

**Aetna Student Health  
Plan Design and Benefits Summary**

**Preferred Provider Organization (PPO)**



**Sul Ross State University**



Policy Year: 2024 – 2025

Policy Number: 246868

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

(888) 407-0445



**Important note:**

**You have the right to an adequate network of preferred providers (known as "network providers"). If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance.**

**You have the right, in most cases, to obtain estimates in advance from out-of-network providers of what they will charge for their services and from your insurer of what it will pay for the services.**

**You may obtain a current directory of preferred providers at the following website: [www.aetna.com](http://www.aetna.com) or by calling Aetna Member Services at the toll-free number on your ID card for assistance in finding available preferred providers.**

**If you are treated by a provider or facility that is not a preferred provider, you may be billed for anything not paid by the insurer unless balance billing is prohibited.**

**If directory information is materially inaccurate and you rely on it, you may be entitled to have an out-of-network claim paid at the in-network percentage level of reimbursement and your out-of-pocket expenses counted toward your in-network deductible and out-of-pocket maximum.**

This is a brief description of the Student Health Plan. The plan is available for Sul Ross State University students and their eligible dependents. The plan is insured by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Certificate issued to you and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If there is a difference between this Plan Summary and the Certificate, the Certificate will control.

## Student Health Center

### STUDENT HEALTH SERVICES (NURSE'S OFFICE)

Student Health Services (Nurse's Office)  
Morgan University Center 211G  
Alpine, TX 79830

(432) 837-8102  
(432) 837-8474  
health@sulross.edu  
8 a.m. – 5 p.m. Monday – Friday

Students are responsible for the cost of medications or antibiotics used in the treatment and management of disease.

Students are responsible for the cost of referred medical services plus outsourced laboratory fee, X-rays and other imaging and/or diagnostic procedures and services.

## Student Coverage

### Who is eligible?

Domestic Graduate students must be enrolled in 6 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Student Health Insurance Plan coverage.

Domestic Undergraduate students must be enrolled in 9 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Student Health Insurance Plan coverage.

Students who purchase Spring /Summer coverage in the Spring semester must meet the above eligibility requirements for Spring only.

All enrolled international students in the United States with non-immigrant F-1 and J-1 student visa classifications are subject to the mandatory health insurance requirement. Students can either enroll in the health insurance plan or submit a waiver with equivalent insurance coverage that is government-sponsored or U.S. employer-sponsored. Dependents of nonimmigrant F-1 and J-1 students may be enrolled as a dependent of the Texas State primary visa student (F-1 or J-1). Students on other visa types are eligible to enroll as a voluntary student.

## Dependent Coverage

### Eligibility

Covered International students may enroll their lawful spouse, domestic partner (same-sex, opposite sex), and dependent children up to the age of 26.

## Coverage Dates and Rates

Coverage for all insured students and eligible dependents 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 for insured dependents terminates in accordance with the Termination Provisions described in the Certificate of Coverage.

### Domestic Students

| Coverage Period | Coverage Start Date | Coverage End Date | Enrollment Deadline |
|-----------------|---------------------|-------------------|---------------------|
| Early Fall      | 08/01/2024          | 08/14/2024        | 08/14/2024          |
| Fall            | 08/15/2024          | 12/31/2024        | 09/06/2024          |
| Spring/Summer   | 01/01/2025          | 08/14/2025        | 02/01/2025          |

### Rates

#### Domestic Students

|              | Early Fall | Fall       | Spring / Summer |
|--------------|------------|------------|-----------------|
| Student Only | \$183.00   | \$1,823.00 | \$2,962.00      |

### International Students

| Coverage Period | Coverage Start Date | Coverage End Date | Enrollment Deadline |
|-----------------|---------------------|-------------------|---------------------|
| Early Fall      | 08/01/2024          | 08/14/2024        | 08/14/2024          |
| Fall            | 08/15/2024          | 12/31/2024        | 09/06/2024          |
| Spring/Summer   | 01/01/2025          | 08/14/2025        | 02/01/2025          |

### Rates

#### International Students

|                    | Early Fall | Fall       | Spring/Summer |
|--------------------|------------|------------|---------------|
| Student            | \$88.00    | \$876.00   | \$1,422.00    |
| Spouse             | \$88.00    | \$876.00   | \$1,422.00    |
| Child              | \$88.00    | \$876.00   | \$1,422.00    |
| Child, Two or More | \$176.00   | \$1,752.00 | \$2,844.00    |

The rates above reflect premiums for the student health insurance plan, inclusive of administrative fees. This is prorated for other periods of enrollment.

### Enrollment

To enroll online, log on to:

Domestic Students - [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

International Students - [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

### Important note regarding coverage for a newborn child, or adopted child:

- A newborn child - Your newborn child is covered on your health plan for the first 31 days from the moment of birth.
  - To keep your newborn covered, you must notify us (or our agent) of the birth and pay any required premium contribution during that 31-day period.
  - You must still enroll the child within 31 days of birth even when coverage does not require payment of an additional premium contribution for the newborn.
  - If you miss this deadline, your newborn will not have health benefits after the first 31 days.
  - If your coverage ends during this 31-day period, then your newborn 's coverage will end on the same date as your coverage. This applies even if the 31-day period has not ended.
- An adopted child or a child legally placed with you for adoption - A child that you, or that you and your spouse or domestic partner adopts or is placed with you for adoption is covered on your plan for the first 31 days after you become party in a suit to adopt the child or the adoption or the placement is complete.
  - To keep your child covered, we must receive your completed enrollment information within 31 days after the adoption, after you become party in a suit to adopt the child, or after placement for adoption.
  - You must still enroll the child within 31 days of the adoption, you become party in a suit to adopt the child or placement for adoption even when coverage does not require payment of an additional premium contribution for the child.
  - If you miss this deadline, your adopted child, the child for whom you became a party in a suit to adopt, or the child placed with you for adoption will not have health benefits after the first 31 days.
  - If your coverage ends during this 31-day period, then coverage for your adopted child the child for whom you became a party in a suit to adopt, or the child placed with you for adoption will end on the same date as your coverage. This applies even if the 31-day period has not ended.
- A stepchild - You may put a child of your spouse or domestic partner on your plan.
  - You must complete your enrollment information and send it to us within 31 days after the date of your marriage or your Declaration of Domestic Partnership with your stepchild's parent.
  - Ask the policyholder when benefits for your stepchild will begin. It is either on the date of your marriage or the date your Declaration of Domestic Partnership is filed or the first day of the month following the date we receive your completed enrollment information.
  - To keep your stepchild covered, we must receive your completed enrollment information within 31 days after the date of your marriage or your Declaration of Domestic Partnership/
  - You must still enroll the stepchild within 31 days after the date of your marriage or your Declaration of Domestic Partnership even when coverage does not require payment of an additional premium contribution for the stepchild.
  - If you miss this deadline, your stepchild will not have health benefits after the first 31 days.
  - If your coverage ends during this 31-day period, then your stepchild's coverage will end on the same date as your coverage. This applies even if the 31-day period has not ended.
- Dependent coverage due to a court order: If you must provide coverage to a dependent because of a court order, your dependent is covered on your health plan for the first 31 days from the court order.
  - To keep your dependent covered, we must receive your completed enrollment information within 31 days of the court order.
  - You must still enroll the dependent within 31 days of the court order even when coverage does not require payment of an additional premium contribution for the dependent.
  - If you miss this deadline, your dependent will not have health benefits after the first 31 days.
  - If your coverage ends during this 31-day period, then your dependent's coverage will end on the same date as your coverage. This applies even if the 31-day period has not ended.

If you need information or have questions on dependent enrollment, call Member Services at 888-407-0445.

## Termination and Refunds

**Withdrawal from Classes – Leave of Absence:** If you withdraw from classes under a school-approved leave of absence, your coverage will remain in force through the end of the period for which payment has been received and no premiums will be refunded.

**Withdrawal from Classes – Other than Leave of Absence:** If you withdraw from classes other than under a school-approved leave of absence within 31 days after the policy effective date, you will be considered ineligible for coverage, your coverage will be terminated retroactively, and any premiums collected will be refunded. If the withdrawal is more than 31 days after the policy effective date, your coverage will remain in force through the end of the period for which payment has been received and no premiums will be refunded. If you withdraw from classes to enter the armed forces of any country, coverage will terminate as of the effective date of such entry and a pro rata refund of premiums will be made if you submit a written request within 90 days of withdrawal from classes.

## Medicare Eligibility Notice

You are not eligible to enroll in the student health plan if you have Medicare at the time of enrollment in this student plan. The plan does not provide coverage for people who have Medicare.

## Coordination of Benefits (COB)

The Coordination of Benefits (“COB”) provision applies when a person has health care coverage under more than one plan. If you do, we will work together with your other plan(s) to decide how much each plan pays. This is called coordination of benefits (COB).

The order of benefit determination rules tell you the order in which each plan will pay a claim for benefits. The plan that pays first is called the primary plan. The primary plan must pay benefits in accordance with its policy terms. Payment is made without regard to the possibility that another plan may cover some expenses. The plan that pays after the primary plan is the secondary plan. The secondary plan may reduce the benefits it pays so that payments from all plans do not exceed 100% of the total allowable expense.

For more information about the Coordination of Benefits provision, including determining which plan is primary and which is secondary, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits provision is contained in the Policy issued to Sul Ross State University and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## 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.

## Preauthorization

You need pre-approval from us for some eligible health services. Pre-approval is also called preauthorization. Your in-network physician is responsible for obtaining any necessary preauthorization before you get the care. When you go to an out-of-network provider, it is your responsibility to obtain preauthorization from us for any services and supplies on the preauthorization list. If you do not preauthorize when required, there is a **\$500** penalty for each type of eligible health service that was not preauthorized. For a current listing of the health services or prescription drugs that require preauthorization, contact Member Services or go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## Preauthorization call

Preauthorization should be secured within the timeframes specified below. To obtain preauthorization, call Member Services at the toll-free number on your ID card. You, your physician or the facility must call us within these timelines:

|   |   |
|---|---|
| Non-emergency admissions                  | Call at least 3 days before the date you are scheduled to be admitted               |
| Emergency admission                       | Call within 48 hours or as soon as reasonably possible after you have been admitted |
| Urgent admission                          | Call before you are scheduled to be admitted.                                       |
| Outpatient non-emergency medical services | Call at least 3 days before the care is provided, or the treatment is scheduled.    |

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.

We will provide a written notification to you and your physician of the preauthorization decision, where required by state law. If your preauthorized services are approved, the approval is valid for 60 days as long as you remain enrolled in the plan.

## Description of Benefits

The Plan excludes coverage for certain services and has limitations on the amounts it will pay. While this Plan Summary document will tell you about some of the important features of the Plan, other features that may be important to you are defined in the Certificate. To look at the full Plan description, which is contained in the Certificate issued to you, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

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

| <b>Policy year deductible</b>   | <b>In-network coverage</b> | <b>Out-of-network coverage</b> |
|---|----------------------------|--------------------------------|
| You have to meet your policy year deductible before this plan pays for benefits.  |                            |                                |
| Student   | \$500 per policy year      | \$1,000 per policy year        |
| Spouse  | \$500 per policy year      | \$1,000 per policy year        |
| Each Child  | \$500 per policy year      | \$1,000 per policy year        |
| Family  | \$1,000 per policy year    | \$2,000 per policy year        |
| <b>Policy Year Deductible Provisions</b>  |                            |                                |
| Eligible health services applied to the out-of-network policy year deductibles will not be applied to satisfy the in-network policy year deductibles. Eligible health services applied to the in-network policy year deductibles will not be applied to satisfy the out-of-network policy year deductibles.   |                            |                                |
| This is the amount you owe for in-network and out-of-network eligible health services each policy year before the plan begins to pay for eligible health services. See the <i>Policy year deductibles</i> provision at the beginning of this schedule for any exceptions to this general rule. This policy year deductible applies separately to you and each of your covered dependents. After the amount you pay for eligible health services reaches the policy year deductible, this plan will begin to pay for eligible health services for the rest of the policy year.                 |                            |                                |
| <b>Family deductible</b>  |                            |                                |
| This is the amount you and your covered dependents owe for in-network and out-of-network eligible health services each policy year before the plan begins to pay for eligible health services. See the <i>Policy year deductibles</i> provision at the beginning of this schedule for any exceptions to this general rule. After the amount you and your covered dependents pay for eligible health services reaches this family policy year deductible, this plan will begin to pay for eligible health services that you and your covered dependents incur for the rest of the policy year. |                            |                                |
| To satisfy this family policy year deductible limit for the rest of the policy year, the following must happen:   |                            |                                |
| <ul style="list-style-type: none"> <li>• The combined eligible health services that you and each of your covered dependents incur towards the individual policy year deductibles must reach this family policy year deductible limit in a policy year.</li> </ul>   |                            |                                |
| When this occurs in a policy year, the individual policy year deductibles for you and your covered dependents will be considered to be met for the rest of the policy year.   |                            |                                |
| <b>Policy year deductible waiver</b>  |                            |                                |
| The policy year deductible is waived for all of the following eligible health services:   |                            |                                |
| <ul style="list-style-type: none"> <li>• In-network care for Preventive care and wellness, Physician and specialist services office visits, Consultant services office visits, Walk-in clinic visits, Urgent Care, Outpatient Mental Health &amp; Substance Abuse Treatment Office Visits, and Pediatric Vision Care services</li> <li>• In-network care and out-of-network care for Emergency ground, air, and water ambulance, Hospital Emergency Room, Pediatric Dental Type A services, Well newborn nursery care and Outpatient prescription drugs</li> </ul>                            |                            |                                |
| <b>Maximum out-of-pocket limits</b>   |                            |                                |
| Student   | \$7,350 per policy year    | \$15,000 per policy year       |
| Spouse  | \$7,350 per policy year    | \$15,000 per policy year       |
| Each Child  | \$7,350 per policy year    | \$15,000 per policy year       |
| Family  | \$14,700 per policy year   | \$30,000 per policy year       |

| Eligible health services  | In-network coverage   | Out-of-network coverage                  |
|---|---|--|
| <b>Routine physical exams</b>   |   |  |
| Performed at a physician's office   | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |
| Covered persons age 22 and over:<br>Maximum visits per policy year  | 1 visit   |  |
| Covered persons through age 21: maximum age and visit limits per policy year  | Subject to any age and visit limits provided for in the comprehensive guidelines supported by the American Academy of Pediatrics/Bright Futures/Health Resources and Services Administration guidelines for children and adolescents. For details, contact your physician or Member Services by logging in to your Aetna website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> or calling the toll-free number on your ID card.         |  |
| <b>Preventive care immunizations</b>  |   |  |
| Performed in a facility or at a physician's office<br><br>No policy year deductible or copayment applies for children from birth through age 6  | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |
| Maximums  | Subject to any age and visit limits provided for in the comprehensive guidelines supported by the American Academy of Pediatrics/Bright Futures/Health Resources and Services Administration guidelines for children and adolescents. For details, contact your physician or Member Services by logging onto your Aetna member website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> or calling the number on the back of your ID card. |  |
| <b>The following is not covered under this benefit:</b> <ul style="list-style-type: none"> <li>Any immunization that is not considered to be preventive care or recommended as preventive care, such as those required due to employment or travel</li> </ul>   |   |  |
| <b>Routine gynecological exams (including Pap smears and cytology tests)</b>  |   |  |
| Performed at a physician's, obstetrician (OB), gynecologist (GYN) or OB/GYN office  | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |
| <b>Maximums</b><br>Subject to any age limits provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. <ul style="list-style-type: none"> <li>Pap smear or screening using liquid based cytology methods: 1 Pap smear every 12 months for women age 18 and older.</li> <li>Gynecological exam that includes a rectovaginal pelvic exam: 1 exam every 12 months for women over age 25 who are at risk for ovarian cancer</li> <li>Diagnostic exam for the early detection of ovarian cancer, cervical cancer, and the CA 125 blood test : 1 exam every 12 months for women age 18 and older. For women over age 60 depending on risk factors.</li> </ul> |   |  |
| Additional maximum visits per policy year   | 1 visit   |  |

| Eligible health services  | In-network coverage   | Out-of-network coverage                  |
|---|---|--|
| <b>Preventive screening and counseling services</b>   |   |  |
| Preventive screening and counseling services for Obesity and/or healthy diet counseling, Misuse of alcohol & drugs, Use of Tobacco Products, Sexually transmitted infection counseling & Genetic risk counseling for breast and ovarian cancer  | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |
| Obesity and/or healthy diet counseling - Maximum visits   | Age 0-22: unlimited visits.<br>Age 22 and older: 26 visits per 12 months, of which up to 10 visits may be used for healthy diet counseling. |  |
| Misuse of alcohol and/or drugs counseling - Maximum visits per policy year  | 5 visits  |  |
| Use of tobacco products counseling - Maximum visits per policy year   | 8 visits  |  |
| Sexually transmitted infection counseling - Maximum visits per policy year  | 2 visits  |  |
| Genetic risk counseling for breast and ovarian cancer limitations   | Not subject to any age or frequency limitations   |  |
| Routine cancer screenings   | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |
| <b>Maximums</b> <ul style="list-style-type: none"> <li>• Mammogram: One mammogram every 12 months for covered persons age 35 and older. When diagnostic imaging is used to evaluate a breast abnormality or where there is a personal history of breast cancer or dense breast tissue it is not subject to any age or frequency limitations.</li> <li>• Prostate specific antigen (PSA) test maximums: One Prostate Specific Antigen (PSA) test every 12 months for covered persons age 50 and older. 1 PSA test every 12 months for covered persons age 40 and older with a family history of prostate cancer, or other risk factor</li> </ul> |   |  |
| <b>Additional Maximums</b><br>Subject to any age, family history, and frequency guidelines as set forth in the most current: <ul style="list-style-type: none"> <li>• Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force; and</li> <li>• The comprehensive guidelines supported by the Health Resources and Services Administration</li> </ul>  |   |  |
| Lung cancer screening maximums  | 1 screening every 12 months   |  |
| Prenatal care services (Preventive care services only)  | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies   | 60% (of the recognized charge) per visit |

| Eligible health services  | In-network coverage   | Out-of-network coverage                  |
|---|---|--|
| <b>Preventive screening and counseling services (continued)</b>   |   |  |
| Lactation counseling services   | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies | 60% (of the recognized charge) per visit |
| Lactation counseling services maximum visits per policy year either in a group or individual setting  | 6 visits  |  |
| Breast pump supplies and accessories  | 100% (of the negotiated charge) per item<br><br>No copayment or policy year deductible applies  | 60% (of the recognized charge) per item  |
| <b>Family planning services - contraceptives</b>  |   |  |
| Contraceptive counseling services office visit  | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies | 60% (of the recognized charge) per visit |
| Contraceptive counseling services maximum visits per policy year either in a group or individual setting  | 2 visits  |  |
| Female contraceptive prescription drugs and devices provided, administered, or removed, by a provider during an office visit  | 100% (of the negotiated charge) per item<br><br>No copayment or policy year deductible applies  | 60% (of the recognized charge) per item  |
| Female Voluntary sterilization - Inpatient provider services  | 100% (of the negotiated charge)<br><br>No copayment or policy year deductible applies           | 60% (of the recognized charge)           |
| Female Voluntary sterilization - Outpatient provider services   | 100% (of the negotiated charge) per visit<br><br>No copayment or policy year deductible applies | 60% (of the recognized charge) per visit |
| <b>The following are not covered under this benefit:</b>  |   |  |
| <ul style="list-style-type: none"> <li>• Services provided as a result of complications resulting from a female voluntary sterilization procedure and related follow-up care</li> <li>• Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA</li> <li>• Male contraceptive methods, sterilization procedures or devices, except for male condoms prescribed by a provider</li> </ul> |   |  |

| Eligible health services   | In-network coverage   | Out-of-network coverage   |
|--|---|---|
| <b>Physicians and other health professionals</b>   |   |   |
| Physician, specialist including Consultants<br>Office visits (non-surgical/non-preventive care by a physician and specialist, includes telemedicine, teledentistry, or telehealth consultations)   | \$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit<br><br>No policy year deductible applies | 60% (of the recognized charge) per visit  |
| <b>Allergy testing and treatment</b>   |   |   |
| Allergy testing performed at a physician's or specialist's office  | Covered according to the type of benefit and the place where the service is received.   | Covered according to the type of benefit and the place where the service is received. |
| Allergy injections treatment performed at a physician's or specialist's office   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <b>The following are not covered under this benefit:</b><br>• Allergy sera and extracts administered via injection   |   |   |
| <b>Physician and specialist surgical services</b>  |   |   |
| Inpatient surgery performed during your stay in a hospital or birthing center by a surgeon (includes anesthetist and surgical assistant expenses)  | 80% (of the negotiated charge)  | 60% (of the recognized charge)  |
| <b>The following are not covered under this benefit:</b><br>• A stay in a hospital (Hospital stays are covered in the <i>Eligible health services and exclusions – Hospital and other facility care</i> section)<br>• Services of another physician for the administration of a local anesthetic   |   |   |
| Outpatient surgery performed at a physician's or specialist's office or outpatient department of a hospital or surgery center by a surgeon (includes anesthetist and surgical assistant expenses)  | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <b>The following are not covered under this benefit:</b><br>• A stay in a hospital (Hospital stays are covered in the <i>Eligible health services and exclusions – Hospital and other facility care</i> section)<br>• A separate facility charge for surgery performed in a physician's office<br>• Services of another physician for the administration of a local anesthetic |   |   |
| <b>Alternatives to physician office visits</b>   |   |   |
| Walk-in clinic visits (non-emergency visit)  | \$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit<br><br>No policy year deductible applies | 60% (of the recognized charge) per visit  |

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Hospital and other facility care</b>   |   |   |
| Inpatient hospital (room and board and other miscellaneous services and supplies)<br><br>Includes birthing center facility charges  | 80% (of the negotiated charge) per admission  | 60% (of the recognized charge) per admission  |
| Preadmission testing  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| In-hospital non-surgical physician services   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <b>Alternatives to hospital stays</b>   |   |   |
| Outpatient surgery (facility charges) performed in the outpatient department of a hospital or surgery center  | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• A stay in a hospital (See the <i>Hospital care – facility charges</i> benefit in this section)</li> <li>• A separate facility charge for surgery performed in a physician's office</li> <li>• Services of another physician for the administration of a local anesthetic</li> </ul>  |   |   |
| Home health care  | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Maximum visits per policy year  | 60 visits   |   |
| Home health care services do not include custodial care.  |   |   |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• 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)</li> <li>• Transportation</li> <li>• Homemaker or housekeeper services</li> <li>• Food or home delivered services</li> <li>• Maintenance therapy</li> </ul>   |   |   |
| Hospice - Inpatient   | 80% (of the negotiated charge) per admission  | 60% (of the recognized charge) per admission  |
| Hospice - Outpatient  | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• Funeral arrangements</li> <li>• Pastoral counseling</li> <li>• Respite care</li> <li>• Financial or legal counseling which includes estate planning and the drafting of a will</li> <li>• Homemaker or caretaker services that are services which are not solely related to your care and may include: <ul style="list-style-type: none"> <li>- Sitter or companion services for either you or other family members</li> <li>- Transportation</li> <li>- Maintenance of the house</li> </ul> </li> </ul> |   |   |

| Eligible health services  | In-network coverage   | Out-of-network coverage                      |
|---|---|--|
| <b>Alternatives to hospital stays (continued)</b>   |   |  |
| Skilled nursing facility - Inpatient  | 80% (of the negotiated charge) per admission  | 60% (of the recognized charge) per admission |
| Maximum days of confinement per policy year   | 25 days   |  |
| <b>Emergency services and urgent care</b>   |   |  |
| Hospital emergency room   | \$150 copayment then the plan pays 80% (of the balance of the negotiated charge) per visit<br>No policy year deductible applies | Paid the same as in-network coverage         |
| Non-emergency care in a hospital emergency room   | Not covered   | Not covered                                  |
| <p><b>Important note:</b></p> <ul style="list-style-type: none"> <li>As out-of-network providers do not have a contract with us the provider may not accept payment of your cost share, (copayment/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. You should send the bill to the address listed on the back of your ID card or call Member Services for an address at 1-888-407-0445 and we will resolve any payment dispute with the provider over that amount. Make sure the ID card number is on the bill.</li> <li>A separate hospital emergency room copayment/coinsurance will apply for each visit to an emergency room. If you are admitted to a hospital as an inpatient right after a visit to an emergency room, your emergency room copayment/coinsurance will be waived and your inpatient copayment/coinsurance will apply.</li> <li>Covered benefits that are applied to the hospital emergency room copayment/coinsurance cannot be applied to any other copayment/coinsurance under the plan. Likewise, a copayment/coinsurance that applies to other covered benefits under the plan cannot be applied to the hospital emergency room copayment/coinsurance.</li> <li>Separate copayment/coinsurance amounts may apply for certain services given to you in the hospital emergency room that are not part of the hospital emergency room benefit. These copayment/coinsurance amounts may be different from the hospital emergency room copayment/coinsurance. They are based on the specific service given to you.</li> <li>Services given to you in the hospital emergency room that are not part of the hospital emergency room benefit may be subject to copayment/coinsurance amounts that are different from the hospital emergency room copayment/coinsurance amounts.</li> </ul> |   |  |
| <b>The following are not covered under this benefit:</b>  |   |  |
| <ul style="list-style-type: none"> <li>Non-emergency services in a hospital emergency room facility, freestanding emergency medical care facility or comparable emergency facility</li> </ul>   |   |  |
| Urgent care   | \$50 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit<br>No policy year deductible applies | 60% (of the recognized charge) per visit     |
| Non-urgent use of an urgent care provider   | Not covered   | Not covered                                  |
| <b>The following is not covered under this benefit:</b>   |   |  |
| <ul style="list-style-type: none"> <li>Non-urgent care in an urgent care facility (at a non-hospital freestanding facility)</li> </ul>  |   |  |

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Pediatric dental care (Limited to covered persons through the end of the month in which the person turns age 19)</b> <i>The payment or reimbursement for services rendered by a dentist of a non-contracting dental provider shall be reimbursed the same as a contracting dental provider</i> |   |   |
| Type A services   | 100% (of the negotiated charge) per visit<br><br>No copayment or deductible applies   | 100% (of the recognized charge) per visit<br><br>No copayment or deductible applies   |
| Type B services   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Type C services   | 50% (of the negotiated charge) per visit  | 50% (of the recognized charge) per visit  |
| Orthodontic services  | 50% (of the negotiated charge) per visit  | 50% (of the recognized charge) per visit  |
| Dental emergency services   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |

#### **Pediatric dental care exclusions**

##### **The following are not covered under this benefit:**

- Any instruction for diet, plaque control and oral hygiene
- Asynchronous dental treatment
- Cosmetic services and supplies including:
  - Plastic surgery, reconstructive surgery, cosmetic surgery, personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
  - Augmentation and vestibuloplasty, and other substances to protect, clean, whiten, bleach or alter the appearance of teeth, whether or not for psychological or emotional reasons, except to the extent coverage is specifically provided in the Eligible health services and exclusions section
  - Facings on molar crowns and pontics will always be considered cosmetic
- Crown, inlays, onlays, and veneers unless:
  - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
  - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants and braces (that are determined not to be medically necessary), mouth guards, and other devices to protect, replace or reposition teeth
- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used:
  - For splinting
  - To alter vertical dimension
  - To restore occlusion
  - For correcting attrition, abrasion, abfraction or erosion
- Treatment of any jaw joint disorder and treatments to alter bite or the alignment or operation of the jaw, including temporomandibular joint dysfunction disorder (TMJ) and craniomandibular joint dysfunction disorder (CMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment, except as covered in the *Eligible health services and exclusions – Specific conditions* section
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another eligible health service
- Mail order and at-home kits for orthodontic treatment

***(continued on next page)***

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Pediatric dental care exclusions (continued)</b>   |   |   |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• Orthodontic treatment except as covered above and in the <i>Pediatric dental care</i> section of the schedule of benefits</li> <li>• Pontics, crowns, cast or processed restorations made with high noble metals (gold)</li> <li>• Prescribed drugs, pre-medication or analgesia (nitrous oxide)</li> <li>• Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures</li> <li>• Replacement of teeth beyond the normal complement of 32</li> <li>• Routine dental exams and other preventive services and supplies, except as specifically provided in the <i>Pediatric dental care</i> section of the schedule of benefits</li> <li>• Services and supplies: <ul style="list-style-type: none"> <li>- Done where there is no evidence of pathology, dysfunction, or disease other than covered preventive services</li> <li>- Provided for your personal comfort or convenience or the convenience of another person, including a provider</li> <li>- Provided in connection with treatment or care that is not covered under your policy</li> </ul> </li> <li>• Surgical removal of impacted wisdom teeth only for orthodontic reasons</li> <li>• Treatment by other than a dental provider that is legally qualified to furnish dental services or supplies</li> </ul> |   |   |
| <b>Specific conditions</b>  |   |   |
| Diabetic services and supplies (including equipment and training)   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| Impacted wisdom teeth   | 80% (of the negotiated charge)  | 80% (of the recognized charge)  |
| Accidental injury to sound natural teeth  | 80% (of the negotiated charge)  | 80% (of the recognized charge)  |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• The care, filling, removal or replacement of teeth and treatment of diseases of the teeth</li> <li>• Dental services related to the gums</li> <li>• Apicoectomy (dental root resection)</li> <li>• Orthodontics</li> <li>• Root canal treatment</li> <li>• Soft tissue impactions</li> <li>• Bony impacted teeth</li> <li>• Alveolectomy</li> <li>• Augmentation and vestibuloplasty treatment of periodontal disease</li> <li>• False teeth</li> <li>• Prosthetic restoration of dental implants</li> <li>• Dental implants</li> </ul>  |   |   |
| Temporomandibular joint dysfunction (TMJ) and craniomandibular joint dysfunction (CMJ) treatment  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <b>The following are not covered under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>• Dental implants</li> </ul>   |   |   |
| Oral and maxillofacial treatment (mouth, jaws, and teeth)   | Covered according to the type of benefit and the place where the service is received  | Covered according to the type of benefit and the place where the service is received  |

| Eligible health services   | In-network coverage   | Out-of-network coverage   |
|--|---|---|
| <b>Specific conditions (continued)</b>   |   |   |
| Reconstructive surgery and supplies (includes reconstructive breast surgery)   | Covered according to the type of benefit and the place where the service is received  | Covered according to the type of benefit and the place where the service is received  |
| Dermatology  | Covered according to the type of benefit and the place where the service is received  | Covered according to the type of benefit and the place where the service is received  |
| <b>The following are not covered under this benefit:</b>   |   |   |
| <ul style="list-style-type: none"> <li>Cosmetic treatment and procedures</li> </ul>  |   |   |
| Maternity care (includes delivery and postpartum care services in a hospital or birthing center)   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <b>The following are not covered under this benefit:</b>   |   |   |
| <ul style="list-style-type: none"> <li>Any services and supplies related to births that take place in the home or in any other place not licensed to perform deliveries</li> </ul>   |   |   |
| Well newborn nursery care in a hospital or birthing center   | 80% (of the negotiated charge)<br><br>No policy year deductible applies               | 60% (of the recognized charge)<br><br>No policy year deductible applies               |
| <b>Family planning services - other</b>  |   |   |
| Voluntary sterilization for males - surgical services - Inpatient  | 80% (of the negotiated charge)  | 60% (of the recognized charge)  |
| Voluntary sterilization for males - surgical services - Outpatient   | 80% (of the negotiated charge)  | 60% (of the recognized charge)  |
| <b>The following are not covered under this benefit:</b>   |   |   |
| <ul style="list-style-type: none"> <li>Abortion except when the pregnancy places the woman's life in serious danger or poses a serious risk of substantial impairment of a major bodily function</li> <li>Reversal of voluntary sterilization procedures, including related follow-up care</li> <li>Services provided as a result of complications resulting from a male voluntary sterilization procedure and related follow-up care</li> </ul> |   |   |
| <b>Gender affirming treatment</b>  |   |   |
| Surgical, hormone replacement therapy, and counseling treatment  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <b>The following are not eligible health services under this benefit:</b>  |   |   |
| <ul style="list-style-type: none"> <li>Any treatment, surgery, service, or supply that is not listed in the certificate as eligible health services</li> </ul>   |   |   |
| <b>Autism spectrum disorder</b>  |   |   |
| Autism spectrum disorder treatment, diagnosis and testing and Applied behavior analysis  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |

| Eligible health services  | In-network coverage   | Out-of-network coverage                      |
|---|---|--|
| <b>Mental Health &amp; Substance Related Disorders Treatment</b>  |   |  |
| Inpatient hospital (room and board and other miscellaneous hospital services and supplies)                                | 80% (of the negotiated charge) per admission  | 60% (of the recognized charge) per admission |
| Outpatient office visits to a physician or behavioral health provider (includes telemedicine or telehealth consultations) | \$30 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit<br><br>No policy year deductible applies | 60% (of the recognized charge) per visit     |
| Other outpatient treatment (includes Partial hospitalization and Intensive Outpatient Program)                            | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit     |

| Eligible health services   | In-network coverage Network (IOE facility)  | In-network coverage Network (Non-IOE facility) | Out-of-network coverage |
|--|---|--|-------------------------|
| <b>Transplant services</b>   |   |  |                         |
| Inpatient and outpatient transplant facility services  | Covered according to the type of benefit and the place where the service is received. |  |                         |
| Inpatient and outpatient transplant physician and specialist services  | Covered according to the type of benefit and the place where the service is received. |  |                         |
| <b>The following are not covered under this benefit:</b>   |   |  |                         |
| <ul style="list-style-type: none"> <li>• Services and supplies furnished to a donor when the recipient is not a covered person</li> <li>• Harvesting and storage of organs, without intending to use them for immediate transplantation for your existing illness</li> <li>• Harvesting and/or storage of bone marrow, hematopoietic stem cells, or other blood cells without intending to use them for transplantation within 12 months from harvesting, for an existing illness</li> </ul> |   |  |                         |

| Eligible health services   | In-network coverage   | Out-of-network coverage   |
|--|---|---|
| <b>Infertility Services</b>  |   |   |
| Treatment of basic infertility   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <p><b>Infertility services exclusions</b></p> <p>The following are not covered under the infertility services benefit:</p> <ul style="list-style-type: none"> <li>• All infertility services associated with or in support of an ovulation induction cycle while on medication to stimulate the ovaries. This includes, but is not limited to, imaging, laboratory services, and professional services.</li> <li>• Infertility medication, including but not limited to menotropins, hCG, and GnRH agonists.</li> <li>• Intrauterine (IUI)/intracervical insemination (ICI) services.</li> <li>• Cryopreservation (freezing) and storage of eggs, embryos, sperm, or reproductive tissue.</li> <li>• Thawing of cryopreserved (frozen) eggs, sperm, or reproductive tissue.</li> <li>• All charges associated with or in support of surrogacy arrangements for you or the surrogate. A surrogate is a female carrying her own genetically related child with the intention of the child being raised by someone else, including the biological father.</li> <li>• Home ovulation prediction kits or home pregnancy tests.</li> <li>• The purchase of donor embryos, donor eggs or donor sperm.</li> <li>• Obtaining sperm from a person not covered under this plan.</li> <li>• Infertility treatment when a successful pregnancy could have been obtained through less costly treatment.</li> <li>• Infertility treatment when either partner has had voluntary sterilization surgery, with or without surgical reversal, regardless of post reversal results. This includes tubal ligation, hysterectomy, and vasectomy only if obtained as a form of voluntary sterilization.</li> <li>• Infertility treatment when infertility is due to a natural physiologic process such as age-related ovarian insufficiency (e.g., perimenopause, menopause) as measured by an unmedicated FSH level at or above 19 on cycle day two or three of your menstrual period or other abnormal testing results as outlined in Aetna's infertility clinical policy.</li> </ul> |   |   |
| <b>Specific therapies and tests</b>  |   |   |
| Diagnostic complex imaging services performed in the outpatient department of a hospital or other facility   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Diagnostic lab work performed in a physician's office, the outpatient department of a hospital or other facility   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Diagnostic radiological services performed in a physician's office, the outpatient department of a hospital or other facility  | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Diagnostic follow-up care related to newborn hearing screening   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Cardiovascular disease testing   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| <p style="text-align: center;">Maximum visits per policy year: 1 screening every 5 years<br/> <i>Limited to: Men age 45 and over but less than 76 and women age 55 and over but less than 76</i></p>   |   |   |
| Outpatient Chemotherapy, Radiation & Respiratory Therapy   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |

| Eligible health services   | In-network coverage  | Out-of-network coverage   |
|--|--|---|
| <b>Specific therapies and tests (continued)</b>  |  |   |
| Outpatient infusion therapy performed in a covered person's home, physician's office, outpatient department of a hospital or other facility  | Covered according to the type of benefit and the place where the service is received.  | Covered according to the type of benefit and the place where the service is received. |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Drugs that are included on the list of specialty prescription drugs as covered under your outpatient prescription drug plan</li> <li>• Enteral nutrition</li> <li>• Blood transfusions and blood products</li> <li>• Dialysis</li> </ul>  |  |   |
| Oral anti-cancer prescription drugs  | Covered according to the type of benefit and the place where the service is received.  | Covered according to the type of benefit and the place where the service is received. |
| Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)<br><br>Combined for short-term rehabilitation services and habilitation therapy services  | 80% (of the negotiated charge) per visit   | 60% (of the recognized charge) per visit  |
| Chiropractic services  | 80% (of the negotiated charge) per visit   | 60% (of the recognized charge) per visit  |
| Specialty prescription drugs purchased and injected or infused by your provider in an outpatient setting   | Covered according to the type of benefit or the place where the service is received.   | Covered according to the type of benefit or the place where the service is received.  |
| <b>Other services and supplies</b>   |  |   |
| Emergency ground, air, and water ambulance (includes non-emergency ambulance)  | \$150 copayment then the plan pays 80% (of the balance of the negotiated charge) per trip<br><br>No policy year deductible applies | Paid the same as in-network coverage  |
| <p><b>Important note:</b></p> <p>Services received by an out-of-network air ambulance provider will be covered the same as services received by an in-network provider, regardless of emergency status. This includes applying cost shares towards the in-network deductible and out-of-pocket maximum. An out-of-network air ambulance provider cannot balance bill or attempt to collect costs from you that exceed your in-network cost-sharing requirements, such as deductibles, copayments, and coinsurance, except for those services not covered in your plan.</p> |  |   |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Ambulance services for routine transportation to receive outpatient or inpatient care</li> </ul>  |  |   |

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Other services and supplies (continued)</b>  |   |   |
| Durable medical and surgical equipment  | 80% (of the negotiated charge) per item   | 60% (of the recognized charge) per item   |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Whirlpools</li> <li>• Portable whirlpool pumps</li> <li>• Sauna baths</li> <li>• Massage devices</li> <li>• Over bed tables</li> <li>• Elevators</li> <li>• Communication aids</li> <li>• Vision aids</li> <li>• Telephone alert systems</li> <li>• Personal hygiene and convenience items such as air conditioners, humidifiers, hot tubs, or physical exercise equipment even if they are prescribed by a physician</li> </ul>   |   |   |
| Nutritional support   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Any food item, including infant formulas, nutritional supplements, vitamins, plus prescription vitamins, medical foods and other nutritional items, even if it is the sole source of nutrition, except as described above</li> </ul>   |   |   |
| Osteoporosis (non-preventive care)<br>Physician's or specialist's office visits   | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| Prosthetic Devices & Orthotics Includes<br>Cranial prosthetics ( <i>Medical wigs</i> )  | 80% (of the negotiated charge) per item   | 60% (of the recognized charge) per item   |
| <p><b>The following are not covered under Prosthetics benefit:</b></p> <ul style="list-style-type: none"> <li>• Services covered under any other benefit</li> <li>• Orthopedic shoes, therapeutic shoes, foot orthotics, or other devices to support the feet, unless required for the treatment of or to prevent complications of diabetes, or if the orthopedic shoe is an integral part of a covered leg brace</li> <li>• Trusses, corsets, and other support items</li> <li>• Repair and replacement due to loss, misuse, abuse or theft</li> <li>• Communication aids</li> <li>• Cochlear implants</li> </ul> <p><b>The following are not covered services under Orthotics benefit:</b></p> <ul style="list-style-type: none"> <li>• Services covered under any other benefit</li> <li>• Repair and replacement due to loss, misuse, abuse or theft</li> </ul> |   |   |

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Other services and supplies (continued)</b>  |   |   |
| Podiatric (foot care) treatment Physician and specialist non-routine foot care treatment  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Services and supplies for: <ul style="list-style-type: none"> <li>- The treatment of calluses, bunions, toenails, flat feet, hammertoes, fallen arches</li> <li>- The treatment of weak feet, chronic foot pain or conditions caused by routine activities, such as walking, running, working or wearing shoes</li> <li>- Supplies (including orthopedic shoes), foot orthotics, arch supports, shoe inserts, ankle braces, guards, protectors, creams, ointments and other equipment, devices and supplies except for complications of diabetes. See the <i>Diabetic services and supplies (including equipment and training)</i> section.</li> <li>- Routine pedicure services, such as cutting of nails, corns and calluses when there is no illness or injury of the feet</li> </ul> </li> </ul> |   |   |
| Clinical trial (routine patient costs)  | Covered according to the type of benefit and the place where the service is received. | Covered according to the type of benefit and the place where the service is received. |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Services and supplies related to data collection and record-keeping that is solely needed due to the clinical trial (i.e., protocol-induced costs)</li> <li>• Services and supplies provided by the trial sponsor without charge to you</li> <li>• The experimental intervention itself (except medically necessary Category B investigational devices and promising experimental and investigational interventions for terminal illnesses in certain clinical trials in accordance with Aetna's claim policies)</li> </ul>  |   |   |
| <b>Hearing aids and cochlear implants and related services</b>  |   |   |
| Hearing aids and cochlear implants and related services   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Hearing aid maximum   | One per ear every three years   |   |
| Replacement of cochlear implant external speech processor and controller components maximum   | One per ear every three years   |   |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• A replacement of: <ul style="list-style-type: none"> <li>- A hearing aid that is lost, stolen or broken</li> <li>- A hearing aid installed within the prior 36-month period</li> </ul> </li> <li>• Replacement parts or repairs for a hearing aid</li> <li>• Batteries or cords</li> <li>• A hearing aid that does not meet the specifications prescribed for correction of hearing loss</li> <li>• Any ear or hearing exam performed by a physician who is not certified as an otolaryngologist or otologist or other provider not acting within the scope of their license</li> </ul>  |   |   |
| Hearing exams   | 80% (of the negotiated charge) per visit  | 60% (of the recognized charge) per visit  |
| Hearing exam maximum  | 1 hearing exam every policy year  |   |
| <p><b>The following are not covered under this benefit:</b></p> <ul style="list-style-type: none"> <li>• Hearing exams given during a stay in a hospital or other facility, except those provided to newborns as part of the overall hospital stay</li> </ul>   |   |   |

| Eligible health services   | In-network coverage  | Out-of-network coverage   |
|--|--|---|
| <b>Pediatric vision care<br/>(Limited to covered persons through the end of the month in which the person turns age 19)</b>  |  |   |
| Pediatric routine vision exams (including refraction) performed by a legally qualified ophthalmologist, optometrist or therapeutic optometrist, or any other providers acting within the scope of their license<br><br>Includes comprehensive low vision evaluations<br><br>Includes visit for fitting of contact lenses | 100% (of the negotiated charge) per visit<br><br>No policy year deductible applies   | 60% (of the recognized charge) per visit  |
| Maximum visits per policy year<br>Low vision Maximum<br>Fitting of contact Maximum   | 1 visit<br>One comprehensive low vision evaluation every policy year<br>1 visit  |   |
| Pediatric vision care services & supplies - Eyeglass frames, prescription lenses or prescription contact lenses  | 100% (of the negotiated charge) per item<br><br>No policy year deductible applies  | 60% (of the recognized charge) per item   |
| Maximum number Per year:<br>Eyeglass frames<br><br>Prescription lenses<br><br>Contact lenses (includes non-conventional prescription contact lenses & aphakic lenses prescribed after cataract surgery)  | One set of eyeglass frames<br><br>One pair of prescription lenses<br><br>Daily disposables: up to 3-month supply<br>Extended wear disposable: up to 6-month supply<br>Non-disposable lenses: one set |   |
| Optical devices  | Covered according to the type of benefit and the place where the service is received.  | Covered according to the type of benefit and the place where the service is received. |
| Maximum number of optical devices per policy year  | One optical device   |   |
| <b>*Important note:</b> Refer to the Vision care section in the certificate of coverage for the explanation of these vision care supplies. As to coverage for prescription lenses in a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both. |  |   |
| <b>The following are not covered under this benefit:</b> <ul style="list-style-type: none"> <li>• Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes</li> </ul>   |  |   |

|   |  |   |
|---|--|---|
| <b>Outpatient prescription drugs</b>  |  |   |
| <b>Outpatient prescription drug copayment waiver for risk reducing breast cancer drugs</b>  |  |   |
| The outpatient prescription drug prescription copayment will not apply to risk reducing breast cancer prescription drugs when obtained at a in-network pharmacy. This means that such risk reducing breast cancer prescription drugs are paid at 100%.  |  |   |
| <b>Outpatient prescription drug copayment waiver for tobacco cessation prescription and over-the-counter drugs</b>  |  |   |
| The outpatient prescription drug prescription drug copayment will not apply to the first two 90-day treatment regimens per policy year for tobacco cessation prescription drugs and OTC drugs when obtained at a in-network pharmacy. This means that such prescription drugs and OTC drugs are paid at 100%.   |  |   |
| Any prescription drug copayment will apply after those two regimens per policy year have been exhausted.  |  |   |
| <b>Outpatient prescription drug copayment waiver for contraceptives</b>   |  |   |
| The prescription drug copayment will not apply to female contraceptive methods when obtained at a in-network pharmacy.  |  |   |
| This means that such contraceptive methods are paid at 100% for:  |  |   |
| <ul style="list-style-type: none"> <li>• Certain over-the-counter (OTC) and generic contraceptive prescription drugs and devices for each of the methods identified by the FDA. Related services and supplies needed to administer covered devices will also be paid at 100%.</li> <li>• If a generic prescription drug or device is not available for a certain method, you may obtain certain brand-name prescription drug or device for that method paid at 100%.</li> </ul> |  |   |
| The outpatient prescription drug copayment continue to apply to prescription drugs that have a generic equivalent, biosimilar or generic alternative available within the same therapeutic drug class obtained at a in-network pharmacy unless you are granted a medical exception. The certificate of coverage explains how to get a medical exception.  |  |   |
| <b>Eligible health services</b>   | <b>In-network coverage</b>   | <b>Out-of-network coverage</b>  |
| <b>Preferred generic prescription drugs (including specialty drugs)</b>   |  |   |
| For each fill up to a 30-day supply filled at a retail pharmacy   | \$20 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy   | \$50 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies | 60% (of the recognized charge)<br><br>No policy year deductible applies |

| Eligible health services  | In-network coverage   | Out-of-network coverage   |
|---|---|---|
| <b>Outpatient prescription drugs (continued)</b>  |   |   |
| <b>Preferred brand-name prescription drugs (including specialty drugs)</b>              |   |   |
| For each fill up to a 30-day supply filled at a retail pharmacy                         | \$40 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies  | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy | \$100 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| <b>Non-preferred generic prescription drugs (including specialty drugs)</b>             |   |   |
| For each fill up to a 30-day supply filled at a retail pharmacy                         | \$60 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies  | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| More than a 30-day supply but less than a 90-day supply filled at a mail order pharmacy | \$150 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| <b>Non-preferred brand-name prescription drugs (including specialty drugs)</b>          |   |   |
| For each fill up to a 30-day supply filled at a retail pharmacy                         | \$60 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies  | 60% (of the recognized charge)<br><br>No policy year deductible applies |
| More than a 30-day supply but less than a 90 day supply filled at a mail order pharmacy | \$150 copayment per supply then the plan pays 100% (of the balance of the negotiated charge)<br><br>No policy year deductible applies | 60% (of the recognized charge)<br><br>No policy year deductible applies |

| Eligible health services   | In-network coverage  | Out-of-network coverage  |
|--|--|--|
| <b>Outpatient prescription drugs (continued)</b>   |  |  |
| <b>Diabetic insulin</b>  |  |  |
| 30-day supply at retail pharmacy   | Paid according to the type of drug per the schedule of benefits above  | Paid according to the type of drug per the schedule of benefits above    |
| 90-day supply at mail order pharmacy   | Paid according to the type of drug per the schedule of benefits above  | Paid according to the type of drug per the schedule of benefits above    |
| <b>Important note:</b> Your cost share will not exceed \$25 per 30-day supply of a covered prescription insulin drug filled at an in-network pharmacy. No policy year deductible applies for insulin.  |  |  |
| <b>Important note:</b> When an emergency refill of diabetes supplies is provided, the emergency refill of insulin may not exceed a 30-day supply. The quantity of an emergency refill of insulin-related equipment or supplies may not exceed the lesser of a 30-day supply or the smallest available package. |  |  |
| Anti-cancer drugs taken by mouth<br><br>For each fill up to a 30-day supply  | 100% (of the negotiated charge per prescription or refill<br><br>No copayment or policy year deductible applies  | 100% (of the recognized charge)<br><br>No policy year deductible applies |
| Preventive care drugs and supplements filled at a retail pharmacy<br><br>For each 30-day supply  | 100% (of the negotiated charge per prescription or refill<br><br>No copayment or policy year deductible applies  | Paid according to the type of drug per the schedule of benefits, above   |
| Maximums   | Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force. For details on the guidelines and the current list of covered preventive care drugs and supplements, contact Member Services by logging onto your Aetna website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> or calling the toll-free number on the back of your ID card. |  |
| Risk reducing breast cancer prescription drugs filled at a pharmacy<br><br>For each 30-day supply  | 100% (of the negotiated charge per prescription or refill<br><br>No copayment or policy year deductible applies  | Paid according to the type of drug per the schedule of benefits, above   |
| Maximums:  | Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force. For details on the guidelines and the current list of covered preventive care drugs and supplements, contact Member Services by logging onto your Aetna website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> or calling the toll-free number on the back of your ID card. |  |

| Eligible health services   | In-network coverage   | Out-of-network coverage  |
|--|---|--|
| <b>Outpatient prescription drugs (continued)</b>   |   |  |
| Tobacco cessation prescription drugs and OTC drugs filled at a pharmacy<br><br>For each 30-day supply  | 100% (of the negotiated charge per prescription or refill<br><br>No copayment or policy year deductible applies   | Paid according to the type of drug per the schedule of benefits, above   |
| Maximums:  | Coverage is permitted for two 90-day treatment regimens only. Coverage will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force. For details on the guidelines and the current list of covered tobacco cessation prescription drugs and OTC drugs, contact Member Services by logging onto your Aetna website at <a href="http://www.aetnastudenthealth.com">www.aetnastudenthealth.com</a> or calling the toll-free number on the back of your ID card. |  |
| <b>Contraceptives (birth control)</b>  |   |  |
| For each fill up to a 30-day supply of generic and OTC drugs and devices filled at a retail or mail order pharmacy   | 100% (of the negotiated charge)<br><br>No policy year deductible applies  | 100% (of the recognized charge)<br><br>No policy year deductible applies |
| For each fill up to a 30-day supply of brand name prescription drugs and devices filled at a retail or mail order pharmacy   | Paid according to the type of drug per the schedule of benefits, above  | Paid according to the type of drug per the schedule of benefits, above   |
| <p><b>Outpatient prescription drug exclusions</b></p> <p>The following are not eligible health services:</p> <ul style="list-style-type: none"> <li>• Abortion drugs used for elective termination of pregnancy except when the pregnancy aggravates, causes, or results in a life-threatening physical condition that a physician believes places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless termination of the pregnancy occurs</li> <li>• Allergy sera and extracts given by injection</li> <li>• Any services related to providing, injecting or application of a drug</li> <li>• Compounded prescriptions containing bulk chemicals not approved by the FDA including compounded bioidentical hormones</li> <li>• Cosmetic drugs including medication and preparations used for cosmetic purposes</li> <li>• Devices, products, and appliances unless listed as an eligible health service</li> <li>• Dietary supplements including medical foods</li> <li>• Drugs or medications: <ul style="list-style-type: none"> <li>- Administered or entirely consumed at the time and place they are prescribed or provided</li> <li>- Which do not require a prescription by law, even if a prescription is written, unless we have approved a medical exception</li> <li>- That are therapeutically the same or an alternative to a covered prescription drug, unless we approve a medical exception</li> <li>- Not approved by the FDA or not proven safe or effective</li> <li>- Provided under your medical plan while inpatient at a healthcare facility</li> <li>- Recently approved by the FDA but not reviewed by our Pharmacy and Therapeutics Committee, unless we have approved a medical exception</li> </ul> </li> </ul> <p><b>(continued on next page)</b></p> |   |  |

## Outpatient prescription drug exclusions (continued)

The following are not eligible health services:

- Drugs or medications:
  - That include vitamins and minerals unless recommended by the United States Preventive Services Task Force (USPSTF)
  - That are used to treat sexual dysfunction, enhance sexual performance, or increase sexual desire, including drugs, implants, devices, or preparations to correct or enhance erectile function, enhance sensitivity or alter the shape or appearance of a sex organ unless listed as an eligible health service
  - That are used for the purpose of weight gain or loss including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants or other medications
  - That are drugs or growth hormones used to stimulate growth and treat idiopathic short stature, unless there is evidence that the covered person meets one or more clinical criteria detailed in our preauthorization and clinical policies
- Duplicative drug therapy; for example, two antihistamines for the same condition
- Genetic care including:
  - Any treatment, device, drug, service, or supply to alter the body's genes, genetic makeup or the expression of the body's genes unless listed as an eligible health service
- Immunizations related to travel or work
- Immunization or immunological agents except as specifically stated in the schedule of benefits or the certificate
- Implantable drugs and associated devices except as specifically stated in the schedule of benefits or the certificate
- Infertility:
  - Prescription drugs used primarily for the treatment of infertility
- Injectables including:
  - Any charges for the administration or injection of prescription drugs except as described in the *Diabetic services and supplies (including equipment and training)* section
  - Needles and syringes except for those used for insulin administration
  - Any drug which, due to its characteristics as determined by us, must typically be administered or supervised by a qualified provider or licensed certified health professional in an outpatient setting with the exception of Depo Provera and other injectable drugs for contraception
- Off-label drug use except for indications recognized through peer-reviewed medical literature
- Prescription drugs:
  - That are ordered by a dentist or prescribed by an oral surgeon in relation to the removal of teeth or prescription drugs for the treatment of a dental condition
  - That are considered oral dental preparations and fluoride rinses except pediatric fluoride tablets or drops as specified on the plan's drug guide
  - That are used for the purpose of improving visual acuity or field of vision
  - That are being used or abused in a manner that is determined to be furthering an addiction to a habit-forming substance, or drugs obtained for use by anyone other than the person identified on the ID card
- Replacement of lost or stolen prescriptions
- Test agents except diabetic test agents
- Tobacco cessation drugs, unless recommended by the USPSTF
- We reserve the right to exclude:
  - A manufacturer's product when the same or similar drug (one with the same active ingredient or same therapeutic effect), supply or equipment is on the plan's drug guide
  - Any dosage or form of a drug when the same drug is available in a different dosage or form on the plan's drug guide

**Outpatient prescription drugs important note:****Dispense As Written (DAW)**

If a provider prescribes a covered brand-name prescription drug when a generic prescription drug equivalent is available and specifies "Dispense As Written" (DAW), you will pay the cost share for the brand-name drug. If a provider does not specify DAW and you request a covered brand-name prescription drug, you will be responsible for the cost share that applies to the brand-name drug plus the cost difference between the generic drug and the brand-name drug. The cost difference related to a prescription not specified as DAW does not apply toward your policy year deductible or maximum out-of-pocket limit.

**Important Note:**

When you get prescription drugs from a pharmacy, the pharmacy will only require you at that time to pay the lowest amount of the following:

- The applicable copayment
- The allowable claim amount for the prescription drug
- The amount you would pay for the prescription drug if you bought it without using your plan or any other prescription drug benefits or discounts.

You may later have to pay additional cost sharing for these prescription drugs. For example, if you have not met your prescription drug deductible (if applicable), you may owe additional cost sharing.

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-authorization 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

## General Exclusions

### Abortion

- Services and supplies provided for an abortion except when the pregnancy aggravates, causes, or results in a life-threatening physical condition that a physician believes places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless the abortion is performed

### Abortion drugs

- Drugs used for elective termination of pregnancy except when the pregnancy aggravates, causes, or results in a life-threatening physical condition that a physician believes places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless termination of the pregnancy occurs

### Acupuncture

- Acupuncture
- Acupressure

### Air or space travel

- Traveling in, on or descending from any aircraft, including a hang glider, while the aircraft is in flight. This includes descending by a parachute, wingsuit or any other similar device.

This exclusion does not apply if:

- You are traveling solely as a fare-paying passenger
- You are traveling on a licensed, commercial, regularly scheduled non-military aircraft
- You are traveling solely in a civil aircraft with a current valid "Standard Federal Aviation Agency Airworthiness Certificate" and:
  - The civil aircraft is piloted by a person with a current valid pilot's certificate with proper ratings for the type of flight and aircraft involved
  - You are as a passenger with no duties at all on an aircraft used only to carry passengers or you are a pilot or a part of the flight crew on an aircraft owned or leased by the policyholder performing duties for the policyholder

### Alternative health care

- Services and supplies given by a provider for alternative health care. This includes but is not limited to aromatherapy, naturopathic medicine, herbal remedies, homeopathy, energy medicine, Christian faith-healing medicine, Ayurvedic medicine, yoga, hypnotherapy, and traditional Chinese medicine.

### Armed forces

- Services and supplies received from a provider as a result of an injury sustained, or illness contracted, while in the service of the armed forces of any country. When you enter the armed forces of any country, we will refund any unearned pro rata premium.

### Behavioral health treatment

- Services for the following based on categories, conditions, diagnoses or equivalent terms as listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association:
  - Stay in a facility for treatment for dementias and amnesia without a behavioral disturbance that necessitates mental health treatment
  - School and/or education service including special education, remedial education, wilderness treatment programs, or any such related or similar programs
  - Services provided in conjunction with school, vocation, work, or recreational activities
  - Transportation

- Sexual deviations and disorders except as described in the *Eligible health services and exclusions* section
- Tobacco use disorders except as described in the *Eligible health services and exclusions – Preventive care and wellness* section

### **Beyond legal authority**

- Services and supplies provided by a health professional or other provider that is acting beyond the scope of its legal authority

### **Blood, blood plasma, synthetic blood, blood derivatives or substitutes**

Examples of these are:

- The provision of blood to the hospital, other than blood derived clotting factors
- The services of blood donors, apheresis, or plasmapheresis
- For autologous blood donations, only administration and processing expenses are covered

### **Clinical trial therapies (experimental or investigational)**

- Your plan does not cover clinical trial therapies (experimental or investigational), except as described in the *Eligible health services and exclusions - Clinical trial therapies (experimental or investigational)* section

### **Cornea or cartilage transplants**

- Cornea (corneal graft with amniotic membrane)
- Cartilage (autologous chondrocyte implant or osteochondral allograft or autograft) transplants

### **Cosmetic services and plastic surgery**

- Any treatment, surgery (cosmetic or plastic), service or supply to alter, improve or enhance the shape or appearance of the body.

This exclusion does not apply to:

- Surgery after an accidental injury when performed as soon as medically feasible. (Injuries that occur during medical treatments are not considered accidental injuries even if unplanned or unexpected.)
- Coverage that may be provided under the *Eligible health services and exclusions - Gender affirming treatment* section.

### **Court-ordered testing**

- Court-ordered testing or care unless medically necessary

### **Custodial care**

Services and supplies meant to help you with activities of daily living or other personal needs.

Examples of these are:

- Routine patient care such as changing dressings, periodic turning and positioning in bed
- Administering oral medications
- Care of a stable tracheostomy (including intermittent suctioning)
- Care of a stable colostomy/ileostomy
- Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
- Care of a bladder catheter (including emptying/changing containers and clamping tubing)
- Watching or protecting you
- Respite care except in connection with hospice care, adult (or child) day care, or convalescent care
- Institutional care. This includes room and board for rest cures, adult day care and convalescent care
- Help with walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods
- Any other services that a person without medical or paramedical training could be trained to perform

- Any service that can be performed by a person without any medical or paramedical training
- For behavioral health (mental health treatment and substance related disorders treatment):
  - Services provided when you have reached the greatest level of function expected with the current level of care, for a specific diagnosis
  - Services given mainly to:
    - o Maintain, not improve, a level of function
    - o Provide a place free from conditions that could make your physical or mental state worse

### **Dental care for adults**

- Dental services for adults including services related to:
  - The care, filling, removal or replacement of teeth and treatment of injuries to or diseases of the teeth
  - Dental services related to the gums
  - Apicoectomy (dental root resection)
  - Orthodontics
  - Root canal treatment
  - Soft tissue impactions
  - Alveolectomy
  - Augmentation and vestibuloplasty treatment of periodontal disease
  - False teeth
  - Prosthetic restoration of dental implants
  - Dental implants

This exception does not include removal of completely bony impacted teeth, bone fractures, removal of tumors, and odontogenic cysts.

### **Educational services**

Examples of these services are:

- Any service or supply for education, training or retraining services or testing, except where described in the *Eligible health services and exclusions – Diabetic services and supplies (including equipment and training)* section. This includes:
  - Special education
  - Remedial education
  - Wilderness treatment programs (whether or not the program is part of a residential treatment facility or otherwise licensed institution)
  - Job training
  - Job hardening programs
- Educational services, schooling or any such related or similar program, including therapeutic programs within a school setting.

### **Examinations**

Any health or dental examinations needed:

- Because a third party requires the exam. Examples are, examinations to get or keep a job, or examinations required under a labor agreement or other contract
- Because a law requires it
- To buy insurance or to get or keep a license
- To travel
- To go to a school, camp, or sporting event, or to join in a sport or other recreational activity

### **Experimental or investigational**

• Experimental or investigational drugs, devices, treatments, or procedures unless otherwise covered under clinical trial therapies (experimental or investigational) or covered under clinical trials (routine patient costs). See the *Eligible health services and exclusions – Other services* section.

### **Facility charges**

For care, services or supplies provided in:

- Rest homes
- Assisted living facilities, except if you have an acquired brain injury. See the Specific therapies and tests section
- Similar institutions serving as a persons' main residence or providing mainly custodial or rest care
- Health resorts
- Spas or sanitariums
- Infirmaries at schools, colleges, or camps

### **Felony**

• Services and supplies that you receive as a result of an injury due to your commission of a felony

### **Gene-based, cellular, and other innovative therapies (GCIT)**

The following are not eligible health services unless you receive prior written approval from us:

- All associated services when GCIT services are not covered. Examples include infusion, laboratory, radiology, anesthesia, and nursing services.

Please refer to the *Medical necessity and preauthorization requirements* section.

### **Genetic care**

- 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

### **Growth/Height care**

- A treatment, device, drug, service, or supply to increase or decrease height or alter the rate of growth
- Surgical procedures, devices, and growth hormones to stimulate growth

### **Incidental surgeries**

- Charges made by a physician for incidental surgeries. These are non-medically necessary surgeries performed during the same procedure as a medically necessary surgery.

### **Jaw joint disorder**

- Non-surgical treatment of jaw joint disorders
- Jaw joint disorder treatment performed by prosthesis placed directly on the teeth, surgical and non-surgical medical and dental services, and diagnostic or therapeutics services related to jaw joint disorders including associated myofascial pain

This exclusion does not apply to covered benefits for treatment of TMJ and CMJ as described in the *Eligible health services and exclusions – Temporomandibular joint dysfunction (TMJ) and craniomandibular joint dysfunction (CMJ) treatment* section.

### **Judgment or settlement**

- Services and supplies for the treatment of an injury or illness to the extent that payment is made as a judgment or settlement by any person deemed responsible for the injury or illness (or their insurers)

### **Maintenance care**

- Care made up of services and supplies that maintain, rather than improve, a level of physical or mental function, except for habilitation therapy services. See the *Eligible health services and exclusions – Habilitation therapy services* and *Services for children with developmental delays* sections

### **Medical supplies – outpatient disposable**

- Any outpatient disposable supply or device. Examples of these are:
  - Sheaths
  - Bags
  - Elastic garments
  - Support hose
  - Bandages
  - Bedpans
  - Syringes, except for treatment of diabetes
  - Blood or urine testing supplies, except for treatment of diabetes
  - Other home test kits
  - Splints
  - Neck braces
  - Compresses
  - Other devices not intended for reuse by another patient

### **Medicare**

- Services and supplies available under Medicare, if you are enrolled in Medicare Part B, or if you are not enrolled in Medicare Part B because you refused it, dropped it, or did not make a proper request for it

### **Non-U.S. citizen**

- Services and supplies received by a covered person (who is not a United States citizen) within the covered person's home country but only if the home country has a socialized medicine program, except for emergency services

### **Obesity (bariatric) surgery and services**

- Weight management treatment or drugs intended to decrease or increase body weight, control weight, or treat obesity, including morbid obesity except as described in the *Eligible health services and exclusions – Preventive care and wellness* section, including preventive services for obesity screening and weight management interventions. This is regardless of the existence of other medical conditions. Examples of these are:
  - Liposuction, banding, gastric stapling, gastric by-pass, and other forms of bariatric surgery
  - Surgical procedures, medical treatments and weight control/loss programs 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 supplements, appetite suppressants and other medications
  - Hypnosis or other forms of therapy
  - Exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy or other forms of activity or activity enhancement

### **Other primary payer**

- Payment for a portion of the charge that Medicare or another party is responsible for as the primary payer

### **Personal care, comfort, or convenience items**

- Any service or supply primarily for your convenience and personal comfort or that of a third party

## **Private duty nursing outpatient**

### **Riot**

- Services and supplies that you receive from providers as a result of an injury from your “participation in a riot”. This means when you take part in a riot in any way such as inciting, or conspiring to incite, the riot. It does not include actions that you take in self-defense as long as they are not against people who are trying to restore law and order.

### **Routine exams**

- Routine physical exams, routine eye exams, routine dental exams, routine hearing exams and other preventive services and supplies, except as specifically provided in the *Eligible health services and exclusions* section

### **School health services**

- Services and supplies normally provided by the policyholder’s:
  - School health services
  - Infirmary
  - Hospital
  - Pharmacy or

by health professionals who

- Are employed by
- Are Affiliated with
- Have an agreement or arrangement with, or
- Are otherwise designated by

the policyholder.

### **Services not permitted by law**

- Some laws restrict the range of health care services a provider may perform under certain circumstances or in a particular state. When this happens, the services are not covered by the plan.

### **Services provided by a family member**

- Services provided by a spouse, domestic partner, parent, child, stepchild, brother, sister, in-law, or any household member, except for when that family member is a dentist who is licensed in the State of Texas to provide the dental service rendered.

### **Sexual dysfunction and enhancement**

- Any treatment, prescription drug, service, or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire, including:
  - Surgery, prescription drugs, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity, or alter the shape or appearance of a sex organ
  - Sex therapy, sex counseling, marriage counseling, or other counseling or advisory services
- Not eligible for coverage are prescription drugs in 60-day supplies

### **Sinus surgery**

- Any services or supplies given by providers for sinus surgery except for acute purulent sinusitis

### **Specialty prescription drugs**

- Drugs that are included on the list of specialty prescription drugs as covered under your outpatient prescription drug benefit

### **Sports**

- Any services or supplies given by providers as a result from play or practice of collegiate or intercollegiate sports, not including intercollegiate club sports and intramurals

### **Strength and performance**

- Services, devices, and supplies such as drugs or preparations designed primarily for enhancing your:
  - Strength
  - Physical condition
  - Endurance
  - Physical performance

### **Students in mental health field**

- Any services and supplies provided to a covered student who is specializing in the mental health care field and who receives treatment from a provider as part of their training in that field

### **Telemedicine, teledentistry, or telehealth**

- Services including:
  - Telephone calls
  - Telemedicine kiosks
  - Electronic vital signs monitoring or exchanges, (e.g., Tele-ICU, Tele-stroke)

### **Therapies and tests**

- Full body CT scans
- Hair analysis
- Hypnosis and hypnotherapy
- Massage therapy, except when used as a physical therapy modality
- Sensory or auditory integration therapy

### **Tobacco cessation**

- Any treatment, drug, service, or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including, medications, nicotine patches and gum unless recommended by the United States Preventive Services Task Force (USPSTF). This also includes:
  - Counseling, except as specifically provided in the *Eligible health services and exclusions – Preventive care and wellness* section
  - Hypnosis and other therapies
  - Medications, except as specifically provided in the *Eligible health services and exclusions – Outpatient prescription drugs* section
  - Nicotine patches
  - Gum

### **Treatment in a federal, state, or governmental entity**

- Any care in a hospital or other facility owned or operated by any federal, state or other governmental entity, except to the extent coverage is required by applicable laws

### Vision care for adults

- Routine vision exam provided by an ophthalmologist or optometrist, including refraction and glaucoma testing
- Vision care services and supplies

### Wilderness treatment programs

See *Educational services* within this section

### Work related illness or injuries

- Coverage available to you under worker’s compensation or under a similar program under local, state, or federal law for any illness or injury related to employment or self-employment.
- A source of coverage or reimbursement will be considered available to you even if you waived your right to payment from that source. You may also be covered under a workers’ compensation law or similar law. If you submit proof that you are not covered for a particular illness or injury under such law, then that illness or injury will be considered “non-occupational” regardless of cause.

### In case of a medical emergency

When you experience an emergency medical condition, you should go to the nearest emergency room. You can also dial 911 or your local emergency response service for medical and ambulance assistance. If possible, call your physician but only if a delay will not harm your health.

### After-hours care — available 24/7

Call your doctor when you have medical questions or concerns. Your doctor should have an answering service if you call after the office closes. You can also go to an urgent care center, which may have limited hours. To find a center near you, log in at <https://myaetna.com> and search our list of doctors and other health care providers. Check your plan documents to see how much you must pay for urgent care services.

### Out-of-area services and benefits

You may not have access to an in-network provider when you are traveling outside of the plan’s service area. If you must receive medically necessary services or supplies when traveling outside of the plan’s service area, we will reimburse you as shown in the table below.

| Type of provider        | Your cost share   |
|-------------------------|---|
| In-network provider     | <ul style="list-style-type: none"><li>• You pay the copayment/coinsurance.</li></ul>  |
| Out-of-network provider | <ul style="list-style-type: none"><li>• You pay the pharmacy directly for the cost of the prescription. Then you fill out and send a prescription drug refund form to us, including all itemized pharmacy receipts.</li><li>• Submission of a claim doesn’t guarantee payment. If your claim is approved, you will be reimbursed the cost of your prescription less your copayment/coinsurance.</li></ul> |

## Keeping a provider you go to now (continuity of care)

You may have to find a new provider when:

- You join the plan and the provider you have now is not in the network
- You are already covered under another Aetna plan and your provider stops being in our network

But in some cases, you may be able to keep going to your current provider to complete a treatment or to have treatment that was already scheduled. This is called continuity of care.

If this situation applies to you, contact us for details. If you are undergoing treatment for an acute or chronic condition and your provider didn't leave the network based on fraud or lack of quality standards, you'll be able to receive transitional care from your provider for a period up to 90 days from when we notified you of their network status or the end of your treatment, whichever is sooner.

|                               | <b>If you have a terminal illness and your provider stops participation with Aetna</b>  |
|-------------------------------|---|
| Request for approval          | Your provider should call us for approval to continue any care. You can call Member Services at the toll-free number on the back of your ID card for information on continuity of care.                     |
| Length of transitional period | Care will continue during a transitional period for up to nine (9) months. This date is based on the date the provider terminated their participation with Aetna.   |
| How claim is paid             | Your claim will be paid at not less than the negotiated charge during the transitional period.  |
|                               | <b>If you are pregnant and have entered your second trimester and your provider stops participation with Aetna</b>  |
| Request for approval          | Your provider should call us for approval to continue any care. You can call Member Services at the toll-free number on the back of your ID card for information on continuity of care.                     |
| Length of transitional period | Care will continue during a transitional period through delivery, including the time required for postpartum care directly related to the delivery. This includes a post-delivery checkup within six weeks. |
| How claim is paid             | Your claim will be paid at not less than the negotiated charge during the transitional period.  |

You will not be responsible for an amount that exceeds the cost share that would have applied had your provider remained in the network.

## Complaints and Appeals

If you are dissatisfied with the service you receive from the Plan or you want to complain about a preferred care provider, you may call the Member Services telephone number shown on your ID card or write to Aetna at:

Aetna Life Insurance Company  
Appeals Resolution Team  
PO Box 14464  
Lexington, KY 40512

The complaint must include a detailed description of the matter and include copies of any records or documents that you think are relevant to the matter. You may submit an appeal if Aetna gives notice of an adverse benefit determination. A final adverse benefit determination notice may also provide an option to request an External Review (if available).

For more information about the Complaints and Appeals Procedure or External Review processes, you may call the Member Services telephone number shown on your ID card. A complete description of the Complaints and Appeals Procedure and External Review processes are contained in the Master Policy/Certificate of Coverage issued to Sul Ross State University and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

## Directory

The list of in-network providers for your plan. The most up-to-date directory for your plan appears at <https://www.aetnastudenthealth.com>. When searching from our online provider directory, you need to make sure that you are searching for providers that participate in your specific plan. In-network providers may only be considered for certain Aetna plans. When searching for contracting dental providers, you need to make sure you are searching under Pediatric Dental plan.

Upon your request, we will send you a non-electronic version of the directory at no cost to you. Please contact us at (888) 407-0445, or call the Member Services number on the back of your ID card, or write to us at:

Aetna Student Health  
151 Farmington Avenue  
Hartford, CT 06156

## Aetna service areas

The approximate number of students and their dependents insureds in Aetna's service area for Dallas, Austin, Houston, and additional areas is 15,183. The numbers of available providers in Aetna's service area for the following provider areas are indicated below:

| Service Area  | Radiology | Provider Type: Psychiatry | Provider Type: General Practice, Family Practice, and Internal Medicine | Provider Type: Specialty - General Surgery | Provider Type: Specialty | Provider Type: Pediatric PCPs | Provider Type: Specialty (All other Specialists) | Provider Type: Emergency Medicine |
|---------------|-----------|---------------------------|---|--|--------------------------|-------------------------------|--|-----------------------------------|
| Abernathy     |           |                           |   |  |                          |                               |  |                                   |
| Abilene       | 47        | 12                        | 48  | 9  | 17                       | 19                            | 252  | 1                                 |
| Addison       | 93        | 6                         | 10  |  | 1                        |                               | 409  |                                   |
| Adkins        |           |                           |   |  |                          |                               | 2  |                                   |
| Alamo         |           |                           | 3   |  |                          | 2                             |  |                                   |
| Alamo Heights |           |                           |   |  |                          |                               | 42   |                                   |
| Albany        |           |                           | 1   |  |                          |                               |  |                                   |
| Aledo         |           |                           | 4   |  |                          | 3                             | 5  |                                   |
| Alfred        |           |                           |   |  |                          |                               |  |                                   |
| Alice         | 2         |                           | 5   | 1  | 2                        | 5                             |  |                                   |
| Allen         | 28        | 11                        | 35  | 5  | 9                        | 13                            | 629  |                                   |
| Alpine        |           |                           | 4   | 3  | 2                        |                               | 1  |                                   |
| Alto          |           |                           |   |  |                          |                               | 1  |                                   |
| Alton         |           |                           | 1   |  |                          |                               | 1  |                                   |
| Alvarado      |           |                           | 1   |  |                          |                               | 2  |                                   |
| Alvin         |           | 6                         | 6   |  | 1                        | 1                             | 63   |                                   |
| Alvord        |           |                           |   |  |                          |                               |  |                                   |
| Amarillo      | 36        | 142                       | 99  | 21   | 21                       | 31                            | 912  | 7                                 |
| Anahuac       | 2         |                           | 1   |  |                          |                               |  |                                   |
| Andrews       |           |                           | 9   |  | 1                        |                               |  |                                   |
| Angleton      |           | 9                         | 2   | 1  | 7                        | 2                             | 42   |                                   |
| Anson         | 2         |                           | 2   | 1  |                          |                               |  |                                   |
| Anthony       |           |                           |   |  |                          |                               |  |                                   |
| Apple Springs |           |                           |   |  |                          |                               |  |                                   |
| Aransas Pass  |           |                           | 1   |  |                          | 2                             | 1  |                                   |
| Anna          |           |                           |   |  |                          |                               | 1  |                                   |
| Aquilla       |           |                           |   |  |                          |                               |  |                                   |
| Argyle        |           |                           | 1   |  |                          | 1                             | 30   |                                   |

|                  |     |     |     |     |     |     |       |     |
|------------------|-----|-----|-----|-----|-----|-----|-------|-----|
| Arlington        | 622 | 29  | 111 | 27  | 47  | 32  | 1365  | 2   |
| Aspermont        |     |     | 1   |     |     |     | 1     |     |
| Atascocita       |     |     | 3   |     |     | 3   | 25    |     |
| Athens           | 15  | 2   | 17  | 1   | 4   | 1   | 61    |     |
| Atlanta          | 1   | 4   | 4   |     |     |     | 8     |     |
| Aubrey           |     |     | 5   |     |     | 1   | 3     |     |
| Austin           | 706 | 466 | 427 | 117 | 297 | 149 | 52352 | 315 |
| Azle             | 207 |     | 8   | 1   |     | 1   | 5     | 1   |
| Baird            |     |     |     |     |     |     |       |     |
| Bacliff          |     |     |     |     |     |     | 6     |     |
| Balch Springs    |     |     | 2   |     |     | 1   | 2     |     |
| Balcones Heights |     |     |     |     |     |     | 3     |     |
| Ballinger        |     |     | 3   |     |     |     |       |     |
| Bandera          |     |     | 3   |     |     |     | 3     |     |
| Bangs            |     |     |     |     |     |     | 1     |     |
| Bartonville      |     |     | 2   |     |     |     | 47    |     |
| Bastrop          |     | 2   | 16  | 4   | 3   | 7   | 299   |     |
| Bay City         | 2   | 2   | 11  | 2   | 3   | 2   | 5     |     |
| Baytown          | 45  | 20  | 46  | 13  | 12  | 14  | 112   |     |
| Beaumont         | 46  | 26  | 47  | 16  | 22  | 17  | 319   |     |
| Bedford          | 24  | 25  | 29  | 9   | 12  | 7   | 117   |     |
| Bedias           |     |     |     |     |     |     |       |     |
| Bee Cave         |     |     | 10  |     |     |     | 256   |     |
| Beeville         | 1   | 2   | 5   | 2   | 3   | 6   | 3     |     |
| Bellaire         |     | 24  | 27  | 12  | 12  | 11  | 439   |     |
| Bellmead         |     |     | 4   |     |     |     |       |     |
| Bells            |     |     | 1   |     |     |     |       |     |
| Bellville        | 66  |     | 1   |     |     |     |       | 64  |
| Belton           |     | 5   | 18  |     |     | 4   | 110   |     |
| Benbrook         |     |     | 3   |     |     |     | 65    |     |
| Bertram          |     |     | 1   |     |     |     |       |     |
| Big Sandy        |     |     |     |     |     |     |       |     |
| Big Lake         |     |     |     |     |     |     |       |     |
| Big Spring       |     | 3   | 3   | 1   | 1   | 1   | 7     |     |
| Blue Ridge       |     |     |     |     |     |     | 1     |     |
| Big Wells        |     |     |     |     |     |     |       |     |
| Blanco           |     |     | 1   |     |     |     |       |     |
| Bluff Dale       |     |     |     |     |     |     | 21    |     |
| Boerne           |     | 2   | 28  | 3   | 15  | 13  | 170   |     |
| Bogata           |     |     | 1   |     |     |     |       |     |

|                   |     |    |    |    |    |    |     |     |
|-------------------|-----|----|----|----|----|----|-----|-----|
| Bonham            |     |    | 6  | 1  |    |    | 2   |     |
| Booker            |     |    |    |    |    |    |     |     |
| Borger            |     | 1  | 5  | 3  | 2  | 2  | 1   |     |
| Bowie             |     |    | 6  | 1  |    |    | 21  |     |
| Boyd              |     |    | 1  |    |    |    |     |     |
| Brady             |     |    | 2  |    |    |    | 5   |     |
| Bracketville      |     |    | 1  |    |    |    |     |     |
| Brazoria          |     |    |    |    |    |    | 21  |     |
| Breckenridge      | 2   |    | 2  |    |    |    |     |     |
| Bremond           |     |    |    |    |    |    |     |     |
| Brenham           | 58  |    | 19 | 7  | 6  | 2  | 27  | 19  |
| Bridge City       |     |    | 5  |    |    |    |     |     |
| Bridgeport        |     |    | 1  |    |    |    |     |     |
| Brookshire        |     | 1  | 2  |    |    |    | 3   |     |
| Brookside Village |     |    |    |    |    |    | 1   |     |
| Brownsboro        |     |    |    |    |    |    | 44  |     |
| Brookeland        |     |    | 1  |    |    |    |     |     |
| Brownfield        |     |    | 2  |    |    |    |     |     |
| Brownsville       | 8   | 3  | 57 | 18 | 29 | 29 | 142 | 4   |
| Brownwood         |     |    | 23 | 2  | 14 | 3  | 53  |     |
| Bryan             | 78  | 10 | 55 | 7  | 2  | 5  | 342 | 31  |
| Buda              |     |    | 11 | 3  | 7  | 2  | 143 |     |
| Buffalo           |     |    |    |    |    |    | 21  |     |
| Bullard           |     |    | 1  |    |    |    |     |     |
| Bulverde          |     |    | 1  | 1  |    | 5  | 8   |     |
| Burke             |     |    |    |    |    |    | 1   |     |
| Burkburnett       |     |    | 3  |    |    |    |     |     |
| Burleson          | 12  | 4  | 20 | 6  | 11 | 9  | 125 |     |
| Burnet            | 9   |    | 2  | 1  | 1  |    |     | 8   |
| Cactus            |     |    | 1  |    |    |    |     |     |
| Caddo Mills       |     |    |    |    |    |    | 1   |     |
| Caldwell          | 80  |    | 3  |    |    |    | 2   | 77  |
| Cameron           |     |    | 3  |    |    |    | 1   |     |
| Canadian          |     |    | 7  |    |    |    | 1   |     |
| Canton            |     | 2  | 12 |    |    |    | 12  |     |
| Canutillo         |     |    | 1  |    |    |    |     |     |
| Canyon            |     |    | 7  | 1  | 1  |    |     |     |
| Canyon Lake       |     |    | 2  |    |    |    | 3   |     |
| Carrizo Springs   | 3   |    | 1  |    | 1  | 1  |     | 3   |
| Carrollton        | 173 | 12 | 48 | 13 | 3  | 15 | 341 | 119 |

|                   |     |    |    |    |    |    |     |     |
|-------------------|-----|----|----|----|----|----|-----|-----|
| Carthage          |     |    | 7  | 2  |    | 1  |     |     |
| Castle Hills      |     |    |    |    |    |    | 22  |     |
| Castroville       |     |    | 10 |    |    | 1  | 2   |     |
| Cedar Hill        |     |    | 10 |    | 3  | 2  | 202 |     |
| Cedar Park        | 123 | 14 | 44 | 11 | 21 | 25 | 783 | 102 |
| Celina            |     |    | 1  |    |    |    | 2   |     |
| Center            |     | 1  | 3  |    |    |    | 1   |     |
| Center Point      |     |    |    |    |    |    |     |     |
| Centerville       |     |    | 2  |    |    |    |     |     |
| Chandler          |     |    | 2  |    |    |    |     |     |
| Channelview       |     |    | 4  |    |    |    | 1   |     |
| Charlotte         |     |    |    |    |    |    | 1   |     |
| Chappell Hill     |     |    |    |    |    |    |     |     |
| Cherokee          |     |    |    |    |    |    |     |     |
| Chico             |     |    |    |    |    |    |     |     |
| Childress         |     |    | 8  | 1  |    |    | 1   |     |
| China             |     |    |    |    |    |    |     |     |
| China Spring      |     |    |    |    |    |    | 5   |     |
| Cibola            |     |    |    |    |    |    |     |     |
| Cisco             |     |    |    |    |    |    | 1   |     |
| Clarendon         |     |    | 1  |    |    |    |     |     |
| Clarksville       |     |    | 1  | 1  |    |    |     |     |
| Claude            |     |    |    |    |    |    |     |     |
| Clean Lake Shores |     |    |    |    |    |    |     |     |
| Cibolo            |     |    |    |    |    | 2  | 3   |     |
| Cleburne          | 97  |    | 19 | 4  | 4  | 2  | 56  |     |
| Cleveland         |     | 1  | 11 |    |    | 6  | 8   |     |
| Clifton           |     |    | 7  | 2  |    |    | 5   |     |
| Clint             |     |    |    |    |    | 1  |     |     |
| Clute             |     | 1  |    |    |    |    | 9   |     |
| Clyde             |     |    | 1  |    |    |    | 1   |     |
| Coldspring        |     |    |    |    |    |    |     |     |
| Coleman           | 2   |    | 2  |    |    |    |     |     |
| College Sta       |     |    |    |    |    |    | 2   |     |
| College Station   | 110 | 2  | 56 | 13 | 38 | 16 | 301 | 55  |
| Colleyville       |     | 2  | 25 | 3  | 3  | 2  | 95  |     |
| Colorado City     |     |    | 1  |    |    |    |     |     |
| Columbus          | 1   |    | 3  | 2  | 8  |    | 1   | 1   |
| Comanche          |     |    | 6  |    |    |    | 3   |     |

|                   |      |     |     |     |     |     |       |     |
|-------------------|------|-----|-----|-----|-----|-----|-------|-----|
| Comfort           |      |     | 4   |     |     |     | 1     |     |
| Commerce          |      |     | 2   |     |     |     | 2     |     |
| Conroe            | 54   | 9   | 61  | 15  | 13  | 18  | 228   |     |
| Converse          |      |     | 2   | 1   |     |     | 55    |     |
| Cooper            |      |     |     |     |     |     |       |     |
| Coppell           |      | 2   | 27  |     | 1   | 8   | 193   |     |
| Copperas          |      |     |     |     |     |     |       |     |
| Cove              |      |     |     |     |     |     |       |     |
| Corinth           |      |     | 4   | 1   |     | 1   | 60    |     |
| Corpus Christi    | 51   |     | 108 |     | 34  |     | 690   | 2   |
| Corsicana         | 16   | 2   | 5   | 1   | 3   | 1   | 44    |     |
| Cottonwood Shores |      |     |     |     |     |     | 1     |     |
| Cotulla           |      |     | 2   |     |     |     |       |     |
| Crandall          |      |     |     |     |     | 1   | 2     |     |
| Crane             |      |     | 1   |     |     |     |       |     |
| Crockett          |      |     | 11  | 1   |     |     |       |     |
| Crosby            |      |     | 1   | 1   |     |     | 1     |     |
| Crosbyton         |      |     |     |     |     |     |       |     |
| Cross Plains      |      |     |     |     |     |     | 1     |     |
| Crossroads        |      | 7   |     |     | 2   |     |       |     |
| Crowell           |      |     |     |     |     |     |       |     |
| Crowley           |      |     | 6   |     |     |     | 12    |     |
| Cumby             |      |     |     |     |     |     | 1     |     |
| Crystal Beach     |      |     |     |     |     |     |       |     |
| Crystal City      |      |     | 1   |     |     |     |       |     |
| Cuero             |      |     |     |     |     |     | 21    |     |
| Cypress           | 89   | 1   | 61  | 14  | 17  | 31  | 595   | 22  |
| Daingerfield      |      |     |     |     |     |     |       |     |
| Dalhart           | 2    |     | 5   | 2   |     |     | 4     | 2   |
| Dallas            | 3030 | 492 | 510 | 333 | 415 | 109 | 13395 | 547 |
| Dayton            |      |     | 3   |     |     | 3   | 1     |     |
| Dell City         |      |     | 1   |     |     |     |       |     |
| De Kalb           |      |     | 1   |     |     |     |       |     |
| De Leon           |      |     | 2   |     |     |     | 1     |     |
| Decatur           | 8    | 1   | 15  | 6   | 4   | 1   | 51    |     |
| Deer Park         |      | 2   | 3   |     | 2   | 3   | 73    |     |
| De Soto           |      |     | 1   |     |     |     | 1     |     |
| Del Rio           | 15   | 2   | 7   | 5   | 3   | 3   | 6     |     |
| Del Valle         |      | 1   | 2   |     |     |     | 2     |     |

|                  |     |    |     |    |     |    |      |     |
|------------------|-----|----|-----|----|-----|----|------|-----|
| Denison          | 12  |    | 15  | 5  | 6   | 5  | 67   |     |
| Denton           | 94  | 31 | 43  | 16 | 18  | 14 | 548  | 24  |
| Denver City      | 17  |    | 4   |    | 1   |    | 1    | 1   |
| Deport           |     |    |     |    |     |    |      |     |
| DeSoto           |     | 6  | 14  | 2  | 2   | 3  | 222  |     |
| Devine           |     |    | 2   |    | 1   |    | 1    |     |
| Diboll           |     |    |     |    |     |    | 7    |     |
| Dickinson        |     | 1  | 8   |    | 1   | 2  | 8    |     |
| Driftwood        |     |    |     |    |     |    | 1    |     |
| Dilley           |     |    | 1   | 1  |     |    |      |     |
| Dimmitt          |     |    | 3   |    |     |    |      |     |
| Donna            |     |    | 5   |    |     | 5  | 1    |     |
| Double Oak       |     |    | 1   |    |     |    |      |     |
| Douglass         |     |    |     |    |     |    |      |     |
| Dripping Springs |     |    | 5   | 1  | 3   | 8  | 7    |     |
| Dublin           |     |    |     |    |     |    | 2    |     |
| Dumas            | 4   |    | 6   | 1  | 1   |    | 10   | 3   |
| Duncanville      |     |    | 5   | 2  | 1   | 1  | 99   |     |
| Eagle Lake       |     | 3  | 4   | 1  | 1   |    | 9    |     |
| Eagle Pass       | 1   |    | 8   | 4  | 4   | 3  | 2    |     |
| Early            |     |    | 1   |    | 1   |    | 8    |     |
| East Bernard     |     |    | 3   | 1  |     |    | 2    |     |
| Eastland         |     |    | 4   |    |     |    | 4    |     |
| Edcouch          |     |    |     |    |     |    |      |     |
| Eden             |     |    |     |    |     |    | 1    |     |
| Edgewood         |     |    | 1   |    |     | 1  |      |     |
| Edinburg         | 10  | 9  | 46  | 11 | 24  | 32 | 174  | 2   |
| Edna             | 3   |    | 2   |    |     | 1  | 2    |     |
| Egypt            |     |    |     |    |     |    |      |     |
| El Campo         | 23  |    | 10  |    | 1   |    | 23   | 8   |
| El Paso          | 682 | 80 | 198 | 46 | 106 | 82 | 1332 | 462 |
| Eldorado         |     |    | 1   |    |     |    | 1    |     |
| Electra          |     |    |     |    |     |    |      |     |
| Elgin            |     |    | 1   |    | 1   | 1  | 5    |     |
| Elmendorf        |     |    |     |    |     |    | 1    |     |
| Elkhart          |     |    |     |    |     |    |      |     |
| Elsa             |     |    | 2   |    | 1   |    | 1    |     |
| Emory            |     | 3  |     |    |     |    | 13   |     |
| Encino           |     |    |     |    |     |    | 1    |     |
| Ennis            | 2   |    | 13  | 1  |     | 2  | 5    |     |
| Etoile           |     |    | 1   |    |     |    |      |     |

|                  |      |     |     |     |     |     |      |     |
|------------------|------|-----|-----|-----|-----|-----|------|-----|
| Euless           |      | 17  | 14  |     | 1   | 2   | 96   |     |
| Everman          |      |     |     |     |     |     | 3    |     |
| Fabens           |      |     | 1   |     |     |     |      |     |
| Fairfield        |      |     | 2   |     |     |     | 7    |     |
| Fairview         |      |     |     |     |     |     | 4    |     |
| Fair oaks        |      |     |     |     |     |     | 2    |     |
| Falfurrias       |      |     | 3   |     |     | 1   | 13   |     |
| Farmers Branch   |      |     | 8   |     |     |     | 54   |     |
| Farmersville     |      |     | 2   |     |     |     | 1    |     |
| Flint            |      |     | 3   |     |     |     | 21   |     |
| Fate             |      |     |     |     |     |     | 3    |     |
| Ferris           |      |     | 3   |     |     |     |      |     |
| Flatonia         |      |     | 1   |     |     |     |      |     |
| Flint            |      |     | 3   |     |     |     |      |     |
| Floresville      | 15   | 1   | 7   | 2   |     | 1   | 28   |     |
| Flower Mound     | 34   | 5   | 34  | 10  | 21  | 12  | 403  | 16  |
| Floydada         |      |     |     |     |     |     |      |     |
| Forest Hill      |      |     | 1   |     |     |     |      |     |
| Forney           |      | 3   | 4   |     |     | 2   | 58   |     |
| Fort Davis       |      |     |     |     |     |     |      |     |
| Fort Hancock     |      |     | 1   |     |     |     | 1    |     |
| Fort Hood        |      | 1   |     |     |     |     | 1    |     |
| Fort Sam Houston |      |     |     |     |     |     | 1    |     |
| Fort Stockton    |      | 2   | 2   |     |     |     | 3    |     |
| Fort Worth       | 1403 | 142 | 242 | 111 | 104 | 106 | 3395 | 284 |
| Franklin         |      |     |     |     |     |     |      |     |
| Frankston        |      |     |     |     |     |     |      |     |
| Fredericksburg   | 13   | 2   | 18  | 3   | 6   | 2   | 14   |     |
| Freeport         |      |     |     |     |     |     | 9    |     |
| Freer            |      |     |     |     |     |     |      |     |
| Fresno           |      |     |     |     |     |     | 2    |     |
| Friendswood      |      | 37  | 16  | 2   | 4   | 6   | 327  |     |
| Friona           |      |     | 1   |     |     |     |      |     |
| Frisco           | 512  | 100 | 100 | 37  | 47  | 50  | 1801 | 11  |
| Fritch           |      |     | 1   |     |     |     |      |     |
| Ft Worth         |      |     |     |     |     |     | 8    |     |
| Fulshear         |      |     | 2   |     |     | 1   | 74   |     |
| Gainesville      | 2    |     | 7   | 3   | 3   | 1   | 24   | 1   |

|                 |     |    |    |    |    |    |     |     |
|-----------------|-----|----|----|----|----|----|-----|-----|
| Galena Park     |     |    |    |    |    |    |     |     |
| Galveston       | 15  | 7  | 3  | 2  |    |    | 76  |     |
| Ganado          |     |    | 1  |    |    |    | 1   |     |
| Garden Ridge    |     |    |    |    |    |    | 31  |     |
| Garland         |     | 2  | 52 | 8  | 6  | 15 | 891 |     |
| Garrison        |     |    | 1  |    |    |    |     |     |
| Gatesville      | 6   | 1  | 8  | 2  | 1  |    | 4   | 2   |
| George West     |     |    |    |    |    |    |     |     |
| Georgetown      | 19  | 19 | 44 | 5  | 17 | 12 | 712 |     |
| Giddings        |     |    | 5  |    |    | 1  | 1   |     |
| Gilmer          |     |    | 4  |    |    |    | 1   |     |
| Gladewater      |     |    | 3  |    |    |    |     |     |
| Glen Rose       | 10  |    | 5  |    | 2  |    | 2   |     |
| Godley          |     |    | 1  |    |    |    | 2   |     |
| Goldthwaite     |     |    | 1  |    |    |    | 1   |     |
| Goliad          |     |    | 1  |    |    |    | 1   |     |
| Gonzales        | 20  |    | 6  | 1  | 4  | 1  | 23  | 20  |
| Goodrich        |     |    |    |    |    |    | 1   |     |
| Gordon          |     |    |    |    |    |    |     |     |
| Gorman          |     |    | 1  |    |    |    |     |     |
| Graham          | 15  |    | 8  | 2  |    |    | 4   |     |
| Granbury        | 126 |    | 16 | 3  | 3  | 4  | 40  | 29  |
| Grand Prairie   |     | 3  | 37 |    | 6  | 3  | 316 |     |
| Grand Saline    |     |    |    |    |    |    | 13  |     |
| Grandview       |     |    | 1  |    |    |    |     |     |
| Granger         |     |    |    |    |    |    |     |     |
| Grapevine       | 398 | 13 | 19 | 16 | 29 | 7  | 461 | 197 |
| Greenville      | 7   | 57 | 14 | 2  | 3  | 4  | 184 |     |
| Groesbeck       |     |    | 3  |    |    |    | 1   |     |
| Groves          |     |    | 2  |    |    |    | 1   |     |
| Groveton        |     |    |    |    |    |    | 3   |     |
| Gun Barrel City |     |    | 11 |    |    |    | 5   |     |
| Gunter          |     |    |    |    |    |    | 1   |     |
| Hale Center     |     |    | 1  |    |    |    |     |     |
| Hallettsville   | 3   |    | 3  | 1  |    |    | 27  | 3   |
| Hallsville      |     |    |    |    |    |    | 1   |     |
| Haltom City     |     |    | 3  |    | 3  |    | 1   |     |
| Hamilton        |     | 1  | 5  | 1  |    |    | 2   |     |
| Hamlin          |     |    |    |    |    |    |     |     |

|                      |      |     |      |     |     |     |       |     |
|----------------------|------|-----|------|-----|-----|-----|-------|-----|
| Harker Heights       | 77   | 1   | 5    | 2   | 24  | 1   | 63    | 77  |
| Harlingen            | 114  | 12  | 45   | 9   | 17  | 13  | 147   | 92  |
| Haskell              |      |     | 1    |     |     |     |       |     |
| Haslet               |      |     |      |     | 1   | 4   | 27    |     |
| Hawkins              |      |     | 2    |     |     |     | 1     |     |
| Hearne               |      |     | 1    |     |     |     |       |     |
| Heath                |      |     | 3    |     |     | 2   | 25    |     |
| Hebbronville         |      |     | 1    |     | 3   |     | 1     |     |
| Helotes              |      |     | 5    |     | 1   | 5   | 242   |     |
| Hemphill             |      |     | 1    |     |     |     | 2     |     |
| Hempstead            |      |     | 3    |     |     |     | 1     |     |
| Henderson            | 25   |     | 5    | 1   | 3   | 3   | 6     |     |
| Henrietta            | 6    |     | 3    |     |     |     |       |     |
| Hereford             |      |     | 8    | 3   |     | 1   | 25    |     |
| Hermleigh            |      |     |      |     |     |     | 1     |     |
| Hewitt               |      |     | 5    |     |     | 1   | 24    |     |
| Hickory Creek        |      |     | 2    |     |     |     | 2     |     |
| Highland Park        |      |     |      |     |     |     | 2     |     |
| Hico                 |      |     | 2    |     |     |     |       |     |
| Highland Village     |      | 2   | 7    |     |     | 6   | 37    |     |
| Hill Country Village |      |     |      |     |     |     | 1     |     |
| Hidalgo              |      |     |      |     |     |     |       |     |
| Highlands            |      |     | 2    |     |     |     |       |     |
| Hillsboro            |      |     | 6    | 3   |     |     | 3     |     |
| Hitchcock            |      |     | 2    |     |     |     |       |     |
| Hondo                | 13   |     | 5    |     |     |     | 3     |     |
| Honey Grove          |      |     |      |     |     |     |       |     |
| Horizon City         | 22   |     | 1    |     | 3   | 2   | 2     |     |
| Horseshoe Bay        |      |     | 1    |     |     |     | 7     |     |
| Houston              | 2250 | 944 | 1125 | 442 | 706 | 453 | 23885 | 851 |
| Howe                 |      |     |      |     |     |     | 1     |     |
| Hubbard              |      |     |      |     |     |     | 1     |     |
| Hughes Springs       |      |     | 2    |     |     |     |       |     |
| Huffman              |      |     |      |     |     |     | 1     |     |
| Humble               | 66   |     | 51   | 7   | 10  | 18  | 293   | 42  |
| Hunt                 |      | 1   |      |     |     |     | 1     |     |

|                |     |     |    |    |    |    |      |     |
|----------------|-----|-----|----|----|----|----|------|-----|
| Huntington     |     |     | 2  |    |    | 1  |      |     |
| Huntsville     | 3   |     | 22 | 2  | 3  | 7  | 51   |     |
| Hurst          | 156 | 3   | 10 | 1  |    | 6  | 47   |     |
| Hutto          |     |     | 8  |    |    | 3  | 70   |     |
| Idalou         |     |     |    |    |    |    |      |     |
| Ingleside      |     |     | 1  |    |    |    | 1    |     |
| Iowa Park      |     |     | 2  |    |    |    | 1    |     |
| Iraan          |     |     | 1  |    |    |    |      |     |
| Irving         | 320 | 49  | 86 | 14 | 47 | 21 | 1324 | 172 |
| Italy          |     |     |    |    |    |    |      |     |
| Jacksboro      |     |     | 2  | 1  |    |    |      |     |
| Jacksonville   | 67  |     | 13 | 6  | 2  | 4  | 6    | 59  |
| Jarrell        |     |     |    |    |    |    | 2    |     |
| Jasper         | 9   |     | 6  | 1  |    | 3  | 3    |     |
| Jayton         |     |     | 1  |    |    |    |      |     |
| Jefferson      |     |     | 1  |    |    |    | 1    |     |
| Jersey Village |     | 2   | 1  |    | 1  | 1  | 4    |     |
| Joaquin        |     |     |    |    |    |    | 1    |     |
| Jones Town     |     |     |    |    |    |    | 21   |     |
| Johnson City   |     |     | 2  |    |    |    | 5    |     |
| Joshua         |     |     | 2  |    |    |    | 4    |     |
| Jourdanton     | 15  |     | 1  | 1  |    |    | 43   | 1   |
| Junction       |     |     | 2  |    |    |    | 5    |     |
| Justin         |     |     | 2  |    |    |    | 1    |     |
| Karnes City    |     |     |    |    |    |    |      |     |
| Katy           | 126 | 120 | 98 | 27 | 35 | 63 | 1320 | 62  |
| Kaufman        | 109 | 1   | 10 | 2  |    | 2  | 49   |     |
| Keene          |     |     | 1  |    |    |    |      |     |
| Keller         |     | 4   | 35 | 7  | 7  | 9  | 157  |     |
| Kemah          |     | 3   |    |    |    |    | 4    |     |
| Kemp           |     |     |    |    |    |    | 2    |     |
| Kempner        |     |     |    |    |    |    | 1    |     |
| Kenedy         |     |     | 3  |    |    |    | 2    |     |
| Kennedale      |     |     |    |    |    |    |      |     |
| Kermit         |     |     | 2  |    |    |    |      |     |
| Kerrville      | 33  |     | 23 | 4  | 5  | 1  | 125  | 20  |
| Kilgore        |     |     | 5  |    |    | 2  | 2    |     |
| Killeen        | 231 | 14  | 31 | 12 | 13 | 14 | 585  | 49  |
| Kingsland      |     | 1   | 6  |    |    |    | 9    |     |
| Kingsville     | 1   |     | 3  | 1  |    | 3  | 4    |     |
| Kingwood       | 74  | 8   | 32 | 11 | 20 | 11 | 453  |     |

|                  |     |   |    |    |    |    |     |     |
|------------------|-----|---|----|----|----|----|-----|-----|
| Kirbyville       |     |   | 2  |    |    | 1  |     |     |
| Knox City        | 1   |   | 1  |    |    |    |     | 1   |
| Kountze          |     |   | 1  |    |    |    | 1   |     |
| Krugerville      |     |   |    |    |    |    |     |     |
| Krum             |     |   |    |    |    |    | 3   |     |
| Kyle             | 124 | 1 | 26 | 7  | 21 | 11 | 214 | 103 |
| La Feria         |     |   | 1  |    |    |    | 1   |     |
| La Grange        |     |   | 5  | 4  | 6  | 2  | 1   |     |
| La Joya          |     |   | 2  |    |    |    | 6   |     |
| La Marque        |     |   | 2  |    |    |    | 2   |     |
| La Mesa          |     |   |    |    |    |    |     |     |
| La Porte         |     |   | 3  |    |    | 2  | 3   |     |
| La Vernia        |     |   | 3  |    | 1  |    | 31  |     |
| Lacy<br>Lakeview |     |   | 1  |    |    | 1  |     |     |
| Lago Vista       |     |   | 1  |    |    |    | 1   |     |
| Laguna Vista     |     |   | 1  |    |    |    | 21  |     |
| Lake Dallas      |     |   |    |    |    |    | 43  |     |
| Lake Jackson     | 54  | 1 | 20 | 3  | 3  | 5  | 125 | 22  |
| Lake Worth       |     | 1 | 3  |    |    | 3  | 3   |     |
| Lake hills       |     |   |    |    |    |    |     |     |
| Lakeway          | 49  | 9 | 8  | 6  | 17 | 2  | 84  | 9   |
| Lamesa           |     |   | 7  |    |    |    | 3   |     |
| Lampasas         | 13  | 1 | 3  |    |    | 1  | 4   | 13  |
| Lancaster        |     |   | 3  | 2  |    |    | 22  |     |
| Lantana          |     |   |    |    |    |    | 1   |     |
| Laredo           | 11  | 7 | 61 | 14 | 31 | 18 | 218 |     |
| Lavon            |     |   |    |    |    |    |     |     |
| League City      |     | 4 | 23 | 2  | 2  | 4  | 291 |     |
| Leander          |     | 5 | 12 |    |    | 4  | 125 |     |
| Leonard          |     |   |    |    |    |    |     |     |
| Levelland        |     |   | 6  | 2  |    |    | 3   |     |
| Lewisville       | 129 | 3 | 27 | 8  | 15 | 10 | 220 | 65  |
| Lexington        |     |   |    |    |    |    |     |     |
| Liberty          |     | 1 | 3  |    |    | 1  | 3   |     |
| Liberty Hill     |     | 1 | 1  |    |    | 1  | 28  |     |
| Lindale          |     |   | 6  |    | 1  | 2  | 16  |     |
| Linden           |     |   |    |    |    |    | 2   |     |
| Little Elm       |     |   | 8  | 1  |    | 5  | 11  |     |
| Littlefield      | 18  |   | 2  |    |    |    | 21  |     |
| Live Oak         |     |   | 9  | 8  | 2  | 4  | 112 |     |
| Livingston       |     | 1 | 19 | 2  | 1  | 4  | 6   |     |

|              |     |      |     |    |    |    |      |     |
|--------------|-----|------|-----|----|----|----|------|-----|
| Llano        |     |      | 5   |    |    |    | 23   |     |
| Lockhart     |     | 2    | 8   |    | 1  | 1  | 38   |     |
| Lockney      |     |      |     |    |    |    |      |     |
| Lone Star    |     |      | 1   |    |    |    |      |     |
| Longview     | 126 | 1    | 47  | 9  | 24 | 18 | 587  | 44  |
| Los Fresnos  |     |      |     |    |    | 1  | 1    |     |
| Lubbock      | 160 | 14   | 115 | 44 | 30 | 38 | 766  | 39  |
| Lucas        |     |      |     |    |    | 3  |      |     |
| Lufkin       | 2   | 2    | 34  | 3  | 7  | 5  | 54   |     |
| Luling       | 47  | 1    | 1   |    |    |    | 2    | 47  |
| Lumberton    |     |      | 2   | 1  |    |    | 49   |     |
| Lyford       |     |      | 2   |    |    |    |      |     |
| Lytle        |     |      | 3   |    |    |    | 5    |     |
| Mabank       |     |      | 2   |    |    |    | 2    |     |
| Madisonville | 78  |      | 2   |    |    |    | 2    | 77  |
| Magnolia     |     | 3    | 8   |    | 6  | 4  | 226  |     |
| Malakoff     |     |      |     |    |    |    |      |     |
| Manchaca     |     |      |     |    |    |    | 3    |     |
| Manor        |     | 2    | 6   |    | 1  | 1  | 3    |     |
| Mansfield    | 111 | 12   | 33  | 15 | 31 | 15 | 357  | 1   |
| Manvel       |     |      | 1   |    |    |    | 22   |     |
| Marathon     |     |      |     |    |    |    |      |     |
| Marble Falls | 58  | 2    | 14  | 5  | 16 | 3  | 15   | 7   |
| Marfa        |     |      | 4   |    |    |    |      |     |
| Marlin       | 8   |      | 2   | 2  |    |    | 1    |     |
| Marshall     | 77  |      | 13  | 1  |    | 1  | 49   | 31  |
| Mart         |     |      | 1   |    |    |    |      |     |
| Mason        |     |      | 2   |    |    |    | 3    |     |
| Mc Dade      |     |      |     |    |    |    | 2    |     |
| Mathis       |     |      | 1   |    |    | 2  | 1    |     |
| Mc Camey     |     |      |     |    |    |    |      |     |
| Mc Gregor    |     |      | 2   |    |    |    | 5    |     |
| Mc Kinney    |     | 1    |     |    |    |    | 2    |     |
| Mc Neil      |     |      |     |    |    |    | 1    |     |
| McAllen      | 10  | 3    | 79  | 26 | 28 | 35 | 181  | 1   |
| McKinney     | 288 | 1179 | 82  | 17 | 22 | 35 | 2208 | 201 |
| Meadowlakes  |     |      |     |    |    |    |      |     |
| Medina       |     |      |     |    |    |    | 2    |     |
| Melissa      |     |      | 2   |    |    | 1  | 6    |     |
| Memphis      |     |      |     |    |    |    |      |     |
| Menard       |     |      |     |    |    |    | 2    |     |

|                |    |   |    |   |    |    |     |    |
|----------------|----|---|----|---|----|----|-----|----|
| Mercedes       |    |   | 6  |   | 1  | 2  | 2   |    |
| Meridian       |    |   |    |   |    |    | 1   |    |
| Merkel         |    |   | 1  |   |    |    | 1   |    |
| Mesquite       | 7  | 1 | 49 | 6 | 12 | 18 | 93  | 1  |
| Mexia          | 3  |   | 4  |   |    |    | 23  |    |
| Midland        | 2  | 5 | 33 | 9 | 19 | 18 | 85  |    |
| Midlothian     | 13 |   | 21 | 4 | 7  | 6  | 157 |    |
| Millsap        |    |   |    |   |    |    |     |    |
| Mineola        |    | 2 | 4  |   |    |    | 30  |    |
| Mineral Wells  | 3  |   | 5  | 2 | 1  | 1  | 28  |    |
| Mission        | 8  |   | 35 | 3 | 4  | 11 | 16  |    |
| Missouri City  |    | 5 | 29 | 2 | 3  | 22 | 305 |    |
| Monahans       |    |   | 2  | 1 |    |    | 4   |    |
| Mont Belvieu   |    |   | 2  |   |    | 1  | 1   |    |
| Montgomery     |    | 1 | 11 |   |    | 2  | 32  |    |
| Moody          |    |   |    |   |    |    |     |    |
| Morton         |    |   |    |   |    |    |     |    |
| Moulton        |    |   |    |   |    |    |     |    |
| Mountain Home  |    |   |    |   |    |    |     |    |
| Mt. Enterprise |    |   |    |   |    |    |     |    |
| Mt. Pleasant   | 22 |   | 6  | 4 | 4  | 4  | 14  | 1  |
| Mt. Vernon     |    |   |    |   |    |    | 1   |    |
| Muenster       | 18 |   | 4  |   |    |    | 2   | 3  |
| Muleshoe       | 1  |   | 1  |   |    |    |     | 1  |
| Munday         |    |   |    |   |    |    |     |    |
| Murphy         |    |   | 8  |   |    | 7  | 39  |    |
| N Richland Hls |    |   |    |   |    |    | 21  |    |
| Nacogdoches    | 8  | 1 | 22 | 9 | 9  | 4  | 126 |    |
| Naples         |    |   | 1  |   |    |    |     |    |
| Nassau Bay     |    |   |    |   |    | 1  | 9   |    |
| Navasota       | 95 | 1 | 14 | 1 |    | 1  | 1   | 80 |
| Nederland      |    |   | 8  |   | 2  | 1  | 7   |    |
| Needville      |    |   | 2  |   |    |    | 2   |    |
| New Boston     |    |   | 2  |   |    | 3  | 6   |    |
| New Braunfels  | 16 | 4 | 38 | 9 | 20 | 23 | 264 | 4  |
| New Caney      |    |   | 4  |   |    |    | 1   |    |
| Newton         |    |   | 1  |   |    | 1  |     |    |

|                      |     |    |    |    |    |    |     |     |
|----------------------|-----|----|----|----|----|----|-----|-----|
| Nixon                |     |    |    |    |    |    |     |     |
| Nocona               |     |    | 3  |    |    |    |     |     |
| Normangee            |     |    |    |    |    |    |     |     |
| North Richland Hills | 279 | 3  | 24 | 4  | 6  | 3  | 255 | 28  |
| Northlake            |     |    | 3  |    |    |    | 1   |     |
| Odessa               | 48  | 3  | 43 | 8  | 21 | 10 | 16  |     |
| Olmito               |     |    | 2  |    |    |    | 2   |     |
| Odonnell             |     |    | 1  |    |    |    | 2   |     |
| Olney                |     |    | 2  |    |    |    |     |     |
| Olton                |     |    |    |    |    |    |     |     |
| Onalaska             |     |    |    |    |    |    | 1   |     |
| Orange               |     | 1  | 8  |    |    | 1  | 30  |     |
| Ovalo                |     |    |    |    |    |    | 21  |     |
| Orange Grove         |     |    |    |    |    |    |     |     |
| Ore City             |     |    |    |    |    |    |     |     |
| Overton              |     |    | 4  |    |    |    |     |     |
| Ovilla               |     |    | 1  |    |    |    | 24  |     |
| Ozona                |     |    | 1  |    |    |    |     |     |
| Paige                |     |    |    |    |    |    | 1   |     |
| Paducah              |     |    |    |    |    |    |     |     |
| Palacios             |     |    | 1  |    |    |    |     |     |
| Palestine            | 2   | 7  | 13 | 2  | 4  | 2  | 14  | 1   |
| Palmhurst            |     |    |    |    |    |    |     |     |
| Palmview             |     |    | 1  |    |    |    |     |     |
| Pampa                |     |    | 6  | 4  |    |    | 44  |     |
| Panhandle            |     |    | 1  |    |    |    |     |     |
| Pantego              |     |    |    |    |    |    | 116 |     |
| Paris                | 2   | 4  | 12 | 4  | 6  | 2  | 27  |     |
| Pasadena             | 215 | 5  | 60 | 12 | 11 | 28 | 66  | 138 |
| Pearland             | 18  | 42 | 69 | 10 | 28 | 27 | 876 |     |
| Pearsall             |     | 1  | 7  |    | 1  |    | 1   |     |
| Pecos                |     |    | 3  | 2  | 5  |    | 9   |     |
| Penitas              |     |    | 1  |    |    |    |     |     |
| Perryton             |     |    | 7  |    |    |    | 1   |     |
| Pflugerville         |     | 1  | 20 | 2  | 13 | 5  | 290 |     |
| Pharr                |     |    | 15 |    | 1  | 8  | 29  |     |
| Pinehurst            |     |    | 1  |    |    |    | 1   |     |
| Pilot Point          |     |    |    |    |    |    | 3   |     |
| Pineland             |     |    |    |    |    |    |     |     |
| Pipe Creek           |     |    |    |    |    |    | 21  |     |

|                    |      |    |     |    |    |    |      |     |
|--------------------|------|----|-----|----|----|----|------|-----|
| Pittsburg          |      |    | 6   |    |    | 1  | 23   |     |
| Plains             |      |    |     |    |    |    |      |     |
| Plainview          | 1    |    | 11  | 2  | 1  | 2  | 6    | 1   |
| Plano              | 1467 | 93 | 189 | 70 | 71 | 62 | 2241 | 460 |
| Pleasanton         |      |    | 5   | 1  |    | 1  | 4    |     |
| Port Aransas       |      |    | 1   |    |    |    | 1    |     |
| Port Arthur        | 32   | 2  | 14  | 3  | 3  | 3  | 45   |     |
| Port Isabel        |      |    |     |    |    |    |      |     |
| Port Lavaca        | 11   |    | 5   | 1  |    | 2  | 14   |     |
| Port Neches        |      |    | 1   | 1  |    | 1  | 9    |     |
| Porter             |      |    | 12  | 1  | 1  | 3  | 3    |     |
| Portland           |      | 2  | 6   |    |    | 6  | 6    |     |
| Post               |      |    | 1   |    |    | 1  |      |     |
| Poteet             |      |    |     |    |    |    | 1    |     |
| Poth               |      |    |     |    |    |    | 21   |     |
| Pottsboro          |      |    |     |    |    |    |      |     |
| Premont            |      |    |     |    |    |    |      |     |
| Presidio           |      |    | 3   |    | 1  |    | 1    |     |
| Princeton          |      |    |     |    |    |    | 2    |     |
| Prosper            |      |    | 12  | 4  |    | 9  | 74   |     |
| Providence Village |      |    |     |    |    |    | 1    |     |
| Quanah             |      |    | 2   |    |    |    |      |     |
| Quinlan            |      |    | 1   |    |    |    | 1    |     |
| Quitman            |      |    | 6   | 1  |    |    | 2    |     |
| Ranger             |      |    | 1   |    |    |    |      |     |
| Rancho Viejo       |      |    |     |    |    |    |      |     |
| Raymondville       |      |    | 3   |    | 2  | 1  | 1    |     |
| Red Oak            |      |    | 9   |    | 4  |    | 10   |     |
| Refugio            |      |    | 2   |    |    |    | 2    |     |
| Rhome              |      |    | 1   |    |    |    | 65   |     |
| Richardson         | 120  | 37 | 71  | 12 | 13 | 21 | 744  |     |
| Richland Hills     |      |    |     |    | 1  | 1  | 2    |     |
| Richmond           | 46   | 18 | 26  | 4  | 15 | 14 | 230  |     |
| Rio Grande City    | 1    | 4  | 8   | 4  | 2  | 4  | 9    | 1   |
| Rio Hondo          |      |    |     |    |    |    |      |     |
| Rising Star        |      |    |     |    |    |    |      |     |
| River Oaks         |      |    |     |    |    |    | 15   |     |
| Roanoke            |      | 1  | 2   |    |    |    | 28   |     |
| Robinson           |      |    |     |    |    |    | 32   |     |

|               |      |     |     |     |     |     |      |      |
|---------------|------|-----|-----|-----|-----|-----|------|------|
| Robstown      |      |     | 3   |     |     | 2   | 1    |      |
| Roby          |      |     |     |     |     |     |      |      |
| Rockdale      |      |     | 2   |     |     |     | 2    |      |
| Rockport      |      |     | 1   | 1   |     | 1   | 5    |      |
| Rocksprings   |      |     | 1   |     |     |     |      |      |
| Rockwall      | 129  | 6   | 23  | 10  | 16  | 13  | 257  |      |
| Rollingwood   |      |     |     |     |     |     | 5    |      |
| Roscoe        |      |     |     |     |     |     | 1    |      |
| Roma          |      |     | 1   |     |     | 3   |      |      |
| Rosebud       |      |     | 1   |     |     |     | 12   |      |
| Rosenberg     |      | 1   | 11  |     | 1   | 2   | 71   |      |
| Rosharon      |      |     |     |     |     | 1   | 23   |      |
| Rotan         | 2    |     | 1   |     |     |     |      |      |
| Round Rock    | 413  | 54  | 78  | 14  | 54  | 47  | 1149 | 200  |
| Rowlett       | 161  |     | 14  | 4   | 4   | 2   | 82   | 94   |
| Royse City    |      |     | 5   |     |     | 1   | 6    |      |
| Rusk          |      |     | 4   |     | 1   | 1   | 10   |      |
| Sabinal       |      |     | 1   |     |     |     |      |      |
| Sachse        | 2    |     | 3   |     |     |     | 45   |      |
| Saginaw       |      |     | 1   |     |     | 1   | 13   |      |
| Saint Jo      |      |     | 1   |     |     |     |      |      |
| Salado        |      |     | 2   |     |     |     | 2    |      |
| San Angelo    | 56   | 3   | 34  | 6   | 19  | 11  | 252  | 25   |
| San Antonio   | 2115 | 270 | 479 | 217 | 287 | 206 | 6074 | 1086 |
| San Augustine | 1    |     | 3   |     |     |     | 1    |      |
| San Benito    |      |     | 6   |     |     | 1   | 8    |      |
| San Diego     |      |     |     |     |     |     |      |      |
| San Elizario  |      |     | 1   |     |     |     |      |      |
| San Juan      |      |     | 5   |     | 2   | 2   | 7    |      |
| San Marcos    | 6    | 2   | 26  | 3   | 11  | 5   | 239  | 1    |
| San Saba      |      |     | 2   |     |     |     | 1    |      |
| Sanderson     |      |     | 1   |     |     |     |      |      |
| Sanger        |      |     | 1   |     |     |     | 21   |      |
| Santa Fe      |      |     | 1   |     |     |     | 2    |      |
| Santa Rosa    |      |     | 2   |     | 2   |     | 21   |      |
| Santo         |      |     |     |     |     |     |      |      |
| Schertz       | 8    | 1   | 13  |     | 20  | 15  | 161  | 5    |
| Schulenburg   |      |     | 1   |     |     | 1   | 9    |      |
| Scroggins     |      |     |     |     |     |     |      |      |
| Seabrook      |      | 1   | 3   |     |     |     | 2    |      |
| Seagoville    |      |     | 1   |     |     |     |      |      |

|                    |     |    |    |    |    |    |      |     |
|--------------------|-----|----|----|----|----|----|------|-----|
| Sealy              |     |    | 1  |    |    |    | 1    |     |
| Seguin             | 169 | 1  | 20 | 8  | 4  | 3  | 52   | 155 |
| Selma              |     |    |    |    |    |    | 3    |     |
| Seminole           | 22  |    | 1  | 1  |    |    | 1    | 21  |
| Seven Points       |     |    |    |    |    |    |      |     |
| Seymour            | 4   |    | 1  |    |    | 1  |      |     |
| Shady Shores       |     |    |    |    |    |    |      |     |
| Shallowater        |     |    | 1  |    |    |    |      |     |
| Shamrock           |     |    | 1  |    |    |    | 1    |     |
| Shavano Park       |     | 1  |    |    |    |    | 74   |     |
| Shenandoah         |     | 8  | 58 | 10 | 24 |    | 90   |     |
| Shepherd           |     | 1  |    |    |    |    | 2    |     |
| Sherman            | 17  | 5  | 27 | 4  | 6  | 9  | 105  |     |
| Shiner             |     |    | 1  | 1  |    |    | 2    |     |
| Sierra Blanca      |     | 1  |    |    |    |    | 1    |     |
| Silsbee            |     |    | 2  |    |    |    | 7    |     |
| Silverton          |     |    |    |    |    |    |      |     |
| Sinton             |     |    | 2  |    |    | 2  | 1    |     |
| Slaton             |     |    |    |    |    |    |      |     |
| Smithville         | 9   |    | 5  |    |    |    | 1    | 7   |
| Snyder             | 20  |    | 1  |    |    |    | 2    | 1   |
| Socorro            |     |    | 2  |    | 4  | 3  | 3    |     |
| Somerset           |     |    | 1  |    |    |    | 1    |     |
| Somerville         |     |    | 1  |    |    |    |      |     |
| Smyrna             |     |    |    |    |    |    |      |     |
| Socorro            |     |    | 2  |    |    | 3  | 3    |     |
| Sonora             |     |    | 3  |    |    |    | 3    |     |
| South Houston      |     |    |    |    |    |    | 1    |     |
| South Lake         |     |    | 1  |    |    |    | 2    |     |
| South Padre Island |     |    | 2  |    |    |    |      |     |
| Southlake          | 366 | 6  | 39 | 4  | 2  | 10 | 933  |     |
| Spearman           |     |    | 3  |    | 2  |    |      |     |
| Splendora          |     |    | 1  |    |    |    |      |     |
| Spicewood          |     | 2  |    |    |    | 2  | 9    |     |
| Spring             |     | 25 | 75 | 3  | 6  | 26 | 1277 |     |
| Spring Branch      |     |    | 6  | 1  | 3  |    | 38   |     |
| Springtown         |     |    | 1  |    |    |    | 1    |     |
| Spur               |     |    | 1  |    |    |    |      |     |
| Stafford           |     | 2  | 7  |    | 5  | 1  | 221  |     |

|                    |     |     |     |    |    |    |      |     |
|--------------------|-----|-----|-----|----|----|----|------|-----|
| Stamford           |     |     |     |    |    |    | 2    |     |
| Stanton            |     |     | 2   |    |    |    |      |     |
| Stephenville       | 1   |     | 13  | 3  | 4  | 2  | 31   |     |
| Stinnett           |     |     | 1   |    |    |    |      |     |
| Stockdale          |     |     | 1   |    |    |    |      |     |
| Stratford          |     |     | 2   |    |    |    |      |     |
| Streetman          |     |     | 1   |    |    |    |      |     |
| Sudan              |     |     |     |    |    |    |      |     |
| Sugar Land         | 350 | 148 | 162 | 39 | 63 | 70 | 1601 | 257 |
| Sulphur Springs    | 69  | 1   | 9   | 2  | 4  | 2  | 11   | 65  |
| Sumner             |     |     |     |    |    |    | 1    |     |
| Sundown            |     |     |     |    |    |    |      |     |
| Sunnyvale          | 31  |     | 7   | 2  | 1  | 9  | 21   |     |
| Sutherland Springs |     |     |     |    |    |    | 1    |     |
| Sunset Valley      |     |     |     |    |    |    | 1    |     |
| Sunray             |     |     | 1   |    |    |    |      |     |
| Sweeny             | 23  |     | 4   | 2  |    |    | 5    | 7   |
| Sweetwater         |     |     | 5   | 2  |    | 1  | 3    |     |
| Taft               |     | 1   | 1   |    |    |    | 1    |     |
| Tahoka             |     |     | 1   |    |    |    |      |     |
| Tatum              |     |     | 2   |    |    |    |      |     |
| Taylor             | 255 |     | 7   | 1  | 1  |    | 4    | 102 |
| Teague             |     |     | 1   |    |    |    | 1    |     |
| Telephone          |     |     |     |    |    |    |      |     |
| Temple             | 339 | 14  | 85  | 43 | 39 | 29 | 379  | 91  |
| Tenaha             |     |     |     |    |    |    |      |     |
| Terrell            |     | 3   | 8   |    | 1  |    | 59   |     |
| Texarkana          | 5   | 4   | 37  | 11 | 26 | 9  | 67   |     |
| Texas City         |     | 14  | 11  | 2  | 2  | 1  | 52   |     |
| Texline            |     |     |     |    |    |    |      |     |
| The Colony         |     |     | 7   |    |    |    | 13   |     |
| The Hills          |     |     |     |    |    |    |      |     |
| The Woodlands      | 372 | 93  | 53  | 21 | 39 | 40 | 1471 | 254 |
| Thorndale          |     |     | 1   |    | 2  |    |      |     |
| Three Rivers       |     |     |     |    |    |    | 3    |     |
| Throckmorton       |     |     |     |    |    |    | 1    |     |
| Tilden             |     |     |     |    |    |    | 1    |     |
| Tioga              |     |     |     |    |    |    | 1    |     |
| Timpson            |     |     |     |    |    |    |      |     |

|                 |     |    |     |    |    |    |     |     |
|-----------------|-----|----|-----|----|----|----|-----|-----|
| Tomball         | 70  |    | 28  | 5  | 5  | 8  | 50  | 3   |
| Trinidad        |     |    |     |    |    |    |     |     |
| Trinity         |     |    | 1   |    |    |    | 5   |     |
| Trophy Club     |     |    | 4   |    |    | 1  | 6   |     |
| Troup           |     |    |     | 1  |    |    | 1   |     |
| Tulia           | 18  |    | 2   |    |    |    |     |     |
| Tyler           | 193 | 26 | 92  | 38 | 48 | 25 | 348 | 127 |
| Universal City  |     |    | 2   |    |    |    | 90  |     |
| Utopia          |     |    | 1   |    |    |    |     |     |
| University Park |     |    |     |    |    |    | 1   |     |
| Uvalde          | 3   | 1  | 8   | 2  | 1  |    | 4   |     |
| Valley View     |     |    |     |    |    |    |     |     |
| Van             |     |    |     |    |    |    | 1   |     |
| Van Alstyne     |     |    | 5   |    |    | 1  | 1   |     |
| Van Vleck       |     |    | 2   |    |    |    |     |     |
| Van Horn        |     |    |     |    |    |    |     |     |
| Vanderpool      |     |    |     |    |    |    | 1   |     |
| Vernon          |     |    | 1   | 1  |    | 1  | 23  |     |
| Victoria        | 101 | 6  | 39  | 15 | 10 | 16 | 220 | 3   |
| Vidor           |     |    | 1   |    |    |    | 2   |     |
| Vinton          |     |    |     |    |    |    |     |     |
| W Lake Hills    |     |    |     |    |    |    | 3   |     |
| Waco            | 264 | 7  | 122 | 24 | 53 | 27 | 423 | 85  |
| Waelder         |     |    | 1   |    |    |    |     |     |
| Waller          |     |    |     |    |    | 3  | 2   |     |
| Wallis          |     |    |     |    |    |    |     |     |
| Waskom          |     |    |     | 1  |    |    | 1   |     |
| Watauga         |     |    | 4   |    |    |    | 19  |     |
| Waxahachie      |     | 3  | 26  | 12 | 12 | 7  | 144 |     |
| Weatherford     | 157 | 3  | 17  | 4  | 3  | 3  | 127 | 20  |
| Webster         | 37  | 1  | 51  | 11 | 38 | 18 | 226 |     |
| Weimar          |     |    | 3   |    |    |    | 3   |     |
| Wellington      |     |    | 1   |    |    |    | 1   |     |
| Weslaco         | 9   |    | 26  | 1  | 6  | 8  | 15  | 1   |
| West            |     |    | 2   |    |    |    | 2   |     |
| West Columbia   |     |    | 4   |    |    |    | 5   |     |
| West Lake Hills |     | 9  | 7   | 2  | 1  | 1  | 289 |     |
| Westlake        |     |    |     |    |    |    | 1   |     |

|                   |     |   |    |   |    |    |     |    |
|-------------------|-----|---|----|---|----|----|-----|----|
| Westworth Village |     |   |    |   |    |    | 1   |    |
| Wharton           |     |   | 6  |   | 3  | 2  | 2   |    |
| Whitney           |     |   |    |   |    |    | 27  |    |
| White Oak         |     |   |    |   |    |    | 3   |    |
| Wheeler           |     |   |    |   |    |    |     |    |
| White Settlement  |     |   | 2  |   |    |    | 1   |    |
| Whitehouse        |     |   | 1  |   |    |    | 1   |    |
| Whitesboro        |     |   | 2  |   |    |    | 5   |    |
| Whitewright       |     |   | 1  |   |    |    |     |    |
| Whitney           |     |   | 3  |   |    |    | 2   |    |
| Wichita Falls     | 37  | 5 | 26 | 6 | 12 | 11 | 165 | 2  |
| Willis            |     |   | 4  | 1 | 1  |    | 3   |    |
| Willow Park       |     | 1 | 6  | 1 | 8  | 3  | 12  |    |
| Wills Point       |     |   |    |   |    |    | 4   |    |
| Wimberley         |     | 1 | 3  |   |    | 2  | 68  |    |
| Windcrest         |     |   |    |   |    |    | 22  |    |
| Winnie            |     |   | 2  |   |    |    |     |    |
| Winnsboro         | 190 |   | 4  | 1 |    | 1  | 2   | 57 |
| Winona            |     |   |    |   |    |    |     |    |
| Winters           | 2   |   | 1  |   |    |    |     |    |
| Wolfforth         |     |   | 1  |   |    | 1  |     |    |
| Woodsboro         |     |   |    |   |    |    |     |    |
| Woodville         | 9   |   | 2  |   |    | 2  | 5   |    |
| Woodway           |     | 1 | 2  |   |    | 2  | 6   |    |
| Wortham           |     |   | 1  |   |    |    |     |    |
| Suite 201         |     |   |    |   |    |    |     |    |
| Wylie             |     |   | 9  |   |    | 9  | 122 |    |
| Yoakum            | 6   |   | 3  |   | 1  |    | 11  | 1  |
| Yorktown          |     |   |    |   |    |    | 2   |    |
| Zapata            |     | 3 | 2  |   | 2  | 1  | 6   |    |
| Zavalla           |     |   |    |   |    |    |     |    |

**Important note:**

Although health care services may be or have been provided to you at a health care facility that is a member of the provider network used by your health benefit plan, other professional services may be or have been provided at or through the facility by physicians and other health care practitioners who are not members of that network. You may be responsible for payment of all or part of the fees for those professional services that are not paid or covered by your health benefit plan unless balance billing for those services is prohibited.

## Learn about our network demographics and local market access plans

We annually report health plan data and information to the Texas Department of Insurance (TDI) to assist the TDI in evaluating the adequacy of our networks. If a waiver or a local market access plan applies to facility services or to internal medicine, family or general practice, pediatric practitioner practice, obstetrics and gynecology, anesthesiology, psychiatry, or general surgery services, you may view the plan information on our website at [http://www.aetna.com/dse/cms/codeAssets/html/Texas\\_Network\\_Adequacy.html](http://www.aetna.com/dse/cms/codeAssets/html/Texas_Network_Adequacy.html)

If you do not have Internet access or prefer a printed copy of the results, contact us at 888-407-0445 or call the Member Services number on the back of your ID card.

## Texas Department of Insurance Notice

You have the right to an adequate network of preferred providers (also known as “network providers”). If you believe the network is inadequate, you may file a complaint with the Texas Department of Insurance. If you relied on materially inaccurate directory information, you may be entitled to have an out-of-network claim paid at the in-network percentage level of reimbursement and your out-of-pocket expenses counted toward your in-network deductible and out-of-pocket maximum. You have the right, in most cases, to obtain estimates in advance:

- From out-of-network providers of what they will charge for their services; and
- From your insurer of what it will pay for the services.

You may obtain a current directory of preferred providers at the following website: [www.aetna.com/docfind](http://www.aetna.com/docfind) or by calling the number on your Aetna ID card (if you’re not yet enrolled, call **1-888-982-3862**) for assistance in finding available preferred providers. If the directory is materially inaccurate, you may be entitled to have an out-of-network claim paid at the in-network level of benefits. If you are treated by a provider or hospital that is not a preferred provider, you may be billed for anything not paid by the insurer.

You can learn more about mediation at the Texas Department of Insurance website: [www.tdi.texas.gov/consumer/cpmmediation.html](http://www.tdi.texas.gov/consumer/cpmmediation.html).

The Sul Ross State University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> 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 the number listed on your ID card at no cost.

### **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.

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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 1-888-407-0445.

If you have questions about our nondiscrimination policy or have a discrimination-related concern that you would like to discuss, please call us at 1-888-407-0445.

*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 **1-888-407-0445** (TTY: **711**).

## Español/Spanish

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-407-0445** (TTY: **711**).

## አማርኛ/Amharic

ልብ ይበሉ: አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ የትርጉም ድጋፍ ሰጪ ድርጅቶች፣ ያለምንም ክፍያ እርስዎን ለማገልገል ተዘጋጅተዋል። የሚከተለው ቁጥር ላይ ይደውሉ **1-888-407-0445** (መስማት ለተሳናቸው: **711**).

## العربية/Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-407-0445** (رقم الهاتف النصي: **711**).

## Bàsòò Wùdù/Bassa

Dè de nià ke dyédé gbo: ɔ jũ ké m̄ dyi Bàsòò-wùdù-po-nyò jũ ni, niì à wuɖu kà kò dò po-poò b̄é m̄ gbo kpáa. Ðà **1-888-407-0445** (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 **1-888-407-0445** (TTY: **711**)。

## فارسی/Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارایه میگردد، با شماره **1-877-407-0445** (TTY: **711**) تماس بگیرید.

## Français/French

Attention : Si vous parlez français, vous pouvez disposer d'une assistance gratuite dans votre langue en composant le **1-877-407-0445** (TTY: **711**).

## ગુજરાતી/Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાકીય સહાયતા સેવા તમને નિ:શુલ્ક ઉપલબ્ધ છે. કોલ કરો **1-888-407-0445** (TTY: **711**).

## Kreyòl Ayisyen/Haitian Creole

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-407-0445** (TTY: **711**).

## Igbo

Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijirị gị. Krọọ **1-888-407-0445** (TTY: **711**).

## 한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-888-407-0445** (TTY: **711**)번으로 전화해 주십시오.

## Português/Portuguese

Atenção: a ajuda está disponível em português por meio do número **1-888-407-0445** (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 **1-888-407-0445** (TTY: **711**).

## اردو/Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت دستیاب ہیں۔ - **1-877-407-0445** (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 **1-888-407-0445** (TTY: **711**).

## Yorùbá/Yoruba

Àkíyèsí: Bí o bá nsọ èdè Yorùbá, ìrànlọ́wọ́ lórí èdè, lófèṣẹ́, wà fún ọ. Pe **1-888-407-0445** (TTY: **711**).

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