

**2007 – 2008**



# **Student Health Insurance Plan**

**Offered by:**

Chickering Benefit Planning Insurance Agency, Inc.

**Administered by:**

Chickering Claims Administrators, Inc.

**Underwritten by:**

Aetna Life Insurance Company (ALIC)

**Policy No. 474876**

## Table of Contents

Where to Find Help.....	3
Policy Period.....	5
Premium Rates.....	5
Rutgers University Student Health Insurance Plan.....	6
Student Coverage.....	6
Enrollment/Waiver Process.....	6
Dependent Coverage.....	7
Premium Refund Policy.....	8
Preferred Provider Network.....	8
Inpatient Admission Pre-Certification Program.....	8
Description of Benefits.....	9
Summary of Benefits Chart.....	10
Additional Services and Discounts.....	25
General Provisions.....	26
Definitions.....	26
Exclusions.....	29
Extension of Benefits.....	33
Termination of Insurance.....	33
Continuation of Coverage.....	33
Claim Procedure.....	34
Complaint and Appeals Procedure.....	34
Prescription Drug Claim Procedure.....	34
Accidental Death and Dismemberment Benefits.....	35
Worldwide Emergency Travel Assistance Services.....	35
Medical Evacuation and Return of Mortal Remains Services.....	35
Important Note.....	36

## Where to Find Help

### Got Questions? Get Answers with Chickering's Aetna Navigator™

As a Chickering student health insurance member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

#### By logging into Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

#### How do I register?

- Go to **www.chickering.com**
- Click on "**Find Your School.**"
- Enter **474876** as the Policy Number.
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

#### Need help with registering onto Aetna Navigator?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **1-800-225-3375**.

#### For questions about:

- Insurance Benefits
- Claims Processing
- Inpatient Admission Pre-Certification
- ID Cards (including lost ID cards)

Please contact:

Chickering Claims Administrators, Inc.

P.O. Box 15708

Boston, MA 02215-0014

(877) 381-3552 or visit **www.chickering.com**, click on "**Find Your School**" enter **474876** as your Policy Number.

**Worldwide Web Access:**

The Chickering Group: [www.chickering.com](http://www.chickering.com)

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. **You do not need an ID card to be eligible to receive benefits.** Prior to receiving your ID card present the provider's office with Chickering's Customer Service number and claims address. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims. You may also print a temporary ID card from Navigator to use until your permanent card arrives.

**For questions about:**

- Enrollment please contact Chickering Customer Service at **(877) 381-3552**
- Eligibility please contact Rutgers University Insurance Office at **(732) 932-8285**

**For questions about:**

- Provider Listings

Please contact:

Chickering Claims Administrators, Inc. at **(877) 381-3552**, or you can use Aetna's online DocFind<sup>®</sup> Service: [www.chickering.com](http://www.chickering.com). Click on "**Find Your School**" enter **474876** as your Policy Number. You can use DocFind<sup>®</sup> to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.

**For questions about:**

- Worldwide Emergency Travel Assistance Services

Please contact:

Assist America, Inc.

**(800) 872-1414** (within U.S.)

If outside the U.S., call collect by dialing the U.S. access code, plus **301-656-4152**.

You can also send an e-mail to: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

## Policy Period

### Students

1. Annual Term: Coverage for all insured students enrolled for the Annual Plan will be effective September 1, 2007 through August 31, 2008.
2. Fall Term Students: Coverage for all insured students enrolled for the Fall Term will be effective September 1, 2007 through January 21, 2008
3. Spring Term Students: Coverage for all insured students enrolled for the Spring Term will be effective January 22, 2008 through August 31, 2008.

### Health Service Plus Plan Fees:

Campus	Fall	Spring
New Brunswick	\$164.25	\$164.25
Camden	\$167.75	\$167.75
Newark	\$140.50	\$140.50

### Premium Rates

#### Plan 1 Premium (\$100,000 Benefit Maximum):

	Annual 901/07-8/31/08	Fall 9/01/07-1/21/08	Spring 1/22/08-8/31/08
Student	\$424	\$180	\$261
Spouse/ Domestic Partner	\$424	\$180	\$261
Per Child	\$424	\$180	\$261

#### Plan 2 Premium (\$250,000 Benefit Maximum):

	Annual 901/07-8/31/08	Fall 9/01/07-1/2108	Spring 1/22/08-8/31/08
Student	\$552	\$231	\$338
Spouse/ Domestic Partner	\$552	\$231	\$338
Per Child	\$552	\$231	\$338

## **Rutgers University Student Health Insurance Plan**

This is a brief description of the Student Health Insurance Plan benefits available to Rutgers University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy; please contact Chickering Claims Administrators, Inc., with any questions. If there are any discrepancies between the Brochure and the Master Policy, the Policy will govern the payment of benefits.

### **Student Coverage**

#### **Eligibility**

All full-time students as part of the health fee will be enrolled in the Health Service Plus Plan. The Health Service Plus Plan provides access to the Rutgers University Health Center on your campus as well as a basic insurance benefit with Covered Medical Expenses reimbursed at 100% of the Negotiated or Reasonable Charge up to \$5,000. Part-time students are not automatically enrolled in the Health Service Plus plan but may enroll on a voluntary basis.

Students also have the option of purchasing additional insurance coverage. Students can choose between Student Health Insurance Plan 1 or Student Health Insurance Plan 2. To be eligible to purchase Plan 1 or Plan 2 the student must meet the eligibility requirements under the Health Services Plus Plan at the beginning of each semester.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Part-time study, independent study, internet classes and television (TV) courses may not fulfill the eligibility requirements that the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium. Such refunds will be pro rated.

#### **Enrollment**

All full-time students as part of the health fee will be enrolled in the Health Service Plus Plan. Part-time students are not automatically enrolled in the Health Service Plus Plan but may enroll on a voluntary basis.

Students also have the option of purchasing additional insurance coverage. Students can choose between Student Health Insurance Plan 1 or Student Health Insurance Plan 2 .

#### **Part time students you may enroll online! Follow the steps described below to enroll yourself and your eligible dependents:**

1. Visit [www.chickering.com](http://www.chickering.com).
2. Click on "**Find Your School**".
3. Type in your school Policy Number, **474876** or search by school name.
4. Once at your school web page, click on the "Enroll" tab and then the link labeled "**Enroll Online for Your Chickering Insurance Plan**".
5. A confirmation E-mail is sent within minutes of enrollment completion.

**Note:** Eligibility as defined by the Brochure and Master Policy is subject to verification by The Chickering Group through the University.

The enrollment deadline dates for each coverage period are as follows:

<b>Enrollment Deadlines</b>	
Annual and Fall Term	10/15/07
Spring Term	3/7/08

## **Dependent Coverage**

### **Eligibility**

Covered students may also enroll their lawful spouse or domestic partner and unmarried dependent children under age 19 who reside with, and are fully supported by the covered student.

Dependent children age 19 and older who meet all the following eligibility criteria may also enroll in or continue coverage under the Plan (1) are less than 30 years of age; (2) not married; (3) have no dependents; (4) reside in NJ or enrolled as a full-time student; and (5) not provided coverage as a named subscriber, enrollee, or covered person under any other health plan. Eligible dependent children losing coverage due to age must request in writing continuation within 30 days of termination.

The annual enrollment deadline is 10/15/07. Applications received after the deadline date will not be accepted, unless there is a significant life change that directly affects his or her insurance coverage. When applying for a life event please attach appropriate documentation providing proof of the loss.

Rutgers University, Chickering Claims Administrators, Inc., or Aetna will not be held liable in the event of late payment, and subsequent cancellation of coverage.

## **Newborn Infant and Adopted Child Coverage**

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth. Benefits are the same coverage level as any Covered Person. At the end of this 31-day period, coverage will cease under the Rutgers University Student Health Insurance Plan. To extend coverage for a newborn past the 31 days the covered student must:

- 1) enroll the child within 31 days of birth; and
- 2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a covered student for 31 days from the moment of placement provided the child lives in the household of the covered student and is dependent upon the covered student for support. Benefits are the same coverage level as any Covered Person. To extend coverage for an adopted child past the 31 days, the covered student must:

- 1) enroll the child within 31 days of placement of such child; and
- 2) pay any additional premium, if necessary, starting from the date of placement.

For further assistance and premium information, please contact Chickering Benefit Planning Insurance Agency, Inc.

## **Premium Refund Policy**

Premium refunds will be issued only if Eligibility requirements are not met each semester, or upon entering the armed forces. Such refunds will be pro-rated. If the student withdraws after the first 31 days of class he/she will remain covered under the Policy for the coverage period that was paid. However use of the health center will terminate.

Pro-rated premium refunds for Dependent coverage will be issued **only** if the student becomes ineligible or his/her coverage terminates.

## **Preferred Provider Network**

The Chickering Group has arranged for you to access a Preferred Provider Network in your local community through Aetna.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of Rutgers University, Chickering Claims Administrators, Inc., or Aetna.

To locate a Preferred Provider, you may contact Chickering Claims Administrators, Inc, at **(877) 381-3552**. You can also obtain information regarding Preferred Providers through the Internet by accessing DocFind<sup>®</sup> at: **www.chickering.com**. Click on "**Find Your School**" enter **474876** as your Policy Number. You can use DocFind<sup>®</sup> to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.

## **Inpatient Admission Pre-Certification Program**

Pre-Admission Certification is designed to help you receive quality cost effective medical care.

- All inpatient admissions, including length of stay, must be certified by contacting Chickering Claims Administrators, Inc.
- Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Health Insurance Plan.
- There is no pre-certification penalty assessed for failure to pre-certify for non-emergency inpatient admissions or provide notification for emergency admissions.

## **Pre-Certification of Non-Emergency Inpatient Admissions**

The patient, Physician, or hospital shall telephone at least five business days prior to the planned admission.

## **Notification of Emergency Admissions**

The patient, patient's representative, Physician, or hospital shall telephone within two business days following admission.

Chickering Claims Administrators, Inc.

Attention: Managed Care Department

P.O. Box 15708

Boston, MA 02215-0014

**(877) 381-3552**

**Hours:** Monday through Friday, 8:30 a.m. to 5:30 p.m. (ET)

## **Pre Existing Conditions Limitation (applies to Plan 1 and Plan 2)**

Pre-existing conditions are not covered, except for individuals who have been continuously insured under major medical coverage for at least 6 consecutive months, or individuals who have been insured under another group policy issued by and Company immediately preceding the individual's effective date under this Certificate, and the Company paid benefits for the pre-existing condition under the preceding group policy.

## **Student Health Services Referral**

A referral for all covered students and dependent spouses is required from your campus Health Services for the following services:

1. consultations with specialists
2. physical therapy and chiropractic services after the 10<sup>th</sup> visit.

Benefits are not payable without a referral. The exception to this rule are when Health Services is closed or the student is 50 miles from campus.

## **Description of Benefits**

### **Health Service Plus Plan**

Payment will be made at 100% of the Negotiated Charge for a Preferred Provider or Reasonable Charge for a Non-Preferred Provider for Covered Medical Expenses incurred for any one Accident or any one Sickness while insured under the Plan, not to exceed an Annual Maximum while continuously insured of \$5,000 for any one covered Accident or any one covered Sickness.

Please note, the Health Service Plus Plan is an excess plan. The plan is secondary to any other valid insurance policy in which you are enrolled. Copays and deductibles under your primary insurance plan may be submitted for covered services under this plan.

### **Student Health Insurance Plan 1**

After a \$250 per condition Deductible, Covered Medical Expenses will be reimbursed at 80% of the Negotiated or Reasonable Charge up to \$10,000, then Covered Medical Expenses will be reimbursed at 100% of the Negotiated or Reasonable Charge not to exceed the Annual Maximum, while continuously insured, of \$100,000 for any one covered Accident or any one covered Sickness.

**Student Health Insurance Plan 2**

After a \$250 per condition Deductible, Covered Medical Expenses will be reimbursed at 80% of the Negotiated or Reasonable Charge up to \$10,000, then Covered Medical Expenses will be reimbursed at 100% of the Negotiated or Reasonable Charge not to exceed the Annual Maximum, while continuously insured, of \$250,000 for any one covered Accident or any one covered Sickness.

In addition to Plan 1 and Plan 2 Annual Maximums the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this brochure for any additional benefit level maximums. The payment of any Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket expense, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

**Summary of Benefits Chart**

The following chart shows a summary of the benefit coverage. The following benefits are subject to the imposition of policy limits and exclusions. All coverage is based on the Reasonable Charge allowance unless otherwise specified.

This Plan always pays benefits in accordance with any applicable New Jersey Insurance Law(s).

	<b><u>Health Services Plus Plan</u></b>	<b><u>Plan 1</u></b>	<b><u>Plan 2</u></b>
<b>Annual Plan Maximum (per condition)</b>	\$5,000	\$100,000	\$250,000
<b>Plan Deductible</b>	\$0	\$250	\$250
<b>Inpatient Benefits</b>			
<b>Hospital Room and Board Expenses including Intensive Care Expenses</b>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge for any overnight stay.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge for the semi-private room rate for an overnight stay.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p><b>Alcohol and Substance Abuse Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge for any overnight stay.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge for the semi-private room rate for an overnight stay.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Miscellaneous Hospital Expenses</b></p> <p>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.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Physician Hospital Visit Expenses</b></p> <p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Routine Newborn Care Expense</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p><b>Physiotherapy Expense</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<b>Surgical Benefits (Inpatient or Outpatient)</b>			
<p><b>Surgical Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Anesthetist Expenses and Assistant Surgeon Expenses</b></p> <p>Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Day Surgery Miscellaneous Expense</b></p> <p>Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, medicines and use of operating room.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

## Outpatient Benefits

Covered Medical Expenses include, but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, physical therapy, clinical lab, radiological facility or other similar facility licensed by the state.

<p><b>Physician's Office Visits Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Emergency Care Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Consultant Expense</b> <i>A referral from Health Services is required. A referral is not required for Dependent Children</i></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Physiotherapy and Chiropractic Expenses</b>  Covered Medical Expenses are payable up to 1 visit per day. A Student Health Center referral is required after the 10<sup>th</sup> visit.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<b>Diagnostic X-Ray Expenses</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge <b>Non-Preferred Care:</b> 100% of the Reasonable Charge	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
<b>Durable Medical Equipment Expenses</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
<b>Radiation Therapy and Chemotherapy Expense</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
<b>Laboratory Expenses</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.	<b>Preferred Care:</b> 100% of the Negotiated Charge up to the Plan Maximum. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge up to the Plan Maximum.	<b>Preferred Care:</b> 100% of the Negotiated Charge up to the Plan Maximum. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge up to the Plan Maximum.
<b>Alcohol and Substance Abuse Expenses</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge for any overnight stay. <b>Non-Preferred Care:</b> 100% of the	<b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to the Plan Maximum.	<b>Preferred Care:</b> 80% of the Negotiated Charge for any overnight stay up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to the Plan Maximum.

<b>Alcohol and Substance Abuse Expenses</b> (continued)	Reasonable Charge for the semi-private room rate for an overnight stay.	<b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay up to \$10,000; 100% thereafter to the Plan Maximum.
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**Mental Health and Substance Abuse Benefits**  
 Biologically based conditions means a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder, ADD/ADHD or autism.  
 Non biologically based conditions means a condition that is not caused by a biological disorder of the brain. Such conditions include but are not limited to anxiety disorder, post traumatic stress disorder.

<b>Inpatient Expenses – Mental Health</b>	<b>Biologically-Based Conditions:</b> <b>Preferred Care:</b> 100% of the Negotiated Charge. <b>Non-Preferred Care:</b> 100% of the Reasonable Charge. <b>Non-Biologically-Based Conditions:</b> <b>Preferred Care:</b> 100% of the Negotiated Charge <b>Non-Preferred Care:</b> 100% of the Reasonable Charge	<b>Biologically-Based Conditions:</b> <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Biologically-Based Conditions:</b> <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Biologically-Based Conditions:</b> <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Biologically-Based Conditions:</b> <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
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Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.

<p><b>Outpatient Expense – Mental Health</b></p>	<p><b>Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.  <b>Non-Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.  <i>Covered Medical Expenses for Non-Biologically-Based Conditions are payable up to a maximum of \$1,000 per Policy Year.</i>  <i>Please note any related prescriptions apply toward this benefit maximum.</i></p>	<p><b>Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.  <i>Covered Medical Expenses for Non-Biologically-Based Conditions are payable up to a maximum of \$2,000 per Policy Year.</i></p>	<p><b>Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Biologically-Based Conditions:</b>  <b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.  <i>Covered Medical Expenses for Non-Biologically-Based Conditions are payable up to a maximum of \$2,000 per Policy Year.</i></p>
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**Maternity Benefits**

Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. 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.

<p><b>Maternity Expense</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
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<b>Maternity Expense</b> (continued)	<b>Non-Preferred Care:</b> 100% of the Reasonable Charge.	<b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
<b>Voluntary Termination of Pregnancy Expense</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.  \$200 maximum per occurrence.	<b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.	<b>Preferred Care:</b> 80% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge.

**Women's Health Benefit Expenses**

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. And in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider. Covered Medical Expenses are payable on the same basis as any X-ray expense.

Covered Medical Expenses include an annual routine Pap smear screening. Covered Medical Expenses are payable on the same basis as any outpatient expense.

<b>Women's Health Benefit Expense</b>	<b>Preferred Care:</b> 100% of the Negotiated Charge.  <b>Non-Preferred Care:</b> 100% of the Reasonable Charge.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.	<b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.  <b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.
<b>Ambulance Expenses</b>	Covered Medical Expenses are payable at 100% of the Reasonable Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.	Covered Medical Expenses are payable at 100% of the Reasonable Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.	Covered Medical Expenses are payable at 100% of the Reasonable Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.

<p><b>Prescription Drug Benefit</b></p> <p><b>Please note:</b> You are required to pay in full at the time of service for all Prescriptions. Please refer to the Prescription Drug Claim Procedure Section of this Brochure for information regarding the claim submission and reimbursement process.</p>	<p>Covered Medical Expenses associated with an Injury are payable at 100%.</p> <p>Please note, this excludes birth control.</p>	<p>Covered Medical Expenses associated with an Injury or Sickness are payable at 100% up to the Plan Maximum.</p> <p>Birth control is covered under Plan 1 and Plan 2 and subject to the deductible.</p>	<p>Covered Medical Expenses associated with an Injury or Sickness are payable at 100% up to the Plan Maximum.</p> <p>Birth control is covered under Plan 1 and Plan 2 and subject to the deductible.</p>
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**Home Health Care Expenses**

“Home Health Care” means those nursing and other home health services rendered to an Insured who is the patient in his/her place of residence, under the following conditions:

1. On a part-time and intermittent basis, except when full-time or 24-hour services are needed on a short-term (no more than 3 days) basis;
2. If continuing Hospitalization would otherwise have been required if home health care were not provided;
3. Pursuant to a Physician’s written order and under a plan of care established by the responsible Physician working with the Home Health Care Provider. The Physician must review the plan monthly and certify monthly that continued confinement in a Hospital would otherwise be required. All care plans shall be established within 14 days following commencement of home health care; and
4. Home Health Care services will include benefits for hemophilia, including expenses incurred in connection with the purchase of blood products and blood infusion equipment required for home treatment of routine bleeding episodes associated with hemophilia when the home treatment program is under the supervision of State approved hemophilia treatment center. These benefits shall be provided to the extent as any other Sickness under the policy. “Blood product” includes, but is not limited to, Factor VIII, Factor IX and cryoprecipitate. “Blood infusion equipment” includes, but is not limited to, syringes and needles.

<p><b>Home Health Care Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
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<p><b>Childhood Immunization and Lead Poisoning Expenses</b></p> <p>Covered Medical Expenses include charges made by a Physician for:</p> <ul style="list-style-type: none"> <li>• Childhood immunizations, as recommended by the Advisory Committee or Immunization Practice of the United States Public Health Service; and</li> <li>• Blood lead level screening.</li> </ul>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p>Plan Deductible is waived.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p>Plan Deductible is waived.</p>
<p><b>Immunization Expenses (Including Related Office Visit Expenses) – Student and Dependent Spouse</b></p> <p>Covered Medical Expenses for materials for the administration of recommended immunizations for infectious diseases are payable on the same basis as any expense. (Including Related Office Visit Expenses)</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Prostate Cancer Screening Expenses</b></p> <p>Covered Medical Expenses include charges incurred by an insured male age 40, or over, in connection with an annual exam and screening for cancer of the prostate including a digital rectal exam and a prostate specific antigen (PSA) test. Covered Medical Expenses are payable on the same basis as any expense.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p><b>Colorectal Cancer Screening Expenses</b></p> <p>Covered Medical Expenses include coverage for the following routine colorectal cancer screening services for Covered Person's age 50 and older (or at any age for a Covered Person that is considered to be at a high risk for colorectal cancer):</p> <ul style="list-style-type: none"> <li>• One annual fecal occult blood test;</li> <li>• A digital rectal exam and a flexible sigmoidoscopy every five years;</li> <li>• A digital rectal exam and a double contrast barium enema every five years; and</li> <li>• A digital rectal exam and a colonoscopy every 10 years.</li> </ul>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Routine Physical Exam Expenses – Student and Dependent Spouse Age 20 and Over</b></p> <p>Covered Medical Expenses include charges for an annual routine physical exams for a Covered Person over age 20 as follows:</p> <ul style="list-style-type: none"> <li>• Annual tests to determine blood hemoglobin, blood pressure, blood glucose level, and blood cholesterol level, or alternatively LDL and HDL blood level for persons age 20 and older; and</li> <li>• A glaucoma eye test every five years for persons age 35 and over.</li> </ul> <p>Covered Medical Expenses are payable up to the following maximum</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p>benefit payable (adjusted each July) per Policy Year:</p> <ol style="list-style-type: none"> <li>1. \$208 per year for each person between the ages of 20-39;</li> <li>2. \$241 per year for each male age 40 or older;</li> <li>3. \$391 per year for each female 40 or older;</li> <li>4. \$248 for a left-sided colon examination for each person age 45 or older, in addition to the amounts in (2) and (3) above.</li> </ol>			
<p><b>Routine Physical Exam Expenses – Dependent Child</b></p> <p>Covered Medical Expenses include charges for routine physical exams for an insured dependent child as follows:</p> <ul style="list-style-type: none"> <li>• A review and written record of the patient's complete medical history;</li> <li>• A check of all body systems; and</li> <li>• A review and discussion of the exam results with the patient or with the parent or guardian.</li> </ul> <p>Covered Medical Expenses for dependent children under age seven are payable on the same basis as any expense up to a maximum of six exams during the child's first year of life, two exams in the second year of the child's life, or one exam per year thereafter up to age seven.</p> <p>Covered Medical Expenses for dependent children age seven and over will be payable on the same basis as any expense up to a maximum of one exam every 24 months.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p><b>Diabetic Equipment and Self-Management Education Program</b></p> <p><i>(Please note: insulin, syringes, testing supplies are covered under the Prescription Drug portion of the Plan.)</i></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Newborn Hearing Testing and Monitoring Expenses</b></p> <p>Covered Medical Expenses include electropysiologic screening measures, and periodic monitoring of infants for delayed onset hearing.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p>Plan Deductible is Waived.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p>Plan Deductible is Waived.</p>
<p><b>Specialized Non-Standard Infant Formulas Expenses</b></p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Infertility Treatment Expenses</b></p> <p>Covered Medical Expenses are payable as any expense for Medically Necessary expenses for the diagnosis and treatment of infertility. Covered Medical Expenses include expenses incurred for non-experimental infertility procedures, including, but not limited to, any associated prescription drugs, for</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p>artificial insemination; in vitro fertilization (IVF) and embryo placement; gamete intra-fallopian transfer (GIFT); cryopreserved embryo transfers; intracytoplasmic sperm injection (ICSI); and, zygote intra fallopian transfer (ZIFT).</p>			
<p><b>Dental Anesthesia Expenses</b></p> <p>Covered Medical Expenses incurred for general anesthesia and hospitalization for dental treatment are covered as any other condition for:</p> <p>1) persons who are severely disabled; or children age of five or under.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Hemophilia – Home Care Treatment</b></p> <p>Covered Medical Expenses include are covered as any other condition for the purchase of blood products and blood infusion equipment for home treatment of routine bleeding episodes, when the home treatment program is under the supervision of a State approved hemophilia treatment center.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Off-Label Prescription Drugs</b></p> <p>Covered Medical Expenses for drugs and services associated with the administration of the drug which is not approved by the FDA if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in an established reference compendia or clinical study will be covered as any other prescription drug.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>

<p><b>Breast Reconstruction Expenses</b></p> <p>Covered Medical Expenses are payable as any other condition and include;</p> <ol style="list-style-type: none"> <li>1) Inpatient coverage for 72 hours for a radical mastectomy or 48 hours for a simple mastectomy, no pre-certification required;</li> <li>2) breast reconstruction on one or both breasts to restore and achieve symmetry;</li> <li>3) prostheses; and</li> <li>4) outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer.</li> </ol>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Wilm's Tumor Expenses</b></p> <p>Covered Medical Expenses include autologous bone marrow transplants when chemotherapy treatment is unsuccessful.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge up to \$10,000; 100% thereafter to the Plan Maximum.</p>
<p><b>Dental Injury Expenses</b></p> <p>Covered medical expenses are payable for injury to sound natural teeth.</p>	<p><b>Preferred Care:</b> 100% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge. \$250 maximum per tooth.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge.</p>	<p><b>Preferred Care:</b> 80% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge.</p>

### Additional Services and Discounts

As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

<b>Vision One<sup>®</sup> Discount Program</b>	<p>The Vision One<sup>®</sup> Discount Program helps you save on many eye care products, including eyeglasses, 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).</p> <p>Call <b>(877) 381-3552</b> for additional Program information and provider locations, or simply log onto <b>www.chickering.com</b>. Click on "<b>Find Your School</b>" enter <b>474876</b> as your Policy Number to find a Vision One provider near you.</p>
<b>MyNurseLine</b>	<p>Insured students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing <b>1-866-221-9674</b> for Newark, <b>1-800-890-5882</b> for New Brunswick or <b>1-800-424-5090</b> for Camden. MyNurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medication or medical problems or medical procedures, or learn ways to stay health.</p>
<b>Aetna Natural Products and Services Program<sup>SM</sup></b>	<p>Save money on many alternative therapies and products through our Aetna Natural Products and Services Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. These participating providers and vendors are independent contractors and are neither agents nor employees of the University, Chickering, or Aetna.</p>

## **General Provisions**

### **State Mandated Benefits**

This plan will pay benefits in accordance with any applicable New Jersey Insurance Law(s) that apply to the plan.

### **Coordination of Benefits**

Benefits will be coordinated with any other group medical, surgical, or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies. Please note the Health Service Plus Plan is non coordinating excess plan. It is a secondary plan. Additional information regarding this provision can be found in the Policy.

## **Definitions**

**Accident:** An occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

**Actual Charge:** The actual charge made for a covered service by the provider who furnishes it.

**Aggregate Maximum:** The maximum benefit that will be paid, per Accident or Sickness, under the Policy for all Covered Medical Expenses incurred by a Covered Person during the Policy Year.

**Brand-Name Prescription Drug or Medicine:** A Prescription Drug, which is protected by trademark registration.

**Coinsurance:** The percentage of Covered Medical Expenses payable by Aetna under the Insurance Plan.

**Covered Medical Expenses:** Those charges for any treatment, service, or supplies covered by the Policy which are:

- (a) not in excess of the Reasonable charges; or
- (b) not in excess of the charges that would have been made in the absence of this coverage; and
- (c) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefit Provisions.

**Covered Person:** A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility sections of this Brochure for additional information.

**Deductible:** A specific amount of Covered Medical Expenses that must be incurred by, and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

**Elective Treatment:** Medical treatment that is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; temporomandibular joint (TMJ) dysfunction; immunization; vaccines; treatment of infertility; and routine physical examinations.

**Emergency Medical Condition:** The sudden and, at that time, unexpected onset of a change in a person's physical or mental condition requiring immediate medical, surgical, or psychiatric care, which if not performed right away could, as determined by Aetna, reasonably be expected to result in loss of life or limb, or significant impairment to bodily function; or permanent dysfunction of a body part. It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for a non-emergency illness.

**Generic Prescription Drug or Medicine:** A Prescription Drug which is not protected by trademark registration, but is produced and sold under the chemical formulation name.

**Injury:** Bodily Injury caused by an accident. This includes related conditions and recurrent symptoms of such Injury.

**Medically Necessary:** A service or supply that is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice.

In order for a treatment; service; or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply; both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances; Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or

- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider or health care facility; or person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.

**Negotiated Charge:** The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under this Plan.

**Non-Preferred Care:** A health care service or supply furnished by a health care provider that is not a Preferred Care Provider; if, as determined by Aetna; (a) the service or supply could have been provided by a Preferred Care Provider; and (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

**Non-Preferred Care Out-of-Pocket Limit:** The amount that must be paid by the covered student or the covered student and their covered dependents before Covered Medical Expenses will be payable at 100%; for the remainder of the Policy Year.

The following expenses do not apply toward meeting the **Out-of-Pocket Limit:**

- Copays;
- expenses that are not Covered Medical Expenses;
- expenses for Preferred Care;
- penalties,
- expenses for prescription drugs; and other expenses not covered by this Policy

**Non-Preferred Care Provider (or Non-Preferred Provider):** A health care provider that has not contracted to furnish services or supplies at a Negotiated Charge.

**Non-Preferred Pharmacy:** A Pharmacy which is not party to a contract with Aetna, or a Pharmacy which is party to such a contract but does not dispense Prescription Drugs in accordance with its terms.

**Pharmacy:** An establishment where prescription drugs are legally dispensed.

**Physician:** A legally qualified physician licensed by the state in which they practice; and any other practitioner of medical care and treatment when such services are within the scope of the provider's licensed authority to render treatment,

In some circumstances; Aetna may have an agreement; either directly or indirectly through a third party; with a provider which sets the rate that Aetna will pay for a service or supply. In these instances; in spite of the methodology described above; the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

**Sickness:** A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy. All Injuries or Sicknesses due to the same or a related cause or that recur within six months are considered one Injury or Sickness.

**Preferred Care Out-of-Pocket Limit:** The amount that must be paid by the covered student or the covered student and their covered dependents; before Covered Medical Expenses will be payable at 100%; for the remainder of the Policy Year.

The following expenses do not apply toward meeting the Out-of-Pocket Limit:

- copays;
- expenses that are not Covered Medical Expenses;
- expenses for Non-Preferred Care;
- penalties,
- expenses for prescription drugs; and other expenses not covered by this Policy

## **Exclusions**

This Plan neither covers nor provides benefits for:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses 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.
3. Expenses 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 treatment caused by a covered Injury.
4. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses 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.
6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.

7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays (except for treatment related to biologically based mental illnesses).
9. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies, which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:
  - (a) Improve the function of a part of the 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 Sickness 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 Plan.

Surgery must be performed in the Policy Year of the Accident, which causes the Injury, or in the next Policy Year.

10. Expenses incurred as a result of preventive medicines, serums, vaccines, or oral contraceptives unless otherwise provided in the Policy.
11. Expense incurred for a treatment, service, or supply which is not Medically Necessary as determined by Aetna, for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved by the person's attending Physician or dentist.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person; and be as likely to result in information that could affect the course of treatment as, and no more likely to produce a negative outcome than, any alternative service or supply, both as to the Sickness or Injury involved, and the person's overall health condition; and
- As to diagnosis, care, and treatment be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances; Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;

- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, mental health, or dental professional; or
  - Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider or health care facility; or
  - Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed, or treated, while not confined; or
  - Those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.
12. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.
  13. Expenses incurred for outpatient services of blood or blood plasma, except charges by a hospital for the processing or administration of blood.
  14. Expenses incurred by a Covered Person not a United States Citizen for services performed within the Covered Person's home country to the extent such expenses would be covered by applicable health coverage available in such country.
  15. Expenses incurred for the treatment of temporomandibular joint dysfunction and associated myofascial pain unless otherwise provided in the Policy.
  16. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
  17. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help them in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled.  
  
Such services and supplies are custodial care without regard to:
    - by whom they are prescribed; or
    - by whom they are recommended; or
    - by whom or by which they are performed.
  18. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
  19. Expenses incurred for Injury resulting from the play or practice of collegiate or intercollegiate sports. This exclusion does not apply to expenses incurred for Injury resulting from the participation in sports clubs or intramural athletic activities.

20. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
21. Expenses for the contraceptive methods, devices or aids, and charges for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, elective sterilization or its reversal or elective abortion unless otherwise provided in the Policy.
25. 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; 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; or
  - If required by the FDA; approval has not been granted for marketing; or
  - A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or
  - 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.

26. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.
27. Expenses incurred for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, or other preventive services and supplies, except to the extent coverage of such exams, services, or supplies is specifically provided in the Policy.

28. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
29. Expenses incurred for breast reduction/mammoplasty.
30. Expenses incurred for gynecomastia (male breasts).
31. Expenses incurred for sinus surgery, except for acute purulent sinusitis.
32. Expenses for charges that are not Reasonable Charges, as determined by Aetna.
33. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.
34. Expense for:
  - (a) care of flat feet;
  - (b) supportive devices for the foot;
  - (c) care of corns, bunions, or calluses;
  - (d) care of toenails (except in grown toenails); and
  - (e) care of fallen arches; weak feet; or chronic foot strain; except that (c) and (d) are not excluded when Medically Necessary; because the Covered Person is diabetic; or suffers from circulatory problems.
35. Expenses incurred for Elective Treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

### **Extension of Benefits**

If a Covered Person is confined to a hospital on the date their insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 12 months following such termination of insurance.

### **Termination of Insurance**

Benefits are payable under the Policy only for those Covered Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates, except as may be provided under the Extension of Benefits provision. If the Name Insured dies while covered under the Policy, insurance then in force on his or her Dependents will be continued for 180 days subject to the timely payment of premium due and other Policy provisions concerning termination.

### **Continuation of Coverage**

If you have been continuously insured under the Policy for three (3) months and due to your Total Disability are no longer eligible for coverage, you shall be entitled to continue coverage for yourself and your covered Dependents. This continued coverage shall terminate at the first to occur of the following: 1) the date you fail to make timely payment of premium; 2) the date you become eligible under another group plan providing similar benefits; 3) the date the Policy terminates. The premium rate for the continued coverage will be the same premium rate charged to other Covered Persons who are eligible for coverage under the Policy.

## **Claim Procedure**

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

Chickering Claims Administrators, Inc.  
P.O. Box 15708  
Boston, MA 02215-0014

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

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Aetna within one year from the date appearing on the Explanation Benefits.

## **Explanation of Benefits**

You will receive an Explanation of Benefits when your claims are processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Health Insurance Plan.

## **Complaint and Appeals Procedure**

In the event a Covered Person disagrees with how a claim was processed, they may request a review of the decision. The Covered Person's requests must be made in writing within 60 days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why they disagree with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of medical necessity, etc.). Please submit all requests, along with pertinent correspondence, to:

Chickering Claims Administrators, Inc.  
P.O. Box 15717  
Boston, MA 02215-0014

## **Prescription Drug Claim Procedure**

When you need to fill a Prescription you may obtain your Prescription from a pharmacy and be reimbursed by submitting a Prescription receipt; indicate you attend Rutgers University and include your name, address, and student identification number.

## **Accidental Death and Dismemberment Benefits**

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America. Benefits are payable for the Accidental Death and Dismemberment of the eligible insured of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech, or hearing, please refer to your Master Policy available at your School.) To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at (877) 381-3552 for the appropriate claim forms.

## **Worldwide Emergency Travel Assistance Services**

These services are designed to protect Rutgers University students and/or eligible dependents when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location. If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year at the telephone numbers listed. Services provided include: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements and travel advisories.

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

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

**Please note:** Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in the Insurance Plan. Please remember to carry your Assist America card and call toll-free within the U.S. at **(800) 872-1414** or outside the U.S. call collect (dial U.S. access code) plus **301-656-4152**, in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

**NOTE:** Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America. The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars. Emergency Travel Assistance Services are administered by Assist America, Inc.

## **Important Note**

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Master Policy, the Policy will govern and control the payment of benefits.

This student Plan fulfills the definition of creditable coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the Customer Service number on your ID card.

### **Offered by:**

Chickering Benefit Planning Insurance Agency, Inc.  
1 Charles Park  
Cambridge, MA 02142



### **Administered by:**

Chickering Claims Administrators, Inc.  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 381-3552**  
**www.chickering.com**

### **Underwritten by:**

Aetna Life Insurance Company (ALIC)  
151 Farmington Avenue  
Hartford, CT 06156



Policy No. **474876**

*The Chickering Group is an internal business unit of Aetna Life Insurance Company.*

## **NOTICE**

Aetna considers nonpublic personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, Pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on behalf of yourself and your dependents. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit Chickering's Student Connection Link on the internet at: **[www.chickering.com](http://www.chickering.com)**.

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