The Prescott College plan is underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health® is the brand name for products and services provided by these companies and their applicable affiliated companies.

Student Health Insurance | 2012-2013

Underwritten by:
Aetna Life Insurance Company
Policy #697429

Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
Your student health insurance coverage, offered by Aetna Student Health, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of $100,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (866) 378-8882. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

**WHEN COVERAGE BEGINS**

Insurance under the Policy will become effective at 12:01 a.m. on the later of:
- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Insurance Services, Authorized Agent or University; or
- The day after the date of postmark if the Enrollment Form is mailed.

**IMPORTANT NOTICE** - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Aetna Student Health.

**WHEN COVERAGE ENDS**

Insurance of all Insured Persons terminates at 11:59 p.m. on the earlier of:
- Date the policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

**COVERAGES IS NOT AUTOMATICALLY RENEWED.** Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

**IMPORTANT**

This is just a brief description of your benefits. For a full summary of the plan including refund requests, how to file a claim, mandated benefits and other important information, please visit studentinsurance.wellsfargo.com to view the Student Health Insurance brochure specifically designed for your school.
## PLAN COST

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>ANNUAL 8/1/12 - 7/31/13</th>
<th>FIRST SEMESTER 8/1/12 - 12/31/12</th>
<th>SECOND SEMESTER 1/1/13 - 7/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Enrollment Deadline</td>
<td>7/31/13</td>
<td>12/31/12</td>
<td>7/31/13</td>
</tr>
<tr>
<td>Student</td>
<td>$2,079</td>
<td>$871</td>
<td>$1,208</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,224</td>
<td>$2,190</td>
<td>$3,034</td>
</tr>
<tr>
<td>Per Child</td>
<td>$3,649</td>
<td>$1,530</td>
<td>$2,119</td>
</tr>
</tbody>
</table>

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to Wells Fargo Insurance Services. Rates also include premiums and fees for Accidental Death and Dismemberment, Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

## YOUR HOME PAGE @ AETNA NAVIGATOR

Once you’re a member of the Plan, you have access to Aetna Navigator, your secure member website. It’s packed with personalized benefits and health information.

When you register with Aetna Navigator, you will have your own personal home page to:

- View your most recent claims
- Print a temporary ID card
- See who is covered under your Plan
- Use cost of care tool
- View your health history report which provides your health data in a portable and easy to read format
- And much more!
HOW AND WHEN DO I ENROLL IN THE PLAN?

All students enrolled in the Prescott College residential degree program are required to enroll in the Prescott College Student Accident & Sickness Insurance Plan, described in this brochure. This insurance can be waived by completing the online waiver form on the Prescott College website by clicking on Student Life and following the link to Healthcare/Insurance. (Evidence of comparable coverage must be furnished prior to the beginning of each semester or the student will be insured and liable for the payment of premium to the College. Premium is included in the College fees each semester.)

Students not enrolled in the residential program may contact Wells Fargo Insurance Services USA, Inc. for an enrollment form for coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks.

Withdrawal From School - If you leave Prescott College for reason of a covered accident or sickness, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you were enrolled in this Plan for the term prior to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. Please contact Wells Fargo Customer Care at (800) 853-5899 regarding continuation of coverage.

Aetna Life Insurance Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met.

Eligible students who have a change in status and involuntarily lose coverage under another group insurance plan are also eligible to purchase the Prescott College Student Health Insurance Plan. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends.

Please make sure you understand your school’s credit hour and other requirements for enrolling in this plan. Aetna Student Health reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school’s eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

HOW CAN I LEARN ABOUT PURCHASING ADDITIONAL COVERAGE FOR MYSELF OR MY DEPENDENTS?

Eligible Insured Students may also purchase Dependent coverage at the time of student’s enrollment in the plan, or within 31 days of one of the following qualified events: marriage, birth, adoption or arrival in the U.S. Eligible dependents are the spouse/domestic partner (same or opposite sex) who resides with the Insured Student and unmarried children under 26 years of age who are not self-supporting and reside with the Insured Student. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when Aetna Life Insurance Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student. Dependents must re-enroll when coverage terminates to maintain coverage. To enroll, contact Wells Fargo Insurance Services at (800) 853-5899, 8:30am-5:00pm (M-F).

WHY IS A STUDENT HEALTH INSURANCE PLAN IMPORTANT?

Health care costs are at an all-time high. Do not let an unexpected trip to the doctor or hospital set you back financially. Here are some things to think about:

- If you’re covered as a dependent under your parents’ plan, coverage may end at age 26. Most health plans have age restrictions that limit coverage for dependents, even students. However, under Student Health Insurance plan you’ll be covered for as long as you are registered with the Prescott College as an international student.
- You may not be covered away from home or abroad. If you travel in the U.S. or study abroad, it’s good to know you’re covered if you need health care.
- Your plan may not have network coverage where you attend school. Some plans have network restrictions depending on the area that you are in which can prevent you from seeing a doctor or going to a hospital. With the student insurance plan, you will have coverage and be able to visit a doctor/hospital anywhere in the U.S. or abroad with no network restrictions.

WHERE CAN I GO FOR SERVICE?

You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Provider, you’ll generally have less out of pocket expense for your care. To learn more about Preferred Providers, visit www.aetnastudenthealth.com.

*Preferred providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company, Chickering Claims Administrators, Inc., or their affiliates.
### SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Aggregate Annual Maximum</th>
<th>$100,000 Per Accident or Illness, per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Deductible</td>
<td>$100 per person, per condition</td>
</tr>
</tbody>
</table>

#### INPATIENT HOSPITALIZATION EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Expense</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
<tr>
<td>Intensive Care Unit/Hospital Expense</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
<tr>
<td>Miscellaneous Hospital Expense, Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
<tr>
<td>Physician Hospital Visit Expenses, limited to one visit per day.</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
</tbody>
</table>

#### SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)

<table>
<thead>
<tr>
<th>Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Expense</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
<tr>
<td>Anesthetist &amp; Assistant Surgeon Expense</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
</tbody>
</table>

#### OUTPATIENT EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s Office Visits Expense, limited to one visit per day.</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
<tr>
<td>Emergency Room Visit Expense, use of the emergency room and supplies. Co-pay/ Deductible waived if admitted.</td>
<td>80% of the Negotiated Charge after a $100 Co-pay per visit</td>
<td>80% of the Recognized Charge after a $100 Deductible per visit</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% of the Negotiated Charge</td>
<td>60% of the Recognized Charge</td>
</tr>
</tbody>
</table>

#### MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

<table>
<thead>
<tr>
<th>Description</th>
<th>Preferred Care</th>
<th>Non-Preferred Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mental Health, Alcohol and Substance Abuse Expense, payable up to a maximum of 5 days per Policy Year</td>
<td>80% of the Negotiated Charge</td>
<td>80% of the Recognized Charge</td>
</tr>
<tr>
<td>Outpatient Mental Health, Alcohol and Substance Abuse Expense, limited to a maximum of 15 visits per Policy Year</td>
<td>80% of the Negotiated Charge after a $25 Co-pay per visit</td>
<td>80% of the Recognized Charge after a $25 Co-pay per visit</td>
</tr>
</tbody>
</table>
This plan will not pay more than the overall maximum benefit of $100,000 during the plan year. Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.

- If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at the Student Affairs Office or contact us at (800) 853-5899.

Please read the Prescott College brochure located at studentinsurance.wellsfargo.com carefully before enrolling. While this document and the Prescott College brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.

If you have a pre-existing condition, this plan may not pay for the coverage of this condition for up to the first six months of coverage. For more information on pre-existing condition limitations and other plan exclusions, limitations and benefit maximums, please refer to the Prescott College Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person.

The pre-existing condition exclusion does not apply to pregnancy or an insured person who is under age 19.

Travel assistance services are offered by vendors who are independent contractors and not employees or agents of Chickering Claims Administrators, Inc., Aetna Life Insurance or their affiliates. Chickering Claims Administrators Inc. (CCA) provides access to certain Accidental Death and Dismemberment (AD&D); Medical Evacuation/ Repatriation (MER); Natural Disaster and Political Evacuation (NDPE); and Worldwide Emergency Travel Assistance (WETA) coverages and services through a contractual relationship with On Call International, LLC (OnCall). Unless provided by Aetna Life Insurance Company, AD&D coverage is underwritten by United States Fire Insurance Company (USFIC). MER coverage is underwritten by Virginia Surety Company (VSC). NDPE coverage and services are underwritten by an insurer contracted with On Call. These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.
EXCLUSIONS AND LIMITATIONS

This list is only a partial list. Please refer to the School’s Brochure available at www.aetnastudenthealth.com for a complete list of exclusions.

This Policy does not cover nor provide benefits for:

1. Expense incurred for services normally provided without charge by the Policyholder’s Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury unless otherwise covered in this Plan.
3. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
4. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers’ Compensation or Occupational Disease Law.
5. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
6. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
7. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to: (a) Improve the function of a part body that: is not a tooth or structure that supports the teeth; and is malformed: as a result of a severe birth defect, including harelip, webbed fingers or toes, or as direct result of: disease or surgery performed to treat a disease or injury; (b) Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this Policy. Surgery must be performed in the calendar year of the accident which causes the injury or in the next calendar year.
8. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
9. Expense incurred for voluntary or elective abortions unless otherwise provided in this Policy.
10. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
12. Expense for allergy serums and injections.
13. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
14. Expense incurred for which no member of the covered person’s immediate family has any legal obligation for payment.
15. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
   • by whom they are prescribed; or
   • by whom or by which they are performed.
17. Expenses incurred for gynecal mastectomy (male breasts).
18. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person’s home country; if the covered person’s home country has a socialized medicine program.
19. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
20. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
21. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
22. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
23. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
24. Expense for incidental surgeries; and standby charges of a physician.
25. Expense for treatment and supplies for programs involving cessation of tobacco use.
26. Expense incurred as a result of dental treatment; including extraction of wisdom teeth; except for treatment resulting from injury to sound natural teeth; as provided elsewhere in this Policy.
27. Expense incurred for injury resulting from the plan or practice of intercollegiate sports (participating in sports clubs; or intramural athletic activities; is not excluded).
28. Expenses incurred for massage therapy.
29. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
30. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
31. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
32. Expenses arising from a pre-existing condition.
33. Expenses for routine physical exams; including expenses in connection with well newborn care; routine vision exams; routine dental exams; routine hearing exams; immunizations; or other preventive services and supplies; except to the extent coverage of such exams; immunizations; services; or supplies is specifically provided in the Policy.
34. Expenses for charges for or related to artificial insemination; in-vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion unless specifically provided for in this policy.

Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Policy; or coverage of the charges is required under any law that applies to the coverage. If any discrepancy exists between this pamphlet and the Master Policy, the Master Policy will govern and control the payment of benefits.
Wells Fargo Insurance Services USA, Inc. Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

Claims Administered by:
Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 574-8328 (toll-free)
www.aetnastudenthealth.com

Emergency Travel Assistance:
On Call International 24/7 Emergency Travel Assistance Services
(866) 525-1956 (within U.S.)
If outside the U.S., call collect by dialing the U.S. access code plus
(603) 328-1956
www.aetnastudenthealth.com

Preferred Provider:
Aetna Preferred Provider Network
(866) 574-8328 (toll-free)

24-Hour Nurse Advice:
Aetna Informed Health® Line
(800) 556-1555

Prescriptions:
Aetna Pharmacy Management
(888) 792-3862

The Plan Administered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
AZ License No. 98985
10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670
(800) 853-5899
Fax: (877) 612-7966
studentinsurance.wellsfargo.com

This material is for information only. Health/Dental insurance plans contain exclusions, benefit maximums and limitations. The plan will pay benefits in accordance with any applicable Arizona insurance law. If any discrepancy exists between this pamphlet and the Master Policy/Group Agreement, the Master Policy/Group Agreement will govern and control the payment of benefits. Information is believed to be accurate as of the production date; however, it is subject to change. Policy forms issued in OK include: GR-96134.

Notice: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Important Note
The Prescott College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies and their applicable affiliated companies.