



Aetna Student Health

Plan Design and Benefits Summary George Mason University

Policy Year: 2015 - 2016

Policy Number: 724536



aetna[®]

www.aetnastudenthealth.com/schools/georgemason

(800) 878-1945

This is a brief description of the Student Health Plan. The Plan is available for George Mason University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to George Mason University and may be viewed online at www.aetnastudenthealth.com/schools/georgemason. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

George Mason University Student Health Services

All currently enrolled George Mason University students are eligible to see a provider at Student Health Services. There is no charge to be seen by a health care provider at Student Health Services. There are nominal fees for lab work, medications, treatments, procedures, or supplies. For details, please visit <http://shs.gmu.edu>. It is in the student's best interest to first seek treatment for injuries and illness at George Mason University's Student Health Services (except for an emergency medical condition).

Student Health Services

Fairfax campus

Fall & Spring Hours while classes are in session: Monday, Tuesday, and Thursday 8:30 a.m. – 7:30 p.m., Wednesday 8:30 a.m. – 4:30 p.m., Friday 12:30 p.m. – 4:30 p.m. and Saturday 9:00 a.m. – 12:30 p.m.

Summer Hours:

Monday, Tuesday, Wednesday and Thursday: 8:30 a.m. – 4:30 p.m., and Friday 12:30 p.m. – 4:30 p.m.

Arlington Campus & Science and Technology Campus Clinics: please visit <http://shs.gmu.edu/about/hours/>

For more information about services, please refer to <http://shs.gmu.edu/services/>.

100% coverage for the following services if provided at Mason's Student

Health Services:

- Adult Immunizations
- Hepatitis B, 3 doses
- Hepatitis A Vaccine
- Tetanus and Diphtheria / Tdap
- Varicella
- Titers for MMR, Varicella and Hepatitis B/A
- MMR, 2 doses
- Meningococcal Vaccine
- PPD or TB test
- Twinrix Vaccine
- Contraceptives
- Gardasil immunization
- Annual GYN Exam / Including Pap Test
- High Risk HPV DNA
- Repeat Pap due to Abnormal Results
- Urine Pregnancy Test
- Rapid Strep Test
- Mono Test
- Urine Analysis
- Hemoglobin-Hemocue
- Glucose-Hemocue
- Wet Mount
- Routine Preventative Exam

Coverage Periods

Students:

1. Students: Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:00 a.m. on August 16, 2015, and will terminate at 11:59 p.m. on August 15, 2016.
2. New Spring Semester students: Coverage for all insured students enrolled for the Spring Semester, will become effective at 12:00 a.m. on January 5, 2016, and will terminate at 11:59 p.m. on August 15, 2016.
3. Insured dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy. For more information on Termination of Covered Dependents see page 5 of this document. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

Enrollment Deadlines for All Voluntary/Domestic Students

Annual September 15, 2015

Annual (first installment) September 15, 2015

Semi-Annual (second installment) February 15, 2016

Spring Semester February 15, 2016

Summer Semester June 15, 2016

Rates

Plan Rates	Semi-Annual Payment Plan			
	Annual	Option**	Spring	Summer
	8/16/15-8/15/16	8/16/15-8/15/16	1/05/16-8/15/16	5/16/16-8/15/16
Student Only	\$2,680	\$1,372+ \$1,308	\$1,660	\$711
Spouse Only	\$2,630	\$1,322 + \$1,308	\$1,610	\$661
One Child	\$2,630	\$1,322 + \$1,308	\$1,610	\$661
Children	\$5,260	\$2,644 + \$2,616	\$3,220	\$1,322

*The rates above include both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as George Mason University's administrative fee.

****Please Note:** Domestic students selecting coverage for the ENTIRE year have the option to elect a Semi-Annual payment plan. **The Semi-Annual payment plan is coverage for the ENTIRE policy year. It is offered as a convenience so the ANNUAL rate can be split.** The automatic Semi-Annual charge will be on February 1st 2016. It is the student's responsibility to have funds available for this charge. We will attempt to charge the card or checking account again, up until 02/15/16.

To ensure continuous coverage, students must have funds available for the automatic charge by **2/15/16**. Please be advised that the Semi-Annual rate is only offered to those students enrolling in the fall who are looking for an ANNUAL Payment Plan option. Students enrolling in the spring must elect coverage from **January 5, 2016**.

Student Coverage

Eligibility & Enrollment Eligible Domestic students are:

- Undergraduate Students taking at least 3 credit hours per semester;
- Graduate, Master, Certificate or Non-Degree Students taking at least 3 credit hours per semester, PhD or Doctoral Program Students enrolled in a doctoral program.

Domestic Undergraduate and Graduate students taking less than the required credit hours but are completing course work to graduate and obtain their degree for the current academic year are also eligible to enroll. If you withdraw from George Mason University within the first 31 calendar days of the semester you are not eligible for the student health insurance plan. If you are auditing classes (earning 0 credits), you are not eligible for the Plan

Please Note: Students enrolling in the Plan must meet and maintain the eligibility requirements as defined in this Brochure and the Master Policy in order to remain a covered student under the Policy. Students taking course work to graduate and obtain their degree for the current academic year: for questions please contact the Insurance Office at Student Health Services in SUB 1, rooms 2345 and 2346, **(703) 993-2827** or **(703) 993-7634**.

The eligibility requirements for students do not apply when graduating midyear or when there is a documented medical leave of absence after attending classes for the first 31 calendar days of the current academic year. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

- International students, visiting faculty and scholars on an F-1 or J-1 visa, at George Mason University, are eligible to enroll.
- All INTO George Mason University students are eligible to enroll.

A person who is eligible for Medicare at the time of enrollment under this plan is not eligible for medical expense coverage and prescribed medicines expense coverage. If a covered person becomes eligible for Medicare after he or she is enrolled in this plan, such Medicare eligibility will not result in the termination of medical expense coverage and prescribed medicines expense coverage under this plan. As used within this provision, persons are "eligible for Medicare" if they are entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

Late Enrollment

The final enrollment deadline for the Annual Policy is **September 15, 2015**, unless the student experiences a significant life change that directly affects their insurance coverage (an example of a significant life change would be loss of health coverage under another health plan). This request **MUST** be made within **31 days** of the significant life change. The final enrollment deadline for the Spring Semester is **February 15, 2016**. **Students who wish to enroll for the summer**

Semester: this final enrollment deadline is June 15, 2016.

Enroll online! Follow the steps described below to enroll yourself and your dependents:

- Visit www.aetnastudenthealth.com/schools/georgemason
- Look for the enroll section under medical plans.
- A confirmation E-mail is sent within minutes of enrollment completion.
- Enrollment Forms are available at Student Health Services or by calling Aetna Student Health Customer Service.

Note: Eligibility as defined by the Summary of Benefits Document and Master Policy is subject to verification by Aetna Student Health through the University.

Waiver Process/Procedure

George Mason University requires that all F-1 & J-1 visa students have health insurance. J-1 visa students are required by federal mandate to have health insurance. A waiver may be granted only to those individuals already insured under other acceptable plans. Contact the Insurance Office at the Student Health Services for the specific criteria or visit the web at <http://shs.gmu.edu/insurance/international/insurance-waiver/>.

Waiver applications for the **Fall 2015** semester must be approved no later than **September 15, 2015** and **February 3, 2016** for new incoming students in the **Spring 2016** semester. Students, who do not obtain a Waiver approval by these dates, will automatically be enrolled in the Student Health Insurance Plan and the premium will be automatically charged to their Patriot Web account.

Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, and children under age **26**.

If a child is covered based on being a full-time student and he/she can't attend school because of a medical condition, the plan must allow the child to stay on the plan, if certified by a physician as medically necessary, until the earlier of 12 months or coverage would otherwise terminate for the dependent.

Dependent Enrollment Deadlines

The final enrollment deadline for the Annual Policy is **September 15, 2015**, unless the dependent experiences a significant life change that directly affects their insurance coverage (an example of a significant life change would be loss of health coverage under another health plan). This request **MUST** be made within **31 days** of the significant life change. The final enrollment deadline for the Spring Semester is **February 15, 2016**.

Follow the steps described below to enroll your dependents:

- Visit www.aetnastudenthealth.com/schools/georgemason
- Look for the enroll section under medical plans.
- A confirmation E-mail is sent within minutes of enrollment completion.
- Enrollment Forms are available at Student Health Services or by calling Aetna Student Health Customer Service.

Note: Eligibility as defined by the Brochure and Master Policy is subject to verification by Aetna Student Health through the University.

Preferred Provider Network

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

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

Pre-certification Program

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at **(800) 878-1945**.

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

You'll need pre-certification for the following inpatient and outpatient services or supplies:

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

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

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

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

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

Pre-certification of emergency inpatient admissions

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

Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to George Mason University, you may access it online at **www.aetnastudenthealth.com**. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. All coverage is based on Recognized Charges unless otherwise specified.

This Plan will pay benefits in accordance with any applicable Virginia Insurance Law(s).

Policy Year Maximum	Unlimited	
	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>In compliance with Virginia State Mandate(s), the Policy Year Deductible is waived for:</p> <ul style="list-style-type: none"> Preferred Care Preventive Health Care Services <p>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for: Vision Care Exam Expense, Emergency Care Facility Expenses, Preferred Care Physician’s Office Visits, Preferred Care Outpatient Mental Health and Substance Abuse, Urgent Care & Consultants Expenses, services that apply copay, for Preventive Health Care Services up to age 7, or Preferred Care Pediatric Dental, and Preferred and Non- Preferred Care Pediatric Preventive Vision Services.</p> <p>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</p>	<p>Students: \$250 per Policy Year Spouse: \$250 per Policy Year Child: \$250 per Policy Year</p>	
<p>COINSURANCE</p>	<p>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.</p>	
	Preferred Care	Non-Preferred Care
<p>OUT OF POCKET MAXIMUMS</p> <p>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.</p> <p>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</p> <ul style="list-style-type: none"> expenses that are not covered medical expenses; expenses for non-preferred care; penalties, and other expenses not covered by this Policy 	<p>Individual Out-of-Pocket: \$6,350 per policy year</p> <p>Family Out-of-Pocket: \$12,700 per policy year</p>	<p>Individual Out-of-Pocket: unlimited</p> <p>Family Out-of-Pocket: unlimited</p>
Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
<p>Room and Board Expense</p>	<p>80% of the Negotiated Charge</p>	<p>60% of the Recognized Charge for a semi-private room</p>
<p>Intensive Care</p> <p>The covered room and board expense does not include any charge in excess of the daily room and board maximum.</p>	<p>80% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>

Inpatient Hospitalization Benefits (continued)	Preferred Care	Non-Preferred Care
Miscellaneous Hospital Expense Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings.	80% of the Negotiated Charge	60% of the Recognized Charge
Licensed Nurse Expense Includes 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. Not more than the Daily Maximum Benefit per shift will be paid. For purposes of determining this maximum, a shift means 8 consecutive hours.	80% of the Negotiated Charge	60% of the Recognized Charge
Non-Surgical Physicians Expense Non-surgical services of the attending Physician, or a consulting Physician.	80% of the Negotiated Charge	60% of the Recognized Charge
Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Ambulatory Surgical Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Walk-in Clinic Visit Expense	80% of the Negotiated Charge*	60% 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 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.	After a \$250 Copay per visit (waived if admitted), 80% of the Negotiated Charge*	After a \$250 per visit Deductible (waived if admitted), 80% of the Recognized Charge*
Urgent Care Expense	80% of the Negotiated Charge*	60% of the Recognized Charge*
Ambulance Expense	80% of the Negotiated Charge	80% of the Recognized Charge

Outpatient Expense (continued)	Preferred Care	Non-Preferred Care
Physician's Office Visit Expense Includes visits to specialists and telemedicine services.	80% of the Negotiated Charge*	60% of the Recognized Charge
Consultant Expense	80% of the Negotiated Charge*	60% of the Recognized Charge*
Second Surgical Opinion Expense	80% of the Negotiated Charge*	60% of the Recognized Charge
Laboratory and X-ray Expense	80% of the Negotiated Charge	60% of the Recognized Charge
High Cost Procedures Expense Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests.	80% of the Negotiated Charge	60% of the Recognized Charge
Physical Therapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense Includes Physical, Speech and Occupational Therapy.	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense Includes charges incurred by a covered person for the following types of therapy provided on an outpatient basis: Radiation therapy, Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, Dialysis, and Respiratory therapy. Coverage for orally administered anticancer medications, prescribed by a prescribing practitioner, and used to kill or slow the growth of cancerous cells, are payable on the same basis as intravenously administered anticancer medications.	80% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Expense	After a \$35 Copay per visit, 80% of the Negotiated Charge*	After a \$35 per visit Deductible, 60% of the Recognized Charge*
Durable Medical and Surgical Equipment Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic Devices Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Dental Injury Expense	80% of the Actual Charge	
Allergy Testing and Treatment Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
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.	Payable in accordance with the type of expense incurred and the place where service is provided.	
Dental Anesthesia and Hospitalization Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	

Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Mammogram Expense Includes a baseline mammogram for women between the ages of 35 to 40 , a mammogram every two years, or more frequently based on the recommendation of the woman's physician for women ages 40 to 50 , or a mammogram on an annual basis for women 50 years of age and older.	100% of the Negotiated Charge*	60% of the Recognized Charge
Immunizations Expense Includes travel immunizations and flu shots.	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Physical Exam Expense Includes routine tests and related lab fees.	100% of the Negotiated Charge*	60% of the Recognized Charge
Preventive Health Care Services Expense For covered dependent child under 7 years of age on an outpatient basis.	100% of the Negotiated Charge*	100% of the Recognized Charge*
Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Colorectal Cancer Screening Expense Includes charges incurred by a covered person for an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Prostate Cancer Screening Includes charges incurred by a covered person for the screening of cancer as follows: for a male age 50 or over, and for a male age 40 and over who is at high risk for prostate cancer according to the most recent published guidelines of the American Cancer Society, one digital rectal exam and one prostate specific antigen test each Policy Year.	100% of the Negotiated Charge*	60% of the Recognized Charge
Pediatric Vision Care Exam Expense Supplies are limited to 1 pair of glasses (lenses and frames) or contacts 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*	60% of the Recognized Charge*

Preventive Care (continued)	Preferred Care	Non-Preferred Care
<p>Pediatric Routine Dental Exam Expense 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 George Mason University page on the Aetna Student Health website, www.aetnastudenthealth.com.</p> <p>Benefits are provided to covered persons through age 18.</p>	100% of the Negotiated Charge*	70% of the Recognized Charge
<p>Pediatric Basic Dental Care Expense 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 George Mason University page on the Aetna Student Health website, www.aetnastudenthealth.com.</p> <p>Benefits are provided to covered persons through age 18.</p>	70% of the Negotiated Charge*	50% of the Recognized Charge
<p>Pediatric Major Dental Care Expense 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 George Mason University page on the Aetna Student Health website, www.aetnastudenthealth.com.</p> <p>Benefits are provided to covered persons through age 18.</p>	50% of the Negotiated Charge*	50% of the Recognized Charge
<p>Pediatric Orthodontia Expense Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime).</p> <p>Benefits are provided to covered persons through age 18.</p>	50% of the Negotiated Charge*	50% of the Recognized Charge
<p>Routine Foot Care Expense Routine or palliative foot care is covered for treatment of patients with diabetes or vascular disease only; Treatment of bunions only covered when associated with capsular or bone surgery.</p>	Payable in accordance with the type of expense incurred and the place where service is provided.	
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Inpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	80% of the Negotiated Charge*	60% of the Recognized Charge
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	80% of the Negotiated Charge*	60% of the Recognized Charge

Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge*	60% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge*	60% of the Recognized Charge
Well Newborn Nursery Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge
<p>Family Planning Expense</p> <p>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. 		
Voluntary Sterilization Coverage for Tubal Ligation for voluntary sterilization.	100% of the Negotiated Charge*	60% of the Recognized Charge
Voluntary Sterilization Coverage for Vasectomy for voluntary sterilization.	80% of the Negotiated Charge	60% of the Recognized Charge
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.	100% of the Negotiated Charge*	60% of the Recognized Charge
Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense</p> <p>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>100% of the Negotiated Charge, following a \$15 Copay for each Generic Prescription Drug, \$40 Copay for each Formulary Prescription Drug, and \$75 Copay for each Non-Formulary Prescription Drug</p>	<p>75% of the Recognized Charge, following a \$15 Deductible for each Generic Prescription Drug, \$40 Deductible for each Formulary Prescription Drug, and \$75 Deductible for each Non-Formulary Prescription Drug</p>

Prescription Drug Coverage (continued)	Preferred Care	Non-Preferred Care
Includes drugs approved by the USFDA for use in the treatment of cancer, even if the drug has not specifically been approved for treatment of the specific cancer for which the drug has been prescribed.		
Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Outpatient Diabetic Self-Management Education Programs Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Non-Prescription Enteral Formula Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Clinical Trials Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Transfusion or Dialysis of Blood Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Lymphedema Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Home Treatment of Hemophilia Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Cleft Lip/Palate or Ectodermal Dysplasia Expense for Newborns Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Bones & Joints Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Acupuncture In Lieu Of Anesthesia Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Temporomandibular Joint Dysfunction Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Elective Abortion Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Dermatological Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Hospice Benefit	80% of the Negotiated Charge	60% of the Recognized Charge
Respite Care Expense Benefits are limited to 5 days every 90 days.	80% of the Negotiated Charge	60% of the Recognized Charge
Home Health Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge

Additional Benefits	Preferred Care	Non-Preferred Care
Skilled Nursing Facility Expense	80% of the Negotiated Charge for the semi-private room rate	60% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
Morbid Obesity Expense Includes treatment of morbid obesity through gastric bypass surgery or such other methods as recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity.	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.	
Autism Spectrum Disorder	Payable in accordance with the type of expense incurred and the place where service is provided.	
Early Intervention Services Expenses For covered dependent child under the age of 3.	Payable in accordance with the type of expense incurred and the place where service is provided.	
Reconstructive Surgery Following a Mastectomy Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Inpatient Coverage Following a Mastectomy Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Inpatient Coverage Following a Laparoscopy-Assisted Vaginal Hysterectomy & Vaginal Hysterectomy Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Podiatric Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Hypodermic Needles Expense	Payable in accordance with the type of expense incurred and the place where service is provided.	
Transplant Expense Human organ and tissue transplants are covered when provided as part of physician office services, inpatient facility services, and outpatient facility services.	Payable in accordance with the type of expense incurred and the place where service is provided.	
Private Duty Nursing Expense Benefits are limited to a maximum of 2 visits per Policy Year).	80% of the Negotiated Charge	60% of the Recognized Charge
Vision Correction after Surgery or Accident Expense Includes charges for Medically Necessary prescription glasses or contact lenses when required as a result of surgery or for the treatment of accidental injury. Includes cost of materials and fitting as well as exams and replacement of these eyeglasses or contact lenses if the prescription change is related to the condition that required the original prescription.	100% of the Actual Charge	

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

Exclusions

This Plan does not cover nor provide benefits for:

1. 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.
2. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
3. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
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 as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
6. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
7. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
8. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
 - a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect, including harelip, webbed fingers, or toes, or as 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. Surgery must be performed in the calendar year of the accident which causes the injury, or in the next calendar year.
9. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
10. Expense incurred as a result of commission of a felony.
11. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
12. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
13. 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.
14. Treatment for injury to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.

15. Expense for the contraceptive methods, devices or aids, and charges for or related to artificial insemination, in-vitro fertilization, or embryo transfer procedures, elective sterilization or its reversal or elective abortion unless specifically provided for in this Policy.
16. Expenses for treatment of injury or sickness to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the injury or sickness (or their insurers).
17. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
18. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed, or by whom they are recommended, or by whom or by which they are performed.
19. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
20. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
21. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
22. 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 c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or d) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that: a) The disease can be expected to cause death within one year, in the absence of effective treatment, and b) The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved. Also, this exclusion will not apply with respect to drugs that: a) Have been granted treatment investigational new drug (IND), or b) Group c/treatment IND status, or c) Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute, d) If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.
23. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss except for the treatment of morbid obesity.
24. Expenses incurred for breast reduction/mammoplasty.
25. Expenses incurred for gynecomastia (male breasts).
26. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.

27. Expense incurred by a covered person, not a United States citizen, for services performed within the covered person's home country, if the covered person's home country has a socialized medicine program.
28. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
29. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
30. Expense for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when medically necessary, because the covered person is diabetic, or suffers from circulatory problems.
31. Expense for injuries sustained as the result of a motor vehicle accident, to the extent that benefits are payable under other valid and collectible insurance, whether or not claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
32. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
33. Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.
34. 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.
35. Expense for telephone consultations (except telemedicine services), charges for failure to keep a scheduled visit, or charges for completion of a claim form.
36. 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.
37. Expense for incidental surgeries, and standby charges of a physician.
38. Expense incurred as a result of dental treatment, including extraction of wisdom teeth, except for treatment resulting from injury to sound natural teeth, as provided elsewhere in this Policy.
39. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
40. Expenses incurred for massage therapy.
41. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
42. Expense for charges that are not recognized charges, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the recognized charge for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
43. Expense for treatment of covered students who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
44. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.

45. 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: information relating to the affected person's health status, reports in peer reviewed medical literature, reports and guidelines published by nationally recognized health care organizations that include supporting scientific data, generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment, the opinion of health professionals in the generally recognized health specialty involved, and 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.

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