

2006 - 2007



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 No. 890437

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Tulane University

The Tulane University Student Health Insurance Plan has been developed especially for eligible Tulane University students and their eligible dependents. The Plan provides coverage for illnesses and Injuries that occur on and off campus, and includes special cost-saving features to keep coverage as affordable as possible.

Where To Find Help

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

As a Chickering Student Health Insurance Plan 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, 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 **(800) 225-3375**.

For Questions About:

- Insurance Benefits
- Enrollment
- Enrollment Forms
- Claims Processing
- Inpatient Admission Pre-Certification

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7909 (toll free)

For Questions About ID Cards:

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.

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) 375-7909 or visit www.chickering.com, click on “Find Your School” and enter **890437** as your Policy Number.

For Questions About:

- Status of a Pharmacy Claim
- Pharmacy Claim Forms
- Excluded Drugs and Pre-Authorization

Please contact

Aetna Pharmacy Management
(800) 238-6279 (Available 24 hours)

For Provider Listings (Including Preferred Pharmacy Listings):

A complete list of Providers can be found by accessing Aetna’s DocFind® Service: www.chickering.com. Click on “Find Your School” and enter **890437** 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 plus (301) 656-4152.**

E-mail address: medservices@assistamerica.com

Worldwide Web Access:

- The Chickering Group: www.chickering.com

To obtain detailed information on the Student Health Insurance Plan or to confirm your insurance decision (waiving or enrolling):

Visit www.chickering.com, click on “Find Your School” and enter school name or Policy Number **890437**.

Tulane University Student Health Insurance Plan
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This is a brief description of the Injury and Sickness Medical Expense benefits available for Tulane University students and their eligible dependents (“the Plan”). 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 University, and may be viewed at the University during normal business hours. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Policy Period

Coverage under the Plan is effective:

Annual Period: 12:01 a.m. on **August 19, 2006** through 12:01 a.m. on **August 18, 2007**.

Fall Semester only: 12:01 a.m. on **August 19, 2006** through 12:01 a.m. on **January 5, 2007**.

Spring/Summer Semester only: 12:01 a.m. on **January 6, 2007** through 12:01 a.m. on **August 18, 2007**.

Premium Rates

	Annual	Spring/Summer
Student	\$1,883	\$1,171
Spouse	\$3,201	\$1,975
Child(ren)	\$2,584	\$1,594

Premium Refund Policy

If you withdraw from Tulane University within the first 31 days of the coverage period, you will receive a full refund of the insurance premium unless you or your covered dependent files a medical claim. If you withdraw from Tulane University after 31 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium. No refunds will be granted.

The Premium Refund Policy also applies to students on leave of absence for medical or academic reasons and graduating students.

A Covered Person entering the armed forces of any country will not be covered under the Plan 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 the school.

Student Eligibility Requirements

Full-time students will be automatically enrolled into the plan unless a Waiver is submitted by **September 22, 2006**.

All other students taking at LEAST six credit hours are eligible to enroll voluntarily (**note:** the six credit hour requirement is not applicable to students classified as dissertation students, graduate assistants, teaching assistants, research assistants, or students having less than six hours to complete their degree requirements), however such part-time students are not required to enroll and will not be required to complete a Waiver.

Eligible part-time students, Executive Program students and students classified as dissertation students, graduate assistants, teaching assistants, or research assistants, MUST complete the online enrollment form by the deadlines mentioned below to obtain coverage under the Plan for themselves and any eligible dependents, whether or not previously enrolled.

Online students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the Plan.

Please Note: Students enrolling in the Plan must meet and maintain the eligibility requirements as defined in the Brochure and the Master Policy in order to remain covered under the Plan.

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

Student Enrollment Process

Full-Time Students

All full-time undergraduate and graduate students are automatically enrolled in the Plan unless they complete the online waiver process. Students requesting a Waiver must enter the request and provide information regarding the Plan they are covered under, at the following address: www.chickering.com. Click on “Find Your School” and enter Tulane University or Policy Number **890437**.

Failure to complete the online waiver process by **September 22, 2006** for students enrolling at the University in the Fall semester (by **February 2, 2007** for new students enrolling at the University in the Spring semester) will result in being automatically enrolled in the Plan, and the applicable premium will be billed to the student’s account receivable.

Please note: The waiver requirement must be met **each** academic year.

Part-Time Students

Other eligible students who are not enrolled full time (see “Student Eligibility Requirements”) may enroll voluntarily. To enroll go to www.chickering.com, click on Find Your School and enter Tulane University, or **890437** as the Policy Number.

Enrollment completed on or before the published deadlines will be effective the start of the Plan period indicated.

Enrollment/ Waiver Deadlines for All Students

Annual Period	September 22, 2006
Fall Semester	September 22, 2006
Spring/Summer Semester	February 2, 2007

Dependent Coverage

Dependent Eligibility Requirements

Covered students may also enroll their lawful spouse, unmarried dependent children and unmarried grandchildren in the legal custody of the grandparent. Children and grandchildren under age 21 (or under age 24, if enrolled full time at an accredited college, university, vocational, technical, vocational-technical, trade school or institute or secondary school) and not self-supporting, are eligible.

Dependent Enrollment Process

To enroll the eligible dependent(s) of a covered student, go to www.chickering.com. Click on “Find Your School” and enter the school name or Policy Number **890437**.

Dependent Enrollment Deadlines

The final enrollment deadline for the Annual Period is **September 22, 2006**. The final enrollment deadline for the Spring or Summer Semester is **February 2, 2007**.

Late Enrollment

Under certain circumstances, coverage for late enrollees may be possible. Late enrollment is available to students and their eligible dependents who have lost coverage due to a qualifying life event. A qualifying life event includes, but is not limited to, marriage, birth, adoption and involuntary loss of coverage. Application of coverage for a qualifying life event must be made within 31 days of loss of coverage. Contact the Accounts Receivable office at: **(504) 865-5368**.

Enrollment received after the deadline due to a qualifying life event, will become effective on the date the enrollment form and premium are received. The premium will not be pro-rated.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, premature birth, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Plan. **To extend coverage for a newborn past the 31 days, the Covered Person must submit an enrollment form and the required premium within 31 days of birth.**

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. To extend coverage for an adopted child past the 31 days, the Covered Person must (1) enroll the child within 31 days of placement of such child, and (2) pay any additional premium, if necessary, starting from the date of placement.

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

Pre-Existing Conditions/Continuously Insured Provisions

The definition of a Pre-Existing Condition is any Injury, Sickness, or condition for which a person received treatment or services, or took prescribed drugs or medicines within six months of the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the Plan and previous Tulane University Student Health Insurance Plans from one year to the next, an Injury or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Limitations

Pre-existing conditions are not covered except for those students who have been continuously insured under the school's student health insurance policy(ies), including the Plan, for at least 12 consecutive months. Credit will also be given for prior coverage under other Credible Coverage, if that policy was continuous to a date no more than 63 days prior to the insured's effective date under this policy.

Continuously Insured

Persons who have remained continuously insured under the Plan and prior health insurance policies issued to the school 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 the Plan. Previously Covered Persons must re-enroll for coverage by the indicated enrollment deadlines in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the Plan's definition of Pre-Existing Conditions will apply.

Creditable Coverage

Creditable Coverage means a person's prior medical coverage as defined in the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Such coverage includes the following: coverage issued on a group or individual basis, Medicare, Medicaid, military-sponsored health care, a program of the Indian Health Service, a state health benefits risk pool, the Federal Employees' Health Benefit Plan (FEHBP), a public health plan as defined in the regulations, and any health benefit plan under Section 5(e) of the Peace Corps Act.

Students participating in study abroad programs and enrolled in the HTH International Insurance Plan will be given credit as insured through credible creditable coverage.

Utilizing Services Within the Tulane University Student Health Center

Students are not charged for the majority of services within the Student Health Center and are expected to use the resources of the Student Health Center prior to seeking outside medical care. The Student Health Center can administer treatment or issue a referral to an Aetna PPO provider.*

*It is the student's responsibility to verify the provider's contract status at the time of service.

Students are not charged for the majority of services rendered by the Student Health Center. Students are covered at 100% for lab charges and Prescription drugs billed or provided at the Student Health Center (subject to a \$15 Copay for all Prescription medications and an annual Maximum of \$1,000 for Prescription medications provided by the Student Health Center) after the annual Deductible has been satisfied.

Coverage at SHC includes:

- Immunizations (Hepatitis A & B, Meningitis)
- Smoking Cessation Program (\$150 for one-time stop smoking program)
- Acne Medication and Treatment

When care outside the Student Health Center is referred, covered medical expenses incurred will be paid according the schedule of benefits after the annual Deductible has been satisfied.

When care outside the Student Health Center is NOT referred, Covered Medical Expenses incurred will be covered at the out-of-network Coinsurance level of 50%, subject to Plan provisions, after the annual Deductible has been satisfied.

The above Referral Requirements, and applicable non referral penalty, does not apply:

1. To expenses incurred for treatment of an Emergency Medical Condition.
2. When the Student Health Center is closed or medical care is received at another facility during a break or vacation period.
3. When care is received more than 30 miles from campus.
4. When a student is no longer eligible to use the Student Health Center due to a change in student status.
5. To maternity care, or gynecological services.
6. To mental health related services.
7. To part-time students, dissertation students, graduate assistants, research assistants, or teaching assistants who have not paid their Student Health Service fee.
8. To spouses and dependents of students.

Please note: The Student Health Center treats only students who pay the Student Health Service fee. Spouses and dependents of students are not eligible to use the Student Health Center. However, all Covered Persons under the Plan are eligible to utilize the Pharmacy at the Student Health Center.

The SHC is open during the following hours:

Monday thru Friday – 8:30 a.m. to 4:30 p.m. (CST)

Saturday, 9:00 a.m. to 12:00 noon (academic year only)

Summer Hours: Monday thru Friday – 8:30 a.m. to 3:00 p.m.

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. To maximize your savings and reduce your out-of-pocket expenses, prior to making an appointment, select a Preferred Provider. It is to your advantage to use a Preferred Provider because significant savings may 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 Tulane University, Chickering Claims Administrators, Inc., or Aetna.

You can obtain a complete listing of Preferred Providers through the Internet by accessing DocFind through: www.chickering.com. Click on “Find Your School” and enter **890437** as your Policy Number.

You may also contact Chickering Claims Administrators, Inc., at **(877) 375-7909** toll free.

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.

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) 375-7909

Description of Benefits

Injury and Sickness Expense

Payment will be made as allocated herein for Covered Medical Expenses for an Injury or Sickness. Benefits will be payable up to an Aggregate Maximum of \$250,000 for any one Injury or any one Sickness per Policy Year.

The payment of any Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Covered Person.

To maximize your savings and reduce out-of-pocket 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 by contacting Chickering Claims Administrators, Inc., at **(877) 375-7909** for specific provider information. You can also use the Internet and Aetna's DocFind at: www.chickering.com. Click on "Find Your School" and enter **890437** as your Policy Number.

The out-of-pocket maximum is \$2,500 per insured per Policy Year for preferred care and \$5,000 per insured per Policy Year for non-preferred care. Once Coinsurance for Covered Medical Expenses has reached these maximums within a Policy Year, the Plan will pay 100% of the Covered Medical Expenses for the remainder of the Policy Year up to the Plan Maximum. Amounts above the Reasonable Charge allowance and benefit limits, charges in excess of any specified maximum, drug Copays, Deductibles and non-covered charges are not applied towards meeting the out-of-pocket maximum and are the responsibility of the insured.

Summary of Benefits Chart

Aggregate Maximum	\$250,000 per Injury or Sickness
Out-of-Pocket Maximum per Policy Year Copays, Deductibles and non-covered expenses do not apply towards meeting the out-of-pocket maximum	Preferred Care: \$2,500 Non-Preferred Care: \$5,000
In-Network Deductible	\$250 per Policy Year, per person / \$750 per family <i>(if two or more covered family members are injured in the same Accident only one Deductible will apply)</i>
Out-of-Network Deductible	\$500 per Policy Year, per person / \$1,500 per family <i>(if two or more covered family members are injured in the same Accident, only one Deductible will apply)</i>
Inpatient Hospitalization Benefits	
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% 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.
Licensed Nurse Expenses	Covered Medical Expenses for charges for the services of private duty nursing care are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Physiotherapy Expenses	Covered Medical Expenses for inpatient physiotherapy are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.

Inpatient Hospitalization Benefits (continued)	
Pre-Admission Testing Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
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: 80% of the Negotiated Charge. Non-Preferred Care: 50% 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: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Day Surgery Miscellaneous Expenses	Covered Medical Expenses related to a scheduled surgery, including the cost of the operating room, lab and X-ray, professional fees, anesthesia, drugs or medicines and supplies are payable as follows up to a maximum of \$3,000 per Injury or Sickness: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% 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: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Outpatient Benefits	
Physician Office Visit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 80% of the Reasonable Charge.
Radiation Therapy and Chemotherapy Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.
Diagnostic Lab and X-ray (<i>Non-Hospital</i>) Expenses	Covered Medical Expenses are payable as follows up to a maximum of \$1,500 per Injury or Sickness. Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.

Outpatient Benefits (continued)	
Physiotherapy Expenses	Covered Medical Expenses are payable as follows up to a maximum of five visits: <i>Preferred Care:</i> 80% of the Negotiated Charge. <i>Non-Preferred Care:</i> 50% of the Reasonable Charge.
Mental Health and Substance Abuse Benefits	
Inpatient Expenses – Mental Health (<i>Non-Severe</i>)	Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or facility licensed for such treatment are payable as follows: <i>Preferred Care:</i> 80% of the Negotiated Charge. <i>Non-Preferred Care:</i> 50% of the Reasonable Charge.
Inpatient Expenses – Mental Health (<i>Severe Illness</i>)	Covered Medical Expenses for the treatment of a mental health condition 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. Limited to a maximum of 45 days per insured per Policy Year. However, one inpatient day of treatment may be exchanged for two days of partial hospitalization or two days of residential treatment center hospitalization.
Outpatient Expenses – Mental Health (<i>Non-Severe</i>)	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 up to a maximum of 10 visits: <i>Preferred Care:</i> 80% of the Negotiated Charge. <i>Non-Preferred Care:</i> 50% of the Reasonable Charge.
Outpatient Expenses – Mental Health (<i>Severe</i>)	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 any other Sickness. Limited to a maximum of 52 visits per insured per Policy Year. However, one inpatient day of treatment may be exchanged for four days of outpatient treatment or four outpatient visits may be exchanged for one inpatient day of treatment.
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 as follows: <i>Preferred Care:</i> 80% of the Negotiated Charge. <i>Non-Preferred Care:</i> 50% of the Reasonable Charge.
Outpatient Expense – 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 licensed practitioner are payable as follows up to a maximum of 10 visits: <i>Preferred Care:</i> 80% of the Negotiated Charge. <i>Non-Preferred Care:</i> 50% of the Reasonable Charge.

Maternity Benefits	
Maternity Expenses <i>(referral requirement and associated penalties are waived for these services)</i>	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.
Additional Benefits	
Immunization Expenses	Covered Medical Expenses shall include the complete basic immunization series for children up to age six as defined by the state health officer and required for school entry. Immunizations for children from birth to age six will be covered the same as any other illness, Deductible does not apply.
Women's Health Benefit Expenses	<p>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.</p> <p>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.</p> <p>Deductible and Referral do not apply.</p>
Prostate Cancer Screening Expenses	<p>Covered Medical Expenses are payable for one annual digital rectal exam and a Prostate Specific Antigen (PSA) test for men over 50 years of age and as Medically Necessary for men over 40.</p> <p>Covered Medical Expenses are payable on the same basis as any expense.</p> <p>Deductible does not apply.</p>
Routine Colorectal Cancer Screening Expenses	Covered Medical Expenses include a fecal occult blood test, flexible sigmoidoscopy, or colonoscopy provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations. Covered Medical Expenses are payable as another any other expense.
Attention Deficit/Hyperactivity Disorder Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p>Initial Diagnosis: As any other illness up to the maximum benefit of \$600.</p> <p>Treatment: As any other illness up to \$50 per visit not to exceed \$2,500 per Policy Year and \$10,000 per lifetime.</p>

Additional Benefits (continued)	
Diabetes Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p>Evaluation and Training Program: One time evaluation and training program per Policy for diabetes self-management is payable as any other illness up to the maximum benefit of \$500.</p> <p>Additional Training: Medically Necessary additional training will be covered when due to significant change in symptoms or condition. This coverage will be limited to \$100 per Policy Year and a limit of \$2,000 per lifetime per insured.</p>
High Cost Procedure Expenses	<p>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 \$1,500 per Injury or Sickness:</p> <p>Preferred Care: 80% of the Negotiated Charge.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Durable Medical Equipment Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 80% of the Negotiated Charge.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Voluntary Termination of Pregnancy Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 80% of the Negotiated Charge.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Consultant Physician Fees Expenses	<p>Covered Medical Expenses are payable as follows up to a maximum of \$250 per Injury or Sickness:</p> <p>Preferred Care: 80% of the Negotiated Charge.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge.</p>
Ambulance Expenses	<p>Covered Medical Expenses for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Injury or Sickness are payable as follows up to \$125 per trip:</p> <p>Preferred Care: 80% of the Negotiated Charge.</p> <p>Non-Preferred Care: 80% of the Reasonable Charge.</p>
Prescription Drug Benefit Expenses – Tulane Student Health Center	<p>Following a \$15 Copay for each Generic Prescription Drug or Brand-Name Prescription Drug, Covered Medical Expenses are payable up to a maximum of \$1,000 per Policy Year. This Pharmacy benefit is provided to cover Prescriptions associated with a covered Sickness or covered Accident.</p>

Additional Benefits (continued)

<p>Prescription Drug Benefit Expenses – Aetna Prescription Drug Card Program <i>(continued)</i></p>	<p style="text-align: center;">And</p> <p>Following a \$15 Copay for each Generic Prescription Drug or a \$30 Copay for each Brand-Name Prescription Drug, Covered Medical Expenses are payable up to a maximum of \$750 per Policy Year. If this limit is exhausted, the Aetna Prescription Card may be used to obtain Aetna’s prescription discounts at participating drugstores. This Pharmacy benefit is provided to cover Prescriptions associated with a covered Sickness or covered Accident.</p> <p>Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. (Please refer to the Prescription Drug Claim Procedure section of this Brochure for information regarding the claim submission and reimbursement process.)</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables except as otherwise provided under the Policy. Both benefits include coverage for oral contraceptives.</p>
<p>Dental Expenses</p>	<p>Covered Medical Expenses for the treatment of an Injury to sound, natural teeth up to a maximum of \$200 per tooth: Preferred Care: 80% of the Negotiated Charge. Non-Preferred Care: 50% of the Reasonable Charge.</p>
<p>The Plan will pay benefits for the following mandated benefits and any applicable mandates in accordance with Louisiana Insurance Laws: Mammography Benefits, Childhood Immunizations, Dental Anesthesia, Bone Density, Severe Mental Illness, Prostate Cancer Screening, Hearing-impaired Interpreter, Cervical Cancer, Attention Deficit/Hyperactivity Disorder, Diabetes, Inherited Metabolic Disease, Cleft Lip and Palate, Clinical Trials.</p> <p>Transportation of ill newborn child and disabled mother by professional ambulance.</p>	

Additional Services and Discounts

<p>Voluntary Dental Insurance</p>	<p>With our Aetna Dental PPO plan, you can choose to visit a participating or non-participating dentist for care.</p> <p>Enroll and search for dentists online at www.chickering.com; click on “Find Your School” and enter 890437 as the Policy Number.</p> <p>Annual Premium:</p> <table> <tr> <td>Student:</td> <td>\$305.64</td> </tr> <tr> <td>Spouse:</td> <td>\$295.32</td> </tr> <tr> <td>Child(ren):</td> <td>\$348.72</td> </tr> </table>	Student:	\$305.64	Spouse:	\$295.32	Child(ren):	\$348.72
Student:	\$305.64						
Spouse:	\$295.32						
Child(ren):	\$348.72						

Additional Services and Discounts (continued)

<p>Vital Savings by AetnaSM</p>	<p>Vital Savings by AetnaSM – offers you a great way to get significant discounts on a wide array of services. The Vital Savings card gives you access to savings on dental and vision care.</p> <p>The cost to enroll for annual membership September 1, 2006 through August 31, 2007 in the Vital Savings Discount program is as follows:</p> <p>Student: \$25.00 Student + 1 Dependent: \$44.00 Student + 2 or more Dependents: \$63.00</p> <p>This program can be purchased through May 2007, however, the fee is not pro-rated. For additional information and to enroll, go to www.chickering.com. Click on “Find Your School” and enter the school name or Policy Number (890437).</p>
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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.

<p>Vision One[®] Discount Program</p>	<p>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 on to www.chickering.com, click on “Find Your School” and enter 890437 as your Policy Number to find a Vision One provider near you.</p>
<p>Informed Health[®] Line</p>	<p>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).</p> <p>1. 24-Hour Nurse Line</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>To reach an Informed Health[®] Line Nurse, please call (800) 556-1555. For TDD (hearing and speech impaired only), please call (800) 270-2386.</p>

Additional Services and Discounts (continued)

Informed Health®
Line
(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 **(800) 556-1555**.

For TDD (hearing and speech impaired only), please call **(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.*

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

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

Third Party Liability and Right of Recovery

When a Covered Person's Injury appears to be someone else's fault, benefits otherwise payable under this Policy for Covered Medical Expenses incurred as a result of that Injury will not be paid unless the Covered Person or his legal representative agrees:

- (a) To repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the Covered Person by or on behalf of the person at fault;
- (b) To allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna; and
- (c) To execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

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 illnesses or any insurance coverage responsible for 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 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 reimbursement rights are a first priority claim against all potentially 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 potentially 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 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 judgement 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 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 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 the Student Health 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 the Policy is in force as to the Covered Person except with respect to any Covered Medical Expenses payable under the Extension of Benefit provision.

Covered Person: A covered student or their lawful spouse or unmarried dependents 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 unless otherwise provided under the Policy.

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 his or her condition, 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.

Generic Prescription Drug or Medicine: A Prescription Drug that 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 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 Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which 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.

Preferred Care: Care provided by a Preferred Care Provider, or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

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.

Pre-Existing Condition: Any Injury, Sickness, or condition for which a person received treatment or services, or took prescribed drugs or medicines within six months of the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the Tulane University Student Health Insurance Plan from one year to the next or 12 months of Creditable Coverage, an Injury or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Preferred Pharmacy: A Pharmacy which is party to a contract with Aetna to dispense drugs to persons covered under the Policy, but only while the contract remains in effect, and when the Pharmacy dispenses a Prescription Drug under the terms of its contract with Aetna.

Prescription: An order of a prescriber for a Prescription Drug. If it is an oral order, it must be promptly put in writing by the Pharmacy.

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 who 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.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's School Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder.
3. Expenses incurred for services normally provided without charge by the school and covered by the school fee paid by the Covered Person.
4. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, prescriptions, or examinations, except as required for repair caused by a covered Injury or Sickness.

5. 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.
6. Expenses incurred as a result of commission of a felony.
7. 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. (Passengers of government and chartered aircraft are also exempt from this exclusion.)
8. Expenses incurred as a result of an Injury or Sickness due to working for wage or profit for which benefits are paid under a Workers' Compensation or Occupational Disease Law.
9. 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.
10. Expenses incurred for treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance.
11. 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 or create a normal appearance, to the extent possible, 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 congenital 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 the initial prosthetic device for a Covered Person who has undergone a mastectomy, Benefits shall include surgery on the other breast to produce a symmetrical appearance.) 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.
12. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.
13. Expenses incurred for any services rendered by a family member of the Covered Person's immediate family or a person who lives in the Covered Person's home.

14. 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.

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

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 or treatment rendered unless the Covered Person is under a legal obligation to pay for such treatment or expense, or expenses which are in excess of the Reasonable Charge.

18. Expenses incurred as a result of allergy shots and injections, preventive medicines, serums, vaccines, or oral contraceptives unless otherwise provided in the Policy.

19. 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.

20. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first party medical benefits paid under any other mandatory no-fault law.

21. Expenses for 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.

22. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood unless otherwise provided in the Policy.

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

24. 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.

25. Expenses incurred for Injury resulting from the play or practice of collegiate or intercollegiate sports (Injuries resulting from participation in sport clubs or intramural athletic activities are not excluded).

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

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.

This exclusion will not apply if the Covered Person has been accepted into a phase I, II, III or IV approved cancer clinical trial and the attending Physician recommended the program.

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

29. Expenses 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.

30. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.

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 sinus surgery, except for acute purulent sinusitis.
35. Expenses for charges that are not Reasonable Charges, as determined by Aetna.
36. 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.
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.
38. Expenses arising as a result of a Pre-Existing Condition as defined in the Policy.
39. Expense incurred for, or related to, services, treatment, testing, educational testing, training, or medication for Learning Disabilities, or other developmental delays.

Any exclusion listed 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 totally disabled or hospital confined on the date his or her insurance terminates, expenses incurred after the termination date shall be payable in accordance with the Policy, but only while the Covered Person continues to be totally disabled or hospital confined. Benefits will end 90 days from the date coverage terminates and benefits will not exceed the Aggregate Maximum.

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.

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) 375-7909

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m. (PT), 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 Chickering Claims Administrators, Inc., within 60 days from the date appearing on the Explanation of Benefits (EOB).

Appeals Procedure

Aetna has established a procedure for resolving complaints by Covered Persons. If you have a complaint, please follow this procedure:

An Appeal is defined as a written request for review of a decision that has denied in whole or in part, after consideration of any relevant information, a request for: claim payment, certification, eligibility, or referrals.

An Appeal must be submitted to Aetna within 60 days of the date Aetna provides notice of denial. The address is shown on your ID card.

An acknowledgment letter will be sent to you within five days of Aetna's receipt of the Appeal. This letter may request additional information. If so, the additional information must be submitted to Aetna within 15 days of the date of the letter.

You will be sent a response within 30 days of Aetna's receipt of the Appeal. The response will be based on the information provided with or subsequent to the Appeal.

If the Appeal concerns an eligibility issue, and if additional information is not submitted to Aetna after receipt of Aetna's response, the decision is considered Aetna's final response 60 days after receipt of the Appeal. For all other Appeals, if additional information is to be submitted to Aetna after receipt of Aetna's response, it must be submitted within 15 days of the date of Aetna's response letter.

Aetna's final response will be sent within 30 days from the date of Aetna's first response letter.

If additional time is needed to resolve the Appeal, Aetna will provide a written notification: indicating that additional time is needed, explaining why such time is needed, and setting a new date for a response. The additional time will not be extended beyond another 30 days.

In any urgent or emergency situation, the Expedited Appeal procedure may be initiated by a telephone call to Customer Services. The Customer Services telephone number is shown on your ID card. A verbal response to the Appeal will be given to the provider within two business days, provided that all necessary information is available. Written notice of the decision will be sent within two business days of Aetna's verbal response. If you are dissatisfied with Aetna's response, the Appeal procedure outlined above may be utilized.

Aetna will keep the records of your complaint for three years.

Independent Medical / Review Process

If, after exhausting the internal Appeals Procedure or your grievance remains unresolved after 30 days, you may be eligible to request an Independent Medical Review. A request for an Independent Medical Review must be submitted within six months from the date you receive your final determination letter. The final determination letter will instruct you on how to submit a request for an Independent Medical Review.

You are only eligible to request an Independent Medical Review for the following:

- The medical services or treatment were denied either because they were not Medically Necessary; or
- Because the proposed service or treatment is considered experimental or investigational.

For more information on the Independent Medical Review Process, you may call Customer Services at the toll-free number shown on your ID Card.

Prescription Drug Claim Procedure

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. Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. Additionally, a listing of Pharmacy locations may be obtained by accessing the Internet at: www.chickering.com, click on "Find Your School" and enter **890437** as your Policy Number.

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. 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 drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts, indicate that you attend Tulane University and include your name, address, and student identification number.

Accidental Death and Dismemberment Benefit

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) 878-1945** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Tulane University students and/or eligible dependents when traveling more than 100 miles from home anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc.

Eligible participants have immediate access to doctors, hospitals, Pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year 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 Student Injury and Sickness 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 any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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) 375-7909 (toll free)
www.chickering.com

Underwritten by:



Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
Policy No. 890437

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. 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.

