

2007

2008



CURRY COLLEGE

Student Health Insurance Plan Brochure

Offered by:

Chickering Benefit Planning Insurance Agency, Inc.

Administered by:

Chickering Claims Administrators, Inc.

Underwritten by:

Aetna Life Insurance Company (ALIC)

Policy Number: **697403**

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THIS SUMMARY OF COVERAGE IS NOT
MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare
Supplement Buyer's Guide available from the Plan
administrator.

Curry College Student Accident and Sickness Medical Expense Insurance Plan

All students are urged to read this message regarding student health insurance at Curry College.

Dear Curry Students:

Massachusetts law requires that all students at institutions of higher education in this state have adequate health insurance. This law applies to all students who participate in at least 75% of the full-time curriculum. Curry College defines 75% enrollment as 9 or more credits.

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 your school name and then click on “Search”.
- 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
- Enrollment
- Waiver Process
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 378-9475

For questions about ID cards:

A temporary ID card is included with this Brochure. This card is for identification only. It is not a guarantee of eligibility or benefits. You will be issued a permanent ID card 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. Once you have received your permanent ID card, present it to the provider to facilitate prompt payment of your claims.

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, contact:

Chickering Claims Administrators, Inc.
(877) 378-9475

or visit www.chickering.com click on "Find Your School" and enter **697403** as your Policy Number.

For questions about:

- Enrollment Forms
- Waiver Process
- Immunization Verification Forms

Please contact:

University Health Plans
(800) 437-6448

For Provider Listings:

(Including Preferred Care Pharmacy locations)

A complete list of providers can be found at the Curry College Center for Counseling and Health Education, or you can use Aetna's DocFind[®] Service at: www.chickering.com click on "Find Your School" and enter **697403** as your Policy Number.

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 **+301-656-4152**

e-mail address: medservices@assistamerica.com

Worldwide Web Access:

- The Chickering Group

www.chickering.com

CURRY COLLEGE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Accident and Sickness medical expense benefits available for Curry College students. The Plan provides coverage for illnesses and Injuries that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. Curry College is pleased to offer the Plan as described in this Brochure. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the College, and may be viewed at Curry College's Finance Office during normal business hours. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

POLICY PERIOD**Students:**

Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 18, 2007, and will terminate at 12:01 a.m. on August 18, 2008.

New Spring Semester Students:

Coverage for all insured students enrolled for the Second Semester will become effective at 12:01 a.m. on January 21, 2008, and will terminate at 12:01 a.m. on August 18, 2008.

PREMIUM RATES

	Annual	Spring Semester
Student	\$540	\$312

PREMIUM REFUND POLICY

Except for medical withdrawal due to a covered Accident or Sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the Policy and a full refund of the premium will be made, less any claims made. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which premium has been paid. No refund will be allowed.

A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of premium will be made for such person, upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

STUDENT COVERAGE

Eligibility

All registered full-time and three-quarter time students are eligible for the Student Health Insurance Plan. If you are eligible for the Student Health Insurance Plan you will be automatically enrolled unless proof of comparable coverage is provided.

You may enroll in the Student Insurance Program only during the 31-day period beginning with the start of the first and second semesters. If you are eligible for the program after these enrollment opportunities, you must present documentation from your former insurance company that it is no longer providing you with health insurance coverage. Your effective date under this program will be the date your former policy terminated, if you make the request for coverage within 31 days after it expires. Otherwise, the effective date will be the 1st of the month following your request. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

WAIVER PROCESS/PROCEDURE

All eligible students will be automatically enrolled in the Plan unless a Waiver Form has been received by Curry College by the deadline dates listed below. Students who fail to respond by the deadline date will be automatically enrolled in the Curry College Student Health Insurance Plan.

	Waiver Deadline Date
Annual Policy	
New Students	July 13, 2007
Returning Students	July 27, 2007
Spring Semester	
Newly Enrolled Students	February 1, 2008

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. At the end of this 31-day period, coverage will cease under the Curry College Student Health Insurance Plan.

Coverage is provided for a child legally placed for adoption with a Covered Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. At the end of this 31-day period, coverage will cease under the Curry College Student Health Insurance Plan.

PRE-EXISTING CONDITIONS/ CONTINUOUSLY INSURED PROVISIONS

Pre-Existing Conditions

Definition of a Pre-Existing Condition:

Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the Covered Person's effective date of insurance.

If a student has continuous coverage under the Curry College Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

If a Covered Person has Qualifying Previous Health Coverage in effect 63 days prior to their effective date of coverage under this Policy, then any limitation as to a Pre-Existing Condition under this Policy will apply for that Covered Person only to the extent that such limitation would have applied if he or she had remained covered under the Qualifying Previous Health Insurance Coverage.

"Qualifying Previous Health Coverage" means:

(a) any blanket or general policy of medical, surgical, or hospital insurance; (b) any policy of Accident or Sickness insurance; (c) any non-group medical, surgical, or hospital insurance; (d) any non-group or group hospital or medical service plan issued by a health maintenance organization; (e) any non-group health maintenance contract issued by a health maintenance organization; (f) any self-insured or self-funded employer group health plan; (g) any health coverage provided to persons serving in the armed forces of the United States; or (h) Medicare or Medicaid. In addition, Qualifying Previous Health Coverage may include any other health coverage as may be included by regulation of the Massachusetts Division of Insurance.

Limitation:

Covered Medical Expenses as a result of Pre-Existing Conditions are payable, but are limited to, a maximum of \$1,500 per Policy period for any one Accident or Sickness for Covered Persons. This limitation is subject to all other Policy limitations. Once the maximum has been reached, additional expenses incurred by a Covered Person within 6 months following their effective date of coverage under the Plan as a result of a pre-existing condition will not be considered a Covered Medical Expense.

Continuously Insured

“Continuously insured” means: a person who was covered under prior Student Health Insurance policies issued to the School, or under any other Qualifying Previous Health Coverage, and is now insured under this Policy will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Policy.

PREFERRED PROVIDER NETWORK

The Chickering Group has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Curry College campus.

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 Curry College, Chickering Claims Administrators, Inc., or Aetna. A complete listing of participating providers is available at the Curry College Counseling Center. You may also contact Chickering Claims Administrators, Inc. at **(877) 378-9475**.

Additionally, you can obtain information regarding Preferred Providers through the internet by accessing **DocFind** at: **www.chickering.com** click on “Find Your School” and enter **697403** as your Policy Number

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 Accident and Sickness Plan.
- If you do not secure Pre-Certification for non-emergency inpatient admissions or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a \$200 per admission Deductible.

Pre-Certification of Non-Emergency Inpatient Admissions:

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

Notification of Emergency Admissions:

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 378-9475

DESCRIPTION OF BENEFITS

Payment will be made as allocated herein for Covered Medical Expenses incurred for any one Accident or any one Sickness while insured under the Plan, not to exceed an Aggregate Maximum while continuously insured of **\$50,000** for any one covered Accident or any one covered Sickness.

In addition to the Plan's Aggregate Maximum 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 Copays, 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 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.

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.

A complete listing of Preferred Providers is available at the Curry College Health Center or you can contact Chickering Claims Administrators, Inc. at **(877) 378-9475** for specific provider information. You can also use the internet and Aetna's DocFind at: www.chickering.com click on "Find Your School" enter **697403** as your Policy Number.

SUMMARY OF BENEFITS CHART

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 Commonwealth of Massachusetts Insurance Law(s).

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	Covered Medical Expenses are payable as follows: <i>Preferred Care</i> 80% of the Negotiated Charge for an overnight stay. <i>Non-Preferred Care</i> 80% of the Reasonable Charge for the semi-private room rate for an overnight stay.
Intensive Care Unit Expense	Covered Medical Expenses are payable as follows: <i>Preferred Care</i> 80% of the Negotiated Charge for an overnight stay. <i>Non-Preferred Care</i> 80% of the intensive care room rate for an overnight stay.
Miscellaneous Hospital Expense	Covered Medical Expenses are payable as follows: <i>Preferred Care</i> 80% of the Negotiated Charge. <i>Non-Preferred Care</i> 80% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines, and use of operating room.
Physician Hospital Visit Expense	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: <i>Preferred Care</i> 80% of the Negotiated Charge. <i>Non-Preferred Care</i> 80% of the Reasonable Charge.

Summary of Benefits Chart (continued)

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services are payable as follows:</p> <p>Preferred Care 80% of the Negotiated Charge.</p> <p>Non-Preferred Care 80% of the Reasonable Charge.</p>
Physician Expense	<p>Covered Medical Expenses for charges by a surgeon are payable as follows:</p> <p>Preferred Care 80% of the Negotiated Charge.</p> <p>Non-Preferred Care 80% of the Reasonable Charge.</p> <p>Note When more than one surgical procedure is performed through the same incision or in immediate succession, the additional surgery will be covered at 50%.</p>
Anesthetist and Assistant Surgeon Expense	<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 are payable as follows:</p> <p>Preferred Care 30% of the amount paid to the surgeon</p> <p>Non-Preferred Care 30% of the amount paid to the surgeon</p> <p>Not to exceed \$1,500 per Accident or Sickness.</p>

Summary of Benefits Chart (continued)

Outpatient Benefits	
<p>All Covered Medical Expenses for Outpatient services are payable up to a maximum of \$1,500 for each covered Accident or covered Sickness unless specifically stated otherwise.</p> <p>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.</p>	
Physician Office Visits	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care 100% of the Negotiated Charge after an \$8 Copay per visit.</p> <p>Non-Preferred Care 100% of the Reasonable Charge after a \$10 Deductible per visit</p>
Emergency Care	<p>Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows:</p> <p>Preferred Care 100% of the Negotiated Charge after a \$50 Copay per visit.</p> <p>Non-Preferred Care 100% of the Reasonable Charge after a \$50 Deductible per visit.</p> <p>Note The Copay/Deductible is waived if covered person is admitted.</p>
Outpatient Department/ Clinic	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care 100% of the Negotiated Charge after a \$35 Copay per visit.</p> <p>Non-Preferred Care 100% of the Reasonable Charge after a \$35 Deductible per visit.</p>

Mental Health and Substance Abuse Benefits	
<p>Inpatient Expense - Mental Health</p>	<p>Covered Medical Expenses for inpatient treatment of a mental health condition or for substance abuse are payable as follows:</p> <p>Treatment of biologically based mental health conditions, or rape related mental or emotional disorders, while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other inpatient expense.</p> <p>Treatment of non-biologically based mental health conditions, or for substance abuse, while confined as an inpatient in a hospital or facility licensed for such treatment, are payable on the same basis as any other inpatient expense subject to a maximum of 60 days per Policy Year.</p> <p>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 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>
<p>Outpatient Expense - Mental Health</p>	<p>Covered Medical Expenses for the care or treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as follows:</p> <p>Preferred Care 100% of the Negotiated Charge after an \$8 Copay per visit.</p> <p>Non-Preferred Care 100% of the Reasonable Charge after a \$10 Deductible per visit.</p> <p>Outpatient treatment is payable up to a maximum of \$1,500 per policy year.</p>

Mental Health and Substance Abuse Benefits (continued)	
<p>Inpatient Expense - Substance Abuse</p>	<p>Covered Medical Expenses for the treatment of substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness.</p> <p>Inpatient: treatment is limited to a maximum of 30 days per policy year per condition for any one or related substance abuse condition.</p> <p>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 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>
<p>Outpatient Expense - Substance Abuse</p>	<p>Covered Medical Expenses for the care or treatment of substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable as follows</p> <p>Preferred Care 100% of the Negotiated Charge after an \$8 Copay per visit.</p> <p>Non-Preferred Care 100% of the Reasonable Charge after a \$10 Deductible per visit.</p> <p>Outpatient treatment is payable up to a maximum of \$1500 per Policy Year .</p> <p>Outpatient treatment is payable up to a maximum of 60 visits per Policy Year for outpatient treatment and to a maximum of 20 visits per Policy Year for counseling.</p>

Summary of Benefits Chart (continued)

Maternity Benefits	
<p>Maternity Expense <i>(If included in the plan, any applicable referral requirements and associated penalties are waived for these services)</i></p>	<p>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>
<p>Infertility Expense Benefit</p>	<p>Covered Medical Expenses are payable on the same basis as an expense for Medically Necessary expenses for the diagnosis and treatment of infertility. Covered Medical Expenses includes expenses incurred for non-experimental infertility procedures including artificial insemination (AI).</p> <p>In vitro fertilization and embryo placement (IVF), gamete intrafallopian transfer (GIFT), sperm, egg and/or inseminated egg procurement, processing, and banking to the extent such costs are not covered by the donor's insurer, if any; intracytoplasmic sperm injection (ICSI) for treatment of male factor fertility, and, zygote intrafallopian transfer (ZIFT).</p> <p>Benefits payable under this provision are not subject to any Pre-Existing Conditions exclusion (if applicable under the Plan).</p>
<p>Voluntary Termination of Pregnancy Expense</p>	<p>Covered Medical Expenses for voluntary termination of pregnancy are payable on the same basis as any other Sickness up to a maximum of \$300.</p>

Summary of Benefits Chart (continued)

Additional Benefits	
Diabetic Equipment and Self-Management Education Program Expenses	Covered Medical Expenses for diabetic equipment are payable on the same basis as any expense. Coverage includes insulin, syringes, and diabetic testing supplies.
High Cost Procedure Expense	Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging and Laser treatments are payable as follows up to a maximum of \$2,000: Preferred Care 80% of the Negotiated Charge. Non-Preferred Care 80% of the Reasonable Charge.
Women's Health Benefit <i>(If included in the plan, any applicable referral requirements and associated penalties are waived for these services)</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 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.
Ambulance Expense	Covered Medical Expenses are payable at 100% of the Reasonable Charge to a maximum of \$250 per Accident or Sickness 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.

Summary of Benefits Chart (continued)

Additional Benefits <i>(continued)</i>	
Cardiac Rehabilitation Expenses	Covered Medical Expenses are payable on the same basis as any other Sickness for covered expenses incurred for cardiac rehabilitation treatment rendered in connection with documented cardiovascular disease. Treatment includes, but is not limited to, outpatient treatment, which is initiated within 26 weeks after diagnosis of cardiovascular disease.
Bone Marrow Transplants for Breast Cancer Expenses	Covered Medical Expenses are payable on the same basis as any expense in accordance with state law. Refer to the Master Policy for details.
Speech or Hearing Therapy Benefit Expenses	Covered Medical Expenses are payable on the same basis as any other expense. Covered Medical Expenses include expenses incurred for the diagnosis or treatment by a Physician for acute speech, hearing and language disorders, but only if the charges are made for: <ul style="list-style-type: none">• Diagnostic services rendered to find out if and to what extent the Covered Person's ability to speak or hear is lost or impaired.• Rehabilitative services rendered that are expected to restore or improve a Covered Person's ability to speak or hear.

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.

Vision One® Discount Program

The Vision One 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 25% discount on LASIK surgery (the laser vision correction procedure).

Call **(800) 793-8616** for additional Program information and provider locations, or simply log onto ***www.dicker-ingam*** Click on “Find Your School” enter **697403** as your Policy Number to find a Vision One provider near you.

Informed Health® Line Service

Aetna’s Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii).

1. 24-Hour Nurse Line

Call our toll free number to access registered nurses who are experienced in providing information on a variety of health topics.* The nurses can help you:

- Learn about medical procedures and possible treatment options.
- Improve the way you communicate with your health care providers. Find out how to describe health symptoms more effectively, ask the right questions and provide a clear history of your eating, exercise and lifestyle habits.

To reach an Informed Health® Line Nurse, please call **1-800-556-1555**. For TDD (hearing and speech impaired only): **1-800-270-2386**.

Additional Services and Discounts (continued)

Informed Health[®] Line Service (continued)

2. Audio Health Library

The Informed Health[®] Line audio health library contains information on thousands of health topics such as common conditions and diseases, gender- and age-specific health issues, dental care, mental health and substance abuse, weight loss and much more.

To access the audio health library system, call the Informed Health Line toll-free number and simply enter the topic codes you're interested in. And if you have questions, you can transfer easily to an Informed Health Line nurse at any time.

To access the Informed Health[®] Line audio health library, please call **1-800-556-1555**. For TDD (hearing and speech impaired only): **1-800-270-2386**.

3. Healthwise[®] Knowledgebase

If you prefer to view health information online, simply log on to your Aetna Navigator account and click on "Take Action On Your Health" which will link you to the Healthwise[®] Knowledgebase, one of the most advanced health databases available. The Healthwise Knowledgebase contains detailed information about health conditions, medical tests and procedures, medications and treatment options. It also features illustrations and decision-focused tools to help you make more informed health care decisions.

**Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your physician with any questions or concerns regarding your health care needs. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health plan.*

Summary of Benefits Chart (continued)

Fitness Program	Through the Fitness Program, you have access to special membership rates at participating health clubs nationwide and discounts on certain home exercise equipment. Members can also try out many participating clubs before joining by using a free trial workout certificate. Contact Chickering Claims Administrators, Inc. for more information.
Aetna Natural Products and Program SM	Save money on many alternative therapies through out Aetna Natural Products and Services Program. 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 College, Chickering or Aetna.

Summary of Benefits Chart (continued)

Additional Services and Discounts <i>(continued)</i>	
Special Medical Formula Expense Benefits	Special Medical Formula Expense Benefits are payable for newly born infants and adoptive children for those special medical formulas. These formulas must be approved by the Commissioner of the Department of Public Health, must be prescribed by a physician and must be medically necessary for the treatment of phenylketonuria, maple syrup urine disease, propionic acidemia, methylmalonic acidemia, or medically necessary to protect the unborn fetuses of pregnant women with PKU, and screening for lead poisoning.
Non-Precription Enteral Formula Expense Benefits	Non Prescription Enteral Formula Expense Benefits are payable for nonprescription enteral formulas for which a physician has issued a written order. Such formulas must be medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudoobstruction, and inherited diseases of amino acids and organic acids. Covered expenses for inherited diseases of amino acids and organic acids shall include food products modified to be low protein in an amount not to exceed \$ 2,500 annually for any covered person .

GENERAL PROVISIONS

State Mandated Benefits

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

Subrogation/Reimbursement Right of Recovery Provision

Immediately upon paying or providing any benefit under this Plan, Aetna shall be subrogated to all rights of recovery a Covered Person has against any party potentially responsible for making any payment to a Covered Person, due to a Covered Person's Injuries or illness, to the full extent of benefits provided, or to be provided by Aetna. In addition, if a Covered Person receives any payment from any potentially responsible party as a result of an Injury or illness, Aetna has the right to recover from, and be reimbursed by, the Covered Person for all amounts this Plan has paid and will pay as a result of that Injury or illness, up to and including the full amount the Covered Person receives from all potentially responsible parties. A "Covered Person" includes, for the purposes of this provision, anyone on whose behalf this Plan pays or provides any benefit, including but not limited to the minor child or Dependent of any Covered Person, entitled to receive any benefits from this Plan.

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's injuries or illness or any insurance coverage responsible making such payment; including but not limited to:

- Uninsured motorist coverage;
- Underinsured motorist coverage;
- Personal umbrella coverage;
- Med-pay coverage;
- Workers compensation coverage;
- No-fault automobile insurance coverage, or
- Any other first party insurance coverage.

The Covered Person shall do nothing to prejudice Aetna's subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the Covered Person.

The Covered Person acknowledges that this Plan's subrogation and reimbursement rights are a first priority claim against all potential responsible parties, and are to be paid to Aetna before any other claim for the Covered Person's damages. This Plan shall be entitled to full reimbursement first from any potential responsible party payments, even if such payment to the Plan will result in a recovery to the Covered Person, which is insufficient to make the Covered Person whole, or to compensate the Covered Person in part or in whole for the damages sustained. This Plan is not required to participate in or pay attorney fees to the attorney hired by the Covered Person to pursue the Covered Person's damage claim. In addition, this Plan shall be responsible for the payment of attorney fees for any attorney hired or retained by this Plan. The Covered Person shall be responsible for the payment of all attorney fees for any attorney hired or retained by the Covered Person or for the benefit of the Covered Person.

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or judgment received by the Covered Person identifies the medical benefits this Plan provided. This Plan is entitled to recover from any and all settlements or judgments, even those designated as "pain and suffering" or "non-economic damages" only.

In the event any claim is made that any part of this subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Non-Duplication of Benefits

This provision applies if a Covered Student:

- (a) is covered by any other group or blanket health care plan; and
- (b) would, as a result, receive medical expense or service benefits in excess of the actual expenses incurred.

In this case, the medical expense benefits the Plan will pay will be reduced by such excess.

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 that furnishes it.

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

Copay: This is a fee charged to a Covered Person for Covered Medical Expenses. Copay amounts are the responsibility of the Covered Person.

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 the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student 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 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 which 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, and routine physical examinations.

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their con-

dition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

- Placing the person's health in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of a body part or organ; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

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 non-emergency illness.

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, a mental health, or a 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 healthcare provider, or healthcare 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.

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

Physician (a) A legally qualified Physician licensed by the state in which they practice; and (b) any licensed nurse midwife, registered nurse anesthetist or other licensed medical practitioner whose services are required to be covered by law and who renders such services within the scope of their license.

For the treatment of mental illness, the term "Physician" also includes a licensed clinical psychologist, licensed clinical social worker, and a licensed clinical psychiatric nurse

practitioner who is acting within the scope of their license; and any other practitioner whose services are required to be covered by law when rendered by that practitioner.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within six months prior to the Covered Person's effective date of insurance. If a student has continuous coverage under the Curry College Student Health Insurance Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

If a Covered Person has Qualifying Previous Health Coverage in effect 63 days prior to their effective date of coverage under this Policy, then any limitation as to a Pre-Existing Condition under this Policy will apply for that Covered Person only to the extent that such limitation would have applied if he or she had remained covered under the Qualifying Previous Health Insurance Coverage.

“Qualifying Previous Health Coverage” means: (a) any blanket or general policy of medical, surgical, or hospital insurance; (b) any policy of accident or sickness insurance; (c) any nongroup medical, surgical, or hospital insurance; (d) any nongroup or group hospital or medical service plan issued by a health maintenance organization; (e) any nongroup health maintenance contract issued by a health maintenance organization; (f) any self-insured or self-funded employer group health plan; (g) any health coverage provided to persons serving in the armed forces of the United States; or (h) Medicare or Medicaid. In addition, Qualifying Previous Health Coverage may include any other health coverage as may be included by regulation of the Massachusetts Division of Insurance.

Preferred Care Provider (or Preferred Provider):

A health care provider that has contracted to furnish services or supplies for a Negotiated Charge, but only if the provider is, with Aetna's consent, included in the Directory as a Preferred Care Provider for the service or supply involved, and the class of which the Covered Person is a member.

Preferred Health Care A health care service or supply that is furnished by a Hospital or Physician that is a Preferred Care Provider. It also includes a health care service or supply furnished by a Hospital or Physician that is not a Preferred Care Provider:

- For an Emergency Medical Condition when travel to a Preferred Care Provider is not feasible.

- For treatment or services furnished by a Physician that has a type of practice that is not listed in the Directory but whose services are required to be covered by law.
- For treatment or services furnished by a Physician within the geographic area covered in the Directory, but only if a Preferred Care Provider is not reasonably available, provided you contact Aetna and Aetna confirms that a Preferred Care Provider is not reasonably available.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The reasonable charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it, and
- The charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made, and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

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.

Service Area: The geographic area, as determined by Aetna, in which Preferred Care Providers are located.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

EXCLUSIONS

The Plan neither covers nor provides benefits for the following:

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 repair 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 as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person's entering the armed forces of any country, the unearned pro rata premium will be refunded to the policyholder.
8. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that 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 and webbed fingers or toes), or as a direct result of disease, or surgery performed to treat a Sickness or Injury.
- (b) repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the policy year of the Accident which causes the Injury, or in the next policy year.

10. Expenses for Injuries sustained as a result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

11. Expenses incurred for allergy shots and injections, preventive medicines, serums, vaccines, or oral contraceptives unless otherwise provided in the Policy.

12. 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.

13. 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.

14. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.

15. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.

16. Expenses 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.

17. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
18. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).
19. Expenses covered by any other valid and collectible medical, health or Accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
20. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
21. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.
22. 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
23. Expenses incurred as a result of commission of a felony.
24. Expenses for outpatient prescription.
25. Expenses incurred beyond the termination of the Policy, except as allowed in Extension of Benefits provision outlined in the Policy.
26. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.
27. 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; 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.

28. Expenses for treatment of Injury or Sickness to the extent payment is made, as a judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).

29. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.

30. Expenses incurred for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services or supplies is specifically provided in the Policy.

31. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.

32. Expenses incurred for breast reduction/mammoplasty.

33. Expenses incurred for gynecomastia (male breasts).

34. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.

35. Expense for charges that are not reasonable charges; as determined by Aetna.

36. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.

37. Expenses incurred for home health care and hospice care services.

38. Expenses arising as a result of a Pre-Existing Condition.

39. Expenses incurred for, or relating to, services, treatment, education testing, or training related to learning disabilities or developmental delays.

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 90-day period following such termination of insurance.

TERMINATION OF INSURANCE

Benefits are payable under the Policy only for those Covered Medical 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.

INCAPACITATED DEPENDENT CHILDREN

Insurance may be continued for incapacitated dependent children who reach the age at which insurance would otherwise cease. The dependent child must be chiefly dependent for support upon the covered student and be incapable of self-sustaining employment because of mental or physical handicap.

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
(877) 378-9475
(617) 218-8400 (outside United States)

Customer Service Representatives are available Monday through Friday, 8:30 am to 5:30 pm (ET).

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. When submitting a claim form, attach available itemized medical bills to the claim form and submit to Chickering Claims Administrators, Inc. 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 Chickering Claims Administrators, Inc., within 60 days from the date appearing on the Explanation of Benefits (EOB).

How to Appeal a Claim

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 request must be made in writing within 60 days of receipt of the 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 to:

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

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

This benefit provides Accidental Death and Dismemberment coverage of up to \$10,000.

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 insureds 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) 378-9475** for the appropriate claim forms.

WORLDWIDE EMERGENCY TRAVEL ASSISTANCE SERVICES

These services are designed to protect Curry College students 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 to provide services including: 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, travel advisories, etc.

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 sending 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 Chickering Student Health 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 Policy, the Master Policy will govern and control the payment of benefits.

If you wish to receive a copy of the Master Policy applicable for your Plan, please contact Chickering Claims Administrators, Inc. at the Customer Service toll-free number shown on your ID card.

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) 378-9475
www.chickering.com



Underwritten by:

Aetna Life Insurance Company (ALIC)
Policy No. 697403



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.

NOTES

