

2005 – 2006

**Student Health Insurance Plan Brochure
For Sponsored Students and Scholars of the**

Royal Thai Embassy

Office of Educational Affairs (OEA), Washington, DC

Arranged by:
The Harbour Group, LLC



Administered by:
Chickering Claims Administrators, Inc.



Underwritten by:
Aetna Life Insurance Company (ALIC)

Policy No. 890432

Dear Student or Scholar,

Please take time to review the information included in this Brochure, which describes the 2005-2006 Health Insurance Plan for Students and Scholars sponsored by the Royal Thai Embassy, Office of Educational Affairs.

The Plan has been arranged by The Harbour Group, LLC, and is designed specifically for our Students and Scholars in the United States. The Plan is underwritten by Aetna, and administered by The Chickering Group, an Aetna Company. The Plan provides comprehensive health coverage with major medical benefits to an aggregate maximum of \$500,000 per Accident or Sickness for insured Students & Scholars (\$50,000 for insured Dependents).

The Plan is designed to provide comprehensive benefits, while keeping your out-of-pocket costs to a minimum. In order to obtain the maximum benefits available through this Plan, it is strongly recommended that you utilize the Student Health Center at your college or university for initial medical treatment. In addition to all the other benefits available through this Plan, utilizing your campus health center will help minimize your out-of-pocket costs, as follows:

1. The deductible is waived for treatment received at the Student Health Center;
2. Aetna has agreed to cover Student Health Center charges at In-Network levels (i.e. 100%), even if the Student Health Center is not part of the Aetna network.

If you have any questions about this Plan, please contact The Chickering Group at **1-877-375-7910**, or call The Harbour Group at **1-800-252-8160**. Best wishes for a healthy and successful academic year in 2005-2006.

Sincerely,

Visoot Prasitsiriwongse

Minister Counselor (Education)
The Royal Thai Embassy
Office of Educational Affairs

Table of Contents

Page

The Royal Thai Embassy, Office of Educational Affairs (OEA)	
Student Health Insurance Plan	4
Where to Find Help.....	4
Royal Thai Embassy, Office of Educational Affairs Student Health Insurance Plan.....	6
Policy Period.....	6
Student Coverage.....	7
Premium Refund Policy.....	7
Dependent Coverage.....	7
Newborn Infant Coverage and Adopted Child Coverage.....	8
Pre-Existing Conditions/Continuously Insured Provisions	8
Pre-Existing Conditions.....	8
Continuously Insured.....	9
Preferred Provider Network.....	9
Prescription Drugs	10
Inpatient Admission Pre-Certification Program	10
Description of Benefits	11
Summary of Benefits Chart	11
Inpatient Services Benefits	12
Surgical Benefits.....	12
Outpatient Benefits	13
Mental Health and Substance Abuse Benefits	14
Outpatient Expenses.....	15
Maternity Benefits	16
Additional Benefits	16
Additional Services and Discounts	19
General Provisions.....	21
State Mandated Benefits	21
Subrogation/Reimbursement Right of Recovery Provision.....	21
Non-Duplication of Benefits.....	23
Definitions.....	23
Exclusions.....	27
Extension of Benefits.....	32
Termination of Insurance.....	32
Claim Procedure.....	32
Appeals and Complaints Procedure	33
External Review.....	33
Prescription Drug Claim Procedure	34
Accidental Death and Dismemberment Benefit	34
Worldwide Emergency Travel Assistance Services	34
Medical Evacuation and Return of Mortal Remains Services.....	35
Important Note	36

The Royal Thai Embassy, Office of Educational Affairs 2005-2006 Student & Scholar Health Insurance Plan

The Royal Thai Embassy Student & Scholar Health Insurance Plan has been developed especially for Thai students and scholars sponsored by the Office of Educational Affairs. The Plan provides coverage for Accidents and Sicknesses that occur on and off campus, and includes special cost-saving features to keep the coverage as affordable as possible. The Office of Educational Affairs is pleased to provide the Plan, as described in this Brochure.

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

Where to Find Help

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

As a Chickering student health insurance member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits and health information. You can take full advantage of our interactive website to complete a variety of self-service transactions online.

By logging into Aetna Navigator, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Chickering Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to *www.chickering.com*
- Click on "Find Your School."
- Enter your program name (The Royal Thai Embassy, Office of Educational Affairs) and then click on "Search."
- Click on Aetna Navigator and then the "Access Navigator" link.
- Follow the instructions for First Time User by clicking on the "Register Now" link.
- Select a user name, password and security phrase.

Your registration is now complete, and you can begin accessing your personalized information!

Need help with registration?

Registration assistance is available toll free, Monday through Friday, from 7 a.m. to 9 p.m. Eastern Time at **1-800-225-3375**.

For Questions About:

- Insurance Benefits
- Enrollment
- Claims Processing
- Inpatient Admission Pre-Certification
- Vision One® Program

Please contact:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7910

For Questions About ID Cards:

The ID card is not a guarantee of eligibility or benefits. You will be mailed a permanent ID card within 7 to 10 business days of enrollment. The card becomes active on the date of enrollment or eligibility under the Plan. You do not need an ID card to be eligible to receive benefits, including Prescriptions, and services at the Student Health Center, but please bring it with you to any off-campus providers.

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.
at **(877) 375-7910** or you may visit www.chickering.com. Click on “Find Your School” and enter **890432** as your Policy Number to request an ID card online.

For Questions About:

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

Please contact:

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

For Provider Listings (Including a listing of Preferred Care Pharmacies):

You can use Aetna’s online DocFind® Service at: www.chickering.com. Click on “Find Your School” enter **890432** as your Policy Number. You can use DocFind to find out whether a specific provider belongs to Aetna’s network or to find preferred providers practicing in your area.

For Questions About:

Medical Evacuation and Repatriation and Emergency Travel Assistance Services

Please contact:

Assist America, Inc.

(800) 872-1414 (within U.S.)

If outside the U.S., call collect by dialing the U.S. access code plus **301-656-4152**

E-mail address: *medservices@assistamerica.com*

Worldwide Web Access:

- The Chickering Group: *www.chickering.com*

For any questions about your 2005-2006 Health Insurance Plan, you may also contact The Harbour Group by phone at **1-800-252-8160**, or by e-mail at *info@hginsurance.com*.

Student Health Center (SHC)

Your health care needs can be best met when an organized system of health care providers at your institution's Student Health Center manages the treatment. If you are enrolled in the Student Health Insurance Plan and need care, you should attempt to use the Student Health Center first to maximize your student health benefits. See the Description of Benefits section in this Brochure.

Royal Thai Embassy, Office of Educational Affairs Student Health Insurance Plan

This is a brief description of the Medical Expense benefits available for insured Students & Scholars and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to Royal Thai Embassy, Office of Educational Affairs. Please contact The Chickering Group at **(877) 375-7910** during normal business hours to receive a copy of the Master Policy.

Policy Period

Coverage for all insured students will become effective at 12:01 a.m. on the date reported to the Administrator by the Office of Educational Affairs, and will terminate at 12:01 a.m. on the last date for which premium has been paid, but in no event will coverage in the 2005-2006 Plan extend beyond September 1, 2006.

Students who need their insurance coverage to take effect between June 1, 2005 and August 31, 2005 should contact the Office of Educational Affairs for details regarding early-start coverage.

Insured dependents: Coverage will become effective upon receipt of the completed Enrollment Form and payment to The Harbour Group, LLC. Coverage for insured dependents terminates in accordance with the Termination provisions described in the Master Policies. Examples include, but are not limited to, the date the student's coverage terminates or the date the dependent no longer meets the definition of a dependent.

Student Coverage

Eligibility

All Thai students and scholars who are:

1. Taking credit hours at a United States educational institution;
2. Under the supervision of the Office of Educational Affairs of the Royal Thai Embassy; and
3. For whom the Embassy is responsible for remitting the insurance premium, are required to enroll in this insurance plan.

Students and scholars must actively attend classes for at least the first 31 days after the date for which coverage is purchased, except in the case of medical withdrawal. Part-time study, independent study, internet classes and television (TV) courses may not fulfill the eligibility requirements that the covered student actively attends classes. If the eligibility requirements are not met, Aetna's only obligation is to refund the premium.

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 unless a claim has been filed.

Students withdrawing after 31 days and returning to Thailand should contact the Office of Educational Affairs to inquire about available premium refunds.

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

Dependent Coverage

Eligibility

Eligible students and scholars who enroll may also insure their eligible dependents. Eligible dependents are the spouse, including Domestic Partners and unmarried children under 19 years of age who are not self-supporting. Dependent eligibility expires concurrently with that of the insured student.

Note: In order to be eligible for coverage under this Plan, Dependents must be added at the start of the Student's Coverage Period, or within 30 days after arrival in the United States.

Enrollment

To enroll the dependent(s) of a covered student, please complete the Dependent Enrollment Form available at www.hginsurance.com/thai. Complete the form and return it to The Harbour Group at the address indicated on the form together with your check, money order, or MasterCard/Visa payment.

Newborn Infant Coverage and Adopted Child Coverage

A child born to a Covered Person shall be covered for Accident, Sickness, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the 2005-2006 Royal Thai Embassy, Office of Educational Affairs 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 appropriate premium.

Coverage is provided for a child legally placed for adoption with a Covered Person for 31 days from the moment of placement, provided the child lives in the household of the Covered Person and is dependent upon the Covered Person for support. To extend coverage for an adopted child past the 31 days, the Covered Person must (1) enroll the child within 31 days of placement of such child and (2) pay the appropriate premium.

Pre-Existing Conditions/Continuously Insured Provisions

Pre-Existing Conditions

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

Limitations

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

Special Rules As To A Pre-Existing Condition

If a person has Creditable Coverage and such coverage terminated within 63 days prior to the date he or she enrolled (or was enrolled) in this Plan, then any limitation as to a Pre-Existing Condition under this Plan will apply for that person only to the extent that such limitation would have applied if he or she had remained covered under the prior Creditable Coverage.

Also, if a person enrolls (or is enrolled) in this Plan immediately after any applicable probationary period has been served, and that person had Creditable Coverage which terminated within 63 days prior to the first day of such probationary period, then any limitation as to a Pre-Existing Condition will apply for that person only to the extent that such limitation would have applied if he or she had remained covered under the prior Creditable Coverage.

Creditable Coverage means a person's prior medical coverage as defined in the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. Such coverage includes the following: coverage issued on a group or individual basis, Medicare, Medicaid,

military-sponsored health care, a program of the Indian Health Service, a state health benefits risk pool, the Federal Employees' Health Benefit Plan (FEHBP), a public health plan as defined in the regulations, any health benefit plan under Section 5(e) of the Peace Corps Act and prior Thai private and government-sponsored programs.

Continuously Insured

Persons who have remained continuously insured under the Policy, or prior health insurance policies, for at least six consecutive months will be covered for any Pre-Existing Condition that manifests itself while continuously insured, except for expenses payable under prior health insurance policies. Previously Covered Persons must re-enroll for coverage, including dependent coverage, by September 30, 2005, in order to avoid a break in coverage for conditions that existed in the prior Policy Year. Once a break in continuous coverage occurs, the definition of Pre-Existing Conditions will apply.

Preferred Provider Network

Aetna has arranged for you to access a Preferred Provider Network in your local campus community. Providers, acute care facilities, and mental health networks are also available nationally if you require treatment or hospitalization outside the immediate area of the campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of The Royal Thai Embassy, Chickering Claims Administrators, Inc., or Aetna. You can obtain information regarding Preferred Providers through the Internet by accessing DocFind at: www.chickering.com, click on "Find Your School" enter **890432** as your Policy Number. You can use DocFind to find out whether a specific provider belongs to Aetna's network or to find Preferred Providers practicing in your area. You may also contact Chickering Claims Administrators, Inc. at **(877) 375-7910**.

Note: In the event of a medical emergency, or when there is no available Aetna Preferred Provider within a 25 mile radius of your home address, you are not required to obtain services from an Aetna provider. In these instances, benefits for services from Non-Preferred Providers will be paid at In-Network levels.

Prescription Drugs

The Aetna Pharmacy Management Network is a nationwide Prescription Drug Card Service. The Prescription Drug Card allows the insured individual immediate access to Prescription coverage. Each insured student receives a Chickering Identification Card with an Aetna logo, allowing access to thousands of Participating Pharmacies throughout the United States. The individual is responsible for a \$10 Copay for Generic Prescription Drugs and a \$20 Copay for Brand Name Prescription Drugs up to a maximum of \$10,000 per Policy Year.

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 in advance 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
(800) 678-4576

Description of Benefits

Payment will be made as allocated herein for Covered Medical Expenses incurred while insured under the Plan, not to exceed a Lifetime Aggregate Maximum while continuously insured of \$500,000 for for students and scholars or a \$50,000 Lifetime Maximum for dependents.

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

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

To obtain a listing of Preferred Providers, you can use the Internet at Aetna’s DocFind at: www.chickering.com. Click on “Find Your School” enter **890432** as your Policy Number. You can use DocFind to find out whether a specific provider belongs to Aetna’s network or to find Preferred Providers practicing in your area. You can also contact Chickering Claims Administrators, Inc. at **(877) 375-7910**.

Summary of Benefits Chart

The following benefits are subject to the imposition of Policy limits and exclusions. All coverage is based on Reasonable Charges unless otherwise specified.

This Plan always pays benefits in accordance with any applicable District of Columbia Insurance Law(s).

Lifetime Maximum	Students and Scholars: \$500,000 per condition Dependents: \$50,000 per condition
Annual Deductible (Per Person)	<p>Preferred Care: None Non-Preferred Care: \$250</p> <p>The Deductible is waived under the following circumstances:</p> <ol style="list-style-type: none"> 1. All care provided by University Health Services. 2. Emergency Room Services (Facility and Physician charges). 3. Routine Pap smears and Mammograms. 4. Covered prescription contraceptive devices.

Inpatient Benefits (Please refer to Inpatient Admission Pre-Certification Requirements)	
Inpatient Hospitalization Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge for an overnight stay. Non-Preferred Care: 70% of the Reasonable Charge for the semi-private room rate for an overnight stay.
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge for an overnight stay. Non-Preferred Care: 70% of the Reasonable Charge for the semi-private room rate for an overnight stay.
Miscellaneous Hospital Expense	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge. Covered Medical Expenses include, but are not limited to: laboratory tests, X-rays, anesthesia, use of special equipment, medicines and use of operating room.
Physician's Hospital Visit Expenses	Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.
Physical Therapy (including Acupuncture if recommended by Attending Physician)	Covered Medical Expenses are payable as follows to a maximum of \$10,000 per Policy Year: Preferred Care: 100% of the Negotiated Charge. Non Preferred Care: 70% of the Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)	
Surgical Expenses	Covered Medical Expenses for charges for surgical services performed by a physician are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.
Assistant Surgical Expenses	Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.

Summary of Benefits Chart Continued

Anesthetist Expenses	<p>Covered Medical Expenses for the charges of an anesthetist during a surgical procedure for surgical services performed during a surgical operation are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>
<p>Outpatient Benefits Covered Medical Expenses include, but are not limited to, Physician's office visits, hospital or outpatient department or emergency room visits, chemotherapy, radiation therapy, tests and procedures, clinical lab, or radiological facility or other similar facility licensed by the State.</p>	
Physician's Office Visit Expenses	<p>Covered Medical Expenses for the diagnosis and treatment of an Accident or Sickness is payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>
Pre-Admission Testing Expenses	<p>Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>
Physiotherapy Expenses	<p>Covered Medical Expenses are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge. Limited to one visit per day and a maximum of \$500 per Policy Year.</p>
Lab/X-Ray Expenses	<p>Covered Medical Expenses for the use of diagnostic X-Ray and laboratory services are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>

Summary of Benefits Chart Continued

Emergency Room Expenses	<p>Covered Medical Expenses for the treatment of an Emergency Medical Condition are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge with waiver of the Deductible.</p> <p>Non-Preferred Care: 100% of the Reasonable Charge with waiver of the Deductible.</p>
Durable Medical Equipment	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge.</p> <p>Non Preferred Care : 70% of the Reasonable Charge.</p>
Mental Health and Substance Abuse Benefits	
Mental Health Benefit Lifetime Maximum	<p>Student - \$83,333 per condition; Dependents- \$50,000 per condition</p>
Drug/Substance Abuse Benefit Lifetime Maximum	<p>Student & Dependents- \$50,000 per condition</p>
Inpatient Mental Health Expenses	<p>Covered Medical Expenses for the treatment of a mental health condition or for alcohol and substance abuse while confined as inpatient in a hospital or facility licensed for such treatment are payable on the same basis as for any other Sickness. Please refer to Inpatient Admission Pre-Certification Requirements.</p> <p>Inpatient mental health treatment is limited to a maximum of 45 days per Policy Year for any one condition or related mental health condition.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility.</p> <p>Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators Inc. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>

Summary of Benefits Chart Continued

<p>Outpatient Mental Health Expenses</p>	<p>Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization, hospital or by a fully licensed practitioner are payable as follows: Preferred Care: 75% of the Negotiated Charge for the 1st through 40th visit; and at 60% of the Negotiated Charge thereafter. Non-Preferred Care: 75% of the Reasonable Charge for the 1st through 40th visit; and at 60 % of the Reasonable Charge thereafter.</p>
<p>Inpatient Substance Abuse Expenses</p>	<p>Covered Medical Expenses for the treatment of substance abuse while confined as an inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p>Inpatient rehabilitation treatment is limited to 28 days per Policy Year.</p> <p>Inpatient detoxification treatment is limited to 12 days per Policy Year.</p> <p>Covered Medical Expenses also include the charges made for treatment received during partial hospitalization in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis by contacting Chickering Claims Administrators, Inc. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization may be exchanged for 1 day of full hospitalization.</p>
<p>Outpatient Substance Abuse Expenses</p>	<p>Covered Medical Expenses for the care or treatment of substance abuse by a licensed or accredited health service organization or hospital or by a fully licensed practitioner are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p> <p>Outpatient treatment of alcoholism and drug abuse is payable up to a maximum of 30 visits per Policy Year.</p>

Maternity Benefits	
Maternity Expenses	<p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other Sickness. Covered Medical Expenses also include inpatient care for a minimum of 48 hours following vaginal delivery, or 96 hours following a cesarean section, for the mother and her newly born child (including newborn hearing screening).</p> <p>Any decision to shorten such minimum coverages shall be made by the attending physician in consultation with the mother and done in accordance with the rules and regulations promulgated by the Department of Public Health. In such cases, covered services may include home visits, parent education, and assistance and training in breast or bottle-feeding.</p>
Termination of Pregnancy Expenses	<p>Covered Medical Expenses for voluntary termination of pregnancy are payable as follows up to a maximum of \$500 per Policy Year:</p> <p>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>
Additional Benefits	
<p>Diabetic Equipment and Self-Management Education Program Expenses <i>(Please note: Insulin, syringes, and diabetic testing supplies are covered under the Prescription Drug portion of the Plan)</i></p>	<p>Covered Medical Expenses for diabetic equipment, other than those provided under the Prescription Drug portion of the Plan, and self-management education programs, are payable on the same basis as any expense.</p>
High Cost Procedure Expenses	<p>Covered Medical Expenses for high cost procedures in excess of \$200, such as, but not limited to, outpatient diagnostic C.A.T. Scans, Magnetic Resonance Imaging, and Laser treatments are payable as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>
Dental Expenses	<p>Covered Medical Expenses are payable for the treatment of an Injury to sound, natural teeth as follows:</p> <p>Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.</p>

Summary of Benefits Chart Continued

Ambulance Expenses	Covered Medical Expenses are payable at 100% of the Reasonable Charge for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Accident or Sickness.
Allergy Treatment	Covered Medical Expenses are payable as follows up to a maximum of \$1,000 per Policy Year: Preferred Care: 100% of the Negotiated Charge. Non Preferred Care: 70% of the Negotiated Charge.
Injections	Covered Medical Expenses when administered in a Physician's office and charged on the Physician's statement are payable as follows: Preferred Care: 100% of the Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.
Women's Health Expenses	Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense. Covered Medical Expenses include an annual pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap Smears are medically necessary, they will be covered on the same basis as any outpatient expense.
Tests and Procedures	Covered Medical expenses including diagnostic services and medical procedures performed by a physician, other than physician's visits, physiotherapy, x-rays and lab procedures are payable as follows: Preferred Care: 100% of Negotiated Charge. Non-Preferred Care: 70% of the Reasonable Charge.
Radiation and Chemotherapy Expense	Covered Medical Expenses are payable as follows up to a maximum of \$10,000 per Policy Year: Preferred Care: 100% of the Negotiated Charge Non-Preferred Care: 70% of the Reasonable Charge.

Summary of Benefits Chart Continued

<p>Breast Reconstruction Surgery Following Mastectomy Expenses</p>	<p>Covered Medical Expenses include charges incurred by a Covered Person who is receiving benefits for a Medically Necessary mastectomy and who elects breast reconstruction after a mastectomy for: reconstruction of the breast on which a mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and fibromyalgia/myofacial pain; treatment of physical complications of all stages of mastectomy, including lymphedema.</p> <p>Covered Medical Expenses are payable on the same basis as any other mastectomy expense.</p>
<p>Prostate Cancer Screening Expenses</p>	<p>Covered Medical Expenses include one annual (or more frequently if recommended by a Physician) digital rectal exam and Prostate Specific Antigen (PSA) test. Covered Medical Expenses are payable on the same basis as any other expense. Covered Medical Expenses are payable for charges incurred by a Covered Person for screening of cancer in accordance with the latest screening guideline issued by the American Cancer Society for all ages, family histories and frequencies.</p>
<p>Primary and Preventive Care Expenses For Children</p>	<p>Covered Medical Expenses are payable on the same basis as any other illness or Injury for the primary and preventive care of children under age 18. Coverage includes initial well child exam, routine Physician's office visits, including routine tests and immunizations, for children up to age 12. For children age 12 to 18, coverage is provided for a maximum of three routine Physician's office visits, including routine tests and immunizations.</p>

<p>Prescription Drug Benefit Expenses</p>	<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 to a maximum of \$10,000 per Policy Year:</p> <p>Preferred Care: 100% of the Negotiated Rate following a \$10 Copay for each Generic Prescription Drug or \$20 Copay for each Brand Name Prescription Drug.</p> <p>NonPreferred Care: No benefits</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables. Prior authorization is required for growth hormones and drugs which are used in the treatment of malaria.</p> <p>Prior authorization is required for some medications. Students and Providers: For assistance, or for a complete list of excluded medications and drugs available with prior authorization, please contact Aetna Pharmacy Management (800) 238-6279. Benefits are paid only when Prescriptions are filled at a Pharmacy that is a Preferred Care Provider. Please use your Chickering ID card when obtaining your Prescriptions.</p>
---	---

Additional Services and Discounts

As a participant in the Student Health Insurance Plan, you can also take advantage of the following services, discounts, and programs. These services, discounts, and programs are not underwritten by Aetna.

Vision One® Discount Program

The Vision One Discount Program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). The Vision One program is available at many optical centers nationwide – such as Sears, JCPenney, Target Optical, most Pearle Vision centers and others – as well as through selected independent optometrist and ophthalmologist offices. This program is not underwritten by Aetna.

Call **(800) 793-8616** for additional program information and provider locations, or simply log on to www.chickering.com, click on “Find Your School” and enter 890432 as your Policy Number.

Informed Health Line

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

1. 24-Hour Nurse Line

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

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

To reach an Informed Health® Line Nurse, please call **1-800-556-1555**

For TDD (hearing and speech impaired only): **1-800-270-2386**

2. Audio Health Library

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

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

To access the Informed Health Line audio health library, please call **1-800-556-1555**

For TDD (hearing and speech impaired only): **1-800-270-2386**

3. Healthwise® Knowledgebase



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

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

Alternative Health Care Programs:

Save money on many alternative therapies and products through our Alternative Health Care Programs. Take advantage of discounted rates on chiropractic manipulation, acupuncture and massage therapy, and nutritional counseling. Through participating retailers, you can also save on vitamins, supplements, and natural products such as aromatherapy, yoga tools, and homeopathy. Students may visit Aetna's website by accessing www.chickering.com. Click on "Find Your School" enter **890432** as your Policy Number for the latest additions to the Vitamin Advantage and Natural Products lists and vendors, and a listing of Natural Alternatives participating providers. These participating providers and vendors are independent contractors and are neither agents nor employees of the Royal Thai Embassy, Chickering, or Aetna.

Vital Savings by AetnaSM - offers you a great way to get significant discounts on a wide array of services. The Vital Savings card gives you access to savings on dental and vision care.

The cost is **\$25** for students for annual membership **September 1, 2005** through **August 31, 2006**. For complete details and to enroll, visit www.chickering.com. Click on "Find Your School" and enter **890432** as your Policy Number.

General Provisions

State Mandated Benefits

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

Subrogation/Reimbursement Right of Recovery Provision

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

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

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

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

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

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

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

Non-Duplication of Benefits

This provision applies if a covered student:

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

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

Definitions

Accident: An occurrence which (a) is unforeseen, (b) is not due to or contributed to by Sickness or disease of any kind, and (c) causes Injury.

Actual Charge: The Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate from one year to the next.

Brand-Name Prescription Drug or Medicine: A Prescription Drug, which is protected by trademark registration.

Coinsurance: The percentage of Covered Medical Expenses payable by Aetna under the Student Health Insurance Plan.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges, or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

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

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

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

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

Emergency Medical Condition: This means a recent and severe medical condition, including, but not limited to, severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could result in:

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

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

Generic Prescription Drug or Medicine: A Prescription Drug that is not protected by trademark registration, but is produced and sold under the chemical formulation name.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

Medically Necessary: A service or supply that is necessary, and appropriate, for the diagnosis or treatment of a Sickness, including a clinically significant mental illness, or Injury, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce as significant positive outcome as any alternative service or supply, both as to the sickness or injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a

- negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration:

- Information relating to the affected person's health status;
- Reports in peer reviewed medical literature;
- Reports and guidelines published by nationally recognized health care organizations that include supporting scientific data;
- Generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment;
- The opinion of health professionals in the generally recognized health specialty involved; and
- Any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be Medically Necessary:

- Those that do not require the technical skills of a medical, a mental health, or a dental professional; or
- Those furnished mainly for the personal comfort, or convenience, of the person, any person who cares for him or her, or any person who is part of his or her family, any healthcare provider, or healthcare facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely and adequately be diagnosed or treated while not confined; or
- Those furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.

Negotiated Charge: The maximum charge a Preferred Care Provider has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider if, as determined by Aetna (a) the service or supply could have been provided by a Preferred Care Provider and (b) the provider is of a type that falls into one or more of the categories of providers listed in the Directory.

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

Non-Preferred Pharmacy: A Pharmacy not party to a contract with Aetna, or a Pharmacy that is party to such a contract but which does not dispense Prescription Drugs in accordance with its terms.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician licensed by the state in which they practice, and any other practitioner who must by law be recognized as a doctor legally qualified to render treatment.

Pre-Existing Condition: Any Injury, Sickness, or condition that was diagnosed or treated within 12 months prior to the Covered Person's effective date of insurance.

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

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

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

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

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

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

In some circumstances, Aetna may have an agreement, either directly or indirectly through a third party, with a provider which sets the rate that Aetna will pay for a service or supply. In these instances, in spite of the methodology described above, the Reasonable Charge is the rate established in such agreement.

In determining the Reasonable Charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

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

Exclusions

The Plan neither covers nor provides benefits for the following:

1. Expenses incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis, care, or treatment of the Sickness, clinically significant mental illness, 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 persons who is part of his or her family, any healthcare provider, or healthcare facility; or
- Those furnished solely because the person is an inpatient on any day on which the person's Sickness or Injury could safely, and adequately, be diagnosed, or treated, while not confined; or
- Those furnished solely because of the setting, if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office, or other less costly setting.

2. Expenses incurred as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth, a dental abscess, or for removal of wisdom teeth, as provided elsewhere in the Policy.

3. Expenses incurred for services normally provided without charge by the Policyholder's Student Health Center, infirmary, hospital, or by health care providers employed by the Policyholder.

4. Expenses incurred for eye refractions, vision therapy, radial keratotomy, eyeglasses, contact lenses (except when required after cataract surgery), or other vision or hearing aids, or Prescriptions or examinations except as required for repair caused by a covered Injury.

5. Expenses incurred as a result of Injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way, including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense, so long as they are not taken against persons who are trying to restore law and order.

6. Expenses incurred as a result of 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.

7. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law.

8. Expenses incurred as a result of Injury sustained or Sickness contracted while in the service of the armed forces of any country. Upon the Covered Person entering the armed forces of any country, the unearned pro-rated premium will be refunded to the Policyholder.

9. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

10. Expenses incurred for plastic surgery, reconstructive surgery, cosmetic surgery, or other services and supplies, which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply to the extent needed to:

- a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or surgery performed to treat a Sickness or Injury.
- b) Repair an Injury 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.

For reconstructive breast surgery following a mastectomy, including (1) all stages of reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas, in a manner determined by the attending Physician and patient to be appropriate.

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

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

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

14. Expenses incurred by a Covered Person who is not a United States Citizen for services performed within the Covered Person's home country if the Covered Person's home country has a socialized medicine program (or provides national health).

15. Expenses incurred for the treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain.

16. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to, by whom they are prescribed, or by whom they are recommended, or by whom or by which they are performed.

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

18. Expenses 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.
19. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
20. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.
21. Expenses for contraceptive methods, devices, or aids; charges for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures; and elective sterilization or its reversal, unless otherwise provided in the Policy.
22. Expenses incurred as a result of commission of a felony.
23. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.
24. Expenses incurred for the treatment of Accidents or Injuries resulting from the participation in intercollegiate sports (participation in sports clubs or intramural athletic activities is not excluded).
25. Expenses incurred for repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices, unless otherwise provided in the Policy.
26. Expenses incurred for a Pre-Existing Condition.
27. Expenses incurred for or in connection with procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if:
 - There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature, to substantiate its safety and effectiveness, for the disease or Injury involved; or
 - If required by the FDA, approval has not been granted for marketing; or
 - A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or
 - The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that:

- The disease can be expected to cause death within one year, in the absence of effective treatment; and
- The care or treatment is effective for that disease, or shows promise of being effective for that disease, as demonstrated by scientific data.

In making this determination, Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND), or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute;
- If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

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

29. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays unless otherwise provided in the Policy.

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

31. Those 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.

32. Expenses incurred as a result of treatment for acne.

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

34. Expenses incurred for breast reduction/mammoplasty.

35. Expenses incurred for gynecomastia (male breasts).

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

37. Expenses for charges that are not reasonable charges, as determined by Aetna.

38. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.

39. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

Any exclusion listed will not apply to the extent that coverage is specifically provided by name in the Policy, or 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, expenses incurred after the termination date and during the continuance of that hospital confinement shall be payable in accordance with the Policy, but only while they are incurred during the 90-day period following such Termination of Insurance.

Termination of Insurance

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

Claim Procedure

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7910
(617) 218-8400 (outside United States)

Customer Service Representatives are available 8:30 a.m. to 5:30 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. Any itemized medical bills should include the student ID number, date of service, name of provider, CPT code, and diagnosis, and should be mailed promptly to the above address. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering Claims Administrators, Inc. within 60 days from the date appearing on the Explanation of Benefits.

Appeals and Complaints Procedure

Our complaints and appeals process is designed to address Covered Person coverage issues, complaints and problems. If you have a coverage issue or other problem, call the Customer Services 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 15717
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. The applicable Internet address for the State Insurance Department for your Plan is: *www.ci.washington.dc.us*.

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 would be financially responsible involves more than \$500 (or the applicable 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 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.

Prescription Drug Claim Procedure

When obtaining a covered Prescription, please present your Chickering ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug. Claim Forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at (800) 238-6279. Additionally, a listing of Pharmacy locations may be obtained by accessing Aetna's online DocFind® service located at www.chickering.com. Click on "Find Your School" enter 890432 as your Policy Number. When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly. When submitting a claim, please include all Prescription receipts, indicate that you are covered by the Royal Thai Embassy, Office of Educational Affairs program and include your name, address, and student identification number.

Accidental Death and Dismemberment Benefit

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by Unum Provident Life Insurance Company of America.

Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply. For definitions of eligibility and a complete loss schedule, detailing the benefits received for accidental death, dismemberment, loss of sight, speech or hearing, please refer to your Master Policy.) To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at (800) 678-4576 for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

These services are designed to protect the Royal Thai Embassy Office of Educational Affairs 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 a necessary shipping container as well as paying for transport. Please note: Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in The Chickering Student Health Insurance Plan. Please remember to carry your Assist America card and call toll-free within the U.S. at (800) 872-1414 or outside the U.S. call collect (dial U.S. access code) plus 301-656-4152, in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: Assist America pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.

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

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

Important Note

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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.

Arranged by:

The Harbour Group, LLC
Telephone: **1-800-252-8160**
E-mail: info@hginsurance.com



Administered by:

Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7910
www.chickering.com



Underwritten by:

Aetna Life Insurance Company (ALIC)

Policy No. **890432**

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

Notice

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