



Aetna Student Health

Plan Design and Benefits Summary University of California, Berkeley

Policy Year: 2014 - 2015

Policy Number: 474941



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This is a brief description of the Student Health Plan. The Plan is available for University of California, Berkeley 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 the University and may be viewed online at www.aetnastudenthealth.com.

Coverage Periods

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

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	08/15/2014	01/14/2015	07/15/2014 09/15/2014 \$50 UCB Late Waiver Penalty will Apply
Spring/Summer	01/15/2015	08/14/2015	01/10/2015 02/05/2015 \$50 UCB Late Waiver Penalty will Apply

Eligible Dependents: Coverage for dependents eligible under the Plan for the following Coverage Periods. Coverage will, will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Fall	08/15/2014	01/14/2015	09/15/2014
Spring/Summer	01/15/2015	08/14/2015	02/15/2015

Rates

The rates below include both premiums for the Plan underwritten by Aetna Life Insurance Company (Aetna), Dental and Vision coverage as well as University of California, Berkeley's administrative fee.

Rates		
Undergraduates and Graduate Students		
Student Group	Plan Cost Fall	Plan Cost Spring/Summer
Registered Graduate Student (Tuition Billed)	The cost of your Plan (\$1,577) is tuition billed	The cost of your Plan (\$1,577) is tuition billed
Voluntary Graduate Student (Filing Fee, Withdrawal, Continuation Plan)	\$2,765	\$2,765
Graduate Spouse/Domestic Partner	\$2,442	\$2,442
Graduate Child(ren)	\$2,116	\$2,116
Graduate Spouse and Child(ren)	\$4,544	\$4,544
Registered Undergraduate Student	\$1,095	\$1,095
Registered Undergraduate Spouse/Domestic Partner	\$2,435	\$2,435
Registered Undergraduate Child(ren)	\$2,108	\$2,108
Registered Undergraduate Spouse and Child(ren)	\$4,527	\$4,527
Voluntary Undergraduate Student (Concurrent Enrollment, Continuation Plan)	\$1,973	\$1,973
Voluntary Undergraduate Spouse/Domestic Partner	\$2,442	\$2,442
Voluntary Undergraduate Child(ren)	\$2,116	\$2,116
Voluntary Undergraduate Spouse and Child(ren)	\$4,544	\$4,544

Student Coverage

For questions about:

- Insurance Benefits
- Enrollment

Please contact:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 639-3703

For questions about:

- The Waiver Process
- University Health Services Referrals

Please contact:

Student Health Insurance Office
University Health Services, Tang Center
(510) 642-5700
Ship@uhs.berkeley.edu

For questions about:

- Aetna Participating Provider Listings

A complete list of providers can be found by using Aetna's electronic on line directory DocFind® Service at **www.aetnastudenthealth.com** (search University of California, Berkeley).

Language and Communication Assistance

Good communication with University of California, Berkeley and/or Aetna Student Health and with your providers is important. If English is not your first language, Aetna Student Health provides interpretation services and translation of certain written materials. Please see your school's information at **www.aetnastudenthealth.com** for more information.

- To ask for language services call Aetna Student Health at **(866) 639-3703**.
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling Aetna Student Health at **(866) 639-3703**.
- If you have a preferred language, please notify us of your personal language needs by calling Aetna Student Health at **(866) 639-3703**.
- For more help call the CA Department of Insurance at **1-800-927-4357**.

Eligibility

The following eligible students will automatically be enrolled in this Plan, unless an approved Online Waiver Form has been received by the University, by the specified enrollment deadline dates listed in the next section of this Brochure.

- All registered students of the University of California, Berkeley, including students who are registered-in-absentia.

Note: A student may waive enrollment in the Plan during the specified waiver period by providing proof of other coverage that meets benefit criteria specified by the University. A waiver is effective for one academic year and must be completed and approved again during the waiver period at the start of each fall term of the academic year. Waiver requests for each academic term within a year are also available. Information about waiving enrollment in the Plan may be obtained from the Student Health Insurance Office.

The following classes of students may enroll on a voluntary basis directly with Aetna by the specified enrollment deadline dates listed in the next section of this Brochure.

- All non-registered "Filing Fee" status graduate students of the University of California, Berkeley who are completing work under the auspices of the University of California, Berkeley but are not attending classes. Students on Filing Fee status may purchase Plan coverage for a maximum of one semester by visiting Aetna Student Health at www.aetnastudenthealth.com (search University of California, Berkeley). The student must have been covered by the Plan in the term immediately preceding the term the student wants to purchase or, if the student waived Plan enrollment, show proof of loss of the coverage used to obtain the waiver.
- All non-registered graduate students of the University of California, Berkeley who are on Planned Educational Leave or Approved Leave of Absence status. While in either status, these students may purchase Plan coverage for a maximum of one semester by visiting Aetna Student Health at www.aetnastudenthealth.com (search University of California, Berkeley). The student must have been covered by the Plan in the term immediately preceding the term the student wants to purchase or, if the student waived Plan enrollment, show proof of loss of the coverage used to obtain the waiver.
- All non-registered students of the University of California, Berkeley who are on Withdrawal status (graduate students) or Concurrent Enrollment (undergraduate students). While in either status, these students may purchase Plan coverage for a maximum of one semester by visiting Aetna Student Health at www.aetnastudenthealth.com (search University of California, Berkeley). The student must have been covered by the Plan in the term immediately preceding the term the student wants to purchase or, if the student waived Plan enrollment, show proof of loss of the coverage used to obtain the waiver.
- All former students of the University of California, Berkeley who completed their degree (graduated) during the term immediately preceding the term for which they want to purchase coverage. Provided these individuals were enrolled in the Plan in the preceding term, they may purchase the Plan coverage for a maximum of one semester by visiting Aetna Student Health at www.aetnastudenthealth.com (search University of California, Berkeley).

Please make sure you understand your school's requirements for enrolling in this Plan. Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this Plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the Plan may be rescinded in accordance

Enrollment/Waiver Process

As noted above, eligible students will be automatically enrolled in this Plan, unless an on line waiver has been approved, by the specified enrollment deadline dates listed in the next section of this Benefit Booklet. Registered students may provide evidence of health coverage through another Plan and request a waiver of Berkeley SHIP. The coverage must meet the benefit criteria established by University of California, Berkeley. Please visit www.uhs.berkeley.edu/students/insurance/waiver to complete an on line waiver. Waiver applications are completed during the fall semester waiver period. The fall semester waiver will be valid for the full academic year. A student who waives Berkeley SHIP in the fall will not be required to complete another waiver for the spring semester. However, a spring waiver is available for students registering for the

first time in the spring, or who did not waive enrollment in a prior term but wants to waive for the spring term. A spring waiver is valid for the remainder of the academic year. A new waiver must be completed and approved during the fall waiver period prior to each academic year that the student is registered.

For those classes of students who are eligible to enroll on a voluntary basis, visit www.aetnastudenthealth.com (search University of California, Berkeley) to enroll.

Waiver Deadline

Eligible students will be automatically enrolled in this Plan, unless an approved Waiver has been received by the University, by the following waiver deadline dates.

Category	Deadline Date Without \$50 Penalty	Deadline Date With \$50 Penalty
Fall 2014 Waiver Deadline	7/15/14	9/15/14
Spring 2015 Waiver Deadline	1/10/15	2/5/15

Waiver submissions may be audited by University of California, Berkeley, Aetna Student Health, and/or their contractors or representatives. You may be required to provide, upon request, any coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting the waiver request, you agree that your current insurance Plan may be contacted for confirmation that your coverage is in force for the applicable Policy Year and that it meets the school's waiver requirements.

Enrollment Deadline

Eligible students who enroll on a voluntary basis must complete the on line application by the following enrollment deadline.

Category	Deadline Date
Fall 2014 Voluntary Enrollment Deadline	9/15/14
Spring 2015 Voluntary Enrollment Deadline	2/15/15

Dependent Coverage

Eligibility

Covered students may enroll their lawful spouse, same or opposite sex domestic partner, and their dependent children under the age of 26.

If a dependent child who is over 26 years of age and enrolled as a full-time student takes a medical leave of absence during the school year, the Plan will not terminate for a period of 12 months, or the date on which coverage is planned to terminate, whichever comes first.

A child born to a Covered Person shall be covered for Accident, Sickness, Routine Care, premature birth, medically diagnosed congenital defects, and birth abnormalities for 31 days from the date of birth. At the end of this 31 day period, coverage will cease under the UC Berkeley Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

For information or general questions on dependent enrollment, contact Aetna Student Health at, **(866) 639-3703**.

Enrollment

Eligible dependents who enroll on a voluntary basis must complete the on line application and remit the required payment by the following enrollment deadline.

Category	Deadline Date
Fall 2014 Voluntary Enrollment Deadline	9/15/14
Spring 2015 Voluntary Enrollment Deadline	2/15/15

University Health Services, Tang Center

The University Health Services, Tang Center is a complete outpatient health center that provides on campus medical, behavioral health, and preventive care. Tang Center is staffed by board-certified physicians, nurse practitioners, physician assistants, and nurses, who are experts in student health needs. Tang Center clinicians provide primary care for University of California, Berkeley Student Health Insurance Plan (Berkeley SHIP) members and coordinate any needed additional care. All registered students may use the services of Tang Center, regardless of their medical insurance. Services are partially supported by registration fees but certain services may have additional fees.

Visit the Tang Center website at www.uhs.berkeley.edu or call **(510) 642-2000** for more information on hours of operation, available services and fees. Counseling and Psychological Services can be reached at **(510) 642-9494**.

- In the event of an emergency, go to the nearest hospital emergency department or call **911** (on-campus or off-campus) if an ambulance is needed. The closest hospital emergency room to campus is Alta Bates Hospital, 2450 Ashby Avenue (east of Telegraph Avenue).
- When Tang Center is open: Visit Urgent Care at Tang Center.
- When Tang Center is closed: Call the After Hours Assistance Line at **(510) 643-7197**. You may also call the Nurseline phone number found on the back of your Berkeley SHIP ID card.

Excess Provision

This Plan is an excess only Plan. As an excess only Plan, this Plan pays its Covered Medical Expenses after any other medical coverage. This Plan's liability will be determined without consideration to any limitation clause or clauses regarding other coverage contained in any other medical coverage. Benefits Payable under this Plan shall be limited to the Plan's Covered Medical Expenses and reduced by the amount paid or payable by any other medical coverage. However, consideration will be given to the other medical coverage's liability due to a provider contract or other reasons when calculating this Plan's Benefits Payable.

For the purposes of calculating a benefit under this Plan, the liability of the other medical coverage shall be considered and shall not depend upon whether timely application for benefits from other medical coverage is made by the covered person or on the covered person's behalf. If any other medical coverage provides benefits on an excess only basis, the coverage for the covered person which has been in effect the longest shall pay benefits first.

"Other medical coverage" means any reimbursement for or recovery of any element of incurred covered charges available from any other source whatsoever whether through an insurance policy or other type of coverage, except gifts and donations, including but not limited to the following:

- Any group, accident-only, blanket or franchise policy of accident, disability, health, or accident and sickness insurance.
- Any arrangement of benefits for members of a group, whether insured or uninsured.
- Any prepaid service arrangement such as Blue Cross or Blue Shield or group practice plans or health maintenance organizations.
- Any amount payable as a benefit for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under the medical expense payment provision (or, by whatever terminology used to include such benefits mandated by law) of any motor vehicle insurance policy.
- Any amounts payable for injuries related to the covered person's job to the extent that he or she actually received benefits under a Workers' Compensation Law.
- Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to the covered person after the covered person becomes disabled while insured hereunder.
- Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

HMO/PPO Provision – In the event that expenses are denied under a Health Maintenance Organization, Preferred Provider Organization (PPO) or other group medical plan the covered person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Medical Expense.

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. All requests for certification must be obtained by contacting Aetna Student Health at **(866) 639-3703** (attention Managed Care Department).

You'll need pre-certification for the following inpatient services:

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

Pre-certification does not guarantee the payment of benefits for your inpatient admission.

Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the student Accident and Sickness Plan.

Pre-certification of Non-Emergency Inpatient Admissions, Partial Hospitalization:

The patient, Physician or hospital must telephone at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

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.

Description of Benefits – Student Plan

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to University of California, Berkeley, you may access it online at www.aetnastudenthealth.com.

*All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited	
DEDUCTIBLE	Students: \$200 per Policy Year	
<p><i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i></p> <p><i>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for:</i> <i>Ambulance Expenses, Emergency Room Expenses, services that apply a Copay, Urgent Care Expenses, Outpatient Mental Health Services, Services at Tang Student Health Center and Services at UC Berkeley School of Optometry.</i></p> <p><i>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</i></p>		
COINSURANCE	Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.	
OUT OF POCKET MAXIMUMS	Preferred Care	Non-Preferred Care
<p><i>Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year up to any benefit maximum that may apply. The following apply to the Out-of-Pocket maximum:</i></p> <p><i><u>Preferred Care:</u> Deductibles, Coinsurance, Copays, Expenses for Prescription Drugs, Pediatric Dental and Pediatric Vision Services, Tang Health Center Expenses</i></p>	<p>Individual Out-of-Pocket: \$3,200 per Policy Year</p>	<p>Individual Out-of-Pocket: \$6,500 per Policy Year</p>

Non Preferred Care: Deductibles, Coinsurance

The Preferred and Non Preferred coinsurance maximums are separate; neither accumulates toward the other.

The following expenses do not apply toward meeting the Out-of-Pocket Limit:

- expenses that are not covered medical expenses;
- penalties, and
- other expenses not covered by this Policy

Referral Requirements

A referral from Tang Center is required for all students. Except in specific instances (e.g. emergency care or urgent care), a referral is required from Tang Center prior to receiving treatment outside of the Tang Center.

A separate per service referral is required for each individual condition at the beginning of each semester prior to receiving care for ongoing conditions. Referrals for Outpatient Mental Health counseling are required once per Policy Year. If a referral is not obtained prior to treatment, benefits are not payable.

A referral is not required in the following circumstances:

- Treatment is for an Emergency Medical Condition,
- Treatment is for an Emergency Mental Health Condition,
- Services in an Urgent Care setting,
- Obstetric and Gynecological Treatment,
- Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnose or treat an Accident or Sickness)

Tang Center is not a network provider for dependents on the Aetna Plan and dependents are therefore not subject to the referral requirement.

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	90% of the Negotiated Charge	Following a \$500 Deductible per admission, 60% of the Recognized Charge for a semi-private room*
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	90% of the Negotiated Charge	60% of the Recognized Charge

Non-Surgical Physicians Visit Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	60% of the Recognized Charge
Ambulatory Surgical Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Walk-in Clinic Visit Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Emergency Room Expense <i>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</i>	Following a \$100 per visit Copay (waive if admitted), 100% of the Negotiated Charge*	Following a \$100 per visit Deductible (waived if admitted), 100% of the Recognized Charge*
Urgent Care Expense	Following a \$50 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge*
Ambulance Expense	90% of the Negotiated Charge*	90% of the Actual Charge*

Physician's Office Visit Expense <i>This benefit includes visits to specialists and telemedicine services</i>	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Laboratory and X-ray Expense	90% of the Negotiated Charge	60% of the Recognized Charge
High Cost Procedures Expense <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Physical Therapy Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Therapy Expense <i>Includes Speech, Occupational and Chiropractic expenses</i>	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Therapy Expense <i>Includes chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic and Orthotic Devices Expense <i>Includes prosthetic devices to restore a method of speaking for laryngectomy patients</i>	90% of the Negotiated Charge	60% of the Recognized Charge
<i>Benefits are limited to coverage for 1 set of hearing aids every four years</i>		
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Diagnostic Testing For Learning Disabilities Expense <i>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</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

Dental Injury Expense**90% of the Actual Charge**

If you opt to receive dental services that are not covered services under this Policy, a participating dental provider may charge you his or her usual and customary rate for those services.

*Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment Plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Aetna Student Health at **(866) 639-3703**. To fully understand your coverage, you may wish to carefully review the Master Policy document*

Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Immunizations Expense <i>Includes travel immunizations and flu shots</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i>	100% of the Negotiated Charge*	60% 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 <i>Includes charges for colorectal cancer examination and laboratory tests, for any non-symptomatic person age 50 or more, or a symptomatic person under age 50</i>	100% of the Negotiated Charge*	60% of the Recognized Charge

Routine Prostate Cancer Screening <i>For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
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Pediatric Vision Care Exam Expense <i>Supplies are limited to 1 pair of Glasses (lenses or frames) per Policy Year</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
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Covered Medical Expenses include routine vision exam (including refraction and Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)

Benefits are provided to covered persons through age 18

Pediatric Dental Diagnostic and Preventive Care	100% of the Negotiated Charge*	70% of the Recognized Charge
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Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website,

www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18

Pediatric Dental Basic Restorative Care	70% of the Negotiated Charge	50% of the Recognized Charge
<p><i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p>		
Pediatric Dental Major Restorative Care	50% of the Negotiated Charge	50% of the Recognized Charge
<p><i>Covered dental expenses charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</i></p> <p><i>Benefits are provided to covered persons through age 18</i></p>		
Routine Hearing Exam Expense	90% of the Negotiated Charge	60% of the Recognized Charge
<p><i>Limited to 1 Routine Hearing exam per Policy Year</i></p>		
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge*
Mental and Nervous Disorders Inpatient Expense	90% of the Negotiated Charge	60% of the Recognized Charge

Mental and Nervous Disorders Outpatient Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge*
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense <i>Includes Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy</i>	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge*	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	90% of the Negotiated Charge	60% of the Recognized Charge
Family Planning Expense <i>Unless specified below, <u>not covered</u> under this benefit are charges for:</i> -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 <i>Coverage for tubal ligation for voluntary sterilization</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Voluntary Sterilization <i>Coverage for vasectomy for voluntary sterilization</i>	90% of the Negotiated Charge	60% of the Recognized Charge

Contraceptives	100% of the Negotiated Charge*	60% of the Recognized Charge
<p>Important Note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written</p>		
Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at 888 RX-AETNA (available 24 hours). 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 \$25 Copay for each Formulary Brand Name Prescription Drug, a \$40 Copay for each Non Formulary Brand Name Prescription Drug, or \$5 Copay for each Generic Prescription Drug</p>	<p>60% of the Recognized Charge, following a \$25 Deductible for each Formulary Brand Name Prescription Drug, a \$40 Deductible for each Non Formulary Brand Name Prescription Drug, or a \$5 Deductible for each Generic Prescription Drug</p>
Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Programs Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Temporomandibular Joint Dysfunction Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Elective Abortion Expense	90% of the Negotiated Charge	60% of the Recognized Charge

Acupuncture Expense	Following a \$15 per visit Copay, 100% of the Negotiated Charge*	60% of the Recognized Charge
Hospice Benefit	90% of the Negotiated Charge	60% of the Recognized Charge
Home Health Care Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Licensed Nurse Expense	90% of the Negotiated Charge	60% of the Recognized Charge
Skilled Nursing Facility Expense	90% of the Negotiated Charge for the semi-private room rate	Following a \$500 Deductible per admission, 60% of the Recognized Charge for the semi-private room rate*
Rehabilitation Facility Expense	90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	Following a \$500 Deductible per admission, 60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations*
Human Organ Transplant Expense <i>We cover transplants of organs, tissue, or bone marrow</i> <i>We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Cochlear Implant Expense <i>Internally implanted devices</i>	90% of the Negotiated Charge	60% of the Recognized Charge
Bariatric Surgery Expense <i>Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity</i>	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	

Special Footwear Expense

Includes special footwear needed by persons who suffer from foot disfigurement. As used in this section, foot disfigurement shall include, but not be limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, and diabetes, and foot disfigurement caused by accident or developmental disability

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

Convalescent Facility Expense

90% of the Negotiated Charge

60% of the Recognized Charge

Transgender Related Expense

Includes charges incurred by a covered person for surgery, mental health, prescription drugs and other related services that are covered under this Plan

Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

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

Description of Benefits – Dependent Plan

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to University of California, Berkeley, you may access it online at www.aetnastudenthealth.com.

*All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum

Unlimited

DEDUCTIBLE

Per Covered Dependent: **\$400** per Policy Year

Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.

In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for:

Ambulance Expenses, Emergency Room Expenses, services that apply a Copay, Urgent Care Expenses, Outpatient Mental Health Services.

Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.

COINSURANCE

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.

OUT OF POCKET MAXIMUMS

Per Covered Dependent: **\$6,000** per Policy Year

Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year up to any benefit maximum that may apply. The following apply to the Out-of-Pocket maximum:

Deductibles, Coinsurance, Copays, Expenses for Prescription Drugs, Pediatric Dental and Pediatric Vision Services

The following expenses do not apply toward meeting the Out-of-Pocket

Limit:

- expenses that are not covered medical expenses;
- penalties, and
- other expenses not covered by this Policy

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	80% of the Negotiated Charge	Following a \$500 Deductible per admission, 60% of the Recognized Charge for a semi-private room*
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Non-Surgical Physicians Visit Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	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	Following a \$15 per visit Copay, 80% of the Negotiated Charge*	60% of the Recognized Charge

Emergency Room Expense	Following a \$100 per visit Copay (waive if admitted), 80% of the Negotiated Charge*	Following a \$100 per visit Deductible (waived if admitted), 80% of the Recognized Charge*
<i>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</i>		
Urgent Care Expense	Following a \$50 per visit Copay, 80% of the Negotiated Charge*	Following a \$50 per visit Deductible, 60% of the Recognized Charge*
Ambulance Expense	80% of the Negotiated Charge*	80% of the Actual Charge*
Physician's Office Visit Expense	Following a \$15 per visit Copay, 80% of the Negotiated Charge*	60% of the Recognized Charge
<i>This benefit includes visits to specialists and telemedicine services</i>		
Laboratory and X-ray Expense	80% of the Negotiated Charge	60% of the Recognized Charge
High Cost Procedures Expense	80% of the Negotiated Charge	60% of the Recognized Charge
<i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>		
Physical Therapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
<i>Includes Speech, Occupational and Chiropractic expenses</i>		
Therapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
<i>Includes chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures</i>		

Durable Medical and Surgical Equipment Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic and Orthotic Devices Expense	80% of the Negotiated Charge	60% of the Recognized Charge
<i>Includes prosthetic devices to restore a method of speaking for laryngectomy patients</i>		
<i>Benefits are limited to coverage for 1 set of hearing aids every four years</i>		
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Diagnostic Testing For Learning Disabilities Expense	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	
<i>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</i>		
Dental Injury Expense	80% of the Actual Charge	
<i>If you opt to receive dental services that are not covered services under this Policy, a participating dental provider may charge you his or her usual and customary rate for those services.</i>		
<i>Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment Plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Aetna Student Health at (866) 639-3703. To fully understand your coverage, you may contact the wish to carefully review the Master Policy document</i>		

Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Mammogram Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
Immunizations Expense <i>Includes travel immunizations and flu shots</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Pediatric Preventive Care Expense <i>Includes charges for the comprehensive preventive care of children 18 years of age or younger, consistent with the Recommendations for Preventive Pediatric health Care, as adopted by the American Academy of Pediatrics</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i>	100% of the Negotiated Charge*	60% 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 <i>Includes charges for colorectal cancer examination and laboratory tests, for any non-symptomatic person age 50 or more, or a symptomatic person under age 50</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Routine Prostate Cancer Screening <i>For a male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year</i>	100% of the Negotiated Charge*	60% of the Recognized Charge

Pediatric Vision Care Exam Expense **100%** of the Negotiated Charge* **60%** of the Recognized Charge
Supplies are limited to 1 pair of Glasses (lenses or frames) per Policy Year

Covered Medical Expenses include routine vision exam (including refraction and Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)

Benefits are provided to covered persons through age 18

Pediatric Dental Diagnostic and Preventive Care **100%** of the Negotiated Charge* **70%** of the Recognized Charge

*Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website,
www.aetnastudenthealth.com*

Benefits are provided to covered persons through age 18

Pediatric Dental Basic Restorative Care **70%** of the Negotiated Charge **50%** of the Recognized Charge

*Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website,
www.aetnastudenthealth.com*

Benefits are provided to covered persons through age 18

Pediatric Dental Major Restorative Care <i>Covered dental expenses charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</i> <i>Benefits are provided to covered persons through age 18</i>	50% of the Negotiated Charge	50% of the Recognized Charge
Routine Hearing Exam Expense <i>Limited to 1 Routine Hearing exam per Policy Year</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense	Following a \$15 per visit Copay, 80% of the Negotiated Charge*	60% of the Recognized Charge*
Mental and Nervous Disorders Inpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Mental and Nervous Disorders Outpatient Expense	Following a \$15 per visit Copay, 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	Following a \$15 per visit Copay, 80% of the Negotiated Charge*	60% of the Recognized Charge

Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense <i>Includes Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy</i>	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge*	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
Family Planning Expense <i>Unless specified below, <u>not covered</u> under this benefit are charges for:</i> <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 <i>Coverage for tubal ligation for voluntary sterilization</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
Voluntary Sterilization <i>Coverage for vasectomy for voluntary sterilization</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Contraceptives <i>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</i>	100% of the Negotiated Charge*	60% of the Recognized Charge

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense <i>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). 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</i></p>	<p>100% of the Negotiated Charge, following a \$25 Copay for each Formulary Brand Name Prescription Drug, a \$40 Copay for each Non Formulary Brand Name Prescription Drug, or \$5 Copay for each Generic Prescription Drug</p>	<p>60% of the Recognized Charge, following a \$25 Deductible for each Formulary Brand Name Prescription Drug, a \$40 Deductible for each Non Formulary Brand Name Prescription Drug, or a \$5 Deductible for each Generic Prescription Drug</p>
Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Programs Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Temporomandibular Joint Dysfunction Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Elective Abortion Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Acupuncture Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Hospice Benefit	80% of the Negotiated Charge	60% of the Recognized Charge
Home Health Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Licensed Nurse Expense	80% of the Negotiated Charge	60% of the Recognized Charge
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
Human Organ Transplant Expense <i>We cover transplants of organs, tissue, or bone marrow</i> <i>We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services at no charge</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Cochlear Implant Expense <i>Internally implanted devices</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Bariatric Surgery Expense <i>Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity</i>	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	
Special Footwear Expense <i>Includes special footwear needed by persons who suffer from foot disfigurement. As used in this section, foot disfigurement shall include, but not be limited to, disfigurement from cerebral palsy, arthritis, polio, spina bifida, and diabetes, and foot disfigurement caused by accident or developmental disability</i>	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	
Convalescent Facility Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Transgender Related Expense <i>Includes charges incurred by a covered person for surgery, mental health, prescription drugs and other related services that are covered under this Plan</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

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

Exclusions

This Plan does not cover nor provide benefits for:

1. Expense incurred 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 for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision aids; or prescriptions or examinations except as required for repair caused by a covered injury unless otherwise provided in this Policy. **(Please reference the Pediatric Vision Care Exam Expense on pages 14 and 25 of this Summary of Benefits for more details).**
3. 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.
4. 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.
5. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
6. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
7. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to: (a) Improve the function or create a normal appearance to the extent possible of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a congenital defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
8. 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.
9. Expense incurred as a result of commission of a felony.
10. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
11. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
12. 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.

13. 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.
14. 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.
15. 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).
16. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
17. 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.
18. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: (a) There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or (b) If required by the FDA, approval has not been granted for marketing or a recognized national medical or dental society or regulatory agency has determined in writing that it is experimental, investigational, or for research purposes; or (c) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease if Aetna determines that: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved; or (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND) or Group c/treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute if Aetna determines that available, scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.
19. 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.
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 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.

23. Expense for telephone consultations (except Telemedicine Services); charges for failure to keep a scheduled visit; or charges for completion of a claim form.
24. 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.
25. Expense for services or supplies provided for the treatment of obesity and/or weight control unless otherwise provided in this Policy.
26. Expense for incidental surgeries; and standby charges of a physician.
27. Expense incurred as a result of dental treatment; including extraction of wisdom teeth; except for medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures; and treatment resulting from injury to sound natural teeth; or unless otherwise provided in this Policy.
28. Expense incurred for injury resulting from the play or practice of intercollegiate sports; (participating in sports clubs; or intramural athletic activities; is not excluded).
29. 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.
30. 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.
31. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending physician; or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must: (a) be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; and (c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or (c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined, or those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a physician's or a dentist's office or other less costly setting.

32. 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 unless otherwise provided in this Policy.
33. Expenses incurred for massage therapy.

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 University of California, Berkeley 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.