

Aetna Student Health
University of Notre Dame
2009-2010 Policy Year
Student Health Insurance Program Binder

Aetna Student Health is pleased to offer student health insurance and services to the University of Notre Dame for the 2009-2010 policy year.

- University of Notre Dame commits to a contract for Student Health Insurance with Aetna Student Health for the 2009-2010 policy year.
- Plan administration will be provided by Aetna Student Health.
- Insured Medical and Dental Plans are underwritten by Aetna Life Insurance Company (ALIC)
- Medical Evacuation/Repatriation coverage is provided by On Call International and is underwritten by Virginia Surety Company.
- Accidental Death and Dismemberment coverage

Medical Plan

Two Year Rates 2009/2010 2010/2011	Annual Insurance Rate*	Spring Insurance Rate*	Summer Insurance Rate*
Student	\$1,239	\$720	\$309
Spouse	\$3,098	\$1,797	\$774
Each Child	\$1,859	\$1,078	\$465
All Children	\$2,416	\$1,401	\$604
Spouse and all Children	\$5,514	\$3,198	\$1,378

**Does not include a Student Health fee*

Continuation Plan - 2009/2010. 2010/2011

	Monthly To a Maximum of 6 Months
Student	\$211
Spouse	\$527
Each Child	\$316
All Children	\$487
Spouse and all Children	\$1,014

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Advantage™ Dental - Insured Dental Plan: University of Notre Dame will offer Advantage Dental plan as an option for students to purchase on a voluntary basis. Students do not need to be enrolled in the Student Sickness and Accident plan in order to enroll.

The availability of the Aetna Advantage Dental plan will be included in the pamphlet that is mailed to students, and will be included on the Aetna Student Health/University of Notre Dame web page. This plan can be purchased only during the open enrollment period of the student accident & sickness plan.

The cost to enroll in the Aetna Advantage Dental plan is as follows:

Student:	\$113
Spouse:	\$118
Children:	\$176

Summary of Benefits Chart

The Plan will always pay benefits in accordance with any applicable Indiana Insurance Law(s), including coverage for the following mandated benefits: Colorectal Screenings, Diabetes, Dialysis, ,Emergency Health Services, Mammography, Mastectomy and Prosthetic Devices, Maternity/Pediatric Care and Post Partum, Newborn Examinations, Newborn HIV Testing, Newborn Hearing, Off Label Uses of Prescription Drugs Used in the Treatment of Cancer, Prostate Cancer Screening, Victims of Abuse, and Women's Health Services.

The following benefits are subject to the imposition of Policy limits and exclusions

Aggregate Maximum	\$100,000 per Injury or Sickness
Deductible <i>Deductible is waived when treatment is rendered by the University Health Service, South Bend Medical Foundation, McDonald Physical Therapy, XRC and Rad, Inc.</i>	\$200 per Person per Policy Year
Coinsurance/Benefit Allocation	<p>Sickness Related Expenses Covered Medical Expenses are payable as follows: Health Center: 100% Preferred Care: 80% Non-Preferred Care: 60%</p> <p>Accident Related Expenses Covered Medical Expenses are payable as follows: Health Center: 100% Preferred Care: 80% Non-Preferred Care: 60%</p>
Out of Pocket	<p>Health Services: \$0 Preferred Care: \$2,500 Individual/\$5,000 Family Non-Preferred Care: \$2,500 Individual/\$5,000 Family</p>
Pre-certification	<p>The Patient, Physician, or Hospital must telephone at least three business days prior to the planned admission.</p> <p>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 Deductible.</p>
Pre Existing Limitation	Any injury, sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment (within twelve months prior to the covered person's effective date of insurance).

Student Health Center <i>Please note: Only students are eligible to use the Health Center</i>	<p>Benefits are payable for 100% of Covered Medical Expenses incurred at the University Health Services.</p> <p>X-Rays will be paid at 100% and the Deductible will be waived at XRC Imaging, Rad, Inc. and lab work at South Bend Medical Foundation. The Deductible will be waived and benefits paid at 100% for McDonald Physical Therapy.</p>
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	<p>Allergy injections, serums and oral allergy medications for students are covered at University Health Services only. Immunizations for students at the Health Center are covered at 100%.</p> <p>Covered Prescription Drugs are reimbursed at the University Health Center at 100% after a \$5 Copay for Generic, \$25 Copay for Brand Name, or \$35 Copay for Brand Name prescription if a Generic is Available.</p>
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Inpatient

Hospital Room and Board Expense (Includes Intensive Care Unit Expense)	<p>Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge for an overnight stay. Non-Preferred Care: 60% of the Reasonable Charge for the semi-private room rate for an overnight stay up to a maximum aggregate of \$900 per day.</p>
Miscellaneous Hospital Expense	<p>Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to an aggregate maximum of \$900 per day. Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicines, and use of operating room.</p>
Physician Hospital Visit Expenses	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a \$50 maximum per day.</p>
Routine Newborn Care	<p>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.</p>
Physiotherapy	<p>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.</p>
Registered Nurse's Services	<p>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.</p>
Pre-Admission Testing	Paid under Miscellaneous Hospital Expense.
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.</p>
Anesthetist Expense & Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.</p>
Surgical Outpatient/Day Facility Charges	<p>Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a \$900 maximum per surgery.</p>
Outpatient Benefits	
<p>Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, physical therapy, clinical lab, test and procedures, injections, immunizations, radiological facility or other similar facility licensed by the state.</p>	
Physician's Office Visits <i>Limited to one visit per day and does not apply when related to Physiotherapy.</i>	<p>Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a maximum of \$50 per day / 16 day maximum.</p>

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Lab and X-Ray	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge up to a \$2,000 maximum per Injury or Sickness. Non-Preferred Care: 60% of the Reasonable Charge up to a \$600 maximum per Injury or Sickness.
Outpatient Miscellaneous	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a \$300 maximum per Injury or Sickness.
Emergency Care	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Reasonable Charge.
Physiotherapy Expenses (Physical & Occupational & Acupuncture)	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Durable Medical Equipment <i>Includes prosthetic and orthotics</i>	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a \$2,000 maximum per Policy Year.
Outpatient Hospital expenses (Chemotherapy, Radiation, Miscellaneous Facility charges, etc)	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a \$300 maximum per Injury or Sickness.
Mental Health and Substance Abuse Benefits (Inpatient & Outpatient)	
Inpatient Expense—Mental Health <i>Paid as any other Sickness</i>	Covered Medical Expenses for the treatment of a mental health condition or for substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.
Outpatient Expense—Mental Health <i>Paid as any other Sickness limited to one visit per Day.</i>	Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge up to a maximum of \$50 per day / 16 day maximum.
Inpatient Expense—Substance Abuse	Covered Medical Expenses for the treatment of substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge. Inpatient treatment is limited to a maximum of \$1,000 per Policy Year. Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.
Maternity Benefits	

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Maternity Expense (No referral required)	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Additional Benefits	
Ambulance Expense	Covered Medical Expenses are payable at 80%.
Prescription Drug Benefit	<p>At University Health Services: 100% following a \$5 Copay for each Generic Prescription Drug or a \$25 Copay for each Brand Name Prescription Drug, or a \$35 Copay for each Brand Name Prescription Drug where a Generic is available.</p> <p>Outside of University Health Services: After the Deductible has been satisfied 80% for Generic Prescription Drug or 60% for a Preferred Brand Name Prescription Drug. There will be no coverage for Non-Preferred Brand Name Prescription Drugs.</p> <p>This Pharmacy benefit is provided to cover Prescriptions associated with a covered Injury or covered Sickness occurring during the Policy Year.</p> <p>Benefits for contraceptive are covered only when medically necessary.</p> <p>Please note: You are required to pay in full at the time of service for all Prescriptions dispensed outside of University Health Services.</p>
Dental Injury Expenses	Covered Medical Expenses are payable at 80% of the actual charge to a maximum of \$300 per Accident for the treatment of an Injury to sound, natural teeth.
Home Health Care Expense	Covered Medical Expenses are payable at: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Allergy Treatment & Injections Expenses	Only covered for students at the Health Center.
Hospice Care Expense	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Mammogram Expenses (No referral required)	Coverage will be provided for one baseline mammogram for women between ages of 35 and 40 and one annual mammogram for women aged 40 and older. Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Pre-Admission Testing	Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.

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List Exclusions:

The Plan neither covers nor provides benefits for the following:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred as a result of dental treatment unless otherwise indicated in the Policy.
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.
4. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
5. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
6. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for 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:

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.

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 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.
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. 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

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- by whom they are prescribed; or
 - by whom they are recommended; or
 - by whom or by which they are performed.
15. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if:
- There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature; to substantiate its safety and effectiveness; for the disease or injury involved
 - If required by the FDA; approval has not been granted for marketing
 - A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes
 - The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that:

- The disease can be expected to cause death within one year; in the absence of effective treatment; and
- The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;

If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.]

16. Expenses incurred for breast reduction/mammoplasty.
17. Expenses incurred for gynecomastia (male breasts).
18. 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.
19. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
20. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
21. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
22. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
23. 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.
24. Expense for incidental surgeries; and standby charges of a physician.
25. Expense for treatment and supplies for programs involving cessation of tobacco use.
26. Expenses incurred for massage therapy.
27. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.

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28. 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.
29. Expenses arising from a pre-existing condition.
30. 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.
31. Expenses incurred as a result of allergy shots and injections, preventative medicines, serums, vaccines or oral contraceptives unless otherwise provided in the Policy.
32. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).
33. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss except for the treatment of morbid obesity.

The exclusions above will not apply to the extent that coverage is specifically provided by name in this Policy; or coverage of the charges is required under any law that applies to the coverage.

Mandated Offers – State of Indiana

Mandate	Requirement
Morbid Obesity	<p>Must offer coverage for non-experimental, surgical treatment by a health care provider of morbid obesity:</p> <ul style="list-style-type: none"> • that has persisted for at least five (5) years; and • for which nonsurgical treatment that is supervised by a physician has been unsuccessful for at least eighteen (18) consecutive months. <p>An insurer that issues an accident and sickness insurance policy may not provide coverage for a surgical treatment of morbid obesity for an insured who is less than twenty-one (21) years of age unless two (2) physicians licensed under IC 25-22.5 determine that the surgery is necessary to:</p> <ul style="list-style-type: none"> • save the life of the insured; or • restore the insured's ability to maintain a major life activity (as defined in IC 4-23-29-6); <p>and each physician documents in the insured's medical record the reason for the physician's determination.</p>

Accept _____

Decline _____

Mental Health Parity	<p>If the plan covers treatment of substance abuse and chemical dependency, must offer coverage without treatment limitation or financial requirements, when the services are required in the treatment of a mental illness.</p> <p>The mandate to offer coverage as described above, will apply if similar limitation or requirements are not imposed on the coverage of services for other medical or surgical conditions.</p> <p>The law does not require a group or individual insurance policy to offer mental health benefits.</p>
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Accept _____

Decline _____

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Payment Terms for Medical, AD&D, Medical Evacuation/Repatriation

Premium must be paid on a gross basis to Aetna Student Health.

Define Terms (Specific): _____

While the policy remains in force and in the absence of any revision in benefits or other material change in the conditions under which the plan operates, these rates are expected to remain in force until the next policy renewal.

Aetna Representative

Name: Brian St. Hilaire

Date: December 10, 2008

Title: Senior Director of Market Relations

Signed: _____

Aetna Representative

Name: Bennett Kaplan

Date: December 10, 2008

Title: Director of Underwriting

Signed: _____

University of Notre Dame Representative

Name: _____

Date: _____

Title: _____

Signed: _____

Original or Revision (Check One) If revised, indicate revision #____.

"The University of Notre Dame (the "Plan") is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc., which is a wholly owned subsidiary of ALIC. **Aetna Student Health is the brand name for products and services provided by these companies.**

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