

2005 – 2006

Xavier University

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. **890422**

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Xavier University Student Health Insurance Plan

Xavier University's Student Health Insurance Plan has been developed especially for Xavier University students. The Plan provides coverage for Sickness and Injuries that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. Xavier University is pleased to offer the Plan as described in this Brochure.

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.

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**.

Visit Xavier's website at: www.xu.edu/health_couns

For Questions About:

- Insurance Benefits
- Enrollment
- Claims Processing
- Inpatient Admission Pre-Certification
- ID Cards

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-4236
www.chickering.com

Identification Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID cards is received, benefits will be payable according to the Policy. You do not need to have 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 the member ID number on your membership card will be the same as your Xavier student ID number.

For lost ID cards, contact:

Chickering Claims Administrators, Inc.
(877) 375-4236 or visit www.chickering.com, click on "Find Your School" and enter **890422** as your Policy Number.

Provider Listings (Including Preferred Pharmacies):

A complete list of providers can be found by accessing Aetna's DocFind Service at www.chickering.com. Click on "Find Your School", and enter **890422** as your Policy Number.

For Questions About:

- On-Campus Health Services
- On-line Application for Waiver of the automatic student health insurance charge

Please contact:

McGrath Health and Counseling Center
3800 Victory Parkway
Cincinnati, Ohio 45207-7611
(513) 745-3022

www.health@xavier.edu

For Questions About:

- Worldwide Emergency Travel Assistance Services

Please contact:

Assist America, Inc.
(800) 872-1414 (within the U.S.)

If outside of the U.S., call collect by dialing the U.S. access code (01) plus
(301) 656-4152.

Email address: **medservices@assistamerica.com**

McGrath Healing and Counseling Center

http://www.xu.edu/health_couns

Location

The McGrath Health and Counseling Center is located at 1714 Cleneay Ave., right next to the Cohen Lot. Starting at Bellarmine Chapel, head up the Herald-Cleneay Hill towards Montgomery Road. Continue past the Cintas Center parking entrance and precede across the railroad tracks. On the left side of the street, you will see our sign, McGrath Health and Counseling Center. Turn left into our parking lot. Parking is available for students using our service.

Hours of Operation*

Monday - Friday 8:30 a.m. - 4:30 p.m.

*The Center is open during the summer for medical and counseling services on a reduced schedule.

When you are in need of quality health care that is convenient and affordable, the McGrath Health and Counseling Center professionals are here (right on campus) to care for your medical, psychological, and health education needs.

Our highly trained and experienced staff offers students a variety of services, which include: primary and urgent care; women's health care; counseling and psychiatric services; laboratory testing; prescription and over the counter medication.

Medical Services

The Health and Counseling Center provides a wide range of primary care services including lab and pharmacy services, travel immunizations, and referrals to specialists. We can help with special medical needs (allergy shots, chronic illness, etc.); please call us to arrange an appointment or to find out more.

Nurse hours:

Monday - Friday 8:30 a.m. - 4:30 p.m.

Physician hours:

Monday	10:00am – 12:00pm 2:00pm – 4:30pm
Tuesday	2:00pm – 4:30pm
Wednesday	10:00 a.m. - 12:00 p.m. 2:00 p.m. - 4:30 p.m.
Thursday	2:00 p.m. - 4:30 p.m.
Friday	10:00 a.m. - 12:00 p.m. 2:00 p.m. - 4:30 p.m.

Appointments are recommended. Walk-Ins are accepted, however students with appointments are seen first.

There are also specialty hours each month in the areas of women's health and psychiatry. Our medical and/or counseling staff will assist you in arranging appointments with our on-site specialty physicians.

It is not necessary to bring money or make any payment at the time of services. There is no charge for a physician visit or for many other services at the Center. Charges for medications dispensed by us or other services are put on your Bursar bill. While we will not file with your insurance company, we will provide you with the paperwork to do so. We do not file outside lab charges with your insurance company, but if requested, we will provide insurance information to the outside company so that they can bill your insurance directly for their services.

There are no charges for counseling services.

For additional information on services offered at the McGrath Health and Counseling Center, visit us at www.xu.edu/health_couns, e-mail us at health@xavier.edu, or call us at (513) 745-3022.

Policy Period

Coverage for all insured students and dependents will become effective at 12:01 a.m. on and will terminate at 12:01 a.m. on the effective and termination dates indicated below.

Annual Term	8/15/05 through 8/15/06
Spring/Summer Term	1/10/06 through 8/15/06

Premium Rates and Fees

	Annual Term	Spring/Summer Term
Student	\$ 939	\$558
Spouse	\$1,455	\$865
Each Child	\$1,433	\$852

Premium Refund Policy

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 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.

Eligibility

Student Health Insurance Plan

Xavier University requires all undergraduate students taking 12 or more credit hours and international students with F-1 and J-1 Visas to purchase the Student Health Insurance Plan. International students may not waive participation in this Plan. All other students who wish to waive participation in this Plan may do so by completing the On-Line Application for Waiver Form by **October 1, 2005**. Please visit chickering.com and click on "Find Your School", then enter your school name or policy # **890422** which will take you to the on-line waiver option. Other Xavier students who are eligible to purchase this Plan on a voluntary basis include: (1) undergraduate students taking 6-11 credit hours; (2) graduate students taking six or more credit hours who are enrolled in an organized course of study or degree program given by an academic department of the University; and, (3) students taking less than three credit hours, but who are (a) enrolled in an organized course of student or degree program given by an academic department of the University, and (b) who are fulfilling a non-coursework requirement of that program (e.g., thesis, dissertation, student teaching, intern, and practicum students).

Home study, correspondence, and television courses do not fulfill the Eligibility requirements that the student actively attend classes. Students must actively attend classes for at least the first 31 days after the date for which the Plan is purchased.

The Chickering Group maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If, and whenever,

The Chickering Group discovers that the Policy Eligibility requirements have not been met, its only obligation is a refund of the premium.

Waiver Process/Procedure

All undergraduate students taking 12 or more credit hours will be automatically enrolled in the Plan unless other comparable coverage is provided by **October 1, 2005**. All F-1 and J-1 Visa international students will be automatically enrolled in the Plan and may not waive participation in this Plan. If you elect to waive participation in the Student Health Insurance Plan, complete and sign the Application of Waiver Form. Return the completed Form to the McGrath Health and Counseling Center along with a copy of both sides of your current insurance ID card. If you have any additional questions on this process, please contact McGrath Health and Counseling at **(513) 745-3022**.

Dependent Coverage

Covered Students may also enroll their lawful spouse (residing with the insured student) and unmarried dependent children under age 19 who are not self-supporting and reside with the insured student. Any family member who meets the eligibility requirement as a student may be insured as a student or family member, but not as both. Dependent eligibility expires concurrently with that of the insured student.

Enrollment Process

To enroll in the Xavier University Student Health Insurance Plan on a voluntary basis (eligible students and dependents who are not automatically enrolled – see “Eligibility” for more details), go to www.chickering.com, click on “Find Your School” and enter **890422** as your Policy Number. When you get to the next web page please click on the “Enroll/Waive” button and then click on the 2005 – 2006 Enrollment Application. Print and complete the Enrollment Application. Submit the completed Form, along with premium, to:

Chickering Benefit Planning Insurance Agency, Inc.,
P.O. Box 15706
Boston, MA 02215-0014

Newborn Infant Coverage and Adopted Child Coverage

A newborn child shall be insured for Accident, Sickness, premature birth, and medically diagnosed congenital defects and birth abnormalities for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Xavier University Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Person must 1) enroll the child within the first 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 Person must 1) enroll the child within the 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 Claims Administrators, Inc. at (877) 375-4236.

Pre-Existing Conditions/Continuously Insured Provisions

The Definition of a Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 12 months prior to the covered Person's effective date of insurance.

Limitations

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Medical Expenses unless (a) no charges are incurred or treatment rendered for the condition for a period of six months while covered under this Policy; or (b) the Covered Person has been covered under this Policy for 12 consecutive months, whichever happens first.

****Please note:*** The Pre-Existing Condition Limitation is waived for all services rendered at the McGrath Health and Counseling Center.

Special Rules as To A Pre-Existing Condition

If a person had Creditable Coverage, and such coverage terminated within 62 days prior to the date he or she enrolled (or was enrolled) in this Plan, then any limitation as to a Pre-Existing Condition under this Plan will not apply for that person.

Pre-Existing Conditions will apply to students and their covered dependents, who elect coverage more than 62 days after the date such person becomes eligible for coverage under this Policy.

As used above, "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.

Continuously Insured

Continuously insured means a person who was insured under prior creditable coverage, including Student Health Insurance policies issued to the school and is now insured under this Policy. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for expenses payable under prior policies in the absence of this Policy. Previously insured dependents and students must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous coverage occurs, the definition of a Pre-existing Condition will apply in determining coverage of any condition which existed during such a break.

Preferred Provider Network

The Chickering Group has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities, hospitals, and specialty providers are available nationally if you require care outside the immediate area of the Xavier University campus.

To maximize your savings and reduce your out-of-pocket expenses, 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 Xavier University, Chickering Claims Administrators, Inc., or Aetna Life Insurance Company (Aetna). A complete listing of participating providers is available at the Student Medical Center Insurance Office. You may also contact Chickering Claims Administrators, Inc. at **(877) 375-4236**. Additionally, you can obtain information regarding Preferred Providers through the internet by accessing **DocFind** at www.chickering.com. Click on "Find Your School" and enter **890422** as your Policy Number.

McGrath Health and Counseling Center – Referral Requirements

Students' health care needs can best be satisfied when an organized system of health care providers at the McGrath Health and Counseling Center manages the treatment. If you are enrolled in the Student Health Insurance Plan, it will be to your advantage to first seek treatment at the McGrath Health and Counseling Center in order to reduce your out-of-pocket expenses.

When care outside the McGrath Health and Counseling Center is referred, Covered Medical Expenses will be payable at 80% of the Negotiated Charge up to a maximum of \$5,000 and 100% thereafter (Preferred Care Providers) or at 50% of the Reasonable Charge (Non-Preferred Care Providers).

When care outside the McGrath Health and Counseling Center is NOT referred, Covered Medical Expenses will be payable at the Non-Preferred benefits level (50%).

A McGrath Health and Counseling referral for outside care is not necessary only under the following conditions:

1. Treatment of an Emergency Medical Condition;
2. When the McGrath Health and Counseling Center is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the McGrath Health and Counseling Center due to a change in students status; or
6. OB/GYN services (Including Maternity care).
7. Dependents are not eligible to use the McGrath Health and Counseling Center and therefore, are exempt from the above limitations and requirements.

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 .

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 two business days following admission.

Chickering Claims Administrators, Inc.

Attention: Managed Care Dept.

P.O. Box 15708

Boston, MA 02215-0014

(877) 375-4236

Hours: Monday through Friday, 8:30 a.m. to 5:30 p.m. (ET). Voice mail messages are accepted after hours.

Description of Benefits

Payment will be made as allocated herein for Covered Medical Expenses not to exceed an Aggregate Maximum of \$50,000 per covered Sickness or per covered Accident.

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

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

A complete listing of Preferred Providers is available at the McGrath Health and Counseling Center. You may also contact Chickering Claims Administrators, Inc. at **(877) 375-4236** 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 **890422** as your Policy Number.

Summary of Benefits Chart

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on the Reasonable Charge Allowance unless otherwise specified. This Plan always pays benefits in accordance with any applicable Ohio Insurance Law(s).

Please note: Payment of Covered Medical Expenses are payable at the Non-Preferred Care benefits level (50%), if the Plan's Referral Requirements, as described in the Referral Requirements Section, are not met. Please see the Referral Requirements Section for details.

Plan Aggregate Maximum	<p>\$50,000 per covered Accident or covered Sickness.</p> <p>Unless noted otherwise, expenses incurred for medical treatment outside of the McGrath Health and Counseling Center for which no prior approval or referral is obtained are payable at the Non-Preferred Care benefits level.</p>
Reimbursement Level (Applies on a per covered Accident or covered Sickness)	<p>Unless noted otherwise, Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 80% of the Negotiated Charge up to a maximum of \$5,000 after a \$25 copay; 100% of the Negotiated Charge thereafter.</p> <p>Non-Preferred Care: 50% of the Reasonable Charge. \$25 Copay/Deductible per Covered Person, per visit (Waived for services rendered at the McGrath Health and Counseling Center)</p>
Inpatient Hospitalization Benefits	<p>Hospital Room & Board Expenses and Miscellaneous Hospital Expenses</p> <p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge.</p> <p>Non Preferred Care: 50% of the Reasonable Charge up to a maximum of \$1,000 per covered Accident or covered Sickness.</p>
Intensive Care Unit Expenses	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge.</p> <p>Non Preferred Care: 50% of the Reasonable Charge up to a maximum of \$1,200 per Accident or Sickness.</p>
Physician Hospital Visit Expenses (Limited to 1 visit per day)	<p>Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as shown above.</p>

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as shown above.
Anesthetist 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: <i>Preferred Care:</i> 25% of the Surgery Allowance. <i>Non-Preferred Care:</i> 25% of the Surgery Allowance.
<i>Outpatient Benefits</i>	
Physician's Office Visits Expenses	Covered Medical Expenses are payable as shown above.
Emergency Care	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: <i>Preferred Care:</i> 80% of the Negotiated Charge up to a maximum of \$5,000; 100% of the Negotiated Charge thereafter. <i>Non-Preferred Care:</i> 80% of the Reasonable Charge up to a maximum of \$5,000; 100% of the Reasonable Charge thereafter.
Lab and X-Ray Expenses (Non-Hospital)	Covered Medical Expenses are payable as shown above.
Durable Medical Equipment Expenses	Covered Medical Expenses are payable as shown above.
Physical Therapy	Covered Medical Expenses are payable as follows up to a \$500 Maximum per Policy Year after a \$25 copay <i>Preferred Care:</i> 80% of the Negotiated Charge <i>Non-Preferred Care:</i> 50% of the Reasonable Charge

<i>Mental Health and Substance Abuse Benefits</i>	
<p>Inpatient Expense – Mental Health and Substance Abuse Expenses</p>	<p>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 up to a maximum of 60 days per Policy Year.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby two days of partial hospitalization may be exchanged for one day of full hospitalization.</p>
<p>Outpatient Expense – Mental Health and Substance Abuse Expenses</p>	<p>Covered Medical Expenses for the care or treatment of a mental health condition, detoxification or rehabilitation of alcoholism or substance abuse by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable on the same basis as any other Sickness up to a maximum of \$500 per Policy Year.</p>
<i>Maternity Benefits (No Referral Required)</i>	
<p>Maternity Expenses</p>	<p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p>

<i>Additional Benefits</i>	
<p>Women’s Health Benefit Expenses (No Referral Required)</p>	<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>Ambulance Expenses</p>	<p>Covered Medical Expenses are payable at 80% of the Reasonable Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.</p>
<p>Dental Expenses</p>	<p>Covered Medical Expenses are payable at 80% of the Reasonable Charge per Accident for the treatment of an Injury to sound, natural teeth.</p> <p>Removal of impacted wisdom teeth is subject to a \$100 maximum.</p>
<p>Prescription Drug Benefit Expenses</p>	<p>Following a \$15 Copay for each Generic Prescription Drug or a \$25 Copay for each Brand-Name Prescription Drug, Covered Medical Expenses are payable up to a maximum of \$300 per Policy Year. This Pharmacy benefit is provided to cover Prescriptions associated with a covered Accident or covered Sickness occurring during the Policy Year.</p> <p>Medications not covered by this benefit include, but are not limited to: oral contraceptives, all acne medications, allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p> <p>Prior authorization is required for growth hormones and drugs which are for treatment of Malaria.</p>

<p>Prescription Drug Benefit Expenses Continued</p>	<p>Benefits are paid only when Prescriptions are filled at a Preferred Pharmacy. Please use your Chickering ID card when obtaining your Prescriptions. For assistance or a complete list of excluded medications and drugs available with prior authorization, please contact (800) 238-6279.</p>
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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 sunglasses, 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 Aetna’s DocFind website at **www.chickering.com**, click on “Find Your School” and enter **890422** as your Policy Number to find a Vision One provider near you.

Fitness Program:

Aetna's Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.

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 Xavier University, Chickering, or Aetna.

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.

The cost is \$25 for students for annual membership **September 1, 2005** through **August 31, 2006**. For complete details and to enroll, visit www.chickering.com. Click on "Find Your School" and enter **890422** as your Policy Number.

General Provisions

State Mandated Benefits

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

Subrogation/Reimbursement Right of Recovery Provision

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

As used in this provision, the term "responsible party" means any party possibly responsible for making any payment to a Covered Person or on a Covered Person's behalf due to a Covered Person's Injuries or 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 subrogation and reimbursement rights. The Covered Person shall, when requested, fully cooperate with Aetna's efforts to recover its benefits paid. It is the duty of the Covered Person to notify Aetna within 45 days of the date when any notice is given to any party, including an attorney, of the intention to pursue or investigate a claim, to recover damages, due to injuries sustained by the Covered Person.

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

The terms of this entire subrogation and reimbursement provision shall apply. This Plan is entitled to full recovery regardless of whether any liability for payment is admitted by any potentially responsible party, and regardless of whether the settlement or 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 subrogation and reimbursement provision is ambiguous or questions arise concerning the meaning or intent of any of its terms, the Covered Person and this Plan agree that Aetna shall have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Coordination of Benefits

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the Insured Student will be used before those of a plan that provides coverage for the Insured Student as a dependent. If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the Insured Student as the insured employee, member or subscriber longer is primary. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth 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 that furnishes it.

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

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 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 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.

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.

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: A medical or behavioral condition, the onset of which is sudden, and manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could

reasonably expect the absence of immediate, medical attention to result in (a) placing the health of the person afflicted with such condition in severe jeopardy, or, in the case of a behavioral condition placing the health of such person or others in serious jeopardy, (b) serious impairment to such person's bodily functions, (c) serious dysfunction of any bodily organ or part of such person, or (d) serious disfigurement of such person. It does not include elective care, routine care, or care for non-emergency Sickness.

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.

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 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.

Pre-Existing Condition: Any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 12 months prior to the covered Person's effective date of insurance.

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.

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 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.

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth as provided elsewhere in the Policy.
2. Expenses incurred for services normally provided without charge by the Policyholder's Health Service, infirmary, or hospital, or by health care providers employed by the Policyholder.
3. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.
4. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.
5. Expenses incurred as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. When the Covered Person enters 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 that improve, alter or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

(a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as 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 the Plan. Surgery must be performed in the policy year of the Accident, which causes the Injury, or in the next policy year.

11. 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.

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

13. 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 persons 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.

14. 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.

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

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

17. Expenses incurred for the treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain unless otherwise provided in the Policy.

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

19. 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.

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

21. Expenses incurred for Injury resulting from the play or practice of collegiate or intercollegiate sports (participation in club sports or intramural athletic activities is not excluded).

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

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

24. Expenses for the contraceptive methods, devices or aids, and charges for or related to artificial insemination, in vitro fertilization or embryo transfer procedures, elective sterilization or its reversal, or elective abortion unless otherwise provided in the Policy.

25. Expenses incurred as a result of commission of a felony.

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

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

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

29. Expenses for outpatient prescription drugs unless otherwise 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 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.

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

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

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

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

36. Expenses incurred for breast reduction/mammoplasty.

37. Expenses incurred for gynecomastia (male breasts).

38. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.

39. Expense for charges that are not Reasonable Charges, as determined by Aetna. Expense for treatment of covered students who specialize in the mental health care field, and who receive treatment as a part of their training in that field.

40. 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 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 confined to a hospital on the date his or her coverage terminates, expenses incurred after the termination date and during the continuation of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred within 90 days following termination of insurance.

Termination of Student Coverage

Insurance for a covered student will end on the first of these to occur:

- (a) The date the Policy terminates;
- (b) The last day for which any required premium has been paid;
- (c) The date on which the covered student withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal;
- (d) The date the covered student is no longer in an eligible class.

If withdrawal from school is for reasons other than entering the armed forces, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled and for which premium has been paid.

Claim Procedure

Aetna PPO providers will bill Chickering Claims Administrators, Inc. directly for all services. 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) 375-4236
(617) 582-5000 (outside United States)

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

1. Bills should 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. Any itemized medical bills, which should include the student ID number, date of service, name of provider, CPT code, and diagnosis, should be mailed promptly to the above address. 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.

How To Appeal A Claim

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

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

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 **890422** 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 submitted 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 Xavier University, and include your name, address, and student identification number.

Local Participating Pharmacies Include:

- 1) CVS Pharmacy, 934 E. McMillan St., Cincinnati, OH 45206
- 2) IDEAL Pharmacy, 2916 Gilbert Ave., Cincinnati, OH 45206
- 3) Oak Apothecary, 629 Oak St., Cincinnati, OH 45206

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 insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your Master Policy available at your school.)

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-4236** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect Xavier 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 Chickering Student Health Insurance Plan. Please remember to carry your Assist America card and

call toll-free within the U.S. at **(800) 872-1414** or outside the U.S. call collect (dial U.S. access code-01) 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.

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

Offered by:

Chickering Benefit Planning Insurance Agency, Inc.

Administered by:

Chickering Claims Administrators, Inc.

P.O. Box 15708

Boston, MA 02215-0014

(877) 375-4236

www.chickering.com

Underwritten by:

Aetna Life Insurance Company (ALIC)

151 Farmington Avenue

Hartford, CT 06156

Policy No. **890422**

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***.