University of Michigan Domestic

2013-2014 Student Health Insurance Plan

www.aetnastudenthealth.com

Aetna Student Health, working with University of Michigan offers a student-focused health insurance plan that helps protect students at school, at home, and while traveling or studying abroad.

What is the Plan All About?
Your Student Health Insurance Plan offers you access to:

- Aetna’s nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®.
- Aggregate Maximum of $1,000,000 per condition per policy year.
- Informed Health® Line – Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics®.
- Access to savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.
- $10,000 Accidental Death & Dismemberment Benefit.

WHO CAN ENROLL?
Any UM student enrolled in classes or a student not enrolled but between semesters (e.g. Spring/Summer). Please see University of Michigan brochure for more details regarding “a student not enrolled but between semesters” located at www.aetnastudenthealth.com

HOW DO I ENROLL?
All eligible students who wish to enroll in the Plan must enroll online during open enrollment periods at www.aetnastudenthealth.com. To ensure coverage begins at the start of the Policy Year (August 24, 2013), your Enrollment Form must be completed by September 24, 2013.

How much does it cost?

<table>
<thead>
<tr>
<th></th>
<th>2013-2014</th>
<th>Student Rate</th>
<th>Deadline Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>(8/24/13-8/23/14)</td>
<td>$3,284</td>
<td>9/24/13</td>
</tr>
<tr>
<td>Winter</td>
<td>(1/1/14-8/23/14)</td>
<td>$2,190</td>
<td>1/31/14</td>
</tr>
<tr>
<td>Spring/Summer</td>
<td>(5/1/14-8/23/14)</td>
<td>$1,105</td>
<td>5/31/14</td>
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<table>
<thead>
<tr>
<th>Annual Installment Option</th>
<th>Student Rate</th>
<th>Payment Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installment #1</td>
<td>$1,454</td>
<td>9/24/2013</td>
</tr>
<tr>
<td>Installment #2</td>
<td>$1,076</td>
<td>1/15/2014</td>
</tr>
<tr>
<td>Installment #3</td>
<td>$754</td>
<td>5/15/2014</td>
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The Annual Installment Option is an Annual Plan. You may elect the Annual Installment Option, which consists of three (3) payments throughout the policy year. In order to be eligible, you must purchase on or before 9/24/13. Premium payments for Period 2 and Period 3 will be AUTOMATICALLY charged to the same form of payment used for Period 1. Your first period installment payment due on or before 9/24/13 is $1454 (student), Period 2 payment will be charged on 1/15/14 (Student = $1,076). Period 3 payment will be charged on 5/15/14 (Student = $754). Please refer to the plan Brochure for more information and dependent rates.

Learn More!
1-800-242-3721

www.aetnastudenthealth.com

*Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company (Aetna) and CCA and their applicable affiliated companies (Aetna). The University of Michigan Domestic Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company (Aetna) and CCA and their applicable affiliated companies (Aetna).
Here's what the plan offers

MEDICAL BENEFITS AT A GLANCE

<table>
<thead>
<tr>
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<th>ANNUAL MAXIMUM</th>
<th>$1,000,000 per Condition per Policy Year</th>
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<tbody>
<tr>
<td></td>
<td>ANNUAL DEDUCTIBLE</td>
<td>$500 per Covered Person per Policy Year</td>
</tr>
<tr>
<td>OUT OF POCKET MAXIMUM</td>
<td>$3,000 per Covered Person per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT

### INPATIENT EXPENSES
- **Physician Office Visit**
  - Preferred Care: $20 copay per visit, 70% of Negotiated Charge
  - Non-Preferred Care: $50 copay per visit, 50% of Recognized Charge
- **Routine Physical Exam Expenses**
  - Preferred Care: 100% of Negotiated Charge (Annual Deductible Waived)
  - Non-Preferred Care: $50 deductible per visit, then 50% of Recognized Charge
- **X-Ray and Lab**
  - Preferred Care: 70% of Negotiated Charge
  - Non-Preferred Care: 50% of Recognized Charge
- **Emergency Expenses (room and supplies)**
  - Preferred Care: $100 copay per visit (waived if admitted), 70% of Negotiated Charge
  - Non-Preferred Care: $100 deductible per visit (waived if admitted), 70% of Recognized Charge
- **Inpatient Hospitalization**
  - Preferred Care: 70% of Negotiated Charge
  - Non-Preferred Care: 50% of Recognized Charge
- **Physical Therapy Expenses**
  - Preferred Care: $20 copay per visit, 70% of Negotiated Charge
  - Non-Preferred Care: $50 deductible per visit, 50% of Recognized Charge
- **Mental and Nervous Disorders**
  - Preferred Care: $20 copay per visit, 70% of Negotiated Charge
  - Non-Preferred Care: $50 deductible per visit, 50% of Recognized Charge

### PRESCRIPTION DRUG EXPENSES

**Benefits are limited to $500,000 per Covered Person Per Policy Year.** If a Generic equivalent contraceptive is available but a Brand Name Drug is dispensed, the member is responsible for the difference in cost. For more information, please visit www.aetna.com/formulary.

**Non-Formulary Brand Name Drug:**
- Preferred Care: $25 copay, 100% of Negotiated Charge
- Non-Preferred Care: $50 copay, 100% of Negotiated Charge

**Formulary Brand Name Drug:**
- Preferred Care: $80 copay, 100% of Negotiated Charge

**Generic Drug:**
- Preferred Care: $25 copay, 100% of Negotiated Charge
- Non-Preferred Care: $50 copay, 100% of Recognized Charge

### PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:
- This plan will not pay more than the overall maximum benefit of $1,000,000 per Condition during the plan year.
- The plan will not pay more than $500,000 for Prescription Drug Expenses 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 cannot bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.
- Please read the University of Michigan Domestic Student Health Insurance Plan brochure located at www.aetnaustudenthealth.com carefully before enrolling. While this document and the University of Michigan Domestic Student Health Insurance Plan 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 Managed Care/Student Health Insurance Office during normal business hours or contact us at 800-242-3721.

For more information on plan exclusions, limitations and benefit maximums, please refer to the University of Michigan Domestic Student Health Insurance Plan brochure and Master Policy. 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.

**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 $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 $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 $1,000,000 per Condition per Policy Year 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 (800) 242-3721. 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.**

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

Policy forms issued in OK include GR-96134.

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