

OLD DOMINION UNIVERSITY

Memorandum of Agreement Contract No. 09-221-0010-CCC

This Memorandum of Agreement (the "Agreement") entered into by and between (hereinafter the "Contractor"), and Old Dominion University (hereinafter the "Client" or "ODU" or "Old Dominion University").

- I. WITNESSETH** that Chickering Claims Administrators, Inc., on behalf of itself and its applicable affiliates (together, "Aetna Student Health" or "Contractor"), and the Client, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

II. PERIOD OF PERFORMANCE:

The contract period shall commence on **August 01, 2009** and will be in effect through July 31, 2010.

Upon mutual agreement between both the Contractor and the Client, this contract and subsequent period(s) of performance may be renewed for up to four (4) additional one (1) year periods.

The Contractor agrees that as part of this agreement, Contractor's response and to the Client's IFB #09-221-0010-CCC, including any and all associated terms and conditions, scope of service, and related pricing for same shall remain in effect throughout any and all "periods of performance", unless otherwise modified.

III. CONTRACT AGREEMENT:

Client and Contractor agree that this Agreement clarifies certain aspects of the administration of the health insurance plan purchased by Client and underwritten by Aetna Life Insurance Company. However, Client and Contractor specifically understand and acknowledge that the health insurance plan to be offered by Contractor is described in various insurance policy and related documents required to be filed in and approved by the Commonwealth of Virginia (the "Filed Documents"). The parties intend for this Agreement to be consistent with the terms of the Filed Documents and that any inconsistency between this Agreement and any Filed Document should be reconciled wherever possible (and as permitted by state law) so as to give full force and effect to both the terms of this Agreement and the Filed Documents. However, in the event of an irreconcilable conflict between the terms of this Agreement and the Filed Documents, the terms of the Filed Documents shall govern.

The contract agreement shall consist of the following documents:

- (1) The Master Policy issued by Aetna Life Insurance Company to Client (the "Master Policy"), as well as any related Filed Documents applicable to Client.
- (2) This Agreement and any exhibits hereto.

IV. SCOPE OF SERVICES:

The Contractor shall provide to the Client, a international student health insurance plan for the Client's International students of Old Dominion University all in accordance with the information and requirements contained in the original Request for Proposal #09-221-0010-CCC, the original response to same by the Contractor to include all additional and clarification documents provided, and all addendum and negotiated changes accepted by the Client.

- a. Services shall include the following components:

1. Due care and diligence have been used in the preparation of these specifications and the information contained therein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures, and the verification of all information presented herein, shall rest solely upon the Contractor.

2. The Contractor or its agent shall have a representative(s) available to provide information during all orientation and registration sessions as requested and to assist with international student orientations up to twice a year.
3. No Evidence of Insurability shall be required by the contractor. Only primary insurance shall be considered. Premium rates shall be the same regardless of age or gender. The Client will not consider a plan where premiums are based on age groupings. All students enrolled in the insurance programs shall be provided an identification card and a Certificate (policy) Booklet.
4. Master Policy Language modifications will be allowed, if permitted by law:
 - a. As a result of a Federal Law or new regulation or
 - c. If the change is agreed to by both the Client and the Contractor, in writing.

All adjustments in premiums and/or changes in policy language, along with appropriate documentation must be received by the Client's Contract Administrator 90 days prior to each renewal period.

5. The Contractor should obtain consistency in printed materials from year to year, especially with respect to spacing, wording, and overall organization of materials sent to students.
6. The Contractor shall administer benefits in accordance with the Master Policy and as required by applicable law. The contract shall comply with the Health Insurance Portability and Accountability Act of 2003.
7. All existing conditions now covered by the current insurer or any credible insurance coverage will be grandfathered into any program for the insurance year 2009-2010 and beyond, and will not be viewed as a preexisting condition, provided the student maintains continuous enrollment in the Client's international student health insurance plan or continuous coverage from another credible insurer. The 2009-10 plan will be consistent with the 2008-09 plan, subject to any plan modifications agreed to by Old Dominion University. The Master Policy shall be consistent with documents filed with and approved by the Commonwealth of Virginia, as applicable, and shall meet all applicable federal and Virginia State insurance regulations. The plan shall cover pre-existing conditions with no waiting period.
8. The Contractor shall not discriminate against students or their eligible dependents on the basis of sex, race, national origin, age, disability, sexual orientation, religion, veteran status, or pregnancy.
9. Mandatory coverage for all internationals which will be defined as:
 - a. Non-immigrant students F-1 and J-1 Graduate, Undergraduate and English Language Center;
 - b. Non-immigrant Scholars/Faculty (J-1 non students) who are employed at less than full-time status or on visiting appointments not funded by the Client or Old Dominion University Research Foundation;
 - c. Non-immigrant student on Optional Practical Training (OPT) or Academic Training. (at the students option – maybe obtained from the student's current employer);
 - d. Dependents of the above described category of non-immigrants.

Waiver for coverage may only be considered if student is sponsored by employer paying insurance coverage, government sponsored student, U.S. government sponsored students who have insurance that is greater than ALL the insurance benefits required by ODU.
10. Dependents may be added to the student or scholar's insurance within the first 30 days of their arrival in the US prior to the new enrollment date.

11. Contractor shall keep separate accounting records of its operation under this contract in accordance with industry standards. ODU may have the right, upon at least two (2) weeks prior written notice to Contractor, during normal business hours, to request to examine and audit the books and accounts as they pertain to this contract. Contractor agrees to cooperate reasonably with ODU in such examination or audit, provided that all audit costs of ODU shall be borne by ODU. Any on-site audits shall take place at Contractor's Cambridge, Massachusetts, location or such other location that may be agreed to by Contractor.

12.

Copies of the most recent utilization reports, in Contractor's standard format, will be provided, upon request by Old Dominion University.

13. Provide a comparison of usual and customary chart. U&C information provided below is current as of February 16, 2009

Diagnosis or Procedure	ICD-9 Code	CPT code	U&C
Appendicitis	541, 542	44970 (Appendectomy- Lap)	\$1,718.50
Pregnancy	V22.2, V72.40	59409- Vag del	\$1,791.22
		59400- Total OB	\$3,429.99
		59514- C-sec del	\$2,259.50
Cholecystitis	575	47480-Cholecstotomy-Acute	\$2,650.30
Urinary Tract Infection	599.0	81000	\$20.31
Thin Prep Pap Smear		88142	\$61.98
Chlamydia	079.98	87110 (culture)	\$65.09
STD R/O	V74.5	87590 (gonorrhea)	\$38.76
I & D Skin Abscess	682.9	10140	\$279.50
Wound Culture	V72.6	87070	\$46.25
Liver Profile	V72.6	80076	\$53.80
Hepatitis B/C Screening	V72.6	86704,	\$71.47
		86706,	\$63.30
		86803,	\$100.06
		87340	\$31.01
Thyroid Profile	V72.6	84439,	\$58.74
		84443,	\$82.24
		84480	\$78.32
		86580	\$25.70
PPD Skin Test			
Chest X- Ray		71010-	\$107.51
		71035	\$117.06

14. Provide directories of PPO network in the area.

15. Contractor must include a no gain no loss provision for those continuous claims which might otherwise be considered pre-existing so long as there has been no break in coverage. therefore, Client students will receive no loss in coverage but will not receive any gain in coverage from the previous policy. Plan will cover pre-existing conditions with no waiting period.

16. The insurance plan shall consist of the following minimum coverages as detailed below:

a. International [Commercial Liability?] Insurance:
 Participants and their dependents are required to have medical insurance coverage with the following minimum benefits:

Medical Benefits (minimum per accident or illness)	\$ 200,000
Repatriation of remains in amount of	\$ 15,000
Expenses associated with medical evacuation of exchange visitor to his/her home country in amount of	\$ 25,000
Deductible not to exceed per accident or illness	\$ 75
Lifetime	\$ 500,000

Sponsors of J programs are to require that their participants (and any dependents entering the United States as holders of a J-2 visa) have insurance in effect during the period of time they are in the sponsor's program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of AA-A or above, an Insurance Solvency International, Ltd. (ISI) rating of AA-I@ or above, a Standard and Poor's Claims Paying Ability rating of AA-A or above, or a Weiss Research Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country. For other options, see 22 CFR 62.14.

For the purpose of the J-1 regulations also discuss coverage through HMOs and self-insurance of the above requirements by federal, state or local government agencies, state colleges and universities, and public community colleges, if permitted by law. Refer to [22 CFR 62.14] for additional information.

b. Intercollegiate Athletics Accident Insurance:

Loss of Life or two or more members	\$10,000
Loss of one member	\$ 5,000
Maximum Medical	\$75,000
(NCAA Catastrophic Policy starts at	\$75,001)
Deductible per injury	\$ 500

Policy should also include provision to revert to primary in instances when student-athletes do not have any personal primary coverage

B. CLAIMS SERVICE SPECIFICATIONS The proposed services shall include the following minimum claims capabilities:

1. Claims Procedure – consist of:

Turnaround Time:

80% of clean claims processed within 5-10 business days*

95% of total claims processed within 25 business days*

*reported as calendar days

All claims received by Aetna Student Health, date stamped the day of receipt which is the basis for calculating claims turnaround time. Turnaround time is the difference between the date that the claim is received and the date that the check is issued.

A clean claim is defined as any claim which is received by Aetna Student Health that can be processed without requesting any additional information from the claimant or provider.

In addition, mail is scanned into the claim processing system within 1 day of receipt.

Accuracy:

98% procedural accuracy for all claims

Procedural Accuracy: Represents the percentage of lines processed correctly. This number is obtained by dividing the number of procedural errors by the number of lines processed.

99% financial accuracy for all claims

Financial Accuracy: Represents the percentage of correct dollars paid out less overpayments and underpayments. This number is obtained by dividing the total overpayments and underpayments by the total dollars processed

2. **Claims Agent - Each member of the Account Management Team is trained on the specifics of the Student Health Insurance Plan. They will also be updated, as necessary, on regulatory changes at both the state and federal levels, so that Old Dominion University staff and students can receive accurate and helpful information throughout the year. This team consists of:**

- **Team Leader, Mary Beth Pierog, who supervises the day-to-day service team;**
- **Account Executive, Marcus Fritsch who works with the ODU on the strategic aspects of the plan, including plan design and service performance;**
- **Account Representative, Ilir Koci, who assists with managing the day-to-day relationship between Old Dominion University and Aetna Student Health's service center;**
- **Customer Service team to answer students', parents' and providers' questions about benefits and claims procedures; and,**
- **team of Claims Examiners to promote prompt and accurate claims processing.**

3. **Claim Submittal - Standards for claim processing vary based on the complexity of the insurance program, including the presence of referral requirements, secondary coverage and benefit design. However, standard plans are managed within the following guidelines:**

80% of clean claims processed within 5-10 business days*

95% of total claims processed within 25 business days*

***reported as calendar days**

Any requests for additional information will be sent within 10 business days and if a claim requires more than 30 days to process the contractor will notify the student by e-mail and provide the status of that claim within 15 business days.

- C. **OTHER AGENCY SERVICE SPECIFICATIONS** The proposed services shall include the following minimum agency capabilities:

1. **Company Representative - Aetna Student Health employs a customer service unit to answer claim and other inquires from students, schools, and/or providers. There are currently 56 customer service representatives servicing our clients, with staff located in both east coast and west coast time zones to support each individual client's needs.**

Customer Service Representatives are available Monday through Friday, 8:00 am to 5:30 pm (Local time-Nationwide) to answer questions from students, parents,

providers and health service staff pertaining to claims status, benefits, and all other issues relating to the school's student health insurance plan. In addition to our customer service representatives, The Old Dominion University account team is available to assist administrators with inquires.

2. License Requirement - Shall be properly licensed to do business in the Commonwealth of Virginia to provide the specified insurance services.
3. Contractor shall employ a minimum of two qualified, licensed principals or account staff designated for this account. Each shall have a minimum of five years experience in commercial lines related to the insurance coverage being purchased. It is preferred broker/agent have either a Chartered Property Casualty Underwriter or Associate in Risk Management designation Contractor will request quarterly claims data from the insurance company and provide resulting information to the Client. Contractor will also maintain data regarding plan design, enrollment, total premium, and year-end claims/loss ratios for 5 years as historical data.
4. Direct contact information with toll-free numbers to Aetna Student Health must be made available to students, scholars and ODU administrators (claims and premiums) as well as a toll-free number to the to any agent responsible for services.. Continued, on-going advocacy role for the students and ODU administrators with assistance to resolve of any problems, concerns or claims from Aetna Student Health, if applicable.
5. Confidentiality - Contractor shall provide copy of any/all confidentiality forms to be used in providing contract services on behalf of clients and likewise for the Client's Contract Administrator.

D. INSURANCE PLANS

Lot No. 1 - BROKER/AGENCY SERVICES FOR INTERNATIONAL STUDENTS

1. Enrollment:

- a. An electronic brochure in English must be provided at the expense of the contractor subject to ODU guidelines outlining the required health benefits and exclusions. An electronic brochure to be submitted no later than 60 days prior to registration period.

Contractor's Plan Pamphlet and Plan Brochure includes information about premiums for students and dependents, definitions, pre-certification requirements, preferred provider network, plan limitations and exclusions, refund policy, terms of coverage, and, if required by state mandate, disclosure information.

Plan Brochure language is subject to review and approval by the Contractor to ensure compliance with the policy filings and other legal or regulatory requirements. A complete description of benefits, limitations and exclusions may be found in the Master Policy. If any discrepancy exists between the Plan Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Other Marketing support provided by the Contractor may include a complete strategy plan that may include but is not limited to the following: the production and placement of advertisements in the campus student newspaper, radio spots, Internet promotions, mailers, posters and orientation activity and giveaways. Contractor will work closely with Client so that appropriate educational marketing vehicles are utilized.

- b. The Contractor or its agent shall make provision for payment of premiums by credit card or checks via online enrollment and provision for payment of premiums on a semester basis.

Contractor receives and processes voluntary or direct payment enrollments on site through the use of a custom built program called the "VE (Voluntary Enrollment)" system. Students enrolling through the VE system, may also choose to submit paper applications, as well as, electronic enrollment via Aetna Student Health's customized web page for each account. Contractor's on-line system allows both Visa and MasterCard payment, but does not currently accept Discover or American Express. The VE system allows all individual payments to be checked online for appropriateness of payment amount and timing. The system will automatically determine if a payment is for the correct rate and if that payment has been submitted to within the approved enrollment period.

- c. The Contractor will collect all premiums from prospective policy holders. The Contractor may arrange for a Client designee to collect premiums (checks only), which will be made payable to the Contractor. Checks collected by the Client's designee will be forwarded to the Contractor. No monies will pass through the Client accounts.
 - d. The Client will link the provider's insurance website with brochure and enrollment information to the International Student and Scholar website. No direct mailings will be required; however, brochures of the approved plan should be printed at the cost of the Contractor and the brochure must be approved by the Client's Contract Administrator in advance of printing.
 - e. Only full-time students at The University are eligible to enroll in the student health insurance plan. However, if the student is taking fewer than full-time credit hours, but is taking the maximum allowed toward graduation (i.e., working on a dissertation and obtains a statement to this effect in writing from the department head), the student shall be considered as full-time and shall be eligible for enrollment in either insurance plan.
 - f. Policy year will be from August 1 to July 31 with continuing students' payments from August 1 to first day of classes for spring semester and from first day of spring semester to July 31. Breakdown of costs for students arriving from May 1 to July 31 is required as well as administrative flexibility for the short-term programs of incoming international students and those in the English Language Center.
2. Claims Assistance:
- a. The Contractor shall provide the Client monthly claims reports showing enrollment data and expenses, and information regarding claims which were denied. The Contractor shall provide detailed information regarding claim breakdown annually. The Contractor shall provide quarterly enrollment lists, and demographics of enrolled students once per semester (twice per year).
 - b. All claims reports shall be available to the Client's Contract Administrator via a web-site or upon request.
3. Website Access: The Contractor shall provide a dedicated website for students, scholars and ODU administrators that is password protected and has all appropriate security of the information will be available. The ability to provide this service must be demonstrated in the proposal with copies of the website, description of information, etc. The ODU administrator will be able to access the following information from this website:
- a. Aggregate claim information;
 - b. Aggregate online enrollment and enrollment updates;
 - c. Verification of enrollment updates provided to administrator via e-mail notification;
 - d. Ordering information materials and forms on line;
 - e. Access to information on emergency assistance services and contacts;
 - f. Any other services.

The website must also contain information for the students and scholars which would include:

- a. Enrollment information;
 - b. Checking on claim filing procedures and status;
 - c. Information on the policy and benefits;
 - d. General healthcare information including links to ODU Student Health Center, ODU Counseling Services, and ODU International Student & Scholar Services;
 - e. Access information on world wide emergency assistance services and contacts;
 - f. Any other services.
4. **BENEFITS and EXCLUSIONS:**

Student Medical Plan

The Plan will always pay benefits in accordance with any applicable Virginia Insurance Law(s).

Plan Maximum	\$200,000 per Accident or Sickness \$500,000 lifetime maximum.	
Plan Deductible	\$75 per Accident or Sickness per Policy Year	
Annual Out-of-Pocket Maximum	Preferred Care: \$685 per Covered Student/person Non-Preferred Care: \$1712.50 per Covered Person	
	Once the Out-of-Pocket Limit has been satisfied; Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year ; up to any benefit maximum that may apply	
Pre-Existing Conditions	Pre-existing conditions will be covered with no waiting period	
Student Health Center Coverage	Services rendered at the Student Health Center, including oral contraceptives, will be covered at 100% including Prescription Drugs, with no Copay/Deductible.	
Inpatient Hospitalization Benefits		
	Preferred Care	Non-Preferred Care
Hospital Room and Board Expense	Preferred Care: 80% of the Negotiated Charge	Non-Preferred Care: 50% of the Reasonable Charge
Intensive Care Unit Expense	Preferred Care: 80% of the Negotiated Charge	Non-Preferred Care: 50% of the Reasonable Charge
Miscellaneous Hospital Expense <i>Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicines (excluding take home drugs) and use of operating room.</i>	Preferred Care: 80% of the Negotiated Charge	Non-Preferred Care: 50% of the Reasonable Charge.
Physician Hospital Visit Expenses <i>(non-surgical services of the Physician or a consulting Physician)</i>	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)		
	Preferred Care	Non-Preferred Care
Surgical Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.

Anesthetist Expense & Assistant Surgeon Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Outpatient Benefits		
<i>Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or out-patient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.</i>		
	Preferred Care	Non-Preferred Care
Physician's Office Visits	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Emergency Care	Preferred Care: 80% of the Negotiated Charge after a \$100 per visit Copay.	Preferred Care: 80% of the Negotiated Charge after a \$100 per visit Copay.
X-Ray and Laboratory Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Hospital Outpatient Department or Walk-in Clinic Visit Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Durable Medical Equipment Expense <i>Coverage for Durable Medical Equipment includes foot orthotics deemed medically necessary to prevent complications of diabetes.</i>	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Physical Therapy Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Chemotherapy Expense	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Diagnostic Testing For Learning Disabilities	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Ambulance Expense	Covered Medical Expenses are payable at 80% of the Actual Charge.	Covered Medical Expenses are payable at 80% of the Actual Charge.
Mental Health and Substance Abuse Benefits		
	Preferred Care	Non-Preferred Care
Inpatient Expense – Mental Health & Substance Abuse	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Outpatient Expense – Mental Health & Substance abuse	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Maternity Benefits		
	Preferred Care	Non-Preferred Care

<p>Maternity Expense <i>In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</i></p>	<p>Preferred Care: 80% of the Negotiated Charge.</p>	<p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
<p>Voluntary Termination of Pregnancy Benefit is limited to \$500 Per Policy Year</p>	<p>Preferred Care: 80% of the Negotiated Charge.</p>	<p>Preferred Care: 80% of the Negotiated Charge.</p>
<p>Women's Health Benefit <i>Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense. Covered Medical Expenses will include mammography for women under 35 for baseline if family history of breast cancer or if deemed medically necessary. Covered Medical Expenses will include repeat mammography for required follow up.</i></p> <p><i>Covered Medical Expenses include an annual Pap Smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap Smears are medically necessary, they will be covered on the same basis as any outpatient expense.</i></p>	<p>Preferred Care: 80% of the Negotiated Charge.</p>	<p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
<p>Prescription Drug Benefit</p>		
<p>Prescription Drug Benefit Services rendered at the Student Health Center, including oral contraceptives, will be covered at 100% including Prescription Drugs, with no Copay/Deductible</p>	<p>Covered Medical Expenses for Prescription Drug Benefits are payable up to a maximum of \$100,000 per Policy Year. This Pharmacy benefit is provided to cover Prescription associated with a covered Sickness or covered Accident occurring during the Policy Year.</p> <p>Preferred Care: 100% of the Negotiated Charge after a \$25 Copay for each Prescription Drug dispensed at a Participating Pharmacy.</p> <p>Non-Preferred Care: 100% of the Reasonable Charge after a \$25 Deductible for each Prescription Drug dispensed at a Non-Participating Pharmacy.</p> <p>Please Note: You are required to pay in full at the time of service for all prescriptions dispensed at a Non-Participating Pharmacy.</p>	

Additional Benefits		
	Preferred Care	Non-Preferred Care
Outpatient Contraceptive Drugs And Devices And Outpatient	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Dental Injury Expense to natural and sound teeth	Covered Medical Expenses will be payable at 80% of the Actual Charge.	Covered Medical Expenses will be payable at 80% of the Actual Charge.
Home Health Care	Preferred Care: 80% of the Negotiated Charge.	Non-Preferred Care: 50% of the Reasonable Charge.
Diabetic Testing Supplies & Outpatient Diabetic Self-Management Education Program	Benefits for Covered Medical Expenses are payable on the same basis as any other Sickness for Medically Necessary diagnosis and treatment. Coverage for insulin, including syringes and diabetic testing supplies are a covered expense under the Prescription Drug portion of the Plan.	
Mastectomy Reconstruction and Prosthetic Expenses	Benefits for Covered Medical Expenses are payable on the same basis as any other Sickness for charges incurred incident to a mastectomy for the initial prosthetic device and for reconstructive surgery. If a mastectomy is performed and there is no evidence of malignancy, coverage is limited to the provision of an initial prosthetic device and reconstructive surgery performed within two years of the mastectomy.	
Osteoporosis Expenses	Benefits for Covered Medical Expenses are payable on the same basis as any other Sickness for the Medically Necessary diagnosis and treatment of osteoporosis for high risk Covered Persons.	
Anesthesia and Hospitalization Expenses For Dental Services	Covered Medical Expenses include charges for general anesthesia and hospitalization performed in connection with non-covered dental services for: <ul style="list-style-type: none"> • Children who are under 8 years of age; and • Persons with medical conditions what would create an undue medical risk if the dental service or surgery is not rendered in a hospital or in a surgery center. Covered Medical Expenses are payable on the same basis as any other expense. 	
Bones and Joints of The Facial Region Expenses	Covered Medical Expenses include charges incurred for diagnostic and surgical procedures involving bones or joints of the facial region when the service is medically necessary to treat conditions caused by congenital or developmental deformity, disease or injury. Covered Medical Expenses are payable on the same basis as any expense.	
Cleft Lip/Cleft Palate	Covered Medical Expenses for charges incurred for the treatment of cleft lip/cleft palate on an inpatient or an outpatient basis are payable on the same basis as any other expense. (Applies to Covered Dependent Children under Age 18)	
Chiropractic Expense (Musculoskeletal Therapy)	Covered Medical Expenses are payable as any other condition.	

Child Health Supervision Services	Covered Medical expenses are payable from the moment of birth to sixteen years of age.
Newborn Hearing Screening Expense	Covered Medical Expenses are payable as any other condition.
Enteral Formulas	<p>Covered Medical Expenses include charges as shown below:</p> <ul style="list-style-type: none"> • Dietary formulas for the treatment of inherited diseases of: <ul style="list-style-type: none"> amino acids; organic acids; carbohydrate or fat metabolism; and malabsorption originating from congenital defects at birth or acquired during the neonatal period. • Low-protein food products for the treatment of inherited diseases of: <ul style="list-style-type: none"> amino acids; and organic acids. • Not covered are expenses incurred for: <ul style="list-style-type: none"> dietary formulas and low-protein food products which are: not prescribed by a physician, and; not accompanied by appropriate documentation; and low-protein food products incurred by a person over the age of 24. <p>Covered Medical Expenses are payable as any other condition.</p> <p>Low protein food products are limited to a maximum benefit of \$2,500 per Policy year. These services are not subject to the pre-existing limitation.</p>
<p><i>Additional Services and Discounts [THIS IS NOT A LEGAL COMMENT. THIS IS WRITTEN LIKE MARKETING MATERIALS. IT USES "YOU" AS THE STUDENT. IT SHOULD BE EDITED TO ELIMINATE THE "YOUS".</i></p> <p>As a participant in the Student Health Insurance Plan, participants can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna and are NOT INSURANCE. Participants are solely responsible for payment at the time of service. Discounts may be provided by vendors who are independent contractors and not employees or agents of Contractor.</p>	
Aetna Vision SM Discount Program	The Aetna Vision discount program helps provide savings on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

Aetna's Informed Health [®] Line	<p>Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year. Participants never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.</p> <p>Participants also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call. Or, to get credible health information online, register for Aetna Navigator[®] (visit www.aetnastudenthealth.com to register), our password-protected member website. After logging in, click on <i>Take Action on Your Health, Treating Illness</i> and then <i>Health A-Z</i>.</p> <p><i>*Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.</i></p>
Fitness Program	<p>Aetna's Fitness Program provides members with access to services provided by GlobalFit™, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services.</p> <p><i>*At some clubs, participation may be restricted to new club members.</i></p>
Aetna Natural Products and Services SM Program	<p>Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.</p>
Health and Wellness Portal	<p>This dynamic, interactive website will provide health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.</p>
eDiets [®]	<p>25% discount on weekly dues for an eDiet membership.</p>
Zagat Survey [®] Healthy Dining	<p>30% discounts on online subscriptions to restaurant and lifestyle guides.</p>
SpaWish [®] Gift Certificate	<p>Spa gift certificates redeemable at a national network of 1,300 day spas.</p>
Mayo Clinic Bookstore.com	<p>Discounts for books on health and wellness.</p>

b. On Call International

Aetna Student Health has contracted with On Call International (On Call) to provide Covered Persons with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits. A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits.

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of Covered Persons, up to a maximum of \$15,000

Medical Evacuation and Repatriation (MER) Benefits.

The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist Covered Persons when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while traveling or on campus)
- Unlimited Return of Mortal Remains (while traveling or on campus)
- \$2,500 Joining of Ill Family Member Accommodations
- Return of Traveling Companion

Worldwide Emergency Travel Assistance (WETA) Services.

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- 24/7 U.S. Nurse Help Line
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.

NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.

Aetna Student Health and On Call are independent contractors and not employees or agents of the other. Aetna Student Health provides access to ADD, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither Aetna Student Health nor any of its affiliates provides or administers ADD, MER or WETA benefits/services and neither Aetna Student Health nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

11. 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).
12. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
13. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
 - by whom they are prescribed; or
 - by whom they are recommended; or
 - by whom or by which they are performed.
14. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if:
 - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature; to substantiate its safety and effectiveness; for the disease or injury involved
 - If required by the FDA; approval has not been granted for marketing
 - A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes
 - The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that:

- The disease can be expected to cause death within one year; in the absence of effective treatment; and
- The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute. If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.

15. Expenses incurred for breast reduction/mastectomy.
16. Expenses incurred for gynecomastia (male breasts).
17. 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.

18. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
19. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
20. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
21. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
22. 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.
23. Expense for incidental surgeries; and standby charges of a physician.
24. Expenses incurred for massage therapy.
25. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
26. 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.
27. Expenses arising from a pre-existing condition except as may be specifically provided in the brochure.
28. Expense incurred for a treatment; service; or supply; which is not medically necessary; as determined by Aetna; for the diagnosis care or treatment of the sickness or injury involved.
29. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss except for the treatment of morbid obesity.
30. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.

The exclusions above reflect standard exclusions and do not include the complete list of exclusions available for use in the Policy. The exclusions above will not apply to the extent that coverage is specifically provided by name in the Master Policy; or coverage of the charges is required under any law that applies to the coverage.

Aetna Student Health is committed to continuing compliance with HIPAA* provisions. Contractor will monitor and review applicable legislation and interpretation in regard to the management of ODU's student health plan program. Aetna Student Health provides HIPPA training for all employees.

*Health Insurance Portability and Accountability Act

d. **Intercollegiate Accident Insurance Plan**

The Plan will always pay benefits in accordance with any applicable Virginia Insurance Law(s)

- Loss of Life or two or more members \$10,000
- Loss of one member \$ 5,000
- Maximum Medical \$75,000
- NCAA Catastrophic Policy at \$75,001
- Deductible per injury \$ 500

Policy will also include provision to revert to primary in instances when student-athletes do not have any personal primary coverage.

V. TERMS AND CONDITIONS:

The following terms and conditions shall remain in effect for the duration of the contract period, including and all renewal periods:

- A. **PURCHASING MANUAL:** This agreement is subject to the provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is normally available for review in the Office of Procurement and, in addition, a copy can be obtained by calling the Office of Procurement (757) 221-4215.
- B. **APPLICABLE LAWS AND COURTS:** This contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with all applicable federal, state and local laws, rules and regulations.
- C. **ANTI-DISCRIMINATION:** Contractor certify to the Client that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §2.2-4311 of the Virginia Public Procurement Act. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia* § 2.2-4300). In every contract over \$10,000, the provisions in 1. and 2. below apply:
 1. During the performance of this contract, the Contractor agrees as follows:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, or disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
 - c. Notices, advertisements, and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
- D. **ETHICS IN PUBLIC CONTRACTING:** Contractor certify that their proposals were made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Bidder, Offeror, supplier, manufacturer or subcontractor in connection with their bid, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present, or promised, unless consideration of substantially equal or greater value was exchanged.

- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: Contractor certify that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- F. DEBARMENT STATUS: Contractor certify that they are not currently debarred by the Commonwealth of Virginia from submitting bids or proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- I. PRECEDENCE OF TERMS: Paragraphs A-J [RENUMBER] of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.
- J. QUALIFICATIONS OF CONTRACTOR: The Client may make such reasonable investigations as deemed proper and necessary, to determine the ability of the Contractor to perform the services/furnish the goods and the Contractor shall furnish to the Client all such information and data for this purpose as may be requested. The Client further reserves to cancel the agreement if the evidence submitted by, or investigations of, such fails to satisfy the Client that such is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.
- K. TESTING AND INSPECTION: The Client reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- L. ASSIGNMENT OF CONTRACT: This Agreement shall not be assignable by the Client, in whole or in part, without the written consent of the Contractor. This Agreement shall not be assignable by the Contractor without the prior written consent of the Client; provided, however, that Contractor may assign or delegate this Agreement, in whole or in part, without Client's consent, to any of Contractor's parents, subsidiaries, affiliates or successor corporations.
- M. CHANGES TO THE CONTRACT: Changes can be made to the contract in any one of the following ways:
1. To the extent permitted by law, the parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
- 2.
- N. TAXES: Sales to the Commonwealth of Virginia are normally exempt from State sales tax. State sales and use tax certificates of exemption, Form ST -12, will be issued upon request. Deliveries against this contract shall usually be free of Federal excise and transportation taxes. The Commonwealth's excise tax exemption registration number is 54-73-0076K.
- P. INSURANCE: By signing and submitting a bid or proposal under this solicitation, the Contractor certifies that if awarded the contract, it will have the following insurance coverages at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with §§ 2.12-4332 and 65.2-800 et seq. of the Code of Virginia. The Contractor further certifies that the Contractor and any subcontractors will maintain these insurance coverages during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

INSURANCE COVERAGES AND LIMITS REQUIRED:

1. Workers' Compensation - Statutory requirements and benefits.
2. Employer's Liability - \$100,000.
2. Commercial General Liability - \$500,000 combined single limit. Commercial General Liability is to include Premises/Operations Liability, Products and Completed Operations Coverage, and Independent Contractor's Liability or Owner's and Contractor's Protective Liability.
3. Automobile Liability- \$500,000 - Combined single limit.

- Q. DRUG-FREE WORKPLACE: During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "*drug-free workplace*" means a site for the performance of work done in connection with a specific contract awarded to a Contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

- R. NONDISCRIMINATION OF CONTRACTORS: Contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, service, or disbursements from an alternative provider.

(i) S

VI. SPECIAL TERMS AND CONDITIONS

- A. ADVERTISING: In the event a contract is awarded for supplies, equipment, or services resulting from this proposal, no indication of such sales or services to the Client will be used in product literature or advertising. The Contractor shall not state in any of its advertising or product literature that the Commonwealth of Virginia or any agency or institution of the Commonwealth has purchased or uses its products or services.
- B. AUDIT: The Contractor shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period subject to the provisions of this Agreement.

- C. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the Client shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- D. CONFLICT OF INTEREST: The Contractor represents to the Client that its entering into this agreement with the Client does not entail any violation of the Virginia Conflict of Interest Act.
- E. RENEWAL OF CONTRACT: This contract may be renewed by the Client upon written agreement of both parties for four (4) successive one-year periods, under the terms of the current contract, and at a reasonable time (approximately 90 days) prior to the expiration.

If during a subsequent renewal period the Client elects to exercise the option to renew the contract for an additional one-year period, the right is reserved to negotiate a price increase / decrease based on immediate past year's claims history, which must be provided by Contractor. In addition, any price modification must be approved by the Client's Contract Administrator and a representative from the Department for Materiel Management. Contract changes will require a written modification or change order under the signature of the Contract Officer. Price increases / decreases may be negotiated only at the time of renewal.

[AETNA STUDENT HEALTH DOES NOT PROVIDE GOODS, EQUIPMENT OR MATERIALS]

- F. INDEPENDENT CONTRACTOR: The Contractor shall not be an employee of the Client, but shall be an independent contractor. The Contractor shall indemnify and hold the Client harmless with respect to all withholding, social security, unemployment compensation and all other taxes or amounts of any kind relating to employment of any labor or other persons providing services to the Client under this agreement. Nothing in this agreement shall be construed as authority for the Contractor to make commitments which shall bind the Client, or to otherwise act on behalf of the Client, except as the Client may expressly authorize in writing.
- G. MINORITY/WOMEN OWNED BUSINESSES SUBCONTRACTING AND REPORTING: Where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the Contractor is encouraged to offer such business to minority and/or women-owned businesses. Names of firms may be available from the buyer and/or from the Division of Purchases and Supply. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the Client the following information: name of firm, phone number, total dollar amount subcontracted and type of product/service provided.

NO PROVISION OF MEDICAL CARE; Client specifically understands and agrees that health care providers participating in Contractor's networks are independent contractors and not employees or agents of Aetna. Contractor does not provide medical or other health care or treatment as it not responsible for outcomes.

VI. COMPENSATION AND METHOD OF PAYMENT:

For services provided herein, the Client will make payments as specified below, to the Contractor within thirty days upon submission of a valid invoice referencing services provided and associated costs. All invoices shall also include the contract number and/or purchase order number.

A. Payment Method:

1. The Contractor shall receive payment directly from the student, who is applying for Student Health Insurance directly. The Contractor shall have a website for students to register and pay the premium and gather other information needed such as claim forms, etc. The

website will also have access for the Client's contract administrator(s) to monitor the payments process;

2. For Athletic, the Client will pay for the Student deductible.

B. Plan:

Plan includes:

- Enrollment Plan Fee Specific, Basic accident/illness (supplemental coverage), \$200,000 per policy year, and \$500,000 per lifetime;
- Plan will cover pre-existing conditions with no waiting period;
- Plan covers intramural and club sports for all International Students;
- Plan covers all intercollegiate sports for all international students up to the NCAA maximum of \$75,000 per injury following a \$500.00 deductible;
- Contractors plan coverage is a 80/20 plan;

C. Rates:

Monthly Insurance Rates:

<u>PREMIUM/ STUDENT</u>	<u>STUDENT/ SPOUSE</u>	<u>STUDENT/ CHILD</u>	<u>STUDENT/ ALL CHILDREN</u>
<u>\$66.00</u>	<u>\$205.00</u>	<u>\$74.00</u>	<u>\$148.00</u>

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

By: *Dale Powell*

Title: *S. Vice President*

Date: *6/30/09*

CLIENT: Old Dominion University

By: *Leek Berry*

Title: *Ex. Director Construction
& Procurement*

Date: *7/6/09*

Aetna Student Health*

Old Dominion University
2009-2010 Policy Year
Student Health Insurance Program Binder

Aetna Student Health* is pleased to offer student health insurance and services to Old Dominion University for the 2009-2010 policy year.

- Old Dominion University commits to market and administer a Student Health Insurance Program for International students and their dependants with Aetna Student Health* for the 2009-2010 policy year. All associated premiums shall be paid by International Students at Old Dominion University.

All insurance coverage is **subject to the terms of the Master Policy** and applicable state filings.

- Plan administration will be provided by Chickering Claims Administrators, Inc.
- Insured Medical plans are underwritten by Aetna Life Insurance Company (ALIC)
- A broker commission of 5% is included for the services of Trawick International Inc.
- Accidental Death and Dismemberment (AD&D) coverage¹ is included in the rates outlined below. AD&D coverage for 2009-10 may be underwritten by Aetna Life Insurance Company or through a relationship with an independently contracted vendor. Further information on AD&D coverage will be provided prior to the start of the plan year. For questions, please call your Account Executive.
- Medical Evacuation/Repatriation coverage¹ is provided through a relationship with OnCall International, Inc. and is underwritten by Virginia Surety Company.

Plan changes for 2009-2010 plan year:

- Increase medical plan maximums to \$200,000 per policy year and \$500,000 per lifetime.
- The plan will cover pre-existing conditions with no waiting period.
- The plan covers intramural and club sports for all International students.
- The plan covers all intercollegiate sports for all international students up to the NCAA maximum of \$75,000 per injury following a \$500 deductible

¹ Medical Evacuation/Repatriation coverages and services are provided through OnCall International Inc. (OnCall). Unless provided by Aetna Life Insurance Company, AD&D coverage is provided by United States Fire Insurance Company (USFIC), through a relationship between Chickering Claims Administrators, Inc. (CCA) and OnCall. CCA and OnCall are independent contractors and are not employees or agents of each other or each other's affiliates.

Prepared by:
Aetna Student Health

Client Initials: _____ **Date:** _____

Medical Plan (Break down by each group)

2009/2010	Monthly Insurance Rate
Student Only	\$66
Spouse Only	\$205
Per Child	\$74
All Children	\$148

No University administration fees are included

Aetna Dental Active PPO Plan*: Old Dominion University will offer Aetna Dental Active PPO Plan as an option for students to purchase on a voluntary basis. Students do not need to be enrolled in the Student Sickness and Accident plan in order to enroll

The availability of the Aetna Dental Active PPO Plan will be included in the pamphlet that is mailed to students, and will be included on the Aetna Student Health /Old Dominion University web page. This plan can be purchased only during the open enrollment period of the student accident & sickness plan.

The monthly cost to enroll in the Aetna Dental Active PPO Plan is as follows:

2009/2010	Monthly Insurance Rate
Student Only	\$25
Spouse Only	\$25.92
Per Child(ren)	\$28.92

*The dental plan is underwritten Aetna Life Insurance Company (ALIC)

Virginia Mandated Offers:

Mandated Offer	Accepted (Y/N)
1. Prescription Contraceptives	Currently offered
2. Morbid Obesity/ Gastric By-Pass Surgery	Currently offered
3. Breast Cancer Transplant	No
4. Domestic Partner	No
5. Child Healthcare Supervision Services	Currently Offered

Prepared by:
Aetna Student Health

Client Initials: _____ Date: _____

Payment Terms

Premium must be paid on a gross basis to Aetna Student Health*; no commissions will be withheld or deducted when remitting premium.

Define Terms (Specific): Old Dominion University students and their dependants will utilize the Aetna Student Health Voluntary Enrollment website when enrolling in the plan. The students will pay premium online via credit card (Visa / Mastercard) or "e" check. There will be no billing schedule required.

All insurance coverage is subject to the terms of the Master Policy and applicable state filings. While the Master Policy remains in force and in the absence of any revision in benefits, change in applicable law, regulations or governmental directive, or other material change in the conditions under which the plan operates, these rates are expected to remain in force until the next policy renewal.

Signed: **Aetna Student Health Client Services Representative**

Name: Marcus Fritsch
Date: 6/3/09
Title: Account Executive

Signed: **Aetna Student Health Underwriting Department Review**

Name: Alena Kazlowski
Date: 06/04/09
Title: Actuarial Analyst

Signed: **Old Dominion University Representative:**

Name: Lick Bens
Date: 7/6/09
Title: Ex. Dir. Construction + Procurement

Original or Revision (Check One) If revised, indicate revision # _____.

*The Old Dominion University Health Insurance Plan (Group Number _474896) (the "Plan") is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies.

**Prepared by:
Aetna Student Health**

Client Initials: _____ Date: _____