

**2007 - 2008**

**Emory 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. 812808**

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## Emory University Student Health Services (EUSHS)

1525 Clifton Road  
Atlanta, Georgia 30322  
(404) 727-7551

Dear New or Returning Emory Undergraduate, Graduate or Professional Student:

Welcome to Emory ... or welcome back to Emory! We are very pleased to provide you with information about the 2007-08 Emory University Student Health Insurance Plan, underwritten by Aetna Life Insurance Company (Aetna) and administered by The Chickering Group of Boston, MA. Aetna is one of the largest health insurance companies in the nation and is a name that students and their families recognize and can trust. We feel that this is an excellent, comprehensive insurance plan, and we hope you will agree.

Emory University feels that it is extremely important that students have insurance coverage while they pursue their studies. If a student does not have adequate health insurance to cover the medical costs of an unexpected illness or injury, their education could be interrupted or even terminated.

**Therefore, all new and continuing degree-seeking and all international Emory students (including Oxford College) are required to either have health insurance that meets specific waiver criteria or enroll in the Emory University Student Health Insurance Plan (EUSHIP).**

Students who wish to waive coverage in the Emory University Student Health Insurance Plan must use the Online Waiver System to waive out of the Emory/Aetna plan. You will access the site by entering the Emory University OPUS system. **The waiver site will open Tuesday, April 17, 2007. The waiver process must be successfully completed by the first day of classes, August 30, 2007.**

If you have not successfully completed a waiver by **August 30, 2007**, you will be automatically enrolled in the EUSHIP and billed for your insurance through Student Financial Services (the Emory Bursar's Office).

If you are a new student admitted after **August 30, 2007**, your school or college will provide you with the necessary paperwork to complete the waiver process after the deadline.

If you are currently insured, you will need to carefully review your health insurance policy, verifying that your plan is domiciled in the United States and meets the necessary waiver requirements (including providing you with access to inpatient and outpatient care in Atlanta and not just in your home city or country). In order for an insurance plan to meet the Emory University mandatory insurance waiver criteria, the insurance plan must feature, at a minimum, all three of the following:

1. Coverage that allows the insured student to receive outpatient, emergency, specialist and inpatient care, diagnostic testing and procedures, and mental health inpatient and outpatient care, including alcohol and substance abuse treatment, in Atlanta, GA. (Please note that having coverage for emergency care only in Atlanta does not meet this waiver requirement.)

2. An individual deductible not greater than \$2,500 per policy year. If the annual deductible exceeds \$2,500, the insured student must have an approved Healthcare Savings Account (HSA) that will allow the student to seek needed medical and mental health care when recommended by a health care provider and will cover all deductible expenses over \$2,500. (Please note that simply saying “We can afford to pay a higher deductible” does not meet this waiver criteria. The student and/or family must have an HSA that meets the requirements listed.)

3. The insurance must be provided by an insurance company domiciled in the United States.

Please be aware the Emory/Aetna Student Health Insurance Plan meets, and in most cases significantly exceeds, these required coverage minimums. In addition, the Emory/Aetna plan has no pre-existing condition limitations or exclusions. For more information about the 2007-08 Emory/Aetna plan, visit the Student Health Services website at [www.emory.edu/uhs](http://www.emory.edu/uhs). To read the 2007-08 plan brochure, go to [www.chickering.com](http://www.chickering.com), click on “Find Your School” and enter Emory University. You will need Adobe Acrobat Reader to view the 2007-08 brochure.

Students (including International Students) may purchase coverage for their eligible spouse, domestic partner or child(ren) by directly enrolling and paying through Chickering. Dependent coverage will have the option to pay via check or credit card on an annual or quarterly basis. Optional coverage and dependent coverage cannot be paid via Emory Student Financial Services. In addition, optional Aetna Dental Coverage is available through the Chickering website.

There is more information about insurance, EUSHS fees and billing practices on our EUSHS website. If you have questions regarding the online insurance waiver process for mandatory health insurance students, please contact the EUSHS Student Health Insurance Office at **(404) 727-7560** or **(404) 727-5632** or by email at [mandatoryinsurance@listserv.cc.emory.edu](mailto:mandatoryinsurance@listserv.cc.emory.edu).

As with any health insurance plan, you need to carefully read the brochure to make certain you understand the coverage and restrictions. However, I hope this overview will help you as you make your health insurance decisions for 2007-08 and beyond. If you have questions about the Emory University Student Health Insurance Plan, you can call the EUSHS Student Health Insurance Office at **(404) 727-5632**. Best wishes for a healthy and academically productive year!

Michael J. Huey, MD  
Executive Director  
Emory University Student Health and Counseling Services

## **The Emory University Student Health Insurance Plan**

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

Some benefits are limited and should be carefully noted. If you or your Physician has any questions regarding benefits, please contact Chickering Claims Administrators, Inc. at: **(877) 261-8403**.

## **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 on to 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 "Emory University" 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
- Claims Processing

*Please contact:*

Chickering Claims Administrators, Inc.  
P.O. Box 15708  
Boston, MA 02215-0014  
**(877) 261-8403**

***For Questions About ID Cards:***

Permanent ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable in accordance with 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 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) 261-8403**, or visit [www.chickering.com](http://www.chickering.com), click on “Find Your School” and enter “Emory University”. A personalized temporary identification card can also be obtained by registering for Aetna Navigator™ or you can contact the Emory University Student Health Insurance Office at **(404) 727-7560** to assist you.

***For Questions About Compliance/Certification/Online Waivers, please contact:***

Emory University  
Student Health Services Insurance Office  
1525 Clifton Road  
Atlanta, GA 30322  
**(404) 727-7560** or **(404) 727-5632**  
[mandatoryinsurance@listserv.cc.emory.edu](mailto:mandatoryinsurance@listserv.cc.emory.edu)

***Provider Listing:***

A complete list of providers can be found at Emory University Student Health Services (EUSHS), or you can use Aetna’s DocFind® Service located at [www.chickering.com](http://www.chickering.com). Click on “Find Your School” and enter “Emory University”. You can use DocFind to find out whether a specific provider belongs to Aetna’s network or to find Preferred Providers practicing in your area.

***For Questions About Worldwide Emergency Travel Assistance Services, please contact:***

Assist America, Inc.  
**(800) 872-1414** (within U.S.)  
If outside the U.S., call collect **by dialing the U.S. access code plus (301) 656-4152**  
E-mail address: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

***Worldwide Web Access:***

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

## Emory University Health Insurance Requirement

Health insurance coverage is mandatory for all new and continuing degree-seeking and international students enrolled at Emory University (including Oxford College). Students are required to participate in the Emory University Student Health Insurance Plan or provide proof of other adequate health insurance as explained under the Enrollment section in this Brochure.

### **Student Eligibility**

Students must actively and physically attend classes to be eligible for enrollment in this Plan. Students must actively attend classes for the first 31 days after the date for which coverage is purchased. Distance learning or online students taking home study, correspondence, or television courses are not eligible for coverage under the Plan.

**Plan Coverage Periods:** The Effective and Termination Dates of Coverage for each school are shown below:

#### ***Registered Emory University Students***

Allied Health	8/15/07 to 8/14/08
Business	8/15/07 to 8/14/08
Emory College	8/15/07 to 8/14/08
Graduate School of Arts and Sciences	8/15/07 to 8/14/08
Law School	8/15/07 to 8/14/08
Nursing School	8/15/07 to 8/14/08
Oxford Campus	8/15/07 to 8/14/08
School of Public Health	8/15/07 to 8/14/08
Theology	8/15/07 to 8/14/08
International	8/01/07 to 7/31/08
School of Medicine	7/15/07 to 7/14/08

Please note that the Emory University Student Health Insurance Plan is an Annual Policy. Coverage purchased starting with the Fall 2007 Semester will continue through the following Summer 2008 Semester. Students enrolling during the Fall 2007 Semester are responsible for paying the insurance premium for the Spring/Summer Semester.

Enrollment only for the Spring/Summer Semester or the Summer Semester is restricted to students newly enrolled at Emory University at that time, or for students who lose their private insurance (parent's or personal insurance) due to a change of life event. Examples of "change of life events" include: exceeding the age maximum on a parent's policy, losing private insurance through loss of employment or divorce, etc.

**Please note: Students who graduate at the end of the Fall Semester, or who do not otherwise enroll in classes for the Spring/Summer Semester, will not be eligible to continue coverage under the Emory University Student Health Insurance Plan unless they purchase the continuation plan within 31 days of the start of the Spring Semester.**

## Coverage Effective Dates

School of Medicine Students (1 <sup>st</sup> through 4 <sup>th</sup> Year Medical)		
Annual Coverage	Spring/Summer Semester	Summer Semester
07/15/07-07/14/08	01/08/08-07/14/08	05/18/08-07/14/08
Enrollment/Waiver Deadline Date: 8/30/07	Enrollment/Waiver Deadline Date: 2/08/08	Enrollment/Waiver Deadline Date: 6/18/08

International Students		
Annual Coverage	Spring/Summer Semester	Summer Semester
08/01/07-07/31/08	01/08/08-07/31/08	05/18/08-07/31/08
Enrollment/Waiver Deadline Date: 8/30/07	Enrollment/Waiver Deadline Date: 2/08/08	Enrollment/Waiver Deadline Date: 6/18/08

All Other Students (including GSAS)		
Annual Coverage	Spring/Summer Semester	Summer Semester
08/15/07-08/14/08	01/08/08-08/14/08	05/18/08-08/14/08
Enrollment/Waiver Deadline Date: 8/30/07	Enrollment/Waiver Deadline Date: 2/08/08	Enrollment/Waiver Deadline Date: 6/18/08

## Fall Semester Enrollment

### *Mandatory Student Enrollment*

All degree-seeking and international students who do not submit proof of comparable coverage through the Online Waiver system by the deadline date and who are automatically charged for the insurance, will have an effective date of coverage as indicated in "Coverage Effective Dates".

If you have other coverage and wish to waive enrollment in the Student Health Insurance Plan, please submit proof of comparable coverage through the Online Waiver system by the waiver deadline dates of **August 30, 2007** for Fall Semester, **February 8, 2008** for new students enrolling for the Spring Semester, and **June 18, 2008** for new students enrolling for the Summer.

## Premium Rates

### *Student Health Insurance Plan*

#### School of Medicine

	Annual Term (All Students)	Spring/Summer Semester (All Other Students)*	Summer Semester (All Other Students)*
Student	\$1,895	\$ 977	\$302
Spouse	\$4,511	\$2,323	\$717
Child(ren)	\$2,025	\$1,043	\$322

## International Students

	Annual Term (All Students)	Spring/Summer Semester (International Students)*	Summer Semester (International Students)*
Student	\$1,895	\$1,065	\$390
Spouse	\$4,511	\$2,536	\$930
Child(ren)	\$2,025	\$1,138	\$417

## All Other Students

	Annual Term (All Students)	Spring/Summer Semester (All Other Students)*	Summer Semester (All Other Students)*
Student	\$1,895	\$1,137	\$ 462
Spouse	\$4,511	\$2,707	\$ 1,101
Child(ren)	\$2,025	\$1,216	\$ 495

Please refer to the Summary of Benefits Chart for details on the Student Health Insurance Plan.

\*Enrollment is only open for **newly** enrolled students at Emory during the Spring/Summer Semester, or Summer Semester (for students who have lost their personal or private insurance due to a change of life event).

## Waiver Process/Procedure

All degree-seeking and international students are required to enroll in the Student Health Insurance Plan, or submit proof of comparable coverage through the Online Waiver system by the deadline date. Students who do not submit proof of comparable coverage through the Online Waiver system by the deadline date will automatically have the Student Health Insurance Premium charged to their Bursar Account.

### ***To Waive Online:***

- Login to OPUS (<https://www.opus.emory.edu>) using your Network ID and password
- First time users should select Obtain Network ID and Password and follow the prompts

A completed waiver must be submitted by the posted deadline date.

## **Premium Refund Policy**

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

A Covered Person entering the armed forces (with the exception of those attending the University on an armed forces scholarship) of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents, upon written request received by Chickering Claims Administrators, Inc. within 90 days of withdrawal from school.

## **Change in Status/Qualifying Event**

Please note that if you are not enrolling during the Fall Semester, you will be unable to enroll during the Spring or Summer Semesters. Open enrollment during the Spring or Summer Semesters is only available to students newly enrolled at Emory University during that semester. After the enrollment deadline, only those students who have involuntarily lost health insurance coverage through a “Qualifying Life Event” such as (1) removal from a parent’s health insurance plan after achieving a landmark birthday that disqualifies them from a parent’s health insurance plan, or (2) losing private insurance through loss of employment or divorce, may apply for late enrollment in the Emory University Student Health Insurance Plan. These students must provide proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The premium will be the same as it would have been at the beginning of that period, but the effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends. Premiums are not pro-rated, and the student will be responsible for paying the full premium for the term in which they enroll.

## **Dependent Eligibility and Enrollment**

Eligible students who do enroll may also cover their eligible dependents. Dependent eligibility and coverage period must be concurrent with the insured student’s. Eligible dependents are defined as, the spouse or domestic partner (as defined below) residing with the covered student and unmarried children under 19 years of age if not attending school, or through 25 years (if a full-time student at an accredited institution of higher learning for five months or more in a post-secondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from enrolling due to Illness or Injury). The child must reside with and be fully supported by the covered student. Dependent eligibility expires concurrently with that of the covered student.

Students must enroll their eligible dependents and must pay the required premium as described below:

1. By the designated enrollment deadline dates on page 8 in this Brochure (by **September 15, 2007** for Fall Semester, **February 8, 2008** for new students enrolling for the Spring/Summer Semester, and **June 18, 2008** for new students enrolling for the Summer Semester.)
2. Within 31 days after you acquire a new dependent.
3. Within 31 days after a dependent terminates coverage under another health insurance plan. The premium rate for the late addition of dependents will not be pro-rated. The student must pay the full premium for the enrollment period and the dependent will be made effective the date the enrollment application and premium are received and approved by The Chickering Group.

To be considered a Domestic Partner, and eligible to be covered as a Dependent of an Insured Student under the Emory University Student Health Insurance Plan, you must meet the following criteria:

1. The Domestic Partnership must have been in existence for a period of 12 consecutive months prior to the application for coverage under this Plan.
2. The members of the Domestic Partnership are not legally married to anyone.
3. The members of the Domestic Partnership must be 18 years of age or older.
4. The members of the Domestic Partnership are not related by blood closer than would bar marriage in the State of Georgia and are mentally competent to consent to contract.
5. The members of the Domestic Partnership are each other's sole Domestic Partner, and intend to remain so indefinitely and are responsible for their common welfare. Students who elect to enroll their Domestic Partner are required to complete an Affidavit for Domestic Partnership, which is available at EUSHS.

### ***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 Emory University Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Person must (1) enroll the child within 31 days of birth and (2) pay the additional pro-rated premium starting from the date 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. Notification of placement for such child and payment of any additional premium, if necessary, is required within 31 days from placement. To continue coverage for an adopted child past the initial 31 day period, 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 Claims Administrators, Inc.

## **Preferred Provider Network**

The Chickering Group has arranged for you to access a Preferred Provider Network in your local community. This Preferred Provider Network also includes the Emory Healthcare System. Acute care facilities and mental health networks are available nationally. The Student Health Insurance Plan for the 2007-2008 Policy Year has a Preferred Provider Organization network through Aetna.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. 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.

Preferred Providers are independent contractors and are neither employees nor agents of Emory University, Chickering Claims Administrators, Inc., or Aetna. A complete listing of participating providers is available at Emory University Student Health Services (EUSHS).

You may also contact Chickering Claims Administrators, Inc. at **(877) 261-8403**. Additionally, you can obtain information regarding Preferred Providers through the Internet by accessing DocFind at [www.chickering.com](http://www.chickering.com). Click on "Find Your School" and enter "Emory University". You can use DocFind to find out whether a specific provider belongs to Aetna's network or to find Preferred Providers practicing in your area.

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

Pre-admission certification is designed to help you receive quality, cost-effective medical care.

- All inpatient admissions, including length of stay, must be certified by contacting Chickering Claims Administrators, Inc.
- Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical policy review in accordance with the exclusions and limitations contained in the Policy, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Health Insurance Plan.
- If you do not secure Pre-Certification for non-emergency inpatient admissions or provide notification for emergency admissions, your Covered Medical Expenses will be subject to a \$200 per admission Deductible.

### ***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) 261-8403

## **Referral Requirement**

**PLEASE NOTE: THERE IS A MANDATORY REFERRAL REQUIREMENT UNDER THIS PLAN. STUDENTS AND DEPENDENTS (INCLUDING DEPENDENT CHILDREN AGE 12 YEARS AND OVER) ARE REQUIRED TO BE SEEN AT EMORY UNIVERSITY STUDENT HEALTH SERVICES (EUSHS) FIRST. IF APPROPRIATE, EUSHS WILL REFER THE COVERED PERSON TO AN OUTSIDE PROVIDER FOR TREATMENT. THERE WILL BE NO COVERAGE FOR TREATMENT RECEIVED WITHOUT A REFERRAL FROM EUSHS (exceptions noted as follows).**

Emory University Student Health Services (EUSHS) offers students comprehensive primary and specialty services coordinated by EUSHS. All covered students and covered dependents age 12 years or older in need of medical care should, except in the case of a medical emergency, first seek treatment and be evaluated at EUSHS. You may be referred to an outside medical provider if required medical care is unavailable at the time of service. Students on the Oxford Campus must obtain a referral from the Oxford Campus Student Health Center. If you are enrolled in the Student Health Insurance Plan, a referral is necessary to receive the maximum benefit under your Student Health Insurance Plan, except in the following instances:

- (1) Treatment of an Emergency Medical Condition; or
- (2) When the EUSHS is closed; or
- (3) When the service is rendered at another facility during breaks or vacation periods; or
- (4) When medical care is received by a Covered Person who is more than 50 miles from campus; or
- (5) When medical care is received by a Covered Person who is no longer able to use the EUSHS due to a change in student status; or
- (6) Ob/gyn services; or
- (7) Dermatological services.

**A new referral must be obtained if continuous treatment is being received from one Policy Year to the next.**

**NOTE:** Dependents under age 12 are not permitted to use the EUSHS and are exempt from the limitations and requirements listed above.

## **Description of Benefits**

Please note that a referral must be received from EUSHS prior to any benefits being available under this Plan (please see above for exceptions to the referral requirement).

After a \$100 Preferred Care Annual Deductible (\$200 for Non-Preferred Care), benefits are payable to a maximum of \$250,000 for each covered Injury or covered Sickness. Please refer to the benefits chart of this Brochure for coverage levels for Preferred Care and Non-Preferred Care.

Once benefits under this Plan are paid up to \$50,000, Covered Expenses in excess of this amount are paid at 100% of the Reasonable Charge to the Aggregate Lifetime Maximum of \$250,000 per covered Injury or covered Sickness.

**In addition to the Plan's Aggregate Maximum the Policy may contain benefit level maximums. Please review the Summary of Benefits section of this Brochure for any additional benefit level maximums.**

The payment of any Copays, Deductible, 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 EUSHS, or you can contact Chickering Claims Administrators, Inc. at **(877) 261-8403** for specific provider information. You can also use the Internet and Aetna's DocFind at [www.chickering.com](http://www.chickering.com). Click on "Find Your School" and enter "Emory University".

### Summary of Benefits

**PLEASE NOTE THAT A REFERRAL IS REQUIRED FROM EUSHS OR OXFORD STUDENT HEALTH CENTER PRIOR TO ANY BENEFITS BEING AVAILABLE UNDER THIS PLAN.**

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.

**The Plan always pays benefits in accordance with any applicable Georgia Insurance Law(s).**

Aggregate Lifetime Maximum	The Lifetime Aggregate Maximum is \$250,000 for each covered Injury or covered Sickness.
Reimbursement Level	Unless noted otherwise, Covered Medical Expenses will be payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge for the first \$50,000; 100% of the Negotiated Charge thereafter. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge for the first \$50,000; 100% of the Reasonable Charge thereafter.
Individual Annual Deductible	<b>Preferred Care:</b> \$100. <b>Non-Preferred Care:</b> \$200.  Applies to all Covered Medical Expenses, unless noted otherwise. <b>Note:</b> Benefits will be paid at 100% of Covered Medical Expenses when treatment is rendered at EUSHS.
<b>Inpatient Hospitalization Benefits</b>	
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> as described above for the semi-private room rate for an overnight stay. <b>Non-Preferred Care:</b> as described above for the semi-private room rate for an overnight stay.
Miscellaneous Hospital Expenses	Covered Medical Expenses are payable as described above.  Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, therapeutic services, supplies, use of special equipment, medicines and use of operating room.
Physician's Hospital Visit Expenses (Limited to one visit per day)	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as described above.

<b>Surgical Benefits (Inpatient and Outpatient)</b>	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a Physician are payable as described previously.
Outpatient Hospital Surgical Miscellaneous Expenses	Covered Medical Expenses are payable as described previously.
Anesthetist Expenses	Covered Medical Expenses for charges for anesthetic services are payable as described previously.
<b>Outpatient Benefits</b>	
Covered Medical Expenses include, but are not limited to: Physician's office visits; hospital or outpatient department or emergency room visits; durable medical equipment; physical therapy; clinical lab, radiological facility, or other similar facility licensed by the state; or charges related to needle stick, sharps and blood borne pathogen exposure incidents.	
Physician's Office Visits Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> as described previously after a \$25 per visit Copay. <b>Non-Preferred Care:</b> as described previously after a \$25 per visit Deductible.
Emergency Care Expenses	Covered Medical Expenses for treatment of an Emergency Medical Condition are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge for the first \$50,000; 100% of the Negotiated Charge thereafter, after a \$50 per visit Copay, waived if admitted. <b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the first \$50,000; 100% of the Reasonable Charge thereafter, after a \$50 per visit Deductible, waived if admitted.
Lab and X-ray Expenses (Non-Hospital)	Covered Medical Expenses are payable as described above.
Specialty Care Physician Visits Expenses (including Dermatology)	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> as described previously after a \$25 per visit Copay. <b>Non-Preferred Care:</b> as described previously after a \$25 per visit Deductible.
Injectable Therapeutic Medications Expenses	Covered Medical Expenses are payable as described previously. Covered Medical Expenses include, but are not limited to: antibiotics, pain medications and other drugs necessary to treat a covered illness or Injury.

<b>Outpatient Benefits (continued)</b>	
Prescription Contraceptive Medical Expenses	<p>Covered Medical Expenses are payable on the same basis as any expense.</p> <p>Covered Medical Expenses also include IUDs, Diaphragms and any expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive.</p> <p>Coverage of oral contraceptives, Lunelle, Depo-Provera, Patch and Ring are provided under the separate Prescription Drug Benefit portion of the Plan.</p>
<b>Mental Health Benefits</b>	
Inpatient Expenses	<p>Covered Medical Expenses for the treatment of a mental health condition while confined as an inpatient in a hospital or licensed treatment facility, or for partial confinement, for such treatment are payable on the same basis as for any other Sickness.</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.</p>
Outpatient Expenses	<p>Covered Medical Expenses for outpatient treatment of a mental health condition (including couples counseling related to a mental health condition) are payable as follows:</p> <p><b>Preferred Care:</b> 80% of the Negotiated Charge for the first \$50,000; 100% of the Negotiated Charge thereafter.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge for the first \$50,000; 100% of the Reasonable Charge thereafter.</p>
<b>Substance Abuse Benefits</b>	
Inpatient Expenses	<p>Covered Medical Expenses for the treatment of substance abuse while confined as an inpatient in a hospital or licensed treatment facility, or for partial confinement, for such treatment are payable on the same basis as for any other Sickness.</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.</p>
Outpatient Expenses	<p>Covered Medical Expenses for outpatient treatment of substance abuse are payable as follows:</p> <p><b>Preferred Care:</b> 80% of the Negotiated Charge.</p> <p><b>Non-Preferred Care:</b> 80% of the Reasonable Charge.</p>

<b>Maternity Benefits (Inpatient and Outpatient)</b>	
Maternity Expenses	Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. If a Covered Person is discharged earlier, benefits will be payable for two post-delivery home visits by a health care provider. The first such visit shall occur within 48 hours of discharge.
Voluntary Termination of Pregnancy Expenses	Covered Medical Expenses for voluntary termination of pregnancy are payable on the same basis as any other expense, up to a maximum of \$500 per Policy Year.
<b>Additional Benefits</b>	
Ambulance Services Expenses	Covered Medical Expenses are payable as described previously.
Durable Medical Equipment Expenses	Covered Medical Expenses are payable as described previously.
Temporomandibular Joint (TMJ) Dysfunction Expenses	Covered Medical Expenses for surgical and non-surgical treatment are payable as described previously.
Wellness Expenses	<p>Covered Medical Expenses for covered, dependent children from birth to age six are payable as follows:</p> <p><b>Preferred Care:</b> 80% of the Negotiated Charge with waiver of the annual Deductible.</p> <p><b>Non-Preferred Care:</b> 60% of the Reasonable Charge with waiver of the annual Deductible.</p> <p>Covered Medical Expenses include the following services:</p> <ul style="list-style-type: none"> <li>• A review and written record of the child’s complete medical history;</li> <li>• Physical examination;</li> <li>• Developmental and behavioral assessment;</li> <li>• Anticipatory guidance;</li> <li>• Appropriate immunizations; and</li> <li>• Laboratory tests.</li> </ul> <p>Covered Medical Expenses will only include charges of one Physician for Child Wellness Services performed at birth and at approximately each of the following ages:</p> <ul style="list-style-type: none"> <li>• 2, 4, 6, 9, 12, 15 and 18 months</li> <li>• 2, 3, 4 and 5 years.</li> </ul>

<b>Additional Benefits (continued)</b>	
Clinical Trials for the Treatment of Children’s Cancer Expenses	<p>Covered Medical Expenses include all routine patient care costs incurred by a covered dependent who has been diagnosed with cancer prior to their 19th birthday for treatment during an approved clinical trial for the treatment of children’s cancer. “Routine patient care costs” include all Medically Necessary services and supplies which would otherwise be Covered Medical Expenses under the Plan were they not incurred in connection with an approved clinical trial.</p> <p>Covered Medical Expenses are payable on the same basis as any other Sickness.</p>
Mastectomy and Lymph Node Dissection Expenses	<p>Covered Medical Expenses include coverage in a licensed health care facility for inpatient care following a mastectomy or lymph node dissection until the completion of the appropriate period of stay for such inpatient care as determined by the attending Physician in consultation with the patient. Coverage shall be provided also for such number of follow-up visits as determined to be appropriate by the attending Physician after consultation with the patient. Such follow-up visits, either in the home or at the office, shall be conducted by a Physician, a Physician’s assistant, or a registered professional nurse with experience and training in postsurgical care. Covered Medical Expenses are payable on the same basis as any other Sickness.</p>
Prescription Drug Coverage Expenses <i>Please note:            Prescriptions filled at EUSHS are covered at 100% after a \$10 per Prescription Copay to a maximum of \$500 per Policy Year.</i>	<p>Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Accident which occurs during the Policy Year are payable as follows up to a maximum of \$1,500 per Policy Year:</p> <p><b>Preferred Care:</b> 100% of the Negotiated Charge after a \$15 Copay for each Generic Prescription Drug and a \$25 Copay for each Brand-Name Prescription Drug.</p> <p><b>Non-Preferred Care:</b> 100% of the Reasonable Charge after a \$15 Deductible for each Generic Prescription Drug and a \$25 Deductible for each Brand-Name Prescription Drug.</p> <p><b>Please note:</b> 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 Procedures section of this Brochure for information regarding the claim submission and reimbursement process.)</p> <p>Benefits are not payable for more than a 30-day supply per Prescription or refill without prior authorization. Please contact The Chickering Group Customer Service at <b>(877) 261-8403</b> for prior authorization. Medications not covered by this benefit include, but are not limited to, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, and non-self injectables.</p>

<b>Additional Benefits (continued)</b>	
<p>Prescription Drug Coverage Expenses (continued)</p>	<p>Covered Medical Expenses includes coverage of asthma and allergy medications. Covered medications also include oral contraceptives, Lunelle, Depo-Provera, Patch and Ring. Expenses incurred for office visits in conjunction with the administration of a covered Prescription contraceptive are provided under the Medical portion of the Plan.</p> <p>Prior authorization is required for growth hormones.</p> <p>For assistance, or for a complete list of excluded medications and drugs available with prior authorization, please contact Aetna Pharmacy Management <b>(800) 238-6279</b>.</p>
<p>Diabetic Equipment and Self-Management Education Program Expenses</p>	<p>Covered Medical Expenses for diabetic equipment, and self-management education programs are payable on the same basis as any expense.</p> <p><b>Please note the following:</b></p> <ul style="list-style-type: none"> <li>• Home glucose monitors are available to you from Aetna, free of charge;</li> <li>• If you use the Prescription Drug benefit available under the Plan, any charges for diabetic medications, needles and syringes for the administration of insulin, and diabetic testing supplies will be applied towards meeting the \$1,500 Prescription Drug Policy Year maximum;</li> <li>• However, if you purchase diabetic medications and supplies outside the scope of the Prescription Drug portion of the Plan, and then submit the covered charges for reimbursement, these covered charges will be reimbursed under the Outpatient Benefits available under the Medical portion of this Plan.</li> </ul>
<p>Women’s Health Benefit Expenses</p>	<p>Covered Medical Expenses include expenses for an annual Pap smear screening (or more frequently if recommended by a woman’s Physician). Covered Medical Expenses are payable on the same basis as any outpatient expense.</p> <p>Covered Medical Expenses includes one baseline mammogram for women between the ages of 35 and 40 and for one routine annual mammogram for women age 40 and older. The above age/frequency requirements are waived for any “female at risk” when ordered by a Physician. “Female at risk” means a woman who has a personal history of breast cancer who has:</p> <ul style="list-style-type: none"> <li>• A personal history of biopsy proven benign breast disease;</li> <li>• A grandmother, mother, sister, or daughter who has had breast cancer; or</li> <li>• Not given birth prior to age 30.</li> </ul> <p>Covered Medical Expenses for routine mammograms are payable on the same basis as any X-ray expense.</p> <p>Covered Medical Expenses include coverage for surveillance tests for women age 35 and over at risk for ovarian cancer.</p> <p>Covered Medical Expenses are payable on the same basis as any other outpatient expense.</p>

<b>Additional Benefits (continued)</b>	
Prostate Cancer Screening Expenses	Covered Medical Expenses include one annual Digital Rectal Exam and Prostate Specific Antigen (PSA) test for men 45 years and older. Covered Medical Expenses are payable on the same basis as any other expense.
Colorectal Cancer Screening Expenses	Covered Medical Expenses include coverage of the following routine colorectal cancer screening services: <ul style="list-style-type: none"> <li>• One annual fecal occult blood test;</li> <li>• A Digital Rectal Exam and a flexible sigmoidoscopy every five years;</li> <li>• A Digital Rectal Exam and a double contrast barium enema every five years; and</li> <li>• A Digital Rectal Exam and a colonoscopy every 10 years.</li> </ul> Covered Medical Expenses are payable on the same basis as any expense.
Chlamydia Screening Test Expenses <i>(Please note: Gonorrhea and other preventive STD screening tests are excluded on this Plan.)</i>	Covered Medical Expenses for Preventive Chlamydia screenings are payable as any other Lab Expense.
Dental Expenses	Covered Medical Expenses for treatment of an Injury to sound, natural teeth are payable at 80% of the Actual Charge up to a maximum of \$200 per tooth.
Dental Anesthesia Expenses	Covered Medical Expenses for general anesthesia and associated hospital or ambulatory surgical facility charges in conjunction with dental care provided to a person insured or otherwise covered under such Plan are payable as any other Sickness if such person is: <ol style="list-style-type: none"> <li>(1) Seven years of age or younger or is developmentally disabled;</li> <li>(2) An individual for which a successful result cannot be expected from dental care provided under local anesthesia because of a neurological or other medically compromising condition of the insured; or</li> <li>(3) An individual who has sustained extensive facial or dental trauma, unless otherwise covered by workers' compensation insurance.</li> </ol>
Splints, Braces and Crutches Expenses	Covered Medical Expenses are payable as follows: <b>Preferred Care:</b> 80% of the Negotiated Charge. <b>Non-Preferred Care:</b> 60% of the Reasonable Charge. Covered Medical Expenses include supplies that are prescribed or provided by EUSHS, or emergency/urgent care or upon a Physician's referral for the treatment of a covered illness or Injury.
Learning Disability Evaluation Expenses	Covered on the same basis as any other condition to a maximum of \$1,000 per Policy Year.

<b>Additional Benefits (continued)</b>	
Immunization Expenses	<p>Covered Medical Expenses include charges incurred by a Covered Person for the materials for the administration of appropriate and Medically Necessary immunizations, and testing for tuberculosis. Covered Medical Expenses also include any associated office visit charges.</p> <p>Covered Medical Expenses are payable on the same basis as any outpatient expense.</p>
Intercollegiate Sports Expenses	<p>Covered Medical Expenses include charges incurred for Injuries resulting from the play or practice of intercollegiate sports, to a maximum of \$75,000 per Policy Year, are payable as any other expense.</p>
Telemedicine Expenses	<p>Telemedicine is the practice by a duly licensed Physician or other health care provider acting within the scope of such provider's practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical visit with a patient or which are used to transfer medical data obtained during a medical visit with a patient. Standard telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof do not constitute telemedicine services.</p> <p>Covered Medical Expenses are payable on the same basis as any other Sickness.</p>

## Advantage Dental Program

A voluntary dental program is also available at an additional cost. As an Aetna Advantage™ Dental Plan member, you'll find that the emphasis is on preventive care. You'll pay an office visit Copay when you visit your participating primary care dentist for most preventive and diagnostic services such as routine checkups, cleanings and X-rays. Other services such as crowns, bridges, dentures, root canals, and orthodontics are available at a reduced fee.

### Advantage Dental Program Rates

	Annual Premium 9/1/07-8/31/08	Spring Premium 1/1/08-8/31/08	Summer Premium 5/1/07-8/31/08
Student	\$106.32	\$106.88	\$40.08
Spouse	\$165.60	\$110.40	\$41.40
Child(ren)	\$250.80	\$167.20	\$62.70

To enroll in the Aetna Advantage Dental Plan for coverage effective **September 1, 2007** through **August 31, 2008**, you can enroll online at [www.chickering.com](http://www.chickering.com). The deadline for enrollment in the Advantage Dental Plan is **October 1, 2007**.

New students wishing to enroll for Spring coverage effective **January 1, 2008** through **August 31, 2008**, must enroll online no later than **February 1, 2008**.

New students wishing to enroll for Summer coverage effective **May 1, 2008** through **August 31, 2008**, must enroll online no later than **June 1, 2008**.

**\*Please note:** Only new students are eligible to enroll for Spring and Summer Aetna Advantage Dental coverage.

For complete information on benefits, exclusions, and enrollment information, please visit [www.chickering.com](http://www.chickering.com), click on "Find Your School" and enter "Emory University". Click on "Optional Dental Benefits" or call Aetna Advantage Dental Member Services at **(877) 238-6200**. Provide your School name and Advantage Dental Policy Number (located on the left-hand corner of the application).

## 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.

<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). The Vision One Program is available at many optical centers nationwide – such as Sears, JC Penney, Target Optical, most Pearle Vision centers and others – as well as through selected independent optometrist and ophthalmologist offices. Call <b>(800) 793-8616</b> for additional program information and provider locations, or simply log on to <a href="http://www.chickering.com">www.chickering.com</a>, click on “Find Your School” and enter “Emory University” to find a Vision One provider near you.</p>
<p>Aetna’s Informed Health® Line</p>	<p>Aetna’s Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from any touch-tone phone or computer within the United States (including Alaska and Hawaii).</p> <p><b>1. 24-Hour Nurse Line</b></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"> <li>• Learn about medical procedures and possible treatment options.</li> <li>• 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.</li> </ul> <p>To reach an Informed Health Line Nurse, please call <b>(800) 556-1555</b>. For TDD (hearing and speech impaired only), please call <b>(800) 270-2386</b>.</p> <p><b>2. Audio Health Library</b></p> <p>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.</p> <p>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.</p>

**Additional Services and Discounts (continued)**

<p>Aetna’s Informed Health® Line (continued)</p>	<p>To access the Informed Health Line audio health library, please call <b>(800) 556-1555</b>. For TDD (hearing and speech impaired only), please call <b>(800) 270-2386</b>.</p> <p><b>3. Healthwise® Knowledgebase</b></p> <p>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.</p> <p><i>*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.</i></p>
<p>Emory University SHS On-Call Service and MedBuddy-U</p>	<p>Emory University SHS has an on-call Physician 365 days per year who can give telephone medical advice for urgent medical problems or concerns after hours, on weekends or holidays. Call <b>(404) 727-7551</b> and select option 0 (zero) to have the paging operator contact the EUSHS on-call Physician. In addition, students can access medical advice via MedBuddy-U, EUSHS’s Online Communications System at <a href="http://www.emory.edu/uhs">www.emory.edu/uhs</a>.</p>
<p>Fitness Program</p>	<p>Aetna’s Fitness Program, offered in conjunction with Global Fit™, 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 Global Fit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.</p>
<p>Aetna Natural Products and Services Program<sup>SM</sup></p>	<p>Save money on many alternative therapies and products through our Aetna Natural Products and Services Program<sup>SM</sup>. 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 Emory University, Chickering, or Aetna.</p>

## General Provisions

### **State Mandated Benefits**

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

### **Coordination of Benefits**

If the Covered Person is insured under more than one group health plan, the benefits of the Emory University Student Health Insurance Plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. 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.

### **Reimbursement and Subrogation**

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).

As a condition of payment under this Policy for expenses incurred by a Covered Person due to Injury or illness for which a third party may be liable:

- Aetna shall be subrogated (has the right to pursue), subject to the provisions set forth below to all rights of recovery of Covered Person's against:
  - such third party; or
  - a person's insurance carrier in the event of a claim under the uninsured or underinsured auto coverage provision of an auto insurance policy;
  - provided, however, that any right of subrogation shall be limited to the recovery of any benefit paid for identical Covered Medical Expenses under this Policy and shall include compromise settlements. Not included are non-medical items or any amount received for future medical care or pain and suffering. Expense incurred in exercising the right of subrogation shall be at the sole expense of Aetna.
- Aetna shall have the right, subject to the provisions set forth below, to recover from the Covered Person amounts received by judgment, settlement, or otherwise from:

- such third party or his or her insurance carrier; or
- any other person or entity, which includes the auto insurance carrier which provides the Covered Person’s uninsured or underinsured auto insurance coverage;
- provided, however, that any right of reimbursement shall be limited to the recovery of any benefit paid for identical Covered Medical Expenses under this Policy. Not included are non-medical items or any amount received for pain and suffering.
- The Covered Person (or a person authorized by law to represent such member if he or she is not legally capable) shall:
  - execute and deliver any documents that are required; and
  - do whatever is necessary to secure such rights.

<b>Definitions</b>
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**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.

**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 Benefits provisions.

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

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

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

***Emergency Medical Condition:*** A recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that their 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 Out-of-Pocket Limit:*** The amount that must be paid, by the covered student; or the covered student and their covered dependents, before Covered Medical Expenses will be payable at 100%, for the remainder of the Policy Year.

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

- Deductibles;
- Copays;
- Expenses that are not Covered Medical Expenses;

- Expenses for Preferred Care;
- Penalties;
- Expenses for Prescription Drugs; and
- Other expenses not covered by this Policy.

***Non-Preferred 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.

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

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

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

- Deductibles;
- Copays;
- Expenses that are not Covered Medical Expenses;
- Expenses for non-preferred care;
- Penalties;
- Expenses for Prescription Drugs; and
- Other expenses not covered by this Policy.

***Preferred Care 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 for services normally provided without charge by the Policyholder's Student Health Service, or hospital, or by health care providers employed by the Policyholder.
2. 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.
3. 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.

4. 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.
5. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
6. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person's entering the armed forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
7. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays, except as otherwise provided.
9. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies that improve, alter or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:
  - (a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as 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.
10. Expenses for Injuries sustained as a result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
10. Expenses incurred for of allergy shots and injections, preventive medicines, serums, or vaccines unless otherwise provided in the Policy.
11. Expenses 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, a mental health, or a dental professional; or
- Those furnished mainly for the personal comfort or convenience of the person, any person who cares for him or her, or any person who is part of his or her family, any health care provider, or health care facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined, or those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

12. Expenses incurred for any services rendered by a family member of a Covered Person's immediate family or a person who lives in the Covered Person's home.

13. Expenses incurred 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.

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

15. 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.

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

17. 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.

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

19. 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.

20. Expenses for non-prescription 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.

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

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

23. 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;
- Are being utilized in a Phase II or Phase III state or national clinical trial, sponsored by the National Cancer Institute of the U.S. Food and Drug Administration;
- If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

24. 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).

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

26. 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.

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

28. Expenses incurred for breast reduction/mammoplasty.

29. Expenses incurred for gynecomastia (male breasts).

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

31. Expense for charges that are not Reasonable Charges, as determined by Aetna.

32. 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.

33. Expenses incurred for Elective Treatment or elective surgery except as specifically provided elsewhere in the Policy.

34. Expenses incurred for and as a result of dental treatment, except for treatment resulting from injury to sound, natural teeth as provided elsewhere in this Policy.

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

### **Extension of Benefits**

If a Covered Person is confined to a hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement for the medical condition shall be considered an eligible expense, but only while they are incurred during the 90 day period following such termination of insurance.

Termination of Insurance Benefits are payable under the Policy only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates except as may be provided under the Extension of Benefits provision.

### **Continuation of Coverage**

Under certain circumstances, a covered student and their covered dependents may be eligible for Continuation of Coverage under this Plan. Students presently enrolled in the Emory University Student Health Insurance Plan (EUSHIP) who lose their eligibility for the EUSHIP through graduation or otherwise leaving school, are eligible to continue their coverage by enrolling in the Emory University Continuation Plan. This Plan will be available to terminating students and eligible dependents as long as they were enrolled in the EUSHIP for the previous academic term.

The Emory University Continuation Plan coverage is the same as the 2007-2008 Emory University Student Health Insurance Plan. Please see the EUSHIP online at [www.chickering.com](http://www.chickering.com). Click on "Find your School" and enter **812808** as your Policy Number for a description of benefits, definitions, limitations and exclusions of the Plan for 2007-2008.

Coverage may be purchased for a three, six or nine month Period of Coverage. The period of coverage must be selected, and the total premium must be paid, at the time of enrollment. Initial selection is non-renewable and non-refundable.

To enroll, a Continuation Enrollment Form must be completed and payment must be made within 31 days after the termination of eligibility under the active Student Health Insurance Plan.

Please contact Chickering Claims Administrators, Inc. at **(800) 859-8478** for information on the Continuation Plan.

<b>Continuation of Coverage</b>	<b>3 Months</b>	<b>6 Months</b>	<b>9 Months</b>
Student	\$1,241	\$2,068	\$2,584
Spouse	\$2,814	\$4,691	\$5,863
Child(ren)	\$1,262	\$2,101	\$2,626

### **Medical Conversion Policy**

A medical conversion Policy may be available to a covered spouse under certain circumstances. Contact Chickering Claims Administrators, Inc. for additional information.

<b>Claim Procedure</b>
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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) 261-8403**  
**(617) 218-8400** (outside United States)

Customer Service Representatives are available 8:30 a.m. to 7:00 p.m., Monday through Friday (EST) 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. When submitting a claim form, attach available itemized medical bills 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.

### **Prescription Drug Claim Procedure**

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

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

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

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at [www.chickering.com](http://www.chickering.com), clicking on “Find Your School” and entering “Emory University”.

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

**Please note:** You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**.

When submitting a claim, please include all Prescription receipts, indicate that you attend Emory University and include your name, address, and student identification number.

### **Appeals and Complaints Procedure**

Our complaints and appeals process is designed to address member coverage issues, complaints, and problems. If you have a coverage issue or other problem, call the Customer Service toll-free number on your ID card or review your Plan documents for more information.

You can also contact Customer Services at the toll-free number on your ID card for more information. A representative will address your concern. If you are dissatisfied with the outcome of your initial contact, you may appeal the decision. Your appeal will be decided in accordance with the procedure applicable to your Plan.

You may also submit your request, in writing, along with all pertinent correspondence, to:

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

You may also seek additional information on the web page for the applicable State Insurance Department or other agency regarding your rights, including how to obtain regulatory review of Covered Person concerns.

## **External Review**

Aetna has developed an external review process to give Covered Persons an added option of requesting an objective and timely external review of certain coverage denials. Once the Aetna internal coverage decision review process is exhausted, eligible Covered Persons may elect external review if the coverage denial for which the Covered Person is financially responsible involves more than \$500 (or the amount specified by your State) and is based on lack of medical necessity or on the experimental or investigational nature of the proposed service or treatment.

An external review organization will refer the case to review by an independent Physician with appropriate expertise in the area in question. After all necessary information is submitted, external review generally will be decided within 30 days of the request. Expedited reviews are available when a Covered Person's Physician certifies that a delay in service would jeopardize the Covered Person's health. Once the review is complete, the Plan will abide by the decision of the external reviewer.

Certain states mandate external review of additional benefit or service issues or require a filing fee. In addition, certain states mandate the use of their own external review providers for medical necessity and experimental/investigational coverage decisions. For further details regarding your Plan's grievance and external review process, call the Customer Service toll-free number on your ID card, or visit Aetna's website at [www.aetna.com](http://www.aetna.com) where you may obtain an external review request form. You may also call your State Insurance or Health Department for additional information regarding state mandated external review procedures.

<h3><b>Accidental Death and Dismemberment Benefit</b></h3>
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This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America. Benefits are payable for the Accidental Death and Dismemberment of the eligible insured of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your Master Policy available at your School.)

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 261-8403** for the appropriate claim forms.

### **Worldwide Emergency Travel Assistance Services**

These services are designed to protect Emory 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 Emory University Student Health Insurance Plan. Please remember to carry your Assist America card and call toll free within the U.S. at **(800) 872-1414** or outside the U.S. call collect (**dial U.S. access code**) plus **(301) 656-4152** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers.

Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

**NOTE: ASSIST AMERICA PAYS FOR ALL ASSISTANCE SERVICES IT PROVIDES. ALL ASSISTANCE SERVICES MUST BE ARRANGED AND PROVIDED BY ASSIST AMERICA. ASSIST AMERICA DOES NOT REIMBURSE FOR SERVICES NOT PROVIDED BY ASSIST AMERICA.**

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by Assist America, Inc.

## Important Notes

Georgia Senate Bill 210, “Consumer Choice Option”, is available to Georgia residents enrolled in certain insured Aetna managed care medical and/or dental plans. To find out more on this option, please refer to the “Consumer Choice Option” link on your school-specific website at [www.chickering.com](http://www.chickering.com).

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of 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) 261-8403**  
[www.chickering.com](http://www.chickering.com)

### **Underwritten by:**



Aetna Life Insurance Company (ALIC)  
**Policy No. 812808**

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

### **Notice**

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based on his or her status as a victim of family violence.

## Notice

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