



USC University of
Southern California

Aetna Student Health

Plan Design and Benefits Summary University of Southern California Off Campus Plan

Policy Year: 2015 - 2016

Policy Number: 474947



aetna[®]

www.aetnastudenthealth.com

(877) 626-2299

PLEASE NOTE THAT WE HAVE NOT YET RECEIVED APPROVAL FROM THE CALIFORNIA INSURANCE DEPARTMENT FOR THE 2015 BENEFITS DESCRIBED IN THIS PLAN DESIGN & BENEFIT SUMMARY GUIDE. AS PART OF THE APPROVAL PROCESS, THE DEPARTMENT MAY REQUIRE US TO MAKE CHANGES TO THE BENEFITS. IF THAT HAPPENS, WE WILL PROVIDE YOU WITH AN UPDATED PLAN DESIGN & BENEFIT SUMMARY GUIDE.

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

Coverage Periods

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

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	8/17/2015	08/14/2016	9/11/15
Fall	8/17/2015	01/10/2016	9/11/15
Spring/Summer	1/11/2016	08/14/2016	1/29/16

Rates

The rates below include both premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna), as well as a University of Southern California administrative fee.

Rates Undergraduates and Graduate Students			
	Annual	Fall Semester	Spring/Summer Semester
Student	\$3,210.00	\$1,111.00	\$2,099.00

Student Coverage

Eligibility

Satellite Campus Students and Off Campus Online Degree Program Students carrying six units or more are automatically enrolled in, and charged for, the USC Student Health Insurance Plan. All International and Health Sciences campus students are required to have health insurance and are automatically enrolled in this plan, even if they carry less than six units. Enrolled students taking less than six units are eligible to enroll on a voluntary basis.

ENROLLMENT PROCESS/PROCEDURE

Satellite Campus Students and Off Campus Online Degree Program Students carrying six units or more will be automatically enrolled in this Plan, unless the completed Request for Waiver Form has been received by the University of Southern California by the specified enrollment deadline dates listed in the previous section of this Plan Design and Benefits Summary and the Request for Waiver has been approved. Satellite Campus Students and Off Campus Online Degree Program Students carrying less than six (6) units are eligible to enroll in the plan voluntarily. To enroll online or obtain an enrollment application for voluntary coverage, log on to www.aetnastudenthealth.com/usc then click on Enroll/Request to Waive to begin the enrollment process.

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

WAIVER PROCESS/PROCEDURE

If you already have a health insurance plan (or you are on your parents' plan) you may be eligible to waive enrollment in the USC Student Health Insurance Plan by providing **proof of comparable coverage** (see criteria below).

To waive the USC Student Health Insurance Plan, your other coverage must meet the following requirements:

- Students taking courses at our UPC or HSC Campuses: Must be comprehensive with no major exclusions and have in network providers (hospital and doctors) in the Los Angeles area.
- Satellite Campus and Online Distance Learners: Must be comprehensive with no major exclusions and have in network providers in the zip code where you live and take classes
- Provide continuous year-round coverage while you are a student at the University of Southern California.
- Your insurance plan must meet Affordable Care Act (ACA) criteria. Only plans compliant with ACA criteria will be accepted.
- Cover preventive care services at 100%.
- Have an annual out-of-pocket expense of individual = less than \$6,600 / family= less than \$13,200.

If you are eligible to waive coverage, you must submit a request for waiver online before the deadline date. To submit a request to waive out of the USC Student Health Insurance Plan, you will begin by logging into your my USC account. Choose the OASIS icon, then "Other Services". Click on "Student Health Insurance", which will bring you to the Aetna Student Health online waiver system where you will follow the instructions to complete your online request for waiver. Before you begin the request for waiver process, please make sure you have your current insurance card with you as you will need information off this card to submit a request for waiver.

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. The precertification process can be initiated by calling Aetna at the telephone number listed on your ID card.

- **If you do not get pre-certification** for non-emergency inpatient admissions, or give notification for emergency admissions, your covered medical expenses will be subject to a \$500 per admission Deductible.
- **If you do not get pre-certification** for partial hospitalizations, your covered medical expenses will be subject to a \$500 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 Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student Accident and Sickness Plan.

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 – Off Campus Student Medical Plan

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 University of Southern California, you may access it online at **www.aetnastudenthealth.com**. If any discrepancy exists between this Benefit 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.

Policy Year Maximum	Unlimited	
	USC Designated Care/Preferred Care	Non-Preferred Care
<p>DEDUCTIBLE</p> <p>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</p> <p>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</p>	<p>Student: \$450 per Policy Year</p>	<p>Student: \$900 per Policy Year</p>
<p>NOTE: The above deductibles will be waived for USC DESIGNATED CARE ONLY for the following benefits:</p> <ul style="list-style-type: none"> • Physician Office Visit • Walk-in Clinic Visit Expense • Consultant or Specialist Expense • Immunization Expense <p>NOTE: The above deductibles will be waived for USC DESIGNATED CARE and PREFERRED CARE for the following benefits:</p> <ul style="list-style-type: none"> • Physical Therapy Expense • Occupational Therapy Expense • Chiropractic Expense • Outpatient Mental Health Expense <p>NOTE: The above deductibles will be waived for USC DESIGNATED CARE, PREFERRED CARE and NON PREFERRED CARE for the following benefits:</p> <ul style="list-style-type: none"> • Emergency Room Expenses • Urgent Care Expenses 		

COINSURANCE	Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.		
OUT OF POCKET MAXIMUMS 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. The following expenses do not apply toward meeting the Out-of-Pocket Limit: <ul style="list-style-type: none"> • expenses that are not covered medical expenses; • penalties, and • other expenses not covered by this Policy 	USC Designated Care/Preferred Care	Non-Preferred Care	
	Individual Out-of-Pocket: \$5,000 per Policy Year	Individual Out-of-Pocket: \$10,000 per Policy Year	
Inpatient Hospitalization Benefits	USC Designated Care	Preferred Care	Non-Preferred Care
Room and Board Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge for a semi-private room
Intensive Care Room and Board Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings.	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Non-Surgical Physicians Expense Non-surgical services of the attending Physician, or a consulting Physician.	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Surgical Expenses	USC Designated Care	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Ambulatory Surgical Expense	After a \$100 per visit Copay, 90% of the Negotiated Charge	After a \$100 per visit Copay, 90% of the Negotiated Charge	After a \$100 per visit Deductible, 50% of the Recognized Charge

Outpatient Expense	USC Designated Care	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Pre-Admission Testing 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		
Walk-in Clinic Visit Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Emergency Room Expense 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		After a \$200 per visit Copay (waived if admitted), 90% of the Negotiated Charge	After a \$200 per visit Deductible (waived if admitted), 90% of the Recognized Charge
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.	N/A	After a \$200 per visit Copay (waived if admitted), 90% of the Negotiated Charge	After a \$200 per visit Deductible (waived if admitted), 90% of the Recognized Charge
Urgent Care Expense	After a \$50 per visit Copay, 90% of the Negotiated Charge	After a \$50 per visit Copay, 90% of the Negotiated Charge	50% of the Recognized Charge
Ambulance Expense	N/A	90% of the Negotiated Charge	90% of the Recognized Charge
Physician's Office Visit Expense Includes visits to specialists and telemedicine services.	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Consultant Expense			
Laboratory and X-ray Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
High Cost Procedures Expense Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests.	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Therapy Expense Includes Physical, Speech, Occupational and Chiropractic Therapy.	After a \$15 per visit Copay, 100% of the Negotiated Charge	After a \$15 per visit Copay, 100% of the Negotiated Charge	50% of the Recognized Charge

Outpatient Expense (continued)	USC Designated Care	Preferred Care	Non-Preferred Care
Therapy Expense Includes chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures.	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Prosthetic and Orthotic Devices Expense Includes prosthetic devices to restore a method of speaking for laryngectomy patients.	80% of the Negotiated Charge	80% of the Negotiated Charge	80% of the Recognized Charge
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
Diagnostic Testing For Learning Disabilities Expense Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
Dental Injury Expense If you opt to receive dental services that are not covered services under this Policy, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Aetna Student Health at (877) 626-2299 . To fully understand your coverage, you may wish to carefully review the Master Policy document.	90% of the Actual Charge		
Preventive Care	USC Designated Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Immunizations Expense Includes travel immunizations and flu shots	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge

Preventive Care (continued)	USC Designated Care	Preferred Care	Non-Preferred Care
Routine Physical Exam Expense Includes routine tests and related lab fees	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Chlamydia Screening Test Expense	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Routine Screening for Sexually Transmitted Disease Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Routine Colorectal Cancer Screening Expense Includes charges for colorectal cancer examination & laboratory tests, for any non-symptomatic person age 50 or more, or a symptomatic person under age 50.	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Routine Prostate Cancer Screening For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year.	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Pediatric Vision Care Exam Expense Exams are limited to 1 visit per Policy Year and supplies are limited to 1 pair of Glasses (lenses and frames) per Policy Year. Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both). Benefits are provided to covered persons through age 18.	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge*
Pediatric Dental Diagnostic and Preventive Care 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 University of Southern California page on the Aetna Student Health website, www.aetnastudenthealth.com Benefits are provided to covered persons through age 18.	N/A	100% of the Negotiated Charge*	70% of the Recognized Charge
Pediatric Dental Basic Restorative Care 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 University of Southern California page on the Aetna Student Health website, www.aetnastudenthealth.com Benefits are provided to covered persons through age 18.	N/A	70% of the Negotiated Charge*	50% of the Recognized Charge

Preventive Care (continued)	USC Designated Care	Preferred Care	Non-Preferred Care
<p>Pediatric Dental Major Restorative Care 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 University of Southern California page on the Aetna Student Health website, www.aetnastudenthealth.com</p> <p>Benefits are provided to covered persons through age 18.</p>	N/A	50% of the Negotiated Charge*	50% of the Recognized Charge
Treatment of Mental and Nervous Disorders	USC Designated Care	Preferred Care	Non-Preferred Care
Mental and Nervous Disorders Inpatient Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Mental and Nervous Disorders Outpatient Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Alcoholism and Drug Addiction Treatment	USC Designated Care	Preferred Care	Non-Preferred Care
Inpatient Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Outpatient Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Maternity Benefits	USC Designated Care	Preferred Care	Non-Preferred Care
<p>Maternity Expense Includes Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy</p>	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*	100% of the Negotiated Charge*	50% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
Well Newborn Nursery Care Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge

Maternity Benefits (continued)	USC Designated Care	Preferred Care	Non-Preferred Care
<p>Family Planning Expense Unless specified below, not covered under this benefit are charges for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan; • Services and supplies incurred for an abortion; • Services provided as a result of complications resulting from a voluntary sterilization Procedure and related follow-up care; • Services which are for the treatment of an identified illness or injury; • Services that are not given by a physician or under his or her direction; • Psychiatric, psychological, personality or emotional testing or exams; • Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA; Male contraceptive methods or devices; • The reversal of voluntary sterilization procedures, including any related follow-up care 			
<p>Voluntary Sterilization Coverage for tubal ligation for voluntary sterilization</p>	<p>100% of the Negotiated Charge*</p>	<p>100% of the Negotiated Charge*</p>	<p>50% of the Recognized Charge</p>
<p>Voluntary Sterilization Coverage for vasectomy for voluntary sterilization</p>	<p>90% of the Negotiated Charge</p>	<p>90% of the Negotiated Charge</p>	<p>50% of the Recognized Charge</p>
<p>Contraceptives 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.</p>	<p>100% of the Negotiated Charge*</p>	<p>100% of the Negotiated Charge*</p>	<p>50% of the Recognized Charge</p>
<p>Prescription Drug Coverage</p> <p>Prescribed Medicines Expense Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at 888 RX-AETNA (available 24 hours).</p> <p>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</p>	<p>Preferred Care</p> <p>100% of the Negotiated Charge, following a 10% copay with a minimum of \$15 for each Generic Prescription Drug, 100% of the Negotiated Charge, following a 20% copay with a minimum of \$30 for each Brand Name Prescription Drug.</p>		<p>Non-Preferred Care</p> <p>100% of the Recognized Charge, following a 10% copay with a minimum of \$15 for each Generic Prescription Drug, 100% of the Recognized Charge, following a 20% copay with a minimum of \$30 for each Brand Name Prescription Drug.</p>

Additional Benefits	USC Designated Care	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
Outpatient Diabetic Self-management Education Programs 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		
Hypodermic Needles 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		
Non-Prescription Enteral Formula Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
AIDS Vaccine Expense	100% of the Negotiated Charge*	100% of the Negotiated Charge*	50% of the Recognized Charge
HIV Testing Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
Temporomandibular Joint Dysfunction Expense Benefits are limited to \$1,000 per Policy Year for splint therapy and surgical expenses.	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		
Dermatological 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		
Podiatric 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		
Elective Abortion Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Acupuncture Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Hospice Benefit 15 visits available for Family Bereavement Counseling within 6 months	80% of the Negotiated Charge	80% of the Negotiated Charge	80% of the Recognized Charge
Home Health Care Expense Benefits are limited to 100 visits per Policy Year.	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge
Mastectomy and Breast Reconstruction 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		
Licensed Nurse Expense	90% of the Negotiated Charge	90% of the Negotiated Charge	50% of the Recognized Charge

Additional Benefits (continued)	USC Designated Care	Preferred Care	Non-Preferred Care
Skilled Nursing Facility Expense	90% of the Negotiated Charge for the semi-private room rate	90% of the Negotiated Charge for the semi-private room rate	50% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	50% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
Human Organ Transplant Expense We cover transplants of organs, tissue, or bone marrow. We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge.	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		
Cochlear Implant Expense Internally implanted devices.	80% of the Negotiated Charge	80% of the Negotiated Charge	80% of the Recognized Charge
Bariatric Surgery Expense Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity.	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		
Transfusion or Dialysis of Blood 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		
Osteoporosis 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		
Dental Anesthesia 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		
Phenylketonuria Services 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		
Telemedicine 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		

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

Exclusions

This Plan does not cover nor provide benefits for:

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, unless otherwise provided in the Policy.
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 elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
7. 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.
8. 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.
9. Expense incurred as a result of commission of a felony.
10. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
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 though the covered person is eligible; but did not enroll in Part B.
21. Expense for telephone consultations (except Telemedicine Services); 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 (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.

The **University of Southern California** Student Health Insurance Accident Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).