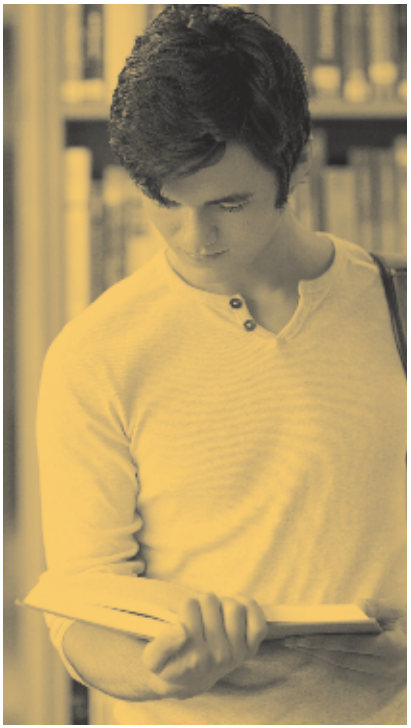
Student Health Insurance | 2012-2013



Domestic & International

Whitman College

For Undergraduate and International Students

studentinsurance.wellsfargo.com

aetna℠

Underwritten by:
Aetna Life Insurance Company
Policy #474918

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

The Whitman College plan is underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health℠ is the brand name for products and services provided by these companies and their applicable affiliated companies.

15.02.310.1 B

Your student health insurance coverage, offered by Aetna Student Health, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of $100,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (877) 626-2308. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

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 11:59 p.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.

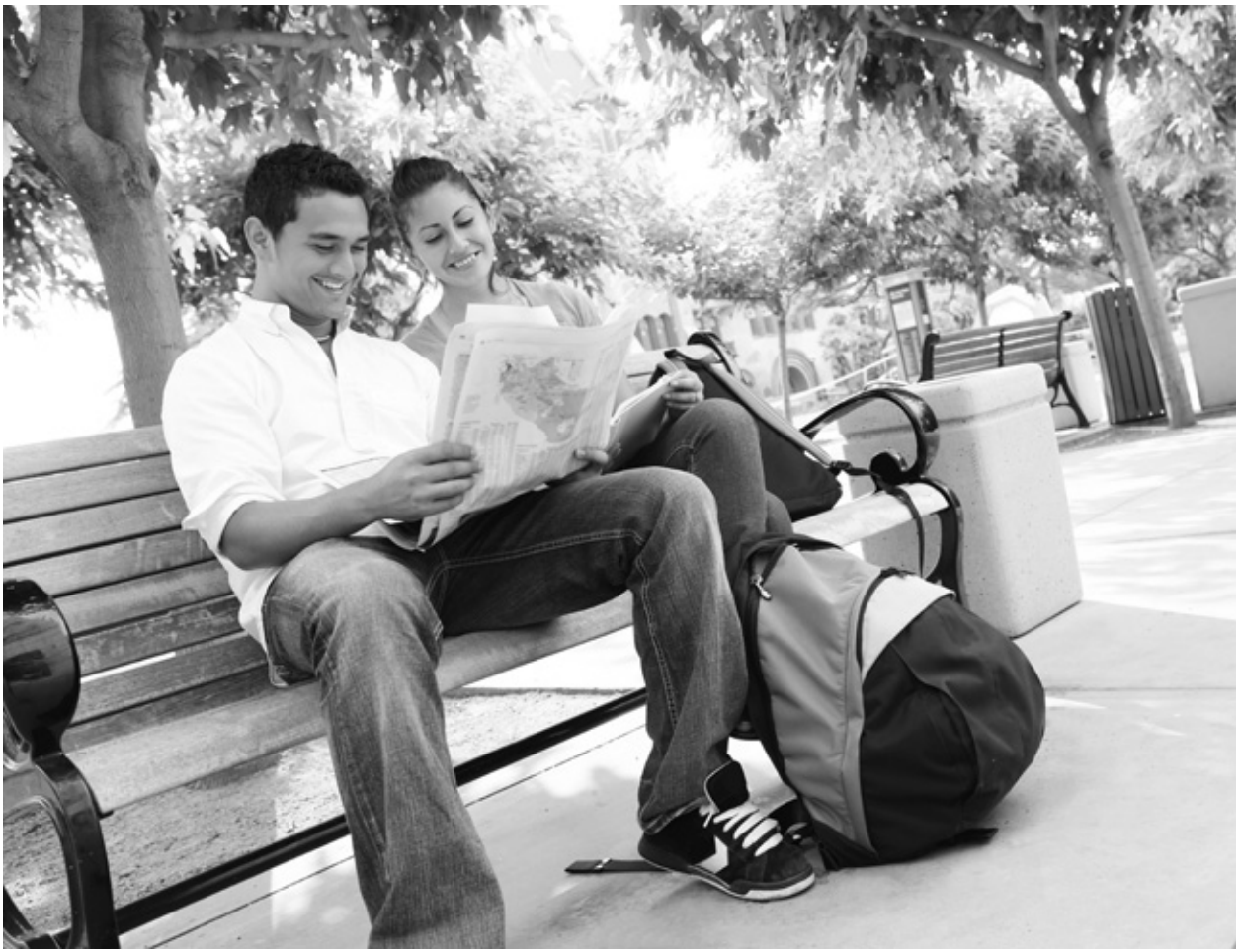
IMPORTANT

This is just a brief description of your benefits. For a full summary of the plan including refund requests, how to file a claim, mandated benefits and other important information, please visit **studentinsurance.wellsfargo.com** to view the Student Health Insurance brochure specifically designed for your school.

PLAN COST

Coverage Period	ANNUAL 8/10/12 - 8/10/13	SPRING/SUMMER 1/10/13 - 8/10/13
Waiver Deadline	9/30/12	2/12/13
Student	**$ 1,284**	**$ 750**
Spouse	$ 4,300	$ 2,506
Per Child	$ 1,820	$ 1,060

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



HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

All degree-seeking college students and all International students, or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1), engaged in educational activities at the College who are temporarily located outside their home country and have not been granted permanent residency status, are automatically enrolled in this insurance Plan unless proof of comparable coverage is furnished. The last day to waive out with proof of comparable coverage is September 30, 2012 for Annual Coverage, or February 12, 2013 for Spring/ Summer Coverage.

Students must actively attend classes for at least the first 45 days after the date for which coverage is purchased. Home study, correspondence, Internet courses, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who have a change in status and involuntarily lose coverage under another group insurance plan are also eligible to purchase the Whitman College 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 the date the student enrolls and pays the premium or the day after prior coverage ends.

DEPENDENT COVERAGE - Covered Students may also purchase dependent coverage. Spouse includes legally registered and valid domestic partners and their children. Eligible dependents are the Covered Student's spouse who resides with the Covered Student and unmarried children up to age twenty-six who are not self-supporting.

Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A "Newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and by payment of any additional costs. ***Dependent coverage expires concurrently and in conjunction with that of the Covered Student, and Dependents must be re-enrolled when coverage terminates to maintain coverage.***

Please make sure you understand your school's credit hour and other 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 terminated or rescinded in accordance with its terms and applicable law.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Policy or prior student health 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 this Policy. Previously Covered Persons must re-enroll for coverage, including dependent coverage in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage of 63 days or greater occurs, the Pre-Existing Conditions Limitation will apply.

WITHDRAWAL FROM SCHOOL

If you withdraw from school and obtain approval from Whitman College, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. Please contact Wells Fargo Insurance Services' Customer Care at (800) 853-5899 regarding continuation of coverage.

PREMIUM REFUND

REFUNDS - A refund of premium will be granted for the reasons below only. No other refunds will be granted.

1. If you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
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 pro-rata refund of premium will be made for such person, upon written request received by WFIS within 45 days of entry into service.

Refund requests should be directed to Wells Fargo Student Insurance at ***(800) 853-5899***. 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 Care 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 Care Provider and a Non-Preferred Care Provider. Preferred Care Providers are independent contractors and are neither employees nor agents of Whitman College nor Aetna Student Health. 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 your school name. 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.

SCHEDULE OF MEDICAL EXPENSE BENEFITS	
Aggregate Annual Maximum	$100,000 per Condition per Policy year
Policy Year Deductible	$100 per Policy Year (Does not apply to Physician Office Visits or Prescriptions).

INPATIENT HOSPITALIZATION BENEFITS	Preferred Care	Non-Preferred Care
Room and Board Expense, daily semi-private room rate; general nursing care provided by Hospital.	80% of the Negotiated Charge	60% of the Recognized Charge
Intensive Care Unit Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Miscellaneous Hospital Expense, (including but not limited to: physical therapy *(benefit is limited to one visit per day)*, laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.)	80% of the Negotiated Charge	60% of the Recognized Charge
Physician Hospital Visit Expense	80% of the Negotiated Charge	60% of the Recognized Charge
SURGICAL BENEFITS (INPATIENT AND OUTPATIENT)	**Preferred Care**	**Non-Preferred Care**
Surgical Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Anesthetist Expense & Assistant Surgeon Expense	80% of the Negotiated Charge	60% of the Recognized Charge
OUTPATIENT BENEFITS	**Preferred Care**	**Non-Preferred Care**
Physician's Office Visit Expense, benefits are limited to one visit per day	90% of the Negotiated Charge after a $15 Co-pay per visit (deductible waived)	60% of the **Recognized** Charge after a $15 Deductible per visit (deductible waived)
Emergency Room Visit Expense, *Co-pay/Deductible waived if admitted*	80% of the Negotiated Charge	80% of the Reasonable Charge
Physical Therapy Expense, benefits are limited to one visit per day and 10 visits per policy year for Physical/Occupational/Speech Therapy	80% of the Negotiated Charge after a $15 Co-pay per visit	60% of the Recognized Charge after a $15 Deductible per visit
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS	**Preferred Care**	**Non-Preferred Care**
Biologically and Non Biologically-Based Mental and Nervous Disorders Inpatient Expense: includes charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained from Aetna Student Health. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization. Benefits limited to a maximum of 30 days per Policy Year.	80% of the Negotiated Charge	60% of the Recognized Charge
Biologically and Non Biologically-Based Mental and Nervous Disorders Outpatient Expense: benefits limited to 20 visits per Policy year.	80% of the Negotiated Charge	60% of the Recognized Charge
Inpatient and Outpatient Substance Abuse Expense, includes treatment for alcohol and chemical dependency expenses. Detoxification facility does not apply to this benefit limit.	80% of the Negotiated Charge	60% of the Recognized Charge
ADDITIONAL BENEFITS	**Preferred Care**	**Non-Preferred Care**
Well Child/Baby Care Expense, while hospital confined and routine nursery care provided immediately after birth. 31 days hospital confinement expense maximum.	80% of the Negotiated Charge	60% of the Recognized Charge
Preventative Care	100% of the Negotiated Charge (Deductible Waived)	60% of the Recognized Charge
Women's Health Care Expense, includes one baseline mammogram for women between 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	80% of the Negotiated Charge (Deductible Waived)	60% of the Recognized Charge

SCHEDULE OF BENEFITS (CONTINUED)

ADDITIONAL BENEFITS (CONT'D)	Preferred Care	Non-Preferred Care
Maternity Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Dental Expense, Benefits limited to a maximum of $100 per tooth and to a maximum of $500 per Policy Year for the treatment of an Injury to sound, natural teeth.	80% of the Actual Charge	
Voluntary Termination of Pregnancy, benefits limited to a maximum of $500 per occurrence	80% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Care/Acupuncture Expense, benefits are limited to one visit per day	80% of the Negotiated Charge	60% of the Recognized Charge
Allergy Testing & Treatment Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Home Health Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Ambulance Expense	80% of the Actual Charge	
Diagnostic X-ray & Laboratory Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Radiation Therapy & Chemotherapy Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Testing for Learning Disabilities /Attention Deficit Disorder Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical Equipment Expense	80% of the Negotiated Charge	80% of the Recognized Charge
PRESCRIPTION DRUG EXPENSE	**Preferred Care**	**Non-Preferred Care**
Prescription Drug Expense: Includes diabetic medication, equipment and testing supplies, prenatal vitamins, smoking deterrents limited to a one time 3 month supply. Medications not covered by this benefit include, but are not limited to: drugs whose sole purpose is to promote or stimulate hair growth, appetite suppression, and non-self-injectibles. **Contraceptives** (that do not have a generic alternate) covered at 100%	**Generic Drugs:** 100% of the Negotiated Charge after a $20 Co-pay **Preferred Brand Name Drugs:** 100% of the Negotiated Charge after a $30 Co-pay **Non-Preferred Brand Name Drugs:** 100% of the Negotiated Charge after a $40 Co-pay	

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU

- This plan will not pay more than the overall maximum benefit of $100,000 during the plan year
- Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.
- Please read the Whitman College brochure located at **studentinsurance.wellsfargo.com** carefully before enrolling. While this document and the Whitman College brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.
- If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at the Student Affairs Office or contact us at (800) 853-5899.

PRE-EXISTING CONDITION

If you have a pre-existing condition, this plan may not pay for the coverage of this condition for up to the first three months of coverage. For more information on pre-existing condition limitations and other plan exclusions, limitations and benefit maximums, please refer to the Whitman College. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.

The pre-existing condition exclusion does not apply to pregnancy or an insured person who is under age 19.

GENERAL PROVISIONS

State Mandated Benefits: The Plan will pay benefits in accordance with any applicable Washington State Insurance Law(s). Mandated benefits include: Alternate Care Expenses; Elemental Enteral Formula for home use; Diabetes Equipment, Supplies and Service; Prenatal Diagnosis of Congenital Disorder Testing; Mastectomy and Prosthetic Devices; Reconstruction Surgery as a Result of Mastectomy; and Tempromandibular Joint Disorder treatment.

Third Party Liability and Right of Recovery Provision: Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illness, to the full extent of benefits provided, or to be provided by Aetna. In addition, 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 subrogation and 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 subrogation and 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 subrogation and 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 judgment 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.

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.

STUDENT ACCIDENT & SICKNESS PLAN

Promotion of good health for our students has always been our concern. This brochure summarizes how the Student Accident & Sickness Insurance Plan works, what it covers and how the Plan can help you with medical costs. After you've read about the Student Accident & Sickness Insurance Plan, keep these important points in mind:

- Keep your insurance card with you at all times, and show it to the doctor or hospital when you seek medical treatment.
- If possible, go first to the College's Student Health Center (SHC) for treatment during the regular hours of operation. SHC can help you locate off-campus medical providers when you need additional care or specialists.
- You may choose any provider you wish, but if you would like to use an Aetna Healthcare provider, you can locate them on the web at ***www.aetna.com/docfind/custom/studenthealth*** or call (888) 295-4872. Reduced or lower benefits will be provided when a Non-Participating Provider is used.

EXCLUSIONS AND 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 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 or hearing aids, or prescriptions or examinations except as required for repair caused by a covered injury.
3. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
4. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
5. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the unearned pro rata premium will be refunded to the Policyholder.
6. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
7. Expense incurred for 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 extend 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.

   This limitation does not apply to reconstructive breast surgery resulting from a mastectomy, which resulted from disease, illness or injury. It also does not apply to reconstructive reduction of the non-diseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

   - 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.
8. Expenses covered by 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 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.
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 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.
12. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain, unless specifically provided for in this Policy.
13. 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.
14. 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).
15. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
16. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:

    a. There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or injury involved, or

    b. If required by the FDA, approval has not been granted for marketing, or

    c. A recognized national medical or dental society or regulatory agency as determined, in writing, that it is experimental, investigational, or for research purposes, or

    d. The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

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

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

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group c/ treatment IND status, or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute,
- If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease

17. Expense for gastric bypass, and any restrictive procedures, for weight loss.
18. Expenses incurred for breast reduction/mamoplasty.
19. Expenses incurred for gynecomastia (male breasts).
20. 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.
21. Expense incurred for acupuncture, unless specifically provided for in this Policy or unless services are rendered for anesthetic purposes.
22. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
23. Expense incurred for custodial care, private duty nursing services and supplies, provided by a sanitarium, or rest cures. 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:
    a. by whom they are prescribed, or
    b. by whom they are recommended, or
    c. by whom or by which they are performed.
24. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
25. Expense incurred for hearing aids, the fitting, or prescription of hearing aids
26. Expenses incurred for hearing exams.
27. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
28. 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
29. Expense for incidental surgeries, and standby charges of a physician.
30. Expense for treatment and supplies for programs involving cessation of tobacco use
31. 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.
32. Expense incurred for injury resulting from the plan or practice of intercollegiate sports, in excess of $250 (participating in sports clubs, or intramural activities, is not excluded).
33. Expenses incurred for massage therapy.
34. Expenses incurred for, or in connection with, speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts, speak words, and form sentences), as a result of an accident or sickness.
35. Expense incurred for, or related to, sex change surgery, or to any treatment of gender identity disorder.
36. 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.
37. Expenses arising from a pre-existing condition.
38. 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.

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.

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**.

EXTENSION OF BENEFITS

If Basic Sickness Expense, Supplemental Sickness Expense coverage for a covered person ends while he is totally disabled, benefits will continue to be available for expenses incurred for that person, only while the covered person continues to be totally disabled. Benefits will end three months from the date coverage ends.

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 31 day period, following such termination of insurance.

Termination of Insurance

Benefits are payable under this 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.

HOW TO 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 981106 El Paso, TX 79998
(888) 295-4872 (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 one hundred eighty (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:

Please submit all requests to:
Aetna Student Health
P.O. Box 14464
Lexington, KY 40512

PRESCRIPTION DRUG CLAIM PROCEDURE

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

When you need to fill out a prescription, and do not have an ID card with you, you may obtain your prescription from an Aetna Preferred Pharmacy , and be reimbursed by completing an Aetna Prescription Drug claim form. You will be reimbursed for covered medications, less your copay.

For an Aetna Prescription claim form, go to **www.aetnastudenthealth.com**. Find your school, then click "Prescription" to obtain an RX claim form.

Prescriptions from a Non-Preferred Pharmacy must be paid for in full at the time of service and submitted for reimbursement.

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.**

ADDITIONAL DISCOUNTS AND 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 and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit, **www.aetnastudenthealth.com.**

Aetna Fitness℠ discount program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFit®.

Aetna Hearing℠ discount program: Offers members and their families access to savings on hearing exams, hearing aids and other hearing services. Members can choose between two great offers at no additional premium cost, Hearing Care Solutions and HearPO®.

Aetna Natural Products and Services℠ discount program: Access to savings on complementary health care products and services, including online consultations, not traditionally covered by their health benefits plan. All products and services are provided through the ChooseHealthy® program* and Vital Health Network (VHN).

**The ChooseHealthy program is made available through American Specialty Health Networks, Inc. (ASH Networks) and Healthyroads, Inc. subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.*

Aetna Vision℠ discount program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight Management discount program: Access to discounts on the CalorieKing® Program and products, eDiets® diet plans and products, Jenny® weight loss programs and Nutrisystem® weight loss meal plans.

Oral Health Care discount program: Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik® dental water jets and sonic toothbrushes.

Aetna Specialty Pharmacy: provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. For compounded medications, Aetna Specialty Pharmacy will coordinate getting your prescription to the compounding pharmacy that will be able to fill your prescription. For additional information please go to **www.AetnaSpecialtyRx.com**.

Quit Tobacco Cessation Program: Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

Beginning Right® Maternity Program: Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discount programs may be offered by vendors who are independent contractors and not employees or agents of Aetna or their affiliates. Aetna may receive a percentage of the fee you pay to the discount vendor.

Aetna's Informed Health® Line*:

Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics**. The nurses can help you:

- Learn about medical procedures and treatment options.
- Improve how you talk with your doctor and other health care providers.
- Find out how to describe your symptoms better.
- Ask the right questions.
- Tell your doctor about your eating, exercise and lifestyle habits.

Call anytime. (United States only). Nurses are available 24-hours a day. To reach a nurse, call 1-800-556-1555. TDD for hearing and speech-impaired people only: 1-800-270-2386. Or reach them through E-mail. You can send an e-mail to IHL2@aetna.com for links to health information about your questions. Nurses reply within 24 hours. Note: Due to security reasons, the Informed Healthline will not open any attachments sent by e-mail. Or listen to the Audio Health Library*. It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

**While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.*

*** Not all topics may be covered expenses under your plan.*

Use the Healthwise® Knowledgebase to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at **www.aetnastudenthealth.com.**

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[1]
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 medical and travel assistance 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
- Unlimited Return of Mortal Remains
- Return of Traveling Companion
- **$2,500** Emergency Return Home in the event of death or life-threatening illness of a parent or sibling

Natural Disaster and Political Evacuation Services (NDPE)
The following benefits are underwritten by CV Starr (CV), with medical and travel assistance services provided by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a **Covered Person** requires emergency evacuation due to a natural disaster, which makes his/her location uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point. Benefits are payable up to $100,000 per event per person.

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
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of **Physician**
- Emergency Medical Record Assistance
- Legal Referral
- Bail Bonds 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, WETA, and NDPE benefits and services available through On Call, USFIC, VSC and CV. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 966-7772.

NOTE: In order to obtain coverage, all MER, WETA and NDPE 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 OnCall, USFIC, VSC nor CV provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.

To file a claim for ADD benefits, or to obtain MER, WETA or NDPE 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 at (866) 525-1956 or Collect at (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, WETA and NDPE benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER, WETA or NDPE 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, VSC or CV. Premiums/fees for benefits/services provided through On Call, USFIC, VSC and CV are included in the Rates outlined in this brochure.

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

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 this Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate per condition.

Biologically Based Mental Illness: The definition of "mental illness" means "biologically based" mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual (DSM). These include:

- Schizophrenia
- Schizoaffective disorder
- Major depressive disorder
- Bipolar disorder
- Paranoia and other psychotic disorders
- Obsessive compulsive disorder
- Panic disorder
- Delirium and dementia
- Affective disorders
- Eating Disorders
- Post-Traumatic Stress Disorder
- ADHD

Chemical Dependency Treatment: "Chemical dependency" means: (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires. "Treatment" means the broad range of emergency, detoxification, residential, and outpatient services and care, including diagnostic evaluation, chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

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

Co-pay: This is a fee charged to a person for Covered Medical Expenses. For Prescribed Medicines Expense, the copay is payable directly to the pharmacy for each: prescription, kit, or refill, at the time it is dispensed. In no event will the copay be greater than the pharmacy's charge per: prescription, kit, or refill.

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 and any covered dependent while coverage under this Policy is in effect.

Deductible: The amount of Covered Medical Expenses that are paid by each covered person during the policy year before benefits are paid.

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.

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 health care organizations that include supporting scientific data,
- generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment,
- the opinion of health professionals in the generally recognized health specialty involved, and
- any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be medically necessary:

- 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 Policy.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Designated Care Provider, or that is not a Preferred Care Provider, if, as determined by Aetna:

- the service or supply could have been provided by a Preferred Care Provider, and
- 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: A health care 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 (b) 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 that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within three months prior to the covered person's effective date of insurance.

If a student has continuous coverage under the Whitman College 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 covered person's primary care physician, or a preferred care provider of the primary care physician, or
- a health care provider that is not a Preferred Care Provider for an emergency medical condition when travel to a Preferred Care Provider, is not feasible, or
- a Non-Preferred Urgent Care Provider when travel to a Preferred Urgent Care Provider for treatment is not feasible, and if authorized by Aetna.

Preferred Care Provider: A health care 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 covered persons of which you are 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.

NOTES

WELLS FARGO 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 studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY:
Claims and Coverage Questions

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(888) 295-4872(Toll-Free)
www.aetna.com/docfind/custom/studenthealth

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

On Call International 24/7 Emergency Travel Assistance Services
(866) 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
(888) 295-4872 (Toll-Free)
www.aetna.com/docfind/custom/studenthealth

24-HOUR NURSE ADVICE:

Aetna Informed Health® Line
(800) 556-1555

PRESCRIPTIONS:

Aetna Pharmacy Management
(888) 792-3862
www.aetna.com/docfind/custom/studenthealth

THE PLAN ADMINISTERED BY:
Eligibility, Enrollment and General Questions

Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
WA License No. ACORDC*103NL
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
studentinsurance.wellsfargo.com

This material is for information only. Health/Dental insurance plans contain exclusions, benefit maximums and limitations. The plan will pay benefits in accordance with any applicable Washington insurance law. If any discrepancy exists between this pamphlet and the Master Policy/Group Agreement, the Master Policy/Group Agreement will govern and control the payment of benefits. Information is believed to be accurate as of the production date; however, it is subject to change. Policy forms issued in OK include: GR-96134.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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.