



CASE WESTERN RESERVE  
UNIVERSITY EST. 1826

# Student Medical Plan 2008-2009

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Dear Student:

While you are at Case Western Reserve University, we want to ensure that the Student Medical Plan and Services are a positive experience for you. Beginning with the 2008/2009 academic year, the university has contracted with Aetna Student Health in order to offer enhanced services that are easy to use, affordable and adaptable to your health care needs. One of the highlights of the Plan is an extensive nationwide health care network with access to doctors and specialists. The Student Medical Plan is offered as a supplement to the excellent care available to all Case Western Reserve students from the University Health Services and University Counseling Services.

The University also offers the Optional Dependent Medical Plan for those students who wish to purchase coverage for their dependent spouse, domestic partner and children. Our intent is to provide you with the opportunity to obtain effective medical coverage.

We appreciate your thoughts and suggestions. Questions or comments about either the Student Medical Plan or the Optional Dependent Plan can be directed to the University Health Service at 216-368-3050.

Glenn Nicholls  
Vice President  
Student Affairs

Robert Clarke Brown  
Treasurer  
Office of the Treasurer

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## IMPORTANT

The Medical Plan benefits described herein are subject to the provisions of the Plan Document. The Plan Document may be reviewed at the University Health Service, 2145 Adelbert Road.

**Sponsored By:**

CASE WESTERN RESERVE UNIVERSITY  
Cleveland, Ohio

**Extending Eligibility To:**

THE CLEVELAND INSTITUTE OF MUSIC  
THE CLEVELAND INSTITUTE OF ART  
SPECIAL PROGRAMS

**Administered By:**

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014  
Toll Free: 877-850-6038

**TELEPHONE DIRECTORY**

University Health Service

2145 Adelbert Road ..... 216-368-2450

University Counseling Services

Sears Bldg., Room 201..... 216-368-5872

Appointments:

General Clinic ..... 216-368-4539

Women's Clinic..... 216-368-2453

Mental Health..... 216-368-2510/5872

Medical Plan Information ..... 216-368-3050

**TABLE OF CONTENTS**

ELIGIBILITY ..... 2

PERIODS OF COVERAGE ..... 2

DEFINITIONS ..... 2

NETWORK INFORMATION..... 3

MEDICAL COVERAGE ..... 3

MENTAL HEALTH AND CHEMICAL DEPENDENCY COVERAGE... 4

PRESCRIPTION COVERAGE..... 5

DENTAL COVERAGE ..... 6

EXTRA DISCOUNTS AND SAVINGS..... 7

EVACUATION ..... 7

COVERAGE TERMINATION..... 8

SPECIAL MEDICAL LEAVE PERMISSION..... 9

CLAIM SUBMISSION ..... 9

IDENTIFICATION CARD ..... 9

STUDENT MEDICAL PLAN WAIVER OPTION ..... 10

REFUNDS..... 10

APPEAL PROCEDURE ..... 10

EXCLUSIONS ..... 11

The fee for the 2008–2009 Student Medical Plan is \$660.00 per semester. The fee for the Student Medical Plan is automatically billed each Fall and Spring semester to students registered for at least one credit hour. The fee will appear on the student’s tuition bill each semester. Payment is due in accordance with the University’s tuition schedule.

Students who waive the Plan (see waiver option, page 10) will receive a credit of \$660.00 on their account.

## ELIGIBILITY

1. Students of Case Western Reserve University registered for at least one credit hour.
2. Residents of University Housing who have a direct affiliation with a University sponsored program.
3. Persons associated with special programs on the campus of Case Western Reserve University may be eligible for this student coverage.
4. Students of The Cleveland Institute of Art, and The Cleveland Institute of Music registered for at least one credit hour.

## NOT ELIGIBLE TO RECEIVE COVERAGE

1. Students cross-registered for classes at Case Western Reserve University or its affiliates.
2. Employees of Case Western Reserve University who are eligible for Benelect.

## PERIODS OF COVERAGE

### CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE (MSD) STUDENTS, AND CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE

Fall Semester: July 1, 2008 (12:01 a.m.) to  
January 11, 2009 (11:59 p.m.)

Spring Semester: January 12, 2009 (12:01 midnight) to  
June 30, 2009(11:59 p.m.)

### ALL STUDENTS EXCEPT THOSE LISTED ABOVE

Fall Semester: August 1, 2008 (12:01 a.m.) to  
January 11, 2009 (11:59 p.m.)

Spring Semester: January 12, 2009 (12:01 midnight) to  
July 31, 2009 (11:59 p.m.)

If a student registers after September 5, 2008 for Fall Semester and after January 23, 2009 for Spring Semester, the Student Medical Plan will become effective on the date the student registers (not on the effective date listed above).

## IMPORTANT DEFINITIONS

### Injury

- Means bodily damages:
  - a. caused directly and independently of all other causes by an accident; and,
  - b. which results in loss covered by the Plan.

### Sickness

- Means illness or disease for which treatment is received while the person is covered under this Plan.

### Disability

- Means either a Sickness or Injury.

### Routine Care

- Means any medical service that is performed for preventative purposes or performed in the absence of a specific diagnosis

### Plan Year

- Means fiscal year as described under period of coverage above.

## NETWORK INFORMATION

The Student Medical Plan, subject to the outlined benefits, limits and exclusions, protects the student during the term for which the fee has been paid. The Plan reserves the right to coordinate benefits with any other medical coverage.

Participants of the Student Medical Plan are encouraged to access a national network of Preferred providers in the Aetna network. Participants may realize substantial savings by utilizing preferred providers.

A complete listing of Participating Providers is available through the internet by accessing Aetna's DocFind® Service at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). Click on Find Your School and enter 474889 as your policy number. Additionally, information regarding Preferred Providers can be obtained by contacting Aetna Student Health at 877-850-6038.

**Failure to utilize a network provide, will result in a benefit reduction to 60% of covered charges.**

In the case of a medical emergency as determined by the claims administrator, a participant who obtains health care from an out-of-network provider will be subject to the in-network limits and restrictions with respect to such care. When hospital or medical care is required because of a Sickness or Injury eligible for benefits under this Plan, the reasonable and customary expense actually incurred will be paid, up to the specified limits for each Sickness or Injury.

## MEDICAL COVERAGE

**University Health Services:** No Charge for University Health Services Office Visit

**Primary Care or Specialist Office Visit:** \$20 Copayment\* due at the time of service, 80% of remaining balance is paid for by The Plan, 20% of remaining balance is the responsibility of the student.

*\*Copayments do not accumulate toward the out-of-pocket maximums*

**Urgent Care Facility:** \$30 Copayment\* due at the time of service, 80% of remaining balance is paid for by The Plan, 20% of remaining balance is the responsibility of the student.

*\*Copayments do not accumulate toward the out-of-pocket maximums*

**Emergency Room:** \$50 Copayment\* due at the time of service (waived if admitted), 80% of remaining balance is paid for by The Plan, 20% of remaining balance is the responsibility of the student.

*\*Copayments do not accumulate toward the out-of-pocket maximums*

### Outpatient Services\*:

**In-Network:** 80% of eligible charges are paid for by The Plan, the remaining 20% of charges are the responsibility of the student.

**Out-of-Network:** 60% of eligible charges are paid for by The Plan, the remaining 40% of charges are the responsibility of the student.

*\*This includes outpatient maternity services*

## Mammography

The Plan will pay the cost, up to \$85 per exam, for routine mammograms as follows:

| <i>Student Age (Years)</i> | <i># Exams</i>  |
|----------------------------|---|
| 35 but less than 40 .....  | 1 every 4 Plan Years  |
| 40 but less than 50 .....  | 1 every 2 Plan Years<br>(1 per Plan Year if certified as high risk for breast cancer) |
| over 50 .....              | 1 per Plan Year   |

### Inpatient Services\*:

**In-Network:** 80% of eligible charges are paid for by The Plan, the remaining 20% of charges are the responsibility of the student.

**Out-of-Network:** 60% of eligible charges are paid for by The Plan, the remaining 40% of charges are the responsibility of the student.

*\*This includes inpatient maternity services*

### Student Medical Plan Out of Pocket Maximum:

**In-Network:** \$5,000, per Plan Year

**Out-of-Network:** \$7,500, per Plan Year

The Plan will pay 100% of the excess of eligible expenses incurred after the out of pocket maximum has been met, up to a maximum benefit of \$250,000 per Plan Year.

### Student Medical Plan Year and Lifetime Maximums:

Medical and Prescription Benefits Plan Year Maximum: \$250,000

Medical and Prescription Benefits Lifetime Maximum: \$2,000,000

## MENTAL HEALTH AND CHEMICAL DEPENDENCY COVERAGE

**In-Network:** 80% of eligible charges are paid for by The Plan, the remaining 20% of charges are the responsibility of the student.

**Out-of-Network:** 60% of eligible charges are paid for by The Plan, the remaining 40% of charges are the responsibility of the student.

Outpatient Mental/Nervous Benefit Limitations: Coverage under The Plan is limited to 26 visits per Plan Year for: diagnosis, treatment, couples counseling, legally rendered by a licensed psychiatrist, psychologist or social worker. Such outpatient service may be provided in a physician's office, hospital outpatient department, community mental health facility or an alcoholism or drug abuse treatment facility.

### Inpatient Mental/Nervous:

**In-Network:** 80% of eligible charges are paid for by The Plan, the remaining 20% of charges are the responsibility of the student.

**Out-of-Network:** 60% of eligible charges are paid for by The Plan, the remaining 40% of charges are the responsibility of the student.

**Inpatient Mental/Nervous Benefits Plan Year Maximum: \$20,000**

## PRESCRIPTION COVERAGE

Prescription drug expenses are covered under the medical plan the same as other expenses related to a covered sickness or injury. Students enrolled in the Student Medical Plan are automatically enrolled in the drug plan, administered through Envision Rx Options.

The plan includes a co-payment that is required to be paid when a prescription is purchased. Participants will pay their predetermined co-payment and the plan will pay the remainder of the cost. The Plan will pay up to \$5,000 under the co-payment schedule. Once the Plan has paid \$5,000 under the co-payment schedule, 60% of eligible charges are paid for by The Plan, the remaining 40% of charges are the responsibility of the student. Prescription reimbursement paid by The Plan in excess of \$5,000 will be applied toward the Plan Year maximum of \$250,000.

### Copayment Schedule

| <i>Category</i>  | <i>Retail (30-day supply)</i> | <i>Mail Order (90-day Supply)</i> |
|--|-------------------------------|-----------------------------------|
| OTC (Prilosec, Claritin,<br>Claritan D, Loratadine,<br>Loratadine D)*<br>Generic | \$5.00                        | \$15.00                           |
| Brand  | \$15.00                       | \$30.00                           |
| Non-Formulary  | \$30.00                       | \$60.00                           |
|  | 20% with \$50 minimum         | 20% with \$100 minimum            |

Certain over the counter (OTC) medication are available. Participants are encouraged to consult their physician to determine if OTC Prilosec, OTC Claritin, OTC Claritan D, OTC Loratadine or OTC Loratadine D therapy is appropriate. If it is so determined, the participant's physician must write a prescription specifically for one of these medications and present it to the pharmacist to be eligible for reimbursement under the Plan.

In some cases, it may be necessary to pay the entire cost of the prescription and submit a claim form along with a pharmacy receipt to Envision Rx Options when a network pharmacy is used.

**Prescription benefit cards and direct member reimbursement forms are located at <http://studentaffairs.case.edu/medicalplan/>**

Address: Envision Rx Options  
2181 E. Aurora Rd.  
Suite 201  
Twinsburg, OH 44087

To locate a network pharmacy, please visit [www.envisionrx.com](http://www.envisionrx.com) or call (800) 361-4542 for any customer service related issue. Please note that no prescriptions will be paid for at non-network pharmacies. The participant may be required to show his/her Envision Rx ID card at the point of purchase. The pharmacist will be able to determine to which category the prescription applies in order to collect the correct co-payment at the time of purchase. Envision Rx Options customer service representatives are available to help in this determination as well.

The mail order facility for this plan is Walgreens. In addition to receiving a ninety-day supply prescription through the mail, a ninety-day supply may be obtained with a properly written prescription from the participant's physician by visiting any Walgreens retail location.

## MAIL ORDER

New prescriptions must be mailed to the mail service pharmacy or faxed from the participant's physician office on the Walgreens' Healthcare Plus physician fax form. The form is located at [www.walgreensmail.com](http://www.walgreensmail.com). For long-term medications needed right away: the participant should request two prescriptions from his/her physician – one for a small supply to fill at a participating retail pharmacy and one for a long-term supply to fill through the mail. Most orders are shipped by the U.S. Postal Service. Controlled substances may require a signature upon receipt. Packaging does not show any indication that medications are enclosed. Include payment if applicable to avoid any delays. Do not send cash. Make check payable to Walgreens Healthcare Plus. Credit cards are accepted.

Allow 2 weeks for delivery

### Mail Pharmacy Customer Service:

1-800-992-2655 (TTY 1-800-925-0178)  
Monday – Friday 8:00 a.m. – 8:00 p.m. (Eastern)  
Saturday 8:00 a.m. – Noon (Eastern)

### Refills by phone:

1-800- 749-0009

### Internet:

[www.walgreensmail.com](http://www.walgreensmail.com)

## DENTAL COVERAGE

Coverage is provided per the benefits outlined in the Plan for injury to sound, natural teeth. Participants are eligible for the following services only when obtained from the Case Western Reserve University School of Dental Medicine.

- Two oral exams and evaluations, including a dental and medical history per Plan Year, at 100% coverage
- Two oral cleanings per Plan Year at 100% coverage
- Periodic Bite Wing X-rays per Plan Year at 100% coverage
- Emergency pain relief at the Dental Clinic (or the UH Emergency Room when the Dental Clinic is closed) at 100% coverage

20% discount on all other dental services offered at the Case Western Reserve University School of Dental Medicine

Services are provided at the Case Western Reserve University School of Dental Medicine by both Pre-Doctoral and Doctoral Students.

Appointments are necessary and may be made by calling the Case Western Reserve University Dental Clinic at 216.368.3200. Additionally, Student Medical Plan members (and their dependents) must present a valid Aetna Medical Plan ID card at the time of service.

Please Note: The Case Western Reserve University School of Dental Medicine closes periodically throughout the year. Oral cleanings are not provided when the clinic is closed. Emergency care is limited at this time but can be accessed by calling 216.368.3200.

## EXTRA DISCOUNTS AND SAVINGS

### **Aetna Vision<sup>SM</sup> Discount Program**

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

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

### **Accidental Death and Dismemberment Benefit**

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by United States Fire Insurance Company. Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply.)

To file a claim for Accidental Death and Dismemberment, please contact Aetna Student Health at (800) 966-7772 for the appropriate claim forms.

### **On Call International 24/7 Emergency Travel Assistance Services**

These services are provided by On Call International and designed to protect Case Western Reserve University students and/or eligible dependents when traveling more than 100 miles from home, anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from your home or campus, you have access to a comprehensive group of emergency assistance services provided by On Call International. Eligible participants have immediate access to doctors, hospitals, pharmacies and other services when faced with an emergency while traveling. The On Call International Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, prescription assistance, lost luggage assistance, legal and interpreter assistance, and travel information such as Visa and passport requirements, travel advisories, etc.

### **Medical Evacuation and Return of Mortal Remains Services**

In the event that a participant becomes injured and adequate medical facilities are not available locally, On Call International will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, On Call International will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container as well as paying for transport.

**Please note:** Any third party expenses incurred are the responsibility of the Participant. An On Call International ID card will be supplied to you once you enroll in the Aetna Student Health Insurance Plan. Please remember to carry your On Call card and call toll-free within the U.S. at (866) 525-1956 or outside the U.S. call collect (dial U.S. access code) plus (603) 328-1956 in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. On Call Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

**NOTE:** On Call International pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by On Call. On Call does not reimburse for services not provided by On Call.

The On Call International program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by On Call International.

### **For questions about:**

On Call International 24/7 Emergency Travel Assistance Services

Please contact:

On Call International at (866) 525-1956 (within U.S.). If outside the U.S., call collect by dialing the U.S. access code plus (603) 328-1956. Please also visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and visit your school-specific site for further information.

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

**COVERAGE TERMINATION**

Coverage terminates at 11:59 p.m. local time at the address of the University on the earliest of the dates indicated below:

- The end of the Period of Coverage;
- The date on which the Student Medical Plan terminates;
- The date a student withdraws from school to enter military service; in this case a prorated refund will be available upon request;
- The first day of any term for which a student waives coverage;
- The end of the period for which the required payments have been received, if future payments cease.

If Case Western Reserve University terminates and does not replace this Student Medical Plan, students then receiving or entitled to receive benefits for a covered Sickness or Injury will continue to be covered for that Disability for up to 52 weeks following the date of termination or in accordance with the time period stated under the Student Medical Plan, whichever is less.

Benefits payable during this period will not be more than the amounts provided under the Plan at the time the Disability began.

**PLEASE NOTE:** Any subsequent change in the limits provided under this Plan will not affect the benefits payable for a Disability for which benefits have been extended under this provision.

## PERSONAL MEDICAL LEAVE

Coverage may be continued without interruption for one additional semester for a student who leaves the University due to a personal medical condition provided the student was registered and enrolled in the Student Medical Plan during the semester in which the student left.

In order to continue medical coverage under the Student Medical Plan, the Student Medical Plan Coordinator (located at the University Health Service) must be notified of the leave prior to the semester in which the leave is to take effect.

Students must provide the following to the University Health Service:

1. A letter from the Dean or Advisor of the School in which the student is enrolled approving the requested medical leave.
2. A letter from the student's medical provider or counselor/therapist confirming the medical necessity for the requested medical leave.
3. Payment (in cash or check) of the Student Medical Plan fee prior to the beginning of the semester in which the leave is to take effect.

This extension does not apply to students who are leaving the University for reasons other than a personal medical condition.

**PLEASE NOTE:** When a student is on a leave of absence, the student is not eligible to use the services offered by the Case Western Reserve University Health Service or the Case Western Reserve University Counseling Services. When a student is on a personal medical leave of absence, payment of the Student Medical Plan fee allows coverage under the Student Medical Plan only, subject to the exclusions and limitations of the Plan, as outlined in this brochure.

## IDENTIFICATION CARD

Each student participating in the Student Medical Plan will receive an ID Card however you do not need an ID card to be eligible to receive benefits. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

**Note:** Please be advised you will receive a unique Aetna member ID number on your membership card.

### For lost ID cards, contact:

Aetna Student Health or visit [aetnastudenthealth.com](http://aetnastudenthealth.com), click on "Find Your School" and enter 474889 as your Policy Number.

## CLAIM SUBMISSION

Please send all itemized medical bills as soon as possible after treatment is rendered to Aetna Student Health. Your name, identification number and Case Western Reserve University should be written clearly and attached to your medical bills. All information should be mailed to:

Aetna Student Health  
 P.O. Box 15708  
 Boston, MA 02215-0014  
 877-850-6038

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

- Bills must be submitted within 90 days from the date of treatment.
- Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
- 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.

## STUDENT MEDICAL PLAN WAIVER OPTIONS

Under certain conditions, the \$660.00 Student Medical Plan fee may be waived.

1. Students who have insurance comparable to the Student Medical Plan may waive the coverage described in this summary plan description. **HOWEVER, IT IS EACH STUDENT'S RESPONSIBILITY TO ENSURE THAT THE ALTERNATE COVERAGE IS ADEQUATE.** Before submitting a waiver, please note that many commercial insurance plans do not cover a student after a certain age.
2. **A WAIVER REQUEST IS VALID FOR ONE SEMESTER ONLY.** Students who elect to waive the Student Medical Plan must submit a waiver EACH SEMESTER in support of their request. **The waiver must be received NO LATER THAN September 5, 2008 for the Fall Semester and no later than January 23, 2009 for the Spring Semester.**
3. Case Western Reserve students can waive the Student Medical Plan on the Student Information System (SIS) located at <http://www.case.edu/provost/registrar/registrar.html>
4. Students from CIA and CIM should submit a waiver form to their individual school.

Students who waive the Plan for a given semester are eligible to apply for coverage during that semester if they experience a termination of their current medical coverage that is beyond their control. Contact the University Health Service for further details at 216-368-3050. Students must apply for coverage with the Case Western Reserve University Student Medical Plan within 30 days of loss of coverage from their current medical insurance.

## REFUND POLICY

**After the deadline for submitting a request waiver (see the preceding section), no portion of the fee is refundable, with one limited exception. If a student withdraws from school to enter military service, a prorated refund will be available upon request.**

## APPEAL PROCESS / DENIAL OF BENEFITS

If the participant believes a claim was improperly settled, please complete the following process:

1. Within 60 days of receipt of the claim, the participant may request, in writing, that the plan administrator conduct a review of the processed claim. The plan administrator will review the processed claim and inform the participant whether or not an error was made.
2. If the participant is not satisfied with the above review, a written request for a second review may be submitted to the plan administrator within 60 days of the first review. The request should state, in clear and concise terms the reason for disagreement with the way the claim was processed. When the written request is received, the claim will be reviewed again and the results of this review furnished in writing to the participant within 60 days in most cases, but no longer than 120 days.

All requests for review of denied claims should include a copy of the initial denial letter and any other pertinent information. Send all information to:

Aetna Student Health  
 P.O. Box 15708  
 Boston, MA 02215-0014  
 877-850-6038

## EXCLUSIONS

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.

1. Expenses incurred in connection with routine exams or other care, treatment, services and supplies which are not medically necessary for the treatment of a Disability, including those which are not consistent with the diagnosed Sickness or Injury. This exclusion is waived for routine mammograms, as specifically included (page 4).
2. Expenses incurred for or in connection with diagnosis, care and treatment of a mental/nervous condition or alcohol/substance abuse, except as specifically provided.
3. Care, treatment, services or supplies rendered in connection with cosmetic procedures, unless needed because of a covered Injury or Sickness.
4. Expenses incurred in connection with Injuries resulting from an accident involving a motor vehicle, to the extent benefits are payable under any other insurance policy or plan of benefits, unless those benefits are paid only as a result of litigation.
5. Expenses in connection with treatment directly to or on the teeth or gums, except as specifically included and when needed due to Injury to sound, natural teeth.
6. Hearing aids or examinations for the prescription and fitting.
7. Expenses incurred in connection with Injury or Sickness which arises out of or in the course of any occupation or employment, for which the covered student is entitled to benefits under any Workers' Compensation or similar law.
8. Forms of self-care or self-help training and any related diagnostic testing.
9. Care which is not recommended and approved by a Physician.
10. Organ or tissue transplant procedures, unless pre-approved by the Plan.
11. Treatment of obesity.
12. Injuries resulting from air travel except when traveling as a passenger on a regularly scheduled commercial airlift.
13. Custodial Care: for example, help in walking, bathing, preparing meals, and other activities of daily living.
14. Expenses incurred, to the extent that they exceed the usual, customary and reasonable charge.
15. Services or supplies which are experimental or investigational in nature.
16. Injury sustained or Sickness contracted as a result of committing or attempting to commit a felony, or being engaged in an illegal occupation.
17. Services rendered by a person who is an immediate relative of or who ordinarily resides with the covered student requiring treatment.
18. Services or supplies rendered or furnished to a covered student while in the active military service of any country.
19. Expenses incurred when no coverage is in force for the person incurring charges.
20. Expenses which the covered student has no legal obligation to pay or for which no charge would be made if he had no coverage.
21. Travel, even though prescribed by a Physician.
22. Expenses for or in connection with procedures intended solely to increase or enhance fertility; artificial insemination, in-vitro fertilization or similar procedures; reversals of previous sterilization procedures; transsexual surgery; or surrogacy.
23. Services or supplies rendered or furnished in a Military or Veterans Administration Hospital, unless rendered in connection with a Disability which is not in any way related to the covered student's military service.
24. Injury or Sickness caused by war or any act of war, whether declared or undeclared.
25. Expenses in connection with treatment of Injuries received in practice for or participation in intercollegiate sports.