2005-2006

Student Health Insurance Plan

Presented by:
University Health Plans, Inc.

Underwritten by:
Aetna Life Insurance Company
(ALIC)

Policy No. 812807

Administered by:
Chickering Claims Administrators, Inc.

Table of Contents

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 registration?
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
(800) 466-3185 or visit www.chickering.com, click on "Find Your School" enter 812807 as your Policy Number.

Worldwide Web Access:
• The Chickering Group **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. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

For questions about:
• Enrollment Process
• Waiver Process
Please contact:
University Health Plans, Inc.
(800) 437-6448
info@univhealthplans.com

For questions about:
• Status of Pharmacy Claim
• Pharmacy Claim Forms
• Pre-Authorization
Please contact:
Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For questions about:
• Provider Listings
Please contact:
Chickering Claims Administrators, Inc. at (800) 466-3185, or you can use Aetna's online **DocFind**® Service: **www.chickering.com.** Click on "Find Your School" enter 812807 as your Policy Number. You can use **DocFind**® 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

Policy Period

Students
1. **Fall (Annual) Term Students**: Coverage for all insured students enrolled for the Fall Term will become effective at 12:01 a.m. on
August 1, 2005 and will terminate at 12:01 a.m. on August 1, 2006.

2. **Winter Term Students**: Coverage for all insured students enrolled for the Winter Term will become effective at 12:01 a.m. on January 1, 2006 and will terminate at 12:01 a.m. on August 1, 2006.

3. **Spring Term Students**: Coverage for all insured students enrolled for the Spring Term will become effective at 12:01 a.m. on March 1, 2006 and will terminate at 12:01 a.m. on August 1, 2006.

4. **Summer Term Students**: Coverage for all insured students enrolled for the Summer Term will become effective at 12:01 a.m. on June 1, 2006 and will terminate at 12:01 a.m. on August 1, 2006.

Dependents

Insured Dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for insured dependents terminates in accordance with the termination provisions described in the Master Policy. Examples include, but are not limited to: the date the student's coverage terminates, the date the dependent no longer meets the definition of a dependent.

Premium Rates

	Annual 8/01/05-8/01/06	**Winter 1/01/06-8/01/06**	**Spring 3/01/06-8/01/06**	**Summer 6/01/06-8/01/06**
Student	$1,917	$1,118	$800	$320
Spouse	$5,259	$3,067	$2,192	$877
Per Child	$2,859	$1,668	$1,191	$477

University of Medicine and Dentistry of New Jersey
Student Health Insurance Plan

This is a brief description of the Student Health Insurance Plan benefit available to UMDNJ 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
Under University Policy, all full-time UMDNJ students, as well as those part-time UMDNJ students who participate in clinical experience as part of their educational programs are required to be covered by health and accident insurance. The University, in conjunction with University Health Plans, Inc., and Chickering Claims Administrators, Inc., has developed a comprehensive Student Health Insurance Plan that fulfills the UMDNJ insurance requirements.
Please note: All full-time and those part-time students who participate in clinical experience as part of their educational program and have not waived participation in the University Student Health Insurance Plan will be automatically enrolled in the Plan.

Your method of enrollment in this Plan will depend on your course load and class status as follows:

Student Classification	***Description***	***Enrollment***
Compulsory Students	All full-time students and those part-time students who participate in clinical experience as part of their educational program and pay tuition directly to UMDNJ.	Student will be automatically enrolled in the Student Health Insurance Plan unless an online Waiver Form has been completed and submitted by the waiver deadline date. The online Waiver Form can be found at: www.universityhealthplans.com
Joint Program Students	Students who pay tuition to one of UMDNJ's partner institutions that co-sponsor a program with UMDNJ and participate in clinical experience.	The student must complete either an Enrollment Form OR a Waiver Form. The online Waiver Form can be found at: www.universityhealthplans.com
Optional Students	Eligible students who are not required to be covered by the Student Health Insurance Plan but wish to enroll in the Plan on a voluntary basis.	The student must complete an Enrollment Form to purchase coverage. The Enrollment Form is available at your School or you can download an Enrollment Form at: www.universityhealthplans.com

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.

Enrollment/Waiver Process

Compulsory Students
All full-time students and those part-time students who participate in clinical experience and pay tuition directly to UMDNJ will be automatically enrolled in and billed for the Aetna plan on their UMDNJ tuition bill. They do not need to complete an Enrollment Form.

Students who are required to be covered by the Student Health Insurance Plan, and who pay tuition to one of UMDNJ's partner institutions that co-sponsor a program with UMDNJ, and participate in clinical experience must complete an Enrollment Form or online Waiver Form. The Enrollment Form is available at your School or you can download a Form at: www.universityhealthplans.com

The completed Form and premium must be sent to University Health Plans, Inc., One Batterymarch Park, Quincy, MA 02169. The deadline for enrolling in the Plan is August 15, 2005.

Waiver
The Waiver Form may be viewed, completed, and submitted online at: www.universityhealthplans.com

The waiver deadline dates for each term are as follow:

Waiver Deadlines	
Fall Term Students	August 15, 2005
New Winter Term Students	January 15, 2006
New Spring Term Students	March 15, 2006
New Summer Term Students	June 15, 2006

You will automatically be enrolled in the Student Health Insurance Plan if the Waiver Form has not been electronically filed by the above waiver deadline date.

Optional Students
Eligible students who are not required to be covered by the Student Health Insurance Plan, but wish to enroll in the Plan on a voluntary basis, may do so by completing an Enrollment Form.

The Enrollment Form is available at your School or you can download a Form at: www.universityhealthplans.com

The completed Form and premium must be sent to University Health Plans, Inc., One Batterymarch Park, Quincy, MA 02169. The deadline for enrolling is August 15, 2005.

Dependent Coverage

Eligibility

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

Enrollment

To enroll the dependent(s) of a covered student, please access the Dependent Enrollment Form that may be viewed on and downloaded from University Health Plans, Inc.'s website at: www.universityhealthplans.com

The completed Dependent Enrollment Form and check (payable to University Health Plans, Inc.), must be submitted by the following dependent enrollment deadline dates:

Dependent Enrollment	
Fall Term	August 15, 2005
Winter Term	January 15, 2006
Spring Term	March 15, 2006
Summer Term	June 15, 2006

Please note that payment must be made by personal check, bank check, or money order. Credit card payments are not accepted.

Annual coverage for dependents is payable on a Four Installment Basis (Fall, Winter, Spring, and Summer). A reminder notice will be issued by University Health Plans, Inc. prior to the next installment payment due date. However, it should be noted that in order to have continuous coverage semester-by-semester, payment of the next quarterly premium must be received no later than the start date of the term for which coverage is purchased. Please see below for dependent premium payment due dates:

Premium Payment Due Dates	
Fall Term	August 1, 2005
Winter Term	January 1, 2006
Spring Term	March 1, 2006
Summer Term	June 1, 2006

If the quarterly installment is received after the above premium payment due date, coverage will cease as of the last day of the previous term of coverage. Please note that timely payment of quarterly installments is the responsibility of the insured student. UMDNJ, University Health Plans, Inc., Chickering Claims Administrators, Inc., or Aetna will not be held liable in the event of late payment, and subsequent cancellation of coverage.

For information or general questions on dependent enrollment, contact University Health Plans Customer Service: (800) 437-6448.

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 UMDNJ 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. 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 University Health Plans, Inc.

Premium Refund Policy

Any student withdrawing from school during the first 31 days of the period for which premium has been paid shall not be covered under the Policy and a full refund of the premium will be made. (This refund policy will not apply to any student withdrawing due to a covered Accident or Sickness.) 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, and any covered dependents, upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

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 UMDNJ, University Health Plans, Inc., Chickering Claims Administrators, Inc., or Aetna.

To locate a Preferred Provider, you may contact Chickering Claims Administrators, Inc, at (800) 466-3185. You can also obtain information regarding Preferred Providers through the Internet by accessing **DocFind®** at: **www.chickering.com**. Click on "Find Your School" enter 812807 as your Policy Number. You can use **DocFind®** 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.

- 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. Please note that the Deductible associated with failure to obtain the required pre-certification of an Inpatient Hospital Admission does not apply towards meeting the annual Preferred and Non-Preferred Deductible, the PPO Inpatient Per Admission Copay, or the annual Out-of-Pocket Maximum.

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 Department
P.O. Box 15708
Boston, MA 02215-0014
(800) 286-1144
Hours: Monday through Friday, 8:30 a.m. to 5:30 p.m. (ET)

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 $500,000 for any one covered Accident or any one covered Sickness.

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 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).

Lifetime Maximum	$500,000 per condition
Plan Deductibles and Copays	***Preferred Care***: $75 annual Deductible (does not apply to inpatient services). ***Preferred Inpatient Care***: $500 Copay per admission. ***Non-Preferred Care***: $1,000 annual Deductible ($2,000 per family). Prescription Drug per prescription copay/deductible and Coinsurance amounts do not apply towards meeting the annual deductible.
Annual Out-of-Pocket Maximum (includes Deductibles)	***Preferred Care***: $1,500. ***Non-Preferred Care***: $10,000. Prescription Drug per prescription Copay/Deductibles and coinsurance amounts do not apply towards meeting the Annual Out-of-Pocket Maximum.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 100% of the Negotiated Charge for an overnight stay. ***Non-Preferred Care***: 70% of the Reasonable Charge for the semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 100% of the Negotiated Charge for an overnight stay. ***Non-Preferred Care***: 70% of the intensive care room rate for an overnight stay. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines, and use of operating room.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 100% of the Negotiated Charge. ***Non-Preferred Care***: 70% 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 Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: ***Preferred Care***: 100% of the Negotiated Charge. ***Non-Preferred Care***: 70% of the Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as follows: Preferred Care: 90% of the Negotiated Charge. Non-Preferred Care: 60% of the Reasonable Charge.
Anesthetist Expenses and Assistant Surgeon Expenses	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: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.

Outpatient Benefits Covered Medical Expenses include, but are not limited to: Physician's office visits, routine Hepatitis B screening, 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.	
Physician's Office Visits Expenses (including routine care)	Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 90% of the Reasonable Charge.
Lab and X-Ray Expenses (Non-Hospital)	Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.
Durable Medical Equipment Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses - Mental Health	Biologically-Based Conditions: Covered as any other condition. Non-Biologically-Based Conditions: Covered Medical Expenses for the treatment of a mental health condition 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 for any other Sickness. 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.

Outpatient Expenses - Mental Health	Biologically-Based Conditions: Covered as any other condition. Non-Biologically-Based Conditions: 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: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge. Outpatient treatment is payable up to a maximum of 20 visits per Policy Year.
Inpatient Expenses - Substance Abuse	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.
Outpatient Expenses - Substance Abuse	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 any other condition.
Maternity Benefits	
Maternity Expenses	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.
Voluntary Termination of Pregnancy Expenses	Covered Medical Expenses for voluntary termination of pregnancy are payable on the same basis as any other Sickness.

Additional Benefits	
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.
Prescription Contraceptive Medical Expenses	Covered Medical Expenses are payable on the same basis as any expense. Covered Medical Expenses also include any expenses incurred for office visits in conjunction with the administration of a covered prescription contraceptive. Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.
Ambulance Expenses	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.
Prescription Drug Benefit	Covered Medical Expenses for outpatient Prescription Drugs Expenses associated with a covered Sickness or covered Accident occurring during the Policy Year are payable as follows: Preferred Care: 100% of the Negotiated Charge after the applicable per prescription Copay. Non-Preferred Care: 70% of the Reasonable Charge after the applicable per prescription Deductible. Per Prescription Copays/Deductibles are as follows: • $15 for Tier One (Covered Generic medications on the Preferred Drug Formulary List) • $20 for Tier Two (Covered Brand-Name medications on the Preferred Drug Formulary List) • $40 for Tier Three (Covered Generic and Brand-Name medications NOT on the Preferred Drug Formulary List) *Please note*: You are required to pay in full at the time of

	service for all Prescriptions dispensed at a Non-Preferred Pharmacy. Please refer to the Prescription Drug Claim Procedure Section of this Brochure for information regarding the claim submission and reimbursement process. For information regarding Aetna's Prescription Drug Formulary List, visit **www.chickering.com**, click on "Find Your School" enter 812807 as your Policy Number. Or, you can also visit **www.aetna.com/formulary**. Covered Medical Expenses for Prescription Drugs are payable up to a maximum of $2,500 per Policy Year. Medications not covered by this benefit include, but are not limited to, drugs whose sole purpose is to promote or to stimulate hair growth; appetite suppressants; smoking deterrents; and non-self injectables. Covered medications also include allergy sera. Prior authorization is required for growth hormones and drugs which are for treatment of Malaria. For assistance, or for a complete list of excluded medications and drugs available with prior authorization, please contact (800) 238-6279.
Hospice Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.
Home Health Care Expenses	Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge. ***Non-Preferred Care***: 60% of the Reasonable Charge.
Childhood Immunization and Lead Poisoning Expenses	Covered Medical Expenses include charges made by a Physician for: • Childhood immunizations, as recommended by the Advisory Committee or Immunization Practice of the United States Public Health Service; and • Blood lead level screening. Covered Medical Expenses are payable on the same basis as any expense.

Immunization Expenses (Including Related Office Visit Expenses) - Student and Dependent Spouse	Covered Medical Expenses for materials for the administration of recommended immunizations for infectious diseases are payable on the same basis as any expense.
Prostate Cancer Screening Expenses	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.
Colorectal Cancer Screening Expenses	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): • One annual fecal occult blood test; • A digital rectal exam and a flexible sigmoidoscopy every five years; • A digital rectal exam and a double contrast barium enema every five years; and • A digital rectal exam and a colonoscopy every 10 years. Covered Medical Expenses are payable on the same basis as any expense.
Routine Physical Exam Expenses - Student and Dependent Spouse Age 20 and Over	Covered Medical Expenses include charges for an annual routine physical exams for a Covered Person over age 20 as follows: • 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 • A glaucoma eye test every five years for persons age 35 and over. Covered Medical Expenses are payable on the same basis as any expense up to the following maximum benefit payable (adjusted each July) per Policy Year: 1. $191 for a Covered Person age 20 and over but under age 40; 2. $222 for a male Covered Person age 40 and over; 3. $360 for a female Covered Person age 40 and older.

Routine Physical Exam Expenses - Dependent Child	Covered Medical Expenses include charges for routine physical exams for an insured dependent child as follows: • A review and written record of the patient's complete medical history; • A check of all body systems; and • A review and discussion of the exam results with the patient or with the parent or guardian. 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. 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.
Routine Screening for Sexually Transmitted Diseases	Covered Medical Expenses will include coverage of expenses incurred by a Covered Person who is at least 18 years of age and who is sexually active for an annual routine screening for sexually transmitted diseases. Covered Medical Expenses include any FDA approved laboratory tests that specifically detects for infection by one or more agents of: • Gonorrhea; • Syphilis; • Hepatitis; • HIV; and • Genital Herpes Covered Medical Expenses are payable on the same basis as any other expense.
Diabetic Equipment and Self-Management Education Program *(Please note: insulin, syringes, testing supplies are covered under the Prescription Drug portion of the Plan)*	Covered Medical Expenses for diabetic equipment, other than those provided under the Prescription Drug portion of the Plan, and self-management education programs, are payable on the same basis as any expense.

Newborn Hearing Testing and Monitoring Expenses	Covered Medical Expenses include coverage for newborn hearing testing and monitoring. Covered Medical Expenses include electropysiologic screening measures, and periodic monitoring of infants for delayed onset hearing. Covered Medical Expenses are payable as follows: ***Preferred Care***: 90% of the Negotiated Charge with waiver of the Deductible. ***Non-Preferred Care***: 60% of the Reasonable Charge with waiver of the Deductible.
Specialized Non-Standard Infant Formulas Expenses	Covered Medical Expenses for specialized non-standard infant formulas prescribed by a provider are payable on the same basis as any expense.
Infertility Treatment Expenses	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 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).

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.chickering.com**. Click on "Find Your School" enter 812807 as your Policy Number to find a Vision One provider near you.
Informed Health Line	Aetna's Informed Health® Line gives you easy access 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 **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.*
Alternative Health Care Programs	Save money on many alternative therapies and products through our Alternative Health Care 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.

General Provisions

State Mandated Benefits

This plan will always pay benefits in accordance with any applicable New Jersey

Insurance Law(s).

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. 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 under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one Policy Year to the next.

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 this Accident and Sickness Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. 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 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
- 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 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 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 that must, by law, be recognized as a doctor legally qualified 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.

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 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 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, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.

10. 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.

11. Expenses incurred as a result of 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.

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.

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 for blood or blood plasma, except charges by a hospital for the processing or administration of blood.

15. Expenses incurred by a Covered Person not a United States Citizen for services performed within the Covered Person's home country.

16. Expenses incurred for the treatment of temporomandibular joint dysfunction and associated myofascial pain unless otherwise provided in the Policy.

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

18. 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.

19. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.

20. 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.

21. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.

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 incurred for treatment of mental or nervous disorders unless otherwise provided in the Policy.

25. Expenses incurred for the treatment of alcoholism or drug addiction, unless otherwise provided in the Policy.

26. Expenses incurred for voluntary or elective abortions unless otherwise provided in the Policy.

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.

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.

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

29. 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.

30. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.

31. Expenses incurred for breast reduction/mammoplasty.

32. Expenses incurred for gynecomastia (male breasts).

33. Expenses incurred for sinus surgery, except for acute purulent sinusitis.

34. Expenses for charges that are not Reasonable Charges, as determined by Aetna.

35. 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.

36. Expense for: (a) care of flat feet;
(b) supportive devices for the foot; (c) care of corns, bunions, or calluses; (d) care of 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.

37. 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.

Continuation of Coverage

Under certain circumstances, Continuation of Coverage as required by state law, may be available under this Plan. Please contact Chickering Claims Administrators, Inc. for additional information.

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 of Benefits.

5. 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

Preferred Care: When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug.

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. A claim form is available at Student Health Services or by calling (800) 238-6279.

You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the prescription drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at: www.chickering.com. Click on "Find Your School" enter 812807 as your Policy Number.

Non-Preferred Care: You may obtain your Prescription from a Non-Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable Deductible, directly by Aetna. You will be responsible for any amount in excess of the Reasonable Charge.

Please note: You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.

Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at (800) 238-6279.

When submitting a claim, please include all Prescription receipts; indicate that you attend UMDNJ 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 (800) 466-3185 for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect UMDNJ 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.

Presented by:
University Health Plans, Inc.
One Batterymarch Park
Quincy, MA 02169-7456
(800) 437-6448
www.universityhealthplans.com

The Chickering Group℠
An Aetna Company

Underwritten by:
Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
Policy No. 812807

Administered by:
Chickering Claims Administrators, Inc.
(800) 466-3185
www.chickering.com

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