



สำนักงานผู้ดูแลนักเรียนในสหรัฐอเมริกา
Office of Educational Affairs
Royal Thai Embassy, Washington DC

Aetna Student Health

Plan Design and Benefits Summary

Royal Thai Embassy Office of Educational Affairs

Policy Year: 2014 - 2015

Policy Number: 299959



aetna[®]
www.aetnastudenthealth.com
(877)375-7910

This is a brief description of the Student Health Plan. The Plan is available for Royal Thai Embassy students only. The Plan is underwritten by Aetna Life and Casualty (Bermuda), Ltd. The exact provisions governing this insurance are contained in the Master Policy issued to The Royal Thai Embassy Office of Educational Affairs and may be viewed online at www.aetnastudenthealth.com. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

Royal Thai Embassy Health Services

Please seek non emergent medical care at the Student Health Center of the University or College you are attending. They are normally staffed by nurse practitioners and registered nurses and can provide a wide variety of medical services. In the event of an emergency, call **911** or the Campus Police for assistance.

Coverage Periods

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

Coverage Period	Coverage Start Date	Coverage End Date
Annual	09/01/2014	08/31/2015

Rates

The rates below are underwritten by Aetna Life and Casualty (Bermuda), Ltd.

Rates Undergraduates and Graduate Students			
	Annual	Monthly	Half Month
Student	\$1,608.00	\$134.00	\$67.00

Student Coverage

Eligibility

All Thai students and scholars who are taking credit hours at a United States educational institution under the supervisor of the Office of Educational Affairs of the Royal Thai Embassy and for whom the Embassy is responsible for remitting the insurance premium are required to enroll in this insurance plan.

Students and scholars must actively attend classes for at least 31 days after the date for which coverage is purchased, except in the case of medical withdrawal. Part-Time study, independent study, internet classes and television (TV) courses may not fulfill the eligibility requirements that the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

Enrollment

Eligible students must contact the Royal Thai Embassy Office of Educational Affairs.

Preferred Provider Network

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to The Royal Thai Embassy Office of Educational Affairs, you may access it online at www.aetnastudenthealth.com. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited	
	Preferred Care	Non-Preferred Care
<p>DEDUCTIBLE</p> <p><i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable.</i></p> <p><i>The Policy Year Deductible is not applicable to the following covered expenses: Female Generic Contraceptive Devices, Female Generic Contraceptive Prescription Drugs, Emergency Room Expense, Pap Smear Screening Expense, Mammogram Expense, Prescribed Medicines Expense, Pediatric Preventive Vision Services, and Preferred Care Pediatric Dental Services.</i></p> <p><i>Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.</i></p>	<p>none</p>	<p>\$250 per Policy Year</p>
<p>COINSURANCE</p>	<p>Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible.</p>	
<p>OUT OF POCKET MAXIMUMS</p> <p><i>Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year.</i></p> <p><i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i></p> <ul style="list-style-type: none"> • <i>expenses that are not covered medical expenses;</i> • <i>expenses for non-preferred care;</i> • <i>penalties, and</i> <p><i>other expenses not covered by this Policy</i></p>	<p>Preferred Care</p> <p>Individual Out-of-Pocket: \$6,350</p>	<p>Non-Preferred Care</p> <p>Individual Out-of-Pocket: unlimited</p>

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 <i>Includes but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Non-Surgical Physicians Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	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
Emergency Room Expense	100% of the Negotiated Charge	100% of the Recognized Charge*
<i>Important Note: Please note that Non-Preferred Care Providers do not have a contract with Aetna; the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</i>		
Urgent Care Expense	100% of the Negotiated Charge	80% of the Recognized Charge
Ambulance Expense	100% of the Negotiated Charge	100% of the Recognized Charge

Physician's Office Visit Expense <i>This benefit includes visits to specialists and Telehealth Services.</i> <i>"Telehealth" means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Services delivered through audio-only telephones, e-mail or fax transmissions are not included in this definition.</i>	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 <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, Occupational and Chiropractic Therapy</i> <i>Includes coverage for children under the age of 21 years for habilitative services for the treatment of congenital or genetic birth defects (including autism, autism spectrum disorder and cerebral palsy) to enhance the ability of children to function. Habilitative services include Physical Therapy, Occupational Therapy and Speech Therapy.</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Therapy Expense <i>Include charges incurred by a covered person for the following types of therapy provided on an outpatient basis: Radiation therapy, Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, Dialysis, and Respiratory therapy</i> <i>Also includes expenses for the administration of chemotherapy and visits by a health care professional to administer the chemotherapy</i> <i>Orally administered anticancer drugs prescribed to kill or slow the growth of cancerous cells will be payable on the same basis as chemotherapy that is administered intravenously or by injection.</i>	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	
Allergy Testing and Treatment Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Diagnostic Testing For Learning Disabilities Expense <i>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Preventive Care	Preferred Care	Non-Preferred Care
Pap Smear Screening Expense	100% of the Negotiated Charge	100% of the Recognized Charge*
Mammogram Expense <i>Includes charges for one baseline mammogram and for one annual mammogram per Policy Year thereafter</i>	100% of the Negotiated Charge	100% of the Recognized Charge*
Immunizations Expense <i>Includes travel immunizations and flu shots</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Routine Physical Exam Expense <i>Includes routine tests and related lab fees</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Routine Colorectal Cancer Screening Expense <i>Includes charges for colorectal cancer examination and laboratory tests, for any nonsymptomatic person age 50 or more, or a symptomatic person under age 50, for the following: -One fecal occult blood test every 12 months in a row, -A Sigmoidoscopy at age 50 and every 3 years thereafter -One digital rectal exam every 12 months in a row -A double contrast barium enema, once every 5 years -A colonoscopy, once every 10 years -Virtual colonoscopy -Stool DNA</i>	100% of the Negotiated Charge	80% of the Recognized Charge

<p>Routine Prostate Cancer Screening <i>Includes charges incurred by a covered person for the screening of cancer in accordance with the latest screening guidelines issued by the American Cancer Society for the ages, family histories and frequencies referenced in such guidelines Also covers one annual (or more frequently if recommended by a physician) digital rectal exam and PSA test</i></p>	<p>100% of the Negotiated Charge</p>	<p>80% of the Recognized Charge</p>
<p>Pediatric Vision Care Exam Expense <i>Supplies are limited to 1 pair of glasses (lenses and frames) per Policy Year.</i></p> <p><i>Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both).</i></p> <p><i>Benefits are provided to covered persons through age 18.</i></p>	<p>100% of the Negotiated Charge</p>	<p>70% of the Recognized Charge*</p>
<p>Pediatric Routine Dental Exam Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to The Royal Thai Embassy page on the Aetna Student Health website, www.aetnastudenthealth.com</i></p> <p><i>Benefits are provided to covered persons through age 18.</i></p>	<p>100% of the Negotiated Charge</p>	<p>70% of the Recognized Charge</p>
<p>Pediatric Basic Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to The Royal Thai Embassy page on the Aetna Student Health website, www.aetnastudenthealth.com</i></p> <p><i>Benefits are provided to covered persons through age 18.</i></p>	<p>70% of the Negotiated Charge</p>	<p>50% of the Recognized Charge</p>
<p>Pediatric Major Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to The Royal Thai</i></p>	<p>50% of the Negotiated Charge*</p>	<p>50% of the Recognized Charge</p>

Embassy page on the Aetna Student Health website, www.aetnastudenthealth.com

Benefits are provided to covered persons through age 18.

Pediatric Orthodontia Expense Medically necessary comprehensive treatment. Replacement of retainer (limit one per lifetime)	50% of the Negotiated Charge*	50% of the Recognized Charge
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Benefits are provided to covered persons through age 18.

Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
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Clinically Significant Mental Illness Inpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Clinically Significant Mental Illness Outpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Other than Clinically Significant Mental Illness Inpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Other than Clinically Significant Mental Illness Outpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
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Inpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Outpatient Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Maternity Benefits	Preferred Care	Non-Preferred Care
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Maternity Expense	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
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Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge	80% of the Recognized Charge
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Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge	80% of the Recognized Charge
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Well Newborn Nursery Care Expense	100% of the Negotiated Charge	80% of the Recognized Charge
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Family Planning Expense

Unless specified below, not covered under this benefit are charges for:

- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;
- Male contraceptive methods, sterilization procedures or devices;
- The reversal of voluntary sterilization procedures, including any related follow-up care

Voluntary Sterilization	100% of the Negotiated Charge	80% of the Recognized Charge
<i>Coverage for tubal ligation for voluntary sterilization</i>		

Contraceptives	100% of the Negotiated Charge	80% of the Recognized Charge
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Important Note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at **100%** of the Negotiated Charge, including waiver of per Policy Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

Prescription Drug Coverage	Preferred Care	Non-Preferred Care
<p>Prescribed Medicines Expense <i>Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at (888) RX-AETNA (available 24 hours). Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com</i></p> <p><i>Includes orally administered anticancer drugs when prescribed to kill or slow the growth of cancerous cells.</i></p>	<p>100% of the Negotiated Charge following a</p> <p>\$20 Copay for each Brand Name Prescription Drug or a</p> <p>\$10 Copay for each Generic Prescription Drug.</p>	<p>100% of the Recognized Charge following a</p> <p>\$20 Deductible for each Brand Name Prescription or a</p> <p>\$10 Deductible for each Generic Prescription Drug.</p> <p>You must pay out of pocket for Prescriptions at a Non-Preferred Pharmacy and then submit the receipt with a Prescription Claim Form for reimbursement.</p>

Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Equipment and Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Program Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Temporomandibular Joint Dysfunction Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Elective Abortion Expense <i>Benefits are limited to a maximum of \$500 per policy year.</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Acupuncture Expense <i>Benefits are limited to a maximum of \$40 per visit up to 10 visits per policy year.</i>	100% of the Negotiated Charge	80% of the Recognized Charge
Hospice Benefit	100% of the Negotiated Charge	80% of the Recognized Charge
Home Health Care Expense	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 for the semi-private room rate	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
Cochlear Implant Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
HIV Screening Test Expense <i>Includes charges incurred by a covered person for a voluntary HIV screening test in a hospital emergency department, whether or not the test is necessary for the treatment of the medical emergency which caused the covered person to seek emergency services</i>	Covered expenses are limited to one annual emergency department HIV screening test per calendar year and will not be subject to any copay or deductible, except any copay or deductible that would be applicable for an emergency room visit	
Newborn Hearing Screening Expense <i>Includes charges made by a Hospital or a maternity center for newborn hearing screenings, prior to the newborn's date of discharge</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

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

Exclusions

This Plan does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary, or Hospital or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or prescriptions or examinations except as required for repair caused by a covered injury or as provided elsewhere in this plan.
3. 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.
4. 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.
5. 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.
6. 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.
7. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
9. 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, to the extent needed to improve the function of a part of the body that: (a) is not a tooth or structure that supports the teeth; and (b) is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or as direct result of disease; or (c) to the extent needed to repair an injury 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. For reconstructive breast surgery following a mastectomy, including (1) all stages of reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas, in a manner determined by the attending physician and patient to be appropriate.

10. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
11. Expense incurred as a result of commission of a felony.
12. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
13. 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.
14. Expense for the contraceptive methods, devices, or aids and charges for or related to artificial insemination, in-vitro fertilization or embryo transfer procedures, elective sterilization or its reversal, or elective abortion unless specifically provided for in this Policy.
15. Expenses for treatment of injury or sickness to the extent that payment is made as a judgment or settlement by any person deemed responsible for the injury or sickness (or their insurers).
16. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
17. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to: by whom they are prescribed; or by whom they are recommended; or by whom or by which they are performed.
18. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
19. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
20. 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 (a) if 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 has 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: (a) The disease can be expected to cause death within one year in the absence of effective treatment; and (b) The care or treatment is effective for that disease or shows promise of being effective for that disease as demonstrated by scientific data. In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of

disease involved. (c) The covered person has been accepted into a phase I, II, III, or IV approved cancer clinical trial and the attending physician recommended the program. Also, this exclusion will not apply with respect to drugs that: (a) Have been granted treatment investigational new drug (IND), or Group c/treatment IND status; or (b) Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; or (c) If Aetna determines that available; scientific evidence demonstrates that the drug is effective or shows promise of being effective for the disease.

21. Expenses incurred for gastric bypass and any restrictive procedures for weight loss, except to treat morbid obesity.
22. Expenses incurred for breast reduction/mammoplasty.
23. Expenses incurred for gynecomastia (male breasts).
24. Expense incurred by a covered person not a United States citizen for services performed within the covered person's home country in excess of **\$5, 000** if the covered person's home country has a socialized medicine program.
25. Expense incurred for alternative holistic medicine and/or therapy, including but not limited to yoga and hypnotherapy.
26. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
27. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B even though the covered person is eligible; but did not enroll in Part B.
28. Expense for telephone consultations (except telemedicine services), charges for failure to keep a scheduled visit, or charges for completion of a claim form.
29. 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.
30. Expense for incidental surgeries and standby charges of a physician.
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 play or practice of intercollegiate sports (participating in sports clubs or intramural athletic activities is not excluded).
33. Expenses incurred for massage therapy.
34. Expense incurred for or related to sex change surgery.
35. Expense for charges that are not recognized charges as determined by Aetna, except that this will not apply if the charge for a service or supply does not exceed the recognized charge for that service or supply by more than the amount or percentage specified as the Allowable Variation.
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 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.

38. Expense incurred for a treatment, service, or supply which is not medically necessary as determined by Aetna for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending physician or dentist. In order for a treatment, service, or supply to be considered medically necessary, the service or supply must: (a) be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; (b) be a diagnostic procedure which is indicated by the health status of the person and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition; and (c) as to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests. In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration: (a) information relating to the affected person's health status; (b) reports in peer reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to Aetna's attention. In no event will the following services or supplies be considered to be medically necessary: (a) those that do not require the technical skills of a medical, a mental health, or a dental professional; or (b) those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any persons who is part of his or her family, any healthcare provider, or healthcare facility; or (c) those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely and adequately be diagnosed or treated while not confined; or (d) 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.

The Royal Thai Embassy Student Insurance Plan is underwritten by Aetna Life and Casualty (Bermuda), Ltd. and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.