

2008-2009

Domestic & International

Student Health Insurance Plan



for students of



University of Nevada, Reno



Underwritten by:
Aetna Life Insurance Company
Policy #697428

Brokered by:
Wells Fargo of California Insurance Services, Inc.
Student Insurance Division

WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on *the later of*:

- ♦ The Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Aetna Student Health.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 12:01 a.m. on *the earlier of*:

- ♦ Date the policy terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ Date the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

PLAN COST

UNR UNDERGRADUATE DOMESTIC STUDENTS

TERMS OF COVERAGE	ANNUAL 8/15/08 - 8/15/09	FALL 8/15/08 - 1/22/09	SPRING 1/22/09 - 6/11/09	SPRING/SUMMER 1/22/09 - 8/15/09	SUMMER 6/11/09 - 8/15/09
Enrollment Deadline	9/8/08	9/8/08	2/3/09	2/3/09	6/22/09
Student	\$ 1,893	\$ 768	\$ 722	\$ 1,126	\$ 407
<i>Dependents must be enrolled for the same term of coverage as student.</i>					
Spouse	\$ 4,701	\$ 1,906	\$ 1,791	\$ 2,795	\$ 1,010
Per Child	\$ 3,277	\$ 1,329	\$ 1,248	\$ 1,948	\$ 682

UNR GRADUATE AND INTERNATIONAL STUDENTS

TERMS OF COVERAGE	ANNUAL 8/15/08 - 8/15/09	FALL 8/15/08 - 1/22/09	SPRING 1/22/09 - 6/11/09	SPRING/SUMMER 1/22/09 - 8/15/09	SUMMER 6/11/09 - 8/15/09
Enrollment Deadline	9/8/08	9/8/08	2/3/09	2/3/09	6/22/09
Student	\$ 1,650	\$ 669	\$ 630	\$ 980	\$ 354
<i>Dependents must be enrolled for the same term of coverage as student.</i>					
Spouse	\$ 3,967	\$ 1,609	\$ 1,511	\$ 2,358	\$ 852
Per Child	\$ 2,763	\$ 1,121	\$ 1,053	\$ 1,643	\$ 594

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to other third parties. Rates also include premiums and fees for Accidental Death and Dismemberment, Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through OnCall International and its contracted underwriting companies.

HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

Undergraduate Students

All registered University of Nevada, Reno undergraduate students enrolled in 9 or more credit hours and who have paid the Health Service fee are eligible to enroll in this insurance Plan. To enroll in the Plan, visit the UNR cashier's office.

International Students

All registered University of Nevada, Reno International students are required to have insurance and will automatically be charged the health insurance fee.

Optional Practical Training students are not eligible to purchase the UNR student insurance Plan.

Graduate Students

All registered University of Nevada, Reno Graduate students enrolled in 6 or more credit hours and who have paid the Health Service fee are eligible to enroll in this insurance Plan. To enroll in the Plan, visit the UNR cashier's office.

Dependents

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse (or domestic partner), and unmarried children under 19 years of age or 23 years if full-time student at an accredited institution of higher learning who are not self-supporting.

Eligibility Requirement

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be recovered within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payment to avoid a lapse in coverage.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the University of Nevada, Reno Student Health Insurance Plan. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.

Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

Home study, correspondence, internet classes and television (TV) courses do not fulfill the eligibility requirements that the student actively attends classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

PRE-EXISTING CONDITION

Pre-Existing Condition limitation: Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless the Covered Person has been covered under the Policy for six consecutive months. This limitation is subject to all other policy limitations; including benefits listed under the Outpatient section. See the definition of Pre-Existing Conditions in the definition section of this Brochure.

Special Rules as to a Pre-Existing Condition

If a Covered Person had Creditable Coverage and such coverage terminated within 62 days prior to the date they become eligible for coverage under the Policy, any period of time that they had the Creditable Coverage may be counted toward the above requirement provided that coverage under the Policy is applied within 30 days of the person's eligibility.

PREMIUM REFUND

A refund of premium will be granted for one of the two below reasons only. No other refunds will be considered.

1. If you fail to meet your plan eligibility requirements within the first 45 days of the coverage period, you will receive a full refund of the premium; provided that you did not file a medical claim during this period. Requests must be submitted within 45 days of your effective date and no partial refunds will be granted. If you fail to meet your plan eligibility requirements after the first 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid and no refund will be granted.
2. If you enter the Armed Forces of any country you will not be covered under the Policy as of the date of such entry. A partial refund of premium will be made, upon receipt of written request within 45 days of entry into the service.

If your campus requires you to have insurance as a condition of enrollment, then you must submit a refund request to the campus insurance coordinator. All other students must submit a written request to Wells Fargo Insurance Services. Approved refunds will be assessed a \$25 processing fee.

PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access the Aetna Preferred Provider Network. It is to your advantage to utilize a Preferred Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Provider and a Non-Preferred Provider. Preferred Providers are independent contractors and are neither employees nor agents of University of Nevada, Reno, Aetna Student Health, or Aetna Life Insurance Company. To find a preferred provider, you can use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "**Find Your School**" and enter **Policy Number 697428**. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.

DEFINITIONS

Accident: An occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes injury.

Actual Charge: The actual charge made for a covered service by the provider who furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one Policy Year to the next.

Brand Name Prescription Drug or Medicine: A Prescription Drug which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under this Accident and Sickness Insurance Plan.

Co-pay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Co-pay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment; service; or supplies; covered by the Policy which are: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; and (c) incurred while the Policy is in force as to the Covered Person; except with respect to any Expenses payable under the Extension of Benefit Provisions.

Covered Person: A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

Creditable Coverage: Creditable Coverage means a person's prior medical coverage as defined in the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Such coverage includes the following: coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored healthcare; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employees' Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act. Additionally, students from foreign countries which have a socialized medicine program will be considered as having had creditable coverage.

Deductible: A specific amount of Covered Medical Expenses that must be incurred by; and paid for; by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

Emergency Medical Condition: This means a recent and severe medical condition; including; but not limited to; severe pain, which would lead a prudent layperson; possessing an average knowledge of medicine and health; to believe that his or her condition; Sickness; or Injury; is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

It does include an Accident or serious illness such as heart attack; stroke; poisoning; loss of consciousness or respiration; and convulsions. It does not include elective care; routine care; care for non-emergency illness; or care required as a result of circumstances which would have been foreseen prior to the Covered Person's departure from the University/College area.

Generic Prescription Drug or Medicine: A Prescription Drug which is not protected by trademark registration; but is produced and sold under the chemical formulation name.

Injury: Bodily injury caused by an accident. This includes related conditions and recurrent symptoms of such injury.

Medically Necessary: A service or supply that is: necessary; and appropriate; for the diagnosis or treatment of a Sickness; or Injury; based on generally accepted current medical practice.

In order for a treatment; service; or supply to be considered Medically Necessary; the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition. It must be 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
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition. It must be 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
- 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 healthcare 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:

- Those that do not require the technical skills of a medical; a mental health; or a dental professional; or
- Those furnished mainly for: the personal comfort; or convenience; of the person; any person who cares for him or her; or any person who is part of his or her family; any healthcare provider; or healthcare facility; or
- 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.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under this Plan.

Non-Preferred Care: A healthcare service or supply furnished by a healthcare provider that is not a Preferred Care Provider; if, as determined by Aetna; (a) the service or supply could have been provided by a Preferred Care Provider; and (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

Non-Preferred Care Provider (or Non-Preferred Provider): A healthcare provider that has not contracted to furnish services or supplies at a Negotiated Charge.

Pharmacy: An establishment where prescription drugs are legally dispensed.

Physician: A legally qualified physician licensed by the state in which he or she practices; and any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any injury, sickness or condition for which a person received treatment or services, or took prescribed drugs or medicines within six months of the Covered Person's effective date of insurance.

Continued on Next Page

DEFINITIONS (CONTINUED)

If a student has continuous coverage under the University of Nevada, Reno student health insurance plan from one year to the next; an Accident or Sickness that first manifests itself during a prior year's coverage; shall not be considered a Pre-Existing Condition.

Preferred Care: Care provided by a Preferred Care Provider; or any healthcare provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Care Provider (or Preferred Provider): A healthcare provider that has contracted to furnish services or supplies for a Negotiated Charge; but only if the provider is, with Aetna's consent; included in the Directory as a Preferred Care Provider for the service or supply involved; and the class of which the Covered Person is a member.

Preferred Pharmacy: A pharmacy; including a mail order Pharmacy; which is party to a contract with Aetna to dispense drugs to persons covered under the Policy; but only while the contract remains in effect; and when the pharmacy dispenses a prescription drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a prescription drug. If it is an oral order; it must be promptly put in writing by the pharmacy.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable Charge for a service or supply is the lowest of:

- ♦ The provider's usual charge for furnishing it; and
- ♦ The charge Aetna determines to be appropriate; based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made; and
- ♦ The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances; Aetna may have an agreement; either directly or indirectly through a third party; with a provider which sets the rate that Aetna will pay for a service or supply. In these instances; in spite of the methodology described above; the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- ♦ Unusual; or
- ♦ Not often provided in the area; or
- ♦ Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- ♦ The complexity;
- ♦ The degree of skill needed;
- ♦ The type of specialty of the provider;
- ♦ The range of services or supplies provided by a facility; and
- ♦ The prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

PRE-CERTIFICATION PROGRAM

Pre-Admission and Outpatient Certification is designed to help you receive quality cost effective medical care. All requests for certification must be obtained by contacting Aetna Student Health. The following inpatient services require pre-certification:

- ♦ All inpatient admissions; including length of stay; to a hospital; convalescent facility; 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 48/96 hours.
- ♦ **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.
- ♦ If you do not secure pre-certification for non emergency inpatient admissions; or provide notification for emergency admissions; it will result in a decrease of benefits to a coinsurance level of 50% of eligible Covered Medical Expenses.

Notification of Emergency Admissions:

The patient, patient's representative; Physician or hospital must telephone within one (1) business day following inpatient (or partial hospitalization) admission.

Aetna Student Health

Attention: Managed Care Dept.

P.O. Box 15708

Boston, MA 02215-0014

(866) 574-8365 (toll-free)



SCHEDULE OF MEDICAL EXPENSE BENEFITS

	UNDERGRADUATE STUDENTS	GRADUATE AND INTERNATIONAL STUDENTS
Aggregate Maximum	\$100,000 per Policy Year	\$200,000 per Policy Year
Preferred Deductible*	\$300 per Covered Person/\$600 per family	\$300 per Covered Person/\$600 per family
Non-Preferred Deductible*	\$500 per Covered Person/\$1,000 per family	\$500 per Covered Person/\$1,000 per family
Out-of-Pocket Maximum**	\$3,000 for Preferred Care/\$6,000 for Non-Preferred Care	\$1,800 per person

*Deductible is waived when treatment is rendered at the UNR Student Health Center (Reno)

**Once the Covered Person reaches the Out-of-Pocket Maximum, benefits will be paid out at 100%. Out-of-Pocket Maximum does not include deductibles or copays.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If Covered Medical Expenses are incurred due to an emergency treatment, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when a Non-Preferred Provider is used. Unless indicated otherwise, Non-Preferred will be reimbursed at 60% of Reasonable Charge.

Expenses provided by the University of Nevada, Reno Student Health Center that are otherwise not covered by the University of Nevada, Reno Health Fee, are paid at 100% by the Student Health Insurance Plan. Policy exclusions and limitations apply to those expenses unless otherwise listed in the Schedule of Benefits. Pre-Existing Limitations do not apply to these expenses.

Prior Notification is required for Inpatient Hospital Admissions. If prior notification is not received, coinsurance is decreased to 50% of eligible expenses.

After your deductible has been met eligible expenses are payable as follows:

INPATIENT BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Room & Board/Hospital Miscellaneous , daily semi-private room rate; and general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic expenses, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of Negotiated Charge	60% of Reasonable Charge
Skilled Nursing Facility/Inpatient Rehabilitation Facility Expenses , maximum 60 days per Policy Year	80% of Negotiated Charge	60% of Reasonable Charge
Intensive Care	80% of Negotiated Charge	60% of Reasonable Charge
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. (4 days maximum)	80% of Negotiated Charge	60% of Reasonable Charge
Surgeons Fees , No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, except for life threatening Injuries	80% of Negotiated Charge	60% of Reasonable Charge
Assistant Surgeon , when Medically Necessary	80% of Negotiated Charge	60% of Reasonable Charge
Anesthetist , Professional service in connection with Inpatient surgery	80% of Negotiated Charge	60% of Reasonable Charge
Registered Nurse , private duty nursing care	80% of Negotiated Charge	60% of Reasonable Charge
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery.	80% of Negotiated Charge	60% of Reasonable Charge
Mental Health Expenses , Limited to 30 days per Policy Year	80% of Negotiated Charge	60% of Reasonable Charge
Substance Abuse Expenses , (Preferred and Non-Preferred Benefits are limited to \$1,500 for detox, \$9,000 for treatment facility)	80% of Negotiated Charge	60% of Reasonable Charge
Severe Mental Health , (includes schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder.) Payable to a maximum of 40 days per Policy Year.	80% of Negotiated Charge	60% of Reasonable Charge

Continued on Next Page

SCHEDULE OF MEDICAL EXPENSE BENEFITS (CONTINUED)

OUTPATIENT BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Surgeon's Fees , No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, except for life threatening Injuries	80% of Negotiated Charge	60% of Reasonable Charge
Ambulatory Surgical Expense , related to scheduled surgery performed in a Hospital; including the cost for the operating room; laboratory tests and X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index	80% of Negotiated Charge	60% of Reasonable Charge
Anesthetist , Professional service in connection with Outpatient surgery	80% of Negotiated Charge	60% of Reasonable Charge
Physician's Visits , Coinsurance does not apply when a Physician charge is not assessed	80% of Negotiated Charge	60% of Reasonable Charge
Rehabilitation Services , Maximum 60 visits per Policy Year combined for physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation, and cardiac rehabilitation	80% of Negotiated Charge	60% of Reasonable Charge
Medical Emergency Expenses , use of the emergency room and supplies. \$100 Co-pay/Deductible per visit	80% of Negotiated Charge	80% of Reasonable Charge
Diagnostic X-ray and Laboratory Services	80% of Negotiated Charge	60% of Reasonable Charge
Radiation Therapy and Chemotherapy	80% of Negotiated Charge	60% of Reasonable Charge
Chiropractic Care , benefits include diagnosis and related services. (limited to one visit and treatment per day. Preferred and Non- Preferred benefits are limited to 24 visits per Policy Year.)	80% of Negotiated Charge, after a \$10 co-pay per visit	60% of Reasonable Charge
Substance Abuse Services , (Preferred and Non-Preferred Benefits are limited to 20 visits per Policy Year and up to \$2,500 for outpatient counseling for patient or family members)	80% of Negotiated Charge	60% of Reasonable Charge
Prescription Drugs , benefits limited to \$1,000 maximum per Policy Year* (Includes oral contraceptives and prescription prenatal vitamins) You may be eligible to attain up to a 90 day supply of Prescription Drugs from Campus Pharmacy. For more information, please call (775) 784-6799	Generic Drugs: 100% of the Negotiated Charge after a \$10 co-pay per prescription Brand Name Drugs: 100% of the Negotiated Charge after a \$20 co-pay per prescription	N/A
Mental Health Expenses , 20 visits maximum per Policy Year	80% of Negotiated Charge	60% of Reasonable Charge
Urgent Care Center Services	80% of the Negotiated Charge after a \$50 co-pay	60% of Reasonable Charge
Severe Mental Health , (includes schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder.) Payable to a maximum of 40 visits per Policy Year, excluding visits for medication management.	80% of Negotiated Charge	60% of Reasonable Charge
OTHER BENEFITS	PREFERRED CARE	NON-PREFERRED CARE
Ambulance Services	80% of Negotiated Charge	80% of Reasonable Charge
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement Equipment are not covered. Benefits include prosthetic devices and contraceptive devices. Limited to \$2,500 per Policy Year	80% of Negotiated Charge	60% of Reasonable Charge
Dental Treatment , made necessary by Injury to Sound, Natural Teeth	80% of Negotiated Charge	80% of Reasonable Charge
Routine Vision Examinations , limited to one exam every Policy Year	80% of Negotiated Charge	60% of Reasonable Charge
Maternity Expenses (includes complication of pregnancy)	80% of Negotiated Charge	60% of Reasonable Charge
Well Baby Care , exams and childhood immunizations up to age 2	80% of Negotiated Charge	60% of Reasonable Charge
Home Healthcare , 60 visits maximum per Policy Year for skilled care services	80% of Negotiated Charge	60% of Reasonable Charge
Hospice Care , limited to 360 days per Lifetime	80% of Negotiated Charge	60% of Reasonable Charge
Elective Abortion (Benefits limited to a maximum of \$150)	80% of Negotiated Charge	80% of Reasonable Charge
Women's Health Care Expense , includes one baseline mammogram for women between the ages of 35 and 40 per Policy Year; one annual mammogram for women age 40 and older per Policy Year; an annual Pap Smear screening for women age 18 and older. If follow-up diagnostic Pap Smears are medically necessary, they will be covered on the same basis as any outpatient expense.	80% of Negotiated Charge	60% of Reasonable Charge

*Please note: Once the Prescription Drug Benefit maximum is reached, you are able to obtain prescriptions, at your expense, at the Aetna negotiated charge.

GENERAL PROVISIONS

State Mandated Benefits: This plan will always pay benefits in accordance with any applicable Nevada Insurance Law(s). Mandated benefits include: Elemental Enteral Formula, for home use; Pregnancy not subject to Pre-Existing Condition Limitations; and Hospice Care.

Third Party Liability and Right of Recovery Provision: When a covered person's injury appears to be someone else's fault, benefits otherwise payable under the Policy for Covered Medical Expenses incurred as a result of that injury will not be paid unless the covered person or his legal representative agrees:

- a. to repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the covered person by or on behalf of the person at fault;
- b. to allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna; and
- c. to execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

If a Covered Person receives any payment from any potentially responsible party; as a result of an Injury or illness; Aetna has the right to recover from; and be reimbursed by; the Covered Person for all amounts this Plan has paid; and will pay as a result of that Injury or illness; up to and including the full amount the Covered Person receives; from all potentially responsible parties. A "Covered Person" includes; for the purposes of this provision; anyone on whose behalf this Plan pays or provides any benefit; including but not limited to the minor child or Dependent of any Covered Person; entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment; including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's reimbursement rights. The Covered Person shall; when requested; fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party; including an attorney; of the intention to pursue or investigate a claim; to recover damages; due to injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's reimbursement rights are a first priority claim against all potential responsible parties; and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments; even if such payment to the Plan will result in a recovery to the Covered Person; which is insufficient to make the Covered Person whole; or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney

hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party; and regardless of whether the settlement or judgement received by the Covered Person identifies the medical benefits this Plan provided.

This Plan is entitled to recover from any and all settlements or judgments; even those designated as "pain and suffering" or "non-economic damages" only. In the event any claim is made that any part of this reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms; the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

COORDINATION OF BENEFITS

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under the Policy; and prior student health insurance policies issued to the school; will be covered for any Pre-Existing Condition; which manifests itself while continuously insured; except for expenses payable under prior policies in the absence of the Policy. Previously Covered Persons must re-enroll for coverage; including dependent coverage; by the specified enrollment deadline dates (see page 2) in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs; the Pre-Existing Conditions Limitation will apply.

EXTENSION OF BENEFITS

If a Covered Person is confined to a hospital on the date his or her insurance terminates; expenses incurred after the termination date and during the continuance of that hospital confinement; shall be payable in accordance with the policy; but only while they are incurred during the 90 day period; following such termination of insurance.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Expenses incurred while the policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates; except as may be provided under the Extension of Benefits provision.

EXCLUSIONS & LIMITATIONS

This list is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions.

This Policy does not cover nor provide benefits for:

1. 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.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or **Hospital**; or by healthcare providers employed by the Policyholder.
3. Expense incurred for eye refractions; vision therapy; radial keratotomy; eye-glasses; 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 **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.
5. 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.
6. 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.
7. Expense incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **covered person** entering the Armed Forces of any country; the unearned pro rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to:
 - ♦ 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.
11. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
12. Expense for **injuries** sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
13. Expense incurred as a result of commission of a felony.
14. 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.
15. 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**.
16. Expense incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports; including collegiate or intercollegiate club sports and intramurals.
17. 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.
18. Expense incurred for experimental or investigative procedures.
19. Expenses incurred for blood or blood plasma; except charges by a hospital for the processing or administration of blood.
20. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
21. Expense incurred for treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain in excess of \$2,500 per Policy Year, not to exceed \$4,000 per lifetime.
22. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
23. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
24. Expense 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.
25. Expenses incurred for hearing exams.
26. Expense for transplants in excess of \$30,000 for services provided by a **Non-Preferred** provider.
27. Expense for services or supplies used to treat conditions related to autism; hyperkinetic syndromes; learning disabilities; behavioral problems; mental retardation; or senile deterioration; beyond the period necessary to diagnose the condition.
28. Expense for services or supplies provided for the treatment of obesity and/or weight control.
29. Expense for charges that are not **reasonable charges**; as determined by Aetna.
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 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.
32. Expenses incurred for breast reduction/mammoplasty.
33. Expenses incurred for gynecomastectomy (male breasts).

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

HOW DO I FILE A CLAIM?

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

Aetna Student Health
P.O. Box 15708, Boston, MA 02215-0014
(866) 574-8365 (toll-free)

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PST), Monday through Friday, for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna Student Health within 180 days from the date appearing on the Explanation of Benefits (EOB).
5. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed; according to the benefits of your Student Accident and Sickness Insurance Plan.

HOW TO APPEAL A CLAIM

In the event a Covered Person disagrees with how a claim was processed; he/she may request a review of the decision. The Covered Person's requests must be made in writing within 180 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why he/she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes; operative reports; Physician's letter of medical necessity; etc.).

Please submit all requests to:
Aetna Student Health
P.O. Box 15717
Boston, MA 02215-0014

If the dispute is not resolved, you may also write or call the:
Consumer Services Division

State of Nevada Division of Insurance
788 Fairview Dr #300
Carson City, NV 89701
Phone: (775) 687-4270
Fax: (775) 687-3937

PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription; please present your ID card to a Preferred Pharmacy; along with your applicable co-pay. The pharmacy will bill Aetna for the cost of the drug; plus a dispensing fee; less the co-pay amount.

When you need to fill a prescription; and do not have your ID card with you; you may obtain your prescription from an Aetna Preferred Pharmacy; and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications; less your co-pay.

NOTICE

Aetna considers non-public personal member information ("NPI") confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use NPI internally, share it with our affiliates, and disclose it to healthcare providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of NPI, please call the toll-free Customer Services number on your ID card or visit Aetna Student Health on the internet at: www.aetnastudenthealth.com.

MEMBER WEB: AETNA NAVIGATOR®

Got Questions? Get Answers with Aetna Navigator®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Aetna Navigator®, you can:

- ◆ Review who is covered under your plan.
- ◆ Request member ID cards.
- ◆ View Claim Explanation of Benefits (EOB) statements.
- ◆ Estimate the cost of common healthcare services and procedures to better plan your expenses.
- ◆ Research the price of a drug and learn if there are alternatives.
- ◆ Find healthcare professionals and facilities that participate in your plan.
- ◆ Send an e-mail to Aetna Student Health Customer Service at your convenience.
- ◆ View the latest health information and news, and more!

How do I register?

- ◆ Go to www.aetnastudenthealth.com
- ◆ Click on "Find Your School."
- ◆ Enter your school name and then click on "Search."
- ◆ Click on Aetna Navigator® and then the "Access Navigator" link.
- ◆ Follow the instructions for First Time User by clicking on the "Register Now" link.
- ◆ Select a user name, password and security phrase.

Need help with registering onto Aetna Navigator®

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at 1-800-225-3375.

ADDITIONAL DISCOUNTS & SERVICES

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna. To learn more about these additional services and search for providers, visit www.aetnastudenthealth.com.

Aetna VisionSM Discount Program¹ – The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

Aetna Beginning Right Maternity Management Program² – The tools you need to give your baby a healthy start. You will have a one-on-one relationship

ADDITIONAL DISCOUNTS & SRVCS (CONTINUED)

with an obstetrics-trained nurse and a physician – in person, by phone or through a website – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, dental screening and healthy initiatives, such as smoking.

Fitness Program¹ – Aetna’s Fitness Program provides members with access to services provided by GlobalFit™, the nation’s most comprehensive provider of fitness clubs and programs supporting members’ healthy lifestyles. Members can access GlobalFit’s national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit’s other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services.

**At some clubs, participation may be restricted to new club members.*

Aetna’s Informed Health® Line² – Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year. You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.

You also have access to our Audio Health Library, a recorded collection of thousands of health topics that’s available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.

Or, to get credible health information online, register for Aetna Navigator™ (visit www.aetnastudenthealth.com to register), our password-protected member website. After logging in, click on *Take Action on Your Health, Treating Illness* and then *Health A-Z*.

To reach an Informed Health Line Nurse, please call (800) 556-1555.

For TDD (hearing and speech impaired only), please call **(800) 270-2386**.

**Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other healthcare professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*

Aetna Natural Products and ServicesSM Program^{1, 2, 3} – Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Speciality Health Networks, Inc. and Healthyards, Inc.

Health and Wellness Portal² – This dynamic, interactive website will give you healthcare and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.

Quit & Fit™^{2, 3} – This tobacco cessation program that will provide support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.

¹ Discount programs provide access to discounted prices and are NOT insured benefits.

² Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other healthcare professionals.

³ These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

ON CALL INTERNATIONAL

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of \$10,000.

Medical Evacuation and Repatriation (MER) Benefits

The following benefits are underwritten by Virginia Surety Company (VSC), with administrative services provided by On Call. These benefits are designed to assist Covered Persons when traveling more than 100 miles from home, anywhere in the world.

- ♦ Unlimited Emergency Medical Evacuation
- ♦ Unlimited Medically Supervised Repatriation (while traveling or on campus)
- ♦ Unlimited Return of Mortal Remains (while traveling or on campus)
- ♦ \$2,500 Joining of Ill Family Member Accommodations
- ♦ Return of Traveling Companion

Worldwide Emergency Travel Assistance (WETA) Services

On Call provides the following travel assistance services:

- ♦ 24/7 Emergency Travel Arrangements
- ♦ Translation Assistance
- ♦ Emergency Travel Funds Assistance
- ♦ Lost Luggage and Travel Documents Assistance
- ♦ Assistance with Replacement of Credit Card/Travelers Checks
- ♦ 24/7 U.S. Nurse Help Line
- ♦ Medical/Dental/Pharmacy Referral Service
- ♦ Hospital Deposit Arrangements
- ♦ Dispatch of Physician
- ♦ Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.

The information contained above is a just summary of the ADD, MER and WETA benefits and services available through On Call, USFIC and VSC. For a copy of the plan documents applicable to the ADD, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health (866) 574-8365.

NOTE: *In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person’s student health insurance plan (the “Plan”), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other healthcare providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.*

To file a claim for ADD benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free (866)525-1956 or collect (603)328-1956. All Covered Persons should carry their On Call ID card when traveling.

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER or WETA benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

OPTIONAL AETNA DENTAL® ADVANTAGE PLAN

With our Aetna Dental® Advantage Plan, you select a primary care dentist (PCD) and have most of your preventive and restorative services covered by a co-payment or reduced fee for each visit. **For more information and to enroll, please visit www.aetnastudenthealth.com.**

As an Aetna Dental® Advantage Plan participant, you also have access to the following additional benefits and services:

1. Aetna Natural Products and Services Program^{SM 1,2,3} Reduced rates for Natural Therapy Professionals and products, including visits to acupuncturists, chiropractors, massage therapists, vitamins and supplements.
2. Aetna VisionSM Discount Program¹: A discount program on eyewear.
3. Fitness Program¹: A program that offers discounts on health club memberships and home exercise equipment.

PROGRAM COSTS		
Coverage Period	Annual 9/1/08 – 8/31/09	Spring/Summer 2/1/09 – 8/31/09
Enrollment Deadline	9/30/08	2/28/09
Student only	\$ 204	\$ 119
Student & Spouse	\$ 414	\$ 242
Student & Children	\$ 524	\$ 306
Student & Family	\$ 734	\$ 429

Please Note: Participation in the University of Nevada, Reno Student Health Insurance Plan is NOT required to enroll in the Advantage Dental Plan.

Aetna's Advantage Dental Plan is provided or administered by Aetna Dental Inc., Aetna Dental of California Inc., and/or Aetna Health Inc.

¹ Discount programs provide access to discounted prices and are NOT insured benefits.

² Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other healthcare professionals.

³ These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

HMG DISCOUNT DENTAL AND VISION PLAN

THIS PLAN IS FOR GRADUATE AND INTERNATIONAL STUDENTS ONLY.

Once you purchase this Student Health Insurance Plan, you will automatically be enrolled in a Discount Dental and Vision Plan offered through HMG Benefit Services.

In addition to your health insurance ID card package, you will also receive a separate Discount Card package which will include your Discount Dental and Vision ID card and Plan information. You should carry your Discount Card with you at all times and present it to the participating dentist or optometrist at the time of visit in order to receive discount on your dental or vision care.

Here is a brief summary of your Discount Dental and Vision Plan.

Dental Care

Visit one of the 600,000 participating dentists nationwide and receive the following benefits:

- ◆ Save 20% to 60% on dental care. Discount will be taken at time of service.
- ◆ Save on routine dental services such as x-rays and fillings.
- ◆ Save on specialty care such as orthodontics and periodontics where available.
- ◆ Enjoy a direct doctor-patient relationship with no limitations on usage.

Vision Care and Eyewear

The Coast to Coast (CTC) Vision Plan has contracted with over 12,000 eye care locations nationwide. Insureds save on eyeglasses, contacts, eye exams and surgical procedures.

The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JC Penney Optical, Sears Optical, Target Optical, LensCrafters, and EyeMasters.

- 12 • University of Nevada, Reno

Some of the highlights of this Vision program are:

- ◆ Savings of 20% to 60% on prescription eyewear
- ◆ Also, save 10% to 20% on contact lenses (excluding disposables) at participating retail locations.
- ◆ Savings of 10% to 30% on eye exams, and surgical procedures (including PRK and LASIK surgery)
- ◆ Most frames, lenses and specialty items such as tints, coatings and UV protection are available
- ◆ No limit on the number of times membership may be used during the year
- ◆ Two guarantees - 30 day unconditional money-back satisfaction guarantee and low price guarantee on eyeglasses
- ◆ Members may nominate their own eye care professional to join the network

REMEMBER!

- ◆ This is **not** a Dental or Vision Insurance and is **not** on reimbursement basis.
- ◆ You must visit a participating dentist or optometrist and have your Discount Card with you at the time of service to receive the discount.
- ◆ There is no claim form required, since you receive the discount at the time of service.
- ◆ Discounts on professional services are not available where prohibited by law.
- ◆ Prices are subject to change without notice and may vary by region.

CONTACT INFORMATION

To order a new Discount Card — (800) 800-8304

To find a participating network Dentist and Optometrist
(800) 800-8304

Or go to: www.locateproviders.com and enter Group# HMG50004







WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at <https://studentinsurance.wellsfargo.com>.

CLAIMS ADMINISTERED BY: *Claims and Coverage Questions*

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(866) 574-8365 (Toll-Free)
www.aetnastudenthealth.com

EMERGENCY TRAVEL ASSISTANCE: *(Provide this information to your Emergency Contact)*

On Call International 24/7 Emergency Travel Assistance Services
(800) 525-1956 (within U.S.).
If outside the U.S., call collect by dialing the U.S. access code plus (603) 328-1956.
www.aetnastudenthealth.com

PREFERRED PROVIDER: *To Find a Doctor or Provider*

Aetna Preferred Provider Network
(866) 574-8365 (Toll-Free)
www.aetna.com/docfind/custom/chickering

24-HOUR NURSE ADVICE:

Aetna Informed Health® Line
(800) 556-1555

PRESCRIPTIONS:

Aetna Pharmacy Management
(800) 238-6279
www.aetna.com/docfind/custom/chickering

THE PLAN ADMINISTERED BY: *Eligibility, Enrollment and General Questions*

**Wells Fargo of California Insurance Services, Inc.
Student Insurance Division**
NV License No. 4475
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
<https://studentinsurance.wellsfargo.com>

For the most current Plan brochure, please refer to the online edition found at <https://studentinsurance.wellsfargo.com>. The brochure contains a brief description of the student health insurance and related benefits available for University of Nevada, Reno students. The exact provisions of the Plan, including a complete list of exclusions and limitations, are contained in the Master Policy available through the Student Insurance Coordinator on campus. This Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc., an affiliate of ALIC. Aetna Student Health is the brand name for products and services provided by these companies. Certain administrative services are also provided by Wells Fargo of California Insurance Services, Inc.

IMPORTANT NOTE

Please keep this Brochure; as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy; the Master Policy will govern and control the payment of benefits.