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Aetna Student Health Plan Design and Benefits Summary *Connecticut State Colleges and Universities (CSCU)* Domestic and International Students Accident Plan Brochure

Policy Year: 2021 - 2022

Policy Number:

Central Connecticut State University 890429

Eastern Connecticut State University 890433

Southern Connecticut State University 890434

Western Connecticut State University 890435

www.aetnastudenthealth.com

877-375-4244



This is a brief description of the Student Accident Insurance Plan. The Plan is mandatory for Connecticut State University System full time students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at www.aetnastudenthealth.com. If there is a difference between this Benefit Summary and the Master Policy, the Policy will control.

Connecticut State College and Universities (CSCU) Health Services

University Health Services is your University's on-campus health facility.

For more information:

Central Connecticut State University (CCSU) Health Services:

Please contact at: **(860) 832-1925** or

Visit their website at: www.ccsu.edu/healthservices

Office Hours: Monday through Friday 8:00 AM to 5:00 PM

In the event of an emergency, call **911** or the CCSU Campus Police at **(860) 832-2375**

Eastern Connecticut State University (ECSU) Health Services:

Please contact at: **(860) 465-5263** or

Visit their website at: www1.easternct.edu/health/

Office Hours: Monday from 9:00 AM to 5:00 PM and Tuesday - Friday from 9:00 AM to 4:30 PM

In the event of an emergency, call **911** or the ECSU Campus Police at **(860) 465-5310**

Southern Connecticut State University (SCSU) Health Services:

Please contact at: **(203) 392-6300** or

Visit their website at: <http://www.southernct.edu/student-life/health/healthservices/index.html>

Office Hours: Monday -Thursday 8:30 AM-4:30 PM Friday from 9:30 AM to 4:30 PM

In the event of an emergency, call **911** or the SCSU Campus Police at **(203) 392-5375**

Western Connecticut State University (WCSU) Health Services:

Please contact at: **(203) 837-8594** or

Visit their website at: <http://www.wcsu.edu/healthservices/>

Office Hours: Monday through Friday 8:00 AM to 4:00 PM

In the event of an emergency, call **911** or the WCSU Campus Police at **(203) 837-9300**

Coverage Periods

1. **Students:** Coverage for all insured students enrolled for the Fall Semester, will become effective at 12:01 AM on **August 1, 2021**, and will terminate at 11:59 PM on **December 31, 2021**.
2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 AM on **January 1, 2022** and will terminate at 11:59 PM on **July 31, 2022**.

Coverage Period	Coverage Start Date	Coverage End Date
Annual	08/01/2021	07/31/2022
Fall	08/01/2021	12/31/2021
Spring	01/01/2022	07/31/2022

Rates

Full Time Student Accident

	Annual	Fall Semester	Spring Semester
Full-Time Student Accident Only**	\$51	\$21	\$30
Mandatory Plan			

Part Time Student Accident

	Annual	Fall Semester	Spring Semester
Part-time Student Accident Only **	\$51	\$21	\$30
Voluntary Plan*			

*Spring semester enrollment for new students. Enrollment by application only by calling customer service.

**Travel Assistance Program is included in the Accident rates.

Enrollment

All Full-Time students will be automatically enrolled in this Plan.

All Part-Time students are eligible to enroll voluntarily in this Plan directly with Aetna Student Health.

EXCEPTION: A Covered Person entering the armed forces of any country 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 Aetna within **90 days** of withdrawal from school.

To obtain an enrollment form for Part-Time voluntary coverage call Aetna Student Health Customer Service at 877-375-4244.

Part-Time Student Voluntary Open Enrollment Deadlines

CSU	Annual / Fall	Spring
Central Connecticut State University	9/30/2021	1/31/2022
Eastern Connecticut State University	9/30/2021	1/31/2022
Southern Connecticut State University	9/30/2021	1/31/2022
Western Connecticut State University	9/30/2021	1/31/2022

Student Coverage

Eligibility

Full-Time Students

All full-time registered undergraduate and graduate students are automatically enrolled in their CSU University's Mandatory Accident Insurance Plan and are required to participate.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Part-Time Students

Any actively registered and matriculating part-time student enrolled at a CSCU school that is currently participating in an accredited, degree-seeking program is eligible to enroll in the Part time Accident Plan. Aetna Student Health maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met and maintained. If we discover that the Policy Eligibility Requirements have not been met and maintained, our only obligation is a refund of premium, less any claims paid. Eligibility Requirements must be met and maintained each time a premium is paid to continue coverage.

If you withdraw from school within the first **31 days** of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After **31 days**, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness.)

In-network Provider Network

Aetna Student Health offers Aetna's broad network of In-network Providers. You can save money by seeing In-network Providers because Aetna has negotiated special rates with them, and because the Plan's benefits are better.

If you need care that is covered under the Plan but not available from an In-network Provider, contact Member Services for assistance at the toll-free number on the back of your ID card. In this situation, Aetna may issue a pre-approval for you to receive the care from an Out-of-network Provider. When a pre-approval is issued by Aetna, the benefit level is the same as for In-network Providers.

Precertification

You need pre-approval from us for some eligible health services. Pre-approval is also called precertification.

Precertification for medical services and supplies

In-network care

Your in-network physician is responsible for obtaining any necessary pre-certification before you get the care. If your in-network physician doesn't get a required pre-certification, we won't pay the provider who gives you the care. You won't have to pay either if your in-network physician fails to ask us for pre-certification. If your in-network

physician requests pre-certification and we refuse it, you can still get the care but the plan won't pay for it. You will find additional details on requirements in the Certificate of Coverage.

Out-of-network care

When you go to an out-of-network provider, it is your responsibility to obtain pre-certification from us for any services and supplies on the pre-certification list. If you do not pre-certify, your benefits may be reduced, or the plan may not pay any benefits. Refer to your schedule of benefits for this information. The list of services and supplies requiring pre-certification appears later in this section.

Pre-certification call

Pre-certification should be secured within the timeframes specified below. To obtain pre-certification, call Member Services at the toll-free number on your ID card. This call must be made:

Non-emergency admissions:	You, your physician or the facility will need to call and request pre-certification at least 14 days before the date you are scheduled to be admitted.
An emergency admission:	You, your physician or the facility must call within 48 hours or as soon as reasonably possible after you have been admitted.
An urgent admission:	You, your physician or the facility will need to call before you are scheduled to be admitted. An urgent admission is a hospital admission by a physician due to the onset of or change in an illness, the diagnosis of an illness, or an injury.
Outpatient non-emergency services requiring pre-certification:	You or your physician must call at least 14 days before the outpatient care is provided, or the treatment or procedure is scheduled.

We will provide a written notification to you and your physician of the pre-certification decision, where required by state law. If your pre-certified services are approved, the approval is valid for 30 days as long as you remain enrolled in the plan.

If you require an extension to the services that have been pre-certified, you, your physician, or the facility will need to call us at the number on your ID card as soon as reasonably possible, but no later than the final authorized day.

If pre-certification determines that the stay or outpatient services and supplies are not covered benefits, the notification will explain why and how you can appeal our decision. You or your provider may request a review of the pre-certification decision. See the *When you disagree - claim decisions and appeals procedures* section of Certificate of Coverage.

What if you don't obtain the required pre-certification?

If you don't obtain the required pre-certification:

- Your benefits may be reduced, or the plan may not pay any benefits. See the schedule of benefits *Pre-certification penalty* section.
- You will be responsible for the unpaid balance of the bills.
- Any additional out-of-pocket expenses incurred will not count toward your deductibles or maximum out-of-pocket limits.

Description of Benefits

The Plan excludes coverage for certain services (referred to as exceptions in the certificate of coverage) and has limitations on the amounts it will pay. While this Plan Design and Benefit 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 Certificate of Coverage issued to you, go to www.aetnastudenthealth.com. If any discrepancy exists between this Benefit Summary and the Certificate of Coverage, the Certificate will control.

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

Policy Year Maximum	\$100,000 per Accident per Policy Year	
COINSURANCE	Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.	
INPATIENT HOSPITALIZATION BENEFITS	Preferred Care	Non-Preferred Care
Room and Board Expense	100% of the Negotiated Charge	80% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings.	100% of the Negotiated Charge	80% of the Recognized Charge
Non-Surgical Physicians Hospital Visit Expense Non-surgical services of the attending Physician, or a consulting Physician.	100% of the Negotiated Charge	80% of the Recognized Charge
SURGICAL EXPENSES	Preferred Care	Non-Preferred Care
Surgical Expense (Inpatient and Outpatient)	100% of the Negotiated Charge	80% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	100% of the Negotiated Charge	80% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	100% of the Negotiated Charge	80% of the Recognized Charge
Ambulatory Surgical Expense	100% of the Negotiated Charge	80% of the Recognized Charge

OUTPATIENT EXPENSE	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Walk-in Clinic Visit Expense	100% of the Negotiated Charge	80% of the Recognized Charge
<p>Emergency Room Expense Important Notice: A separate hospital emergency room visit benefit deductible or copay applies for each visit to an emergency room for emergency care.</p> <p>Covered medical expenses that are applied to the emergency room visit benefit deductible or copay cannot be applied to any other benefit deductible or copay under the plan. Likewise, covered medical expenses that are applied to any of the plan's other benefit deductibles or copays cannot be applied to the emergency room visit benefit deductible or copay.</p> <p>Separate benefit deductibles or copays may apply for certain services rendered in the emergency room that are not included in the hospital emergency room visit benefit. These benefit deductibles or copays may be different from the hospital emergency room visit benefit deductible or copay, and will be based on the specific service rendered.</p> <p>Similarly, services rendered in the emergency room that are not included in the hospital emergency room visit benefit may be subject to coinsurance rates that are different from the coinsurance rate applicable to the hospital emergency room visit benefit.</p> <p>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.</p>	100% of the Negotiated Charge	100% of the Recognized Charge
Urgent Care Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Ambulance Expense	100% of the Negotiated Charge	100% of the Recognized Charge

OUTPATIENT EXPENSE (Continue)	Preferred Care	Non-Preferred Care
Physician's Office Visit Expense This benefit includes visits to specialists	100% of the Negotiated Charge	80% of the Recognized Charge
Laboratory and X-ray Expense	100% of the Negotiated Charge	80% of the Recognized Charge
High Cost Procedures Expense Includes CT scans, MRIs, PET scans, Laser Treatment and Nuclear Cardiac Imaging Tests	100% of the Negotiated Charge	80% of the Recognized Charge
Therapy Expense Includes Physical, Speech, and Occupational Therapy.	100% of the Negotiated Charge	80% of the Recognized Charge
Therapy Expense Includes chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, orally administered anticancer medications, prescribed by a prescribing practitioner, and used to kill or slow the growth of cancerous cells, radiation therapy, tests and procedures.	100% of the Negotiated Charge	80% of the Recognized Charge
Chiropractic Therapy Expense Includes office visits and manipulations.	100% of the Negotiated Charge	80% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Prosthetic Devices Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Dental Injury Expense	100% of the Actual Charge	
PREVENTIVE CARE	Preferred Care	Non-Preferred Care
Immunizations Expense Includes travel immunizations and flu shots.	100% of the Negotiated Charge	80% of the Recognized Charge
ADDITIONAL BENEFITS	Preferred Care	Non-Preferred Care
Home Health Care Expense Benefits are limited to a maximum of 100 visits per Policy year.	100% of the Negotiated Charge	80% of the Recognized Charge
Licensed Nurse Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Skilled Nursing Facility Expense	100% of the Negotiated Charge	80% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	100% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	80% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations

A covered person, a covered person's designee or a covered person's prescriber may seek an expedited medical exception process to obtain coverage for non-covered drugs in exigent circumstances. An "exigent circumstance" exists when a covered person is suffering from a health condition that may seriously jeopardize a covered person's life, health, or ability to regain maximum function or when a covered person is undergoing a current course of treatment using a non-formulary drug.

The request for an expedited review of an exigent circumstance may be submitted by contacting Aetna's *Pre-certification Department* at **1-855-240-0535**, faxing the request to **1-877-269-9916**, or submitting the request in writing to:

CVS Health
ATTN: Aetna PA
1300 E. Campbell Road
Richardson, TX 75081

What your plan doesn't cover – some eligible health service exceptions

We already told you about the many health care services and supplies that are eligible for coverage under your plan in the *Eligible health services under your plan* section. And we told you there, that some of those health care services and supplies have exceptions (exclusions). For example, **physician** care is an **eligible health service** but **physician** care for **cosmetic surgery** is never covered. This is an exception (exclusion).

In this section we tell you about the exceptions.

And just a reminder, you'll find coverage limitations in the schedule of benefits.

General exceptions

This Plan does not cover nor provide benefits for:

- Expense incurred for dental treatment, services and supplies except for those resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth and those as specially covered under the Policy.
- Expense incurred for services normally provided without charge by the Policyholder's school health services, infirmary or hospital, or by health care providers employed by the Policyholder.
- Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense so long as they are not taken against persons who are trying to restore law and order.
- 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.
- 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.
- 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.

- Expense incurred for treatment provided in a governmental hospital unless there is a legal or regulatory obligation to pay such charges in the absence of insurance.
- Expense incurred for elective treatment or elective surgery except as specifically covered under the Policy and provided while the Policy is in effect.
- Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
 - Improve the function of a part of the body that is not a tooth or structure that supports the teeth and is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or as direct result of disease or surgery performed to treat a disease or injury.
 - Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under the Policy. Surgery must be performed in the policy year of the accident which causes the injury or in the next policy year.
- 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.
- Expense for or related to artificial insemination, in-vitro fertilization or embryo transfer procedures, male elective sterilization, or elective abortion unless specifically covered under the Policy.
- 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) to the extent allowed by law.
- Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
- Expense incurred for custodial care.
- 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 except as specifically covered in the Policy. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
- Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices except as specifically covered in the Policy.
- Expense incurred for, or in connection with, drugs, devices, procedures, or treatments that are, as determined by Aetna to be, experimental or investigational except as specifically covered under the Policy.
- Expenses incurred for gastric bypass and any restrictive procedures for weight loss except screening and counseling services specifically covered under the Policy.
- Expenses incurred for breast reduction/mammoplasty.
- Expenses incurred for gynecomastia (male breasts).
- 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.
- Expense incurred for acupuncture except as specifically covered under the Policy.

- Expense incurred for alternative holistic medicine and/or therapy including, but not limited to, yoga and hypnotherapy unless specifically covered under the Policy.
- Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of toenails; and (e) care of fallen arches, weak feet, or chronic foot strain except that (c) and (d) are not excluded when medically necessary because the covered person is diabetic or suffers from circulatory problems.
- Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits. The Policy will only pay for those losses which are not payable under the automobile medical payment insurance Policy.
- Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
- Expense incurred for hearing exams, hearing aids; the fitting; or prescription of hearing aids except as specifically covered under the Policy. Not covered are:
 - Any hearing service or supply that does not meet professionally accepted standards;
 - Hearing exams given during a stay in a hospital or other facility;
 - Any tests, appliances, and devices for the improvement of hearing, including aids, hearing aids and amplifiers, or to enhance other forms of communication to compensate for hearing loss or devices that simulate speech; and
 - Routine hearing exams, except for routine hearing screenings as specifically described under Preventive Care Benefits.
- Expense for care or services covered under Medicare Part A or Part B and the covered person is enrolled in Medicare Part A or B.
- Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
- 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.
- Expense incurred for any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this Policy, or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.
- Expense for services or supplies provided for the treatment of obesity and/or weight control except screening and counseling services as specifically covered under the Policy. Not covered is any treatment, drug service or supply intended to decrease or increase body weight, control weight or treat obesity, including morbid obesity, regardless of the existence of comorbid conditions, including but not limited to:
 - Liposuction, banding, gastric stapling, gastric by-pass and other forms of bariatric surgery;
 - surgical procedures, medical treatments, weight control/loss programs and other services and supplies that are primarily intended to treat, or are related to the treatment of obesity, including morbid obesity;
 - Drugs, stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications;
 - Counseling, coaching, training, hypnosis, or other forms of therapy; and
 - Exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy, or other forms of activity or activity enhancement.

- Expense for incidental surgeries and standby charges of a physician.
- Expense incurred for injury resulting from the play or practice of intercollegiate sports, participating in sports clubs; or intramural athletic activities; is excluded after 104 weeks from the date of accident.
- Expense incurred for non-preferred care charges that are not recognized charges.
- 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.
- Expense incurred for routine physical exams, routine eye exams, routine dental exams, routine hearing exams and other preventive services and supplies, except as specifically covered in the Policy.
- Expense incurred for a treatment, service, prescription drug, or supply which is not medically necessary as determined by Aetna for the diagnosis, care, or treatment of the sickness or injury involved, the restoration of physiological functions, or covered preventive services. This includes behavioral health services that are not primarily aimed at treatment of sickness, injury, restoration of physiological functions or that do not have a physiological or organic basis. This applies even if they are prescribed, recommended, or approved by the person's attending physician, dentist, or vision provider.
- Expenses incurred for vision-related services and supplies, except as specifically covered in the Policy. In addition, the plan does not cover:
 - Special supplies such as non-prescription sunglasses;
 - Vision service or supply which does not meet professionally accepted standards;
 - Special vision procedures, such as orthoptics or vision training;
 - Eye exams during a stay in a hospital or other facility for health care;
 - Eye exams for contact lenses or their fitting;
 - Eyeglasses or duplicate or spare eyeglasses or lenses or frames;
 - Replacement of lenses or frames that are lost or stolen or broken;
 - Acuity tests; and
 - Eye surgery for the correction of vision, including radial keratotomy, LASIK and similar procedures;
 - Services to treat errors of refraction.
- Expense incurred for designated care and preferred care charges in excess of the negotiated charge.
- Nursing and home health aide services or therapeutic support services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities).
- Expense incurred in relation to genetics: Except as specifically covered in the Policy, the plan does not cover any treatment, device, drug, service or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.
- Expense incurred for therapies and tests:
 - Any of the following treatments or procedures including but not limited to:
 - Aromatherapy;
 - Bio-feedback and bio-energetic therapy;
 - Carbon dioxide therapy;
 - Chelation therapy (except for heavy metal poisoning);
 - Computer-aided tomography (CAT) scanning of the entire body;
 - Early intensive behavioral interventions (including Applied Behavior Analysis, Denver, LEAP, TEACHH, Rutgers programs) except as specifically covered in the What the Medical Plan Covers Section;
 - Educational therapy;

- Gastric irrigation;
 - Hair analysis;
 - Hyperbaric therapy, except for the treatment of decompression or to promote healing of wounds;
 - Hypnosis, and hypnotherapy, except when performed by a physician as a form of anesthesia in connection with covered surgery;
 - Lovaas therapy;
 - Massage therapy;
 - Megavitamin therapy;
 - Primal therapy;
 - Psychodrama;
 - Purging;
 - Recreational therapy;
 - Rolfing;
 - Sensory or auditory integration therapy;
 - Sleep therapy;
 - Thermograms and thermography.
- Expenses incurred for any instruction for diet, plaque control and oral hygiene.
 - Expenses incurred for dental services and supplies that are covered in whole or in part under any other part of this plan.
 - Expenses incurred for jaw joint disorder treatment, services and supplies, except as specifically covered in the Policy, to alter bite or the alignment or operation of the jaw, including temporomandibular joint disorder (TMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment.
 - Expenses incurred for orthodontic treatment except as specifically covered in the Orthodontic Treatment Rule section of the Policy.
 - Expenses incurred for routine dental exams and other preventive services and supplies, except as specifically covered in the Policy.

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 Connecticut State University System Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Sanctioned Countries

If coverage provided by this policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-877-480-4161.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna is committed to being an inclusive health care company. Aetna does not discriminate on the basis of ancestry, race, ethnicity, color, religion, sex/gender (including pregnancy), national origin, sexual orientation, gender identity or expression, physical or mental disability, medical condition, age, veteran status, military status, marital status, genetic information, citizenship status, unemployment status, political affiliation, or on any other basis or characteristic prohibited by applicable federal, state or local law.

Aetna provides free aids and services to people with disabilities and free language services to people whose primary language is not English.

These aids and services include:

- Qualified language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Qualified interpreters
- Information written in other languages

If you need these services, contact the number on your ID card. Not an Aetna member? Call us at 1-877-480-4161.

If you have questions about our nondiscrimination policy or have a discrimination-related concern that you would like to discuss, please call us at 1-877-480-4161.

Please note, Aetna covers health services in compliance with applicable federal and state laws. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage.

Language accessibility statement

Interpreter services are available for free.

Attention: If you speak English, language assistance service, free of charge, are available to you. Call **1-877-480-4161** (TTY: **711**).

Español/Spanish

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-480-4161** (TTY: **711**).

አማርኛ/Amharic

ለብይብ: አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ የትርጉም ድጋፍ ሰጪ ድርጅቶች፣ ያለምንም ክፍያ እርስዎን ለማገልገል ተዘጋጅተዋል። የሚከተለው ቁጥር ላይ ይደውሉ **1-877-480-4161** (መስማት ለተሳናቸው: **711**).

العربية/Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-480-4161** (رقم الهاتف النصي: **711**).

Bàsòò Wùdù/Bassa

Dè de nià ke dyedé gbo: ɔ ju' ke' m' dyi Bàsòò-wùdù-po-nyò ju' ni, ni' à wuɖu kà kò d'ò po-poò b'è m' gbo kpaa. Ɖa **1-877-480-4161** (TTY: **711**).

中文/Chinese

注意: 如果您说中文, 我们可为您提供免费的语言协助服务。请致电 **1-877-480-4161** (TTY: **711**)。

فارسی/Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارائه می‌گردد، با شماره **1-877-480-4161** (TTY: **711**) تماس بگیرید.

Français/French

Attention : Si vous parlez français, vous pouvez disposer d'une assistance gratuite dans votre langue en composant le **1-877-480-4161** (TTY: **711**).

ગુજરાતી/Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાકીય સહાયતા સેવા તમને નિ:શુલ્ક ઉપલબ્ધ છે. કોલ કરો **1-877-480-4161** (TTY: **711**).

Kreyòl Ayisyen/Haitian Creole

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-480-4161** (TTY: **711**).

Igbo

Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, diiri gi. Kpọọ **1-877-480-4161** (TTY: **711**).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-877-480-4161**(TTY: **711**)번으로 전화해 주십시오.

Português/Portuguese

Atenção: a ajuda está disponível em português por meio do número **1-877-480-4161** (TTY: **711**). Estes serviços são oferecidos gratuitamente.

Русский/Russian

Внимание: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Звоните по телефону **1-877-480-4161** (TTY: **711**).

Tagalog

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-480-4161** (TTY: **711**).

اردو/Urdu

توجہ دین: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت دستیاب ہیں۔ **1-877-480-4161** (TTY: **711**) پر کال کریں۔

Tiếng Việt/Vietnamese

Lưu ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-877-480-4161** (TTY: **711**).

Yorùbá/Yoruba

Àkíyèsí: Bí o bá nsọ èdè Yorùbá, ìrànlọwọ́ lórí èdè, lófẹ́, wà fún ọ. Pe **1-877-480-4161** (TTY: **711**).

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