a $15 Copay per visit, 100%</td>
<td>After a $15 Copay per visit, 100%</td>
<td>50%</td>
</tr>
<tr>
<td>Durable Medical and Surgical Equipment Expense</td>
<td>Benefits are payable for Covered Medical Expenses incurred by a covered person as a result of renting durable medical and surgical equipment. In lieu of rental, the following may be covered:  - The initial purchase of such equipment if Aetna is shown that: long term care is planned; and that such equipment either cannot be rented or is likely to cost less to purchase than to rent;  - Repair of purchased equipment;  - Replacement of purchased equipment if Aetna is shown that it is needed due to a change in the person's physical condition; or it is likely to cost less to purchase a replacement than to repair existing equipment or to rent like equipment; or;  - The purchase of orthopedic appliances and braces or non-dental prosthetic devices to replace natural body parts. Durable medical and surgical equipment would include:  - artificial arms and legs; including accessories  - leg braces; including attached shoes (but not corrective shoes unless necessary to prevent complications of diabetes.)  - arm braces  - back braces  - neck braces  - surgical supports; and  - scalp hair prostheses required as the result of hair loss due to injury; disease; or treatment of disease; and  - head halters. Coverage for such items includes the fitting; adjustment; and repair of such devices. All equipment and supplies must be prescribed by a physician.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Elective Abortion Expense</td>
<td>If, as a result of pregnancy having its inception during the Policy Year; a covered person who incurs expenses in connection with an elective abortion; a benefit is payable; but not more than the Maximum Benefit shown on the Schedule of Benefits per occurrence for all Covered Medical Expenses with respect to such covered person. This benefit is in lieu of any other Policy benefits.</td>
<td>90%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Immunizations Expense</td>
<td>Covered Medical Expenses include:  - charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and medically necessary immunizations; and testing for tuberculosis;  - charges incurred by a covered dependent up to age 19; for the materials for the administration of appropriate and medically necessary immunizations; when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.] Covered Medical Expenses do not include a physician's office visit in connection with immunization or testing for tuberculosis.</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
</tbody>
</table>
| **Child Immunization Expenses** | Covered Medical Expenses include:

- charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and medically necessary immunizations; and testing for tuberculosis; and
- charges incurred by a covered dependent up to age 19; for the materials for the administration of appropriate and medically necessary immunizations; when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics. |

Covered Medical Expenses do not include a physician’s office visit in connection with immunization or testing for tuberculosis. |

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

| **Mastectomy and Breast Reconstruction Expense** | Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:

1. reconstruction of the breast on which a mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. prostheses;
4. treatment of physical complications of all stages of mastectomy, including lymphedemas; and
5. reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This is subject to the approval of the attending physician. Benefits are paid on the same basis as any other disease. |

This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. |

| **Pap Smear Screening Expense** | Covered Medical Expenses include charges incurred by a covered person for an annual Pap smear screening or an annual alternative cervical cancer screening test when recommended by a physician or a health care provider; for women 18 years of age and older. |

| **Chlamydia Screening Test Expense** | Covered Medical Expenses include charges incurred by a covered person for an annual chlamydia screening test. As used above, “chlamydia screening test” means any laboratory test of the urogenital tract that specifically detects for infection by one or more agents of chlamydia trachomatis; and which test is approved for such purposes by the FDA. Benefits will be paid for chlamydia screening expenses incurred for:

- Women who are:
  - under the age of 20 if they are sexually active; and
  - at least 20 years old if they have multiple risk factors.
- Men who have multiple risk factors. |
| Routine Screening For Sexually Transmitted Disease Expense | Covered Medical Expenses include charges incurred by a covered person; for annual routine screening for sexually transmitted diseases. The screening must occur at School Health Services.  

As used above, “routine screening for sexually transmitted disease” means any laboratory test that specifically detects for infection by one or more agents of:  
• gonorrhea;  
• syphilis;  
• hepatitis;  
• HIV; and  
• genital herpes; and which test is approved for such purposes by the FDA.  

Benefits will be paid for routine screening for sexually transmitted disease expenses; incurred by covered persons; who are at least 18 years old and who are sexually active. | 90% | 90% | 50% |
|---|---|---|---|---|---|
| High Cost Procedures Expense | Covered Medical Expenses include charges incurred by a covered person for High Cost Procedures that are required as a result of injury or sickness. Expenses for High Cost Procedures; which must be provided on an outpatient basis; may be incurred in the following:  
(a) A physician’s office; or  
(b) Hospital outpatient department; or emergency room; or  
(c) Clinical laboratory; or  
(d) Radiological facility; or other similar facility; licensed by the applicable state; or the state in which the facility is located.  
Covered Medical Expenses for High Cost Procedures include charges for the following procedures and services:  
(a) C.A.T. Scan;  
(b) Magnetic Resonance Imaging;  
(c) Contrast Materials for these tests.  
For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over $200. | 90% | 90% | 50% |
| Allergy Testing and Treatment Expense | Covered Medical Expenses include charges incurred by a covered person for diagnostic testing and treatment of allergies and immunology services. Covered Medical Expenses include; but are not limited to; charges for the following:  
• laboratory tests;  
• physician office visits; including visits to administer injections;  
• prescribed medications for testing and treatment of the allergy; including any equipment used in the administration of prescribed medication; and  
• other medically necessary supplies and services. | Payable as any other sickness | Payable as any other sickness | Payable as any other sickness |
| Maternity Expense | Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.  
Any decision to shorten such minimum coverages shall be made by the attending Physician, in consultation with the mother. In such cases, covered medical expenses may include home visits, parent education, and assistance and training in breast or bottle-feeding.  
Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.  
**Prenatal Care**  
Prenatal care will be covered for services received by a pregnant female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below.  
Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).  
**Comprehensive Lactation Support and Counseling Services**  
Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post partum period by a certified lactation support provider. The "post partum period" means the 60 day period directly following the child’s date of birth.  
Covered expenses incurred during the postpartum period also include the rental or purchase of breast feeding equipment as described below.  
Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.  
**Covered Medical Expenses for Prenatal Care and Comprehensive Lactation Support** | Payable as any other sickness | Payable as any other sickness | Payable as any other sickness |
and Counseling Services are payable. Benefits include coverage for participation in the Expanded Alpha Feto Protein program.

| Well Newborn Nursery Care Expense | Covered Medical Expenses include charges incurred by a covered person; for routine care of a covered person’s newborn child as follows:  
• hospital charges for routine nursery care during the mother’s confinement; but for not more than four days;  
• physician’s charges for circumcision; and  
• physician’s charges for visits to the newborn child in the hospital and consultations; but for not more than 1 visit per day. | 90% | 90% | 50% |
|----------------------------------|-------------------------------------------------------------------------------------------------|-----|-----|-----|
| Family Planning Expense         | Covered Medical Expenses include charges incurred by a covered student for the following; although they are not incurred in connection with the diagnosis or treatment of a sickness or injury: Charges by a physician or hospital for:  
• a tubal ligation for voluntary sterilization | 100% | 100% | 50% |
| Orthotics and Prosthetics Expense | Covered Medical Expenses include orthotic and prosthetic devices prescribed by surgeons or doctors of podiatric medicine. Benefits are payable as follows: At least equivalent to the annual and lifetime benefit maximums applicable to other benefits | 80% | 80% | 80% |
| Prosthetic Devices Expense      | Covered Medical Expenses include charges incurred by a covered person for: artificial limbs; or eyes; and other non-dental prosthetic devices; as a result of an accident or sickness. Covered Medical Expenses do not include: eye exams; eyeglasses; vision aids; hearing aids; communication aids; and orthopedic shoes; foot orthotics; or other devices to support the feet, unless necessary to prevent complications of diabetes. Expenses for routine foot care, such as trimming of corns; calluses; and nails; are not Covered Medical Expenses unless needed due to diabetes. Benefits will include prosthetic devices to restore a method of speaking for laryngectomy patients | 80% | 80% | 80% |
| Diabetic Testing Supplies Expense | Covered Medical Expenses include charges incurred by a covered student for testing material used to detect the presence of sugar in the person’s urine or blood for monitoring glycemic control. Diabetic Testing Supplies are limited to  
• blood glucose monitors, including monitors for the legally blind; and Lancet devices;  
• test strips for glucose monitors; and  
• visual reading and urine testing strips; and test strips.  
• Insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances, insulin infusion devices, and oral agents for controlling blood sugar | Payable as any other sickness | Payable as any other sickness | Payable as any other sickness |
| Routine Physical Exam Expense | Covered Medical Expenses include the expenses incurred by a covered student or a covered dependent for a routine physical exam performed by a physician. If charges made by a physician in connection with a routine physical exam given to a child, who is a covered dependent, are Covered Medical Expenses under any other benefit section; no charges in connection with that physical exam will be considered Covered Medical Expenses under this section. A routine physical exam is a medical exam given by a physician; for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are: * X-rays; lab; and other tests given in connection with the exam; and * Materials for the administration of immunizations for infectious disease and testing for tuberculosis. 

For a child who is a covered dependent:  
• The physical exam must include at least:  
  A review and written record of the patient's complete medical history;  
  A check of all body systems; and  
  A review and discussion of the exam results with the patient or with the parent or guardian.  

* For all exams given to covered dependent under age 2; Covered Medical Expenses will not include charges for the following:  
  More than 6 exams performed during the first year of the child's life;  
  More than 2 exams performed during the second year of the child's life.  

* For all exams given to a covered dependent from age 2 and over; Covered Medical Expenses will not include charges for more than one exam in 12 months in a row.  

For all exams given to a covered student or a spouse who is a covered dependent; Covered Medical Expenses will not include charges for more than:  
• One exam in 12 months in a row.  

Also included as Covered Medical Expenses are charges made by a physician for one annual routine gynecological exam.  

Not covered are charges for:  
• Services which are for diagnosis or treatment of a suspected or identified injury or sickness.  
• Exams given while the covered person is confined in a hospital or other facility for medical care.  
• Services which are not given by a physician or under his or her direct supervision.  
• Medicines; drugs; appliances; equipment; or supplies.  
• Psychiatric; psychological; personality; or emotional testing or exams.  
• Exams in any way related to employment.  
• Premarital exams.  
• Vision; hearing; or dental exams.  
• A physician's office visit in connection with immunizations or testing for tuberculosis. | 100% 100% 50% |
| Routine Colorectal Cancer Screening Expense | Even though not incurred in connection with a sickness or injury; Covered Medical Expenses include charges incurred by a covered person 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 | 100% 100% 50% |
| Routine Prostate Cancer Screening Expense | Although not incurred in connection with a sickness or injury; Covered Medical Expenses include 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. | 100% 100% 50% |
### Covered Medical Expenses include:
- Charges incurred for contraceptive devices that by law need a physician's prescription; and that have been approved by the FDA.
- Related outpatient contraceptive services such as: Consultations; Exams; Procedures; and Other medical services and supplies.

Covered Medical Expenses do not include:
- charges for services which are covered to any extent; under any other part of this Plan; or under any other group plan; and
- charges incurred for contraceptive services; while confined as an inpatient; and
- charges incurred for duplicate; lost; stolen; or damaged contraceptive devices.

### Acupuncture In Lieu Of Anesthesia Expense
Covered Medical Expenses include charges incurred by a covered person for acupuncture therapy; when acupuncture is used in lieu of other anesthesia; for a surgical or dental procedure covered under this Plan.

The acupuncture must be administered by a health care provider who is a legally qualified physician; practicing within the scope of their license.

### Acupuncture Expense
Covered Medical Expenses include charges incurred by a covered person for acupuncture therapy.

The acupuncture must be administered by a health care provider; who is a legally qualified physician; practicing within the scope of their license.

Acupuncture is a Covered Medical Expense when it is administered for the following indications by a health care provider; who is a legally qualified physician; who is practicing within the scope of their license:
- Adult postoperative and chemotherapy nausea and vomiting
- Nausea of pregnancy
- Postoperative dental pain
- Fibromyalgia/myofacial pain
- Chronic low back pain secondary to osteoarthritis.

Acupuncture is not a Covered Medical Expense when it is administered for any of the following conditions:
- Acute low back pain
- Obesity
- Addiction Painful neuropathies
- AIDS Phantom leg pain
- Allergic rhinitis
- Psychiatric disorders
- Asthma Raynaud’s disease pain
- Carpal tunnel syndrome
- Rheumatoid arthritis
- Chronic pain syndrome (e.g., RSD)
- Sensorineural deafness
- Fibrotic contractures
- Shoulder pain (e.g., bursitis)
- Headache (migraine; tension)
- Smoking cessation
- Hypertension Stroke rehabilitation
- Menstrual cramps
- Tennis elbow/epicondylitis
- Neck pain/cervical spondylitis
- Whiplash.

Benefit limited to $500 per policy year

### Transfusion or Dialysis of Blood Expense
Covered Medical Expenses include charges incurred by a covered person for the transfusion or dialysis of blood; including the cost of: whole blood; blood components; and the administration thereof.

### Aids Vaccine Expense
Covered Medical Expenses include charges incurred by a covered person for the materials for the administration of an appropriate and medically necessary AIDS vaccine that has been approved by the federal Food and Drug Administration and is recommended by the United States Public Health Service.

Covered Medical Expenses do not include clinical trials relating to an AIDS vaccine or for any AIDS vaccine that has been approved by the federal Food and Drug Administration in the form of an investigational new drug application.
Home Health Care Expense

Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan; but only if:

(a) The services are furnished by; or under arrangements made by; a licensed home health agency.
(b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician; and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital [or skilled nursing facility] if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month.
(c) Except as specifically provided in the home health care services; the services are delivered in the patient's place of residence on a part time; intermittent visiting basis while the patient is confined.
(d) The care starts within 7 days after discharge from a hospital as an inpatient; and
(e) The care is for the same condition that caused the hospital confinement; or one related to it.

HOME HEALTH CARE SERVICES

(1) Part time or intermittent nursing care by: a registered nurse (R. N.); a licensed practical nurse (L.P.N.); or under the supervision of an R.N. If the services of an R. N. are not available;
(2) Part time or intermittent home health aide services; that consist primarily of care of a medical or therapeutic nature by other than an R.N.;
(3) Physical; occupational; speech therapy; or respiratory therapy;
(4) Medical supplies; drugs and medicines; and laboratory services. However; these items are covered only to the extent they would be covered if the patient was confined to a hospital;
(5) Medical social services by licensed or trained social workers;
(6) Nutritional counseling.

Covered Medical Expenses will not include: 1) services by a person who resides in the covered person's home; or is a member of the covered person's immediate family; 2) homemaker or housekeeper services; 3) maintenance therapy; 4) dialysis treatment; 5) purchase or rental of dialysis equipment; or 6) food or home delivered services.

Benefits are limited to 100 visits per policy year.

Hospice Expense

Covered Medical Expenses include charges incurred by a covered person for hospice care provided for a terminally ill covered person during a hospice benefit period. Hospice Care Expenses are the reasonable and customary charges made by a hospice for the following services or supplies: charges for inpatient care; charges for drugs and medicines; charges for part-time nursing by an RN; LPN; or LVN; charges for physical and respiratory therapy in the home; charges for the use of medical equipment; charges for visits by licensed or trained social workers; psychologists or counselors; charges for bereavement counseling of the covered person's immediate family prior to; and within 6 months after; the covered person's death; and charges for respite care for up to 5 days in any 30 day period.

The maximum number of days inpatient confinement is 20 days per Policy Year.

Benefit Maximum of $4,000 per Policy Year and a max of 15 visits for family bereavement counseling within 6 months.
Urgent Care Expense
Covered Medical Expenses include charges incurred by a covered person for treatment by an urgent care provider. A covered person should not seek medical care or treatment from an urgent care provider if their illness; injury; or condition; is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.

Urgent Care
Covered Medical Expenses include charges incurred by a covered person for an urgent care provider to evaluate and treat an urgent condition.
When travel to a preferred care provider for treatment of an urgent condition is not feasible; a covered person may call Aetna to request authorization to see a non-preferred urgent care provider so that such treatment may be paid at the preferred level of benefits. If it is not feasible to request authorization prior to treatment; then it should be done as soon as possible after treatment but not later than:
• the next day during normal business hours; or
• if the covered person is confined in a hospital directly after receiving urgent care; not later than 48 hours following the start of the confinement unless it is not possible for the covered person to request authorization within that time. In that case, it must be done as soon as reasonably possible.
However:
• if the treatment is received; or
• the confinement occurs;
on a Friday or Saturday; authorization must be requested within 72 hours following treatment or the start of the confinement.
If the covered person does not request authorization from Aetna to see a non-preferred urgent care provider; charges incurred for urgent care will be paid at the non-preferred covered percentage after the non-preferred deductible.
The covered person should contact their primary care physician after medical care is provided to treat an urgent condition.

Non-Urgent Care
Covered Medical Expenses for charges made by an urgent care provider to treat a non-urgent condition are covered at:

HIV Testing Expense
Covered Medical Expenses include hospital, medical, or surgical expenses incurred for human immunodeficiency virus (HIV) testing, regardless of whether the testing is related to a primary diagnosis. Benefits are payable as any Sickness.

Dental Anesthesia Expense
If the plan covers hospital, surgical or medical expenses, it shall covered anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center when medically necessary due to the underlying medical condition of the insured regardless of age or for the following insureds: Enrollees who are under seven (7) years of age or enrollees who are developmentally disabled regardless of age.

| Treatment Of Mental And Nervous Disorders Expense - Severe Mental Illness | 90% | 90% | 50% |
| Inpatient Expense | Covered Medical Expenses other than those for severe mental illness and/or serious emotional disturbances of a child include charges incurred by a covered person; during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility; for the treatment of mental and nervous disorders. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. | 90% | 90% | 50% |
| Outpatient Expense | Covered Medical Expenses other than those for severe mental illness and/or serious emotional disturbances of a child include charges for treatment of mental and nervous disorders; while the covered person is not confined as a full-time inpatient in a hospital. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. Charges for marriage and family therapies are not Covered Medical Expenses. | 90% | 90% | 50% |
| **Treatment Of Mental And Nervous Disorders Expense – Non-Severe Mental Illness** | | | | |
| Inpatient Expense | Covered Medical Expenses other than those for severe mental illness and/or serious emotional disturbances of a child include charges incurred by a covered person; during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility; for the treatment of mental and nervous disorders. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. Maximum of 30 days per policy year | 90% | 90% | 50% |
| Outpatient Expense | Covered Medical Expenses other than those for severe mental illness and/or serious emotional disturbances of a child include charges for treatment of mental and nervous disorders; while the covered person is not confined as a full-time inpatient in a hospital. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. Charges for marriage and family therapies are not Covered Medical Expenses. Maximum of 25 visits per policy year | 90% | 90% | 50% |
| **Alcoholism And Drug Addiction Treatment Expense** | | | | |
| Inpatient Expense | Covered Medical Expenses include expenses incurred by a covered person; during partial hospitalization or while the covered person is confined as a full-time inpatient in a facility established primarily for the treatment of alcohol and drug addiction. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. Maximum of 30 days per policy year | 90% | 90% | 50% |
| Outpatient Expense | Covered Medical Expense include charges for treatment of alcohol and drug addiction; while the covered person is not confined as a full-time inpatient in a hospital. Benefits for Mental and Nervous Disorders will count toward any Alcoholism and Drug Addiction Treatment maximums; and benefits for Alcoholism and Drug Addiction Treatment; will count toward any Mental and Nervous Disorders maximums. | 90% | 90% | 50% |
| Nicotine Treatment Expense | Covered Medical Expenses include treatment of nicotine use. Treatment may take place in facilities licensed to provide alcoholism or chemical dependency services. Payable as any other sickness | Payable as any other sickness | Payable as any other sickness | Payable as any other sickness |

**Student Prescription Drug Plan**
Prescription Drug Benefit

Mandatory Generic—If a member requests a brand name drug when a generic drug exists, the member pays the brand name copay, plus the difference between the cost of the generic drug and the cost of the brand name drug.

The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to copay brand name drugs.
- Insulin
- Syringes when dispensed for the use with insulin and other self-injectable drugs or medications.
- Students will receive a 3 month supply of birth control pills at USC and Aetna pharmacies. Contraceptive diaphragms are limited to one per year and are subject to brand name copay.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for the treatment or impotence and/or sexual dysfunction are limited to organic (non-psychological)

Prescription drug copays are separate from the medical copays of the medical plan and are not applied toward the Annual Out-of-Pocket Maximums.

<table>
<thead>
<tr>
<th>USC Pharmacies</th>
<th>Insured Person Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>USC Pharmacies (30-day supply) Students are eligible for a 60 day supply with double copay.</td>
<td></td>
</tr>
<tr>
<td>$50.00 Deductible. Note: The $50 pharmacy deductible is separate from the medical plan deductibles.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-USC Pharmacies</th>
<th>Preferred Care Insured Person Coinsurance</th>
<th>Non-Preferred Care Insured Person Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident occurring during the Policy Year (30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50.00 Deductible. Note: The $50 pharmacy deductible is separate from the medical plan deductibles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Prescription Drug: 100% of Negotiated Charge after 10% co-pay with a minimum of $15.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand Name Prescription Drug: 100% of the Recognized Charge after 10% co-pay with a minimum of $25.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50.00 Deductible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

- This plan will not pay more than the overall maximum benefit of $750,000 during the plan year
- Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.
- Please read the USC brochure located at www.aetnastudenthealth.com carefully before enrolling. While this document and the USC brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.
- If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at USC Engemann Student Health Insurance Office or contact us at 877-626-2299.

For more information on pre-existing condition limitations and other plan exclusions, limitations and benefit maximums, please refer to the USC brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.

Exclusions
The following is a list of standard exclusions which can be modified in the event the exclusions deviate from current provisions. Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The complete list of limitations and exclusions can be found in the Master Policy.
The Plan neither covers nor provides benefits for the following:

1. Expense incurred as a result of dental treatment; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures; treatment resulting from injury to sound; natural teeth or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.

2. 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.

3. 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 disease process.

4. 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.

5. Expense incurred for treatment provided by a governmental medical facility unless there is a legal obligation to pay such charges in the absence of insurance.

6. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy.

7. Expense covered by any other valid and collectible medical; health, accident or automotive insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

8. Expense incurred as a result of commission of a felony

9. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.

10. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.

11. 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.

12. 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).

13. Expense incurred for which no member of the covered person’s immediate family has any legal obligation for payment.

14. 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.

15. 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.

16. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: (a) There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or (b) If required by the FDA, approval has not been granted for marketing or a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (c) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease if Aetna determines that: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute if Aetna determines that available, scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.

17. Expense incurred for; or related to; services; treatment; testing; educational testing and training.

18. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.

19. Expense incurred when the person or individual is acting beyond the scope of his/her/its license.

20. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B; even
21. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.

22. 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.

23. Expense for services or supplies provided for the treatment of obesity and/or weight control, unless otherwise provided in the policy.

24. Expense for incidental surgeries; and standby charges of a physician.

25. Expense incurred for injury resulting from the play or practice of intercollegiate sports in excess of $500,000 (participating in sports clubs; or intramural athletic activities; is not excluded).

26. Expense 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; unless specifically provided for in this Policy.

27. Expenses incurred for massage therapy, unless medically necessary in conjunction with covered Physical Therapy or Chiropractic Expenses.

28. Expenses incurred for; or in connection with; speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts; speak words; and form sentences); as a result of an accident or sickness.

29. Expense incurred for; or related to sex change surgery in excess of $50,000 per lifetime.

30. 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.

31. Expenses for routine vision exams; routine dental exams; routine hearing exams; except to the extent coverage of such exams; is specifically provided in the Policy.

32. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person’s attending physician; or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must: (a) be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; and (c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or (c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined, or those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a physician's or a dentist's office or other less costly setting.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.