

2006 – 2007

**University of Missouri System
(MU, UMKC, UMSL, UMR)**

**Student Accident and Sickness
Insurance Plan**

For All Domestic Students

Offered by:
Chickering Benefit Planning Insurance Agency, Inc.
Administered by:
Chickering Claims Administrators, Inc.
Underwritten by:
Aetna Life Insurance Company (ALIC)

**Policy No. 890430 (MU)
 890439 (UMKC)
 890440 (UMSL)
 890441 (UMR)**

Aetna Open Choice® PPO

Table of Contents

	Page
Where To Find Help	3
The University of Missouri System Student Accident and Sickness Insurance Plan	5
Eligibility	5
Policy Period	5
Student Accident and Sickness Insurance Plan Rates	5
Premium Refund Policy	5
Pre-Existing Conditions	6
Preferred Provider Network	6
Referral Requirements	7
Inpatient Admission Pre-Certification Program	7
Description of Benefits	8
Summary of Benefits Chart	9
Plan 1	9
Inpatient Hospitalization Benefits	9
Surgical Benefits	10
Outpatient Benefits	11
Mental Health and Substance Abuse Benefits	12
Maternity Benefits	12
Additional Benefits	13
Plan 2	15
Inpatient Hospitalization Benefits	15
Surgical Benefits	16
Outpatient Benefits	16
Mental Health and Substance Abuse Benefits	17
Maternity Benefits	18
Additional Benefits	18
Additional Services and Discounts	21
Optional Dental Coverage	21
General Provisions	22
State Mandated Benefits	22
Coordination of Benefits	22
Definitions	22
Exclusions	26
Extension of Benefits	31
Termination of Insurance	31
Continuation Provision	31
Claim Procedure	31
Prescription Drug Claim Procedure	32
How to Appeal a Claim	32
Grievance Procedure	33
Accidental Death and Dismemberment Benefits	34
Worldwide Emergency Travel Assistance Services	34
Medical Evacuation and Return of Mortal Remains	35
Important Note	36

The University of Missouri System Student Accident and Sickness Insurance Plan has been developed especially for University of Missouri System students. The Plan provides coverage for illnesses and Injuries that occur on and off campus, worldwide coverage overseas, and includes special cost-saving features to keep the coverage as affordable as possible. The University of Missouri System is pleased to offer the Plan as described in this Brochure.

A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Master Policy, the Master Policy will govern and control the payment of benefits.

Read this Brochure carefully. The Aggregate Maximum benefit under the Student Accident and Sickness Insurance Plan is described in the Summary of Benefits section. Some benefits are limited and should be carefully noted. If you or your Physician have any questions regarding benefits, please contact Chickering Claims Administrators, Inc. at **(877) 375-7905**. Benefit information can also be accessed at www.chickering.com. Then click on “Find Your School” and enter either MU, UMKC, UMSL or UMR or the Policy Number. Please see your school-specific pamphlet for additional information.

Where To Find Help

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

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

By logging into Aetna Navigator, you can:

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

How do I register?

- Go to www.chickering.com.
- Click on “Find Your School.”
- Enter either MU, UMKC, UMSL or UMR 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 9:30 a.m. to 6:30 p.m. Eastern Time at **(877) 375-7905**.

For Questions About:

- Insurance Benefits
- Enrollment
- Claims Processing

Please contact:

Chickering Claims Administrators, Inc.

P.O. Box 15708

Boston, MA 02215-0014

(877) 375-7905

www.chickering.com

For Questions About:

- On-Campus Health Services

Please contact your school's Student Health Center

Identification Cards:

ID cards will be issued as soon as possible. If you need medical attention before the ID card is received, benefits will be payable according to the Policy. **You do not need to have an ID card to be eligible to receive benefits.** Once you have received your ID card, present it to the provider to facilitate prompt payment of your claims.

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

For lost ID cards, contact:

Chickering Claims Administrators, Inc.

(877) 375-7905 or visit ***www.chickering.com***, click on "Find Your School" and enter either MU, UMKC, UMSL or UMR or school-specific Policy Number.

Provider Listings:

Use Aetna's online DocFind® service located at ***www.chickering.com***. Click on "Find Your School" and enter either MU, UMKC, UMSL or UMR or school-specific Policy Number. You can use DocFind to find out whether a specific doctor 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 (01) plus (301) 656-4152.**

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

Worldwide Web Access:

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

<p style="text-align: center;">The University of Missouri System Student Accident and Sickness Insurance Plan</p>
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This Brochure provides a brief description of the Student Accident and Sickness Insurance Plan benefits available for The University of Missouri System students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy. See your school-specific pamphlet for additional information. The Plan is administered by Chickering Claims Administrators, Inc., P.O. Box 15708, Boston, MA 02215-0014.

Eligibility

Refer to your school-specific pamphlet, or contact The Chickering Group at **(877) 375-7905**, 9:30 a.m. – 6:30 p.m., EST.

Policy Period

Refer to your school-specific pamphlet, or contact The Chickering Group at **(877) 375-7905**.

Student Accident and Sickness Insurance Plan Rates

Refer to your school-specific pamphlet, or contact The Chickering Group at **(877) 375-7905**.

Premium Refund Policy

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 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.

Pre-Existing Conditions

Definition:

Any Injury, Sickness, or condition for which medical advice or treatment was received within 12 months prior to the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the Plan from one year to the next, an Accident or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition.

Continuous Coverage:

Those who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. For students covered by a similar policy offered by the University, a break of coverage will not be considered if the plan was continuous to a date with a break of no more than 31 days prior to the insured's effective date under this Policy.

Credit will be given for those students covered under a creditable policy, other than that issued to the University, if the plan was continuous to a date with a break of no more than 63 days prior to the insured's effective date under this Policy.

Limitation:

If, at the time of enrollment, you have not been covered by prior creditable coverage, this Policy will not cover Pre-Existing Conditions until you have continuous coverage. If you were covered by prior coverage any time within the last 12 months and you enroll in the plan within 63 days of having coverage under the previous plan, credit will be given for each month of creditable coverage toward satisfaction of the 12 month waiting period for Pre-Existing Conditions.

Preferred Provider Network

The Chickering Group has arranged for you to access a Preferred Provider Network in your local community. Provider and mental health networks are available nationally if you require hospitalization outside the immediate area of your school's campus.

The Student Accident and Sickness Insurance Plan for the 2006-2007 Policy Year has a Preferred Provider Organization (PPO) 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. Preferred Providers are independent contractors and are neither employees nor agents of University of Missouri System, Chickering Claims Administrators, Inc., or Aetna. Use Aetna's online DocFind service located at www.chickering.com. Click on "Find Your School" enter either MU, UMKC, UMSL or UMR or school-specific Policy Number. You can use DocFind to find out whether a specific doctor belongs to Aetna's network or to find Preferred Providers practicing in your area.

Referral Requirements

Students are expected to use the resources of the Student Health Center (SHC) prior to seeking medical care outside. The SHC can administer treatment or issue a referral to a Preferred Provider.* A referral issued by the SHC must accompany the claim when submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. Medical emergency. The student must return to the SHC for necessary follow-up care;
2. When the Student Health Center is closed;
3. When service is rendered at another facility during break or vacation period;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status;
6. Maternity/Gynecology; or
7. Psychotherapy

Note: Description of SHC services is provided for informational purposes only. SHC is not affiliated with The Chickering Group.

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

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 pre-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 Accident and Sickness Insurance Plan.

Pre-Certification of Non-Emergency Inpatient Admissions:

The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions:

The patient, patient's representative, Physician, or hospital must telephone within one business day following admission.

Chickering Claims Administrators, Inc.
Attention: Managed Care Dept.
P.O. Box 15708
Boston, MA 02215-0014
(877) 375-7905

Description of Benefits

Payment will be made as allocated herein for Covered Expenses incurred for any Injury or Sickness, for students and their dependents, while insured under the Plan, not to exceed a lifetime Aggregate Maximum of \$100,000 (Plan 1) or \$250,000 (Plan 2).

The payment of any Deductibles, the balance above any Coinsurance amount, amounts above the Reasonable Charge 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, and may be the responsibility of the patient.

Please contact Chickering Claims Administrators, Inc. at **(877) 375-7905** for specific provider information or use Aetna's online DocFind service located at www.chickering.com. Click on "Find Your School" and enter either MU, UMKC, UMSL or UMR or school-specific Policy Number. You can use DocFind to find out whether a specific doctor belongs to Aetna's network or to find Preferred Providers practicing in your area.

Summary of Benefits

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 Missouri Insurance Law(s).

Basic Injury and Sickness Benefits for Covered Medical Expenses incurred during the Benefit Period will be paid as set forth below, limited by all maximums, Deductibles, covered percentages and benefit limits.

Benefits will be paid at the percentage shown for the Negotiated Charge for Preferred Care or the Reasonable Charge for Non-Preferred Care. Benefits are provided for, but not limited to, services listed in the Medical Benefits Schedule.

Plan 1

Deductible <i>(for each Injury or Sickness)</i>	Students: \$50 with a SHC Referral \$100 without a SHC Referral Dependents: \$100	
Lifetime Aggregate Maximum <i>(for each Injury or Sickness)</i>	Students: \$100,000 Dependents: \$100,000	
Coinsurance	Covered Charges	Benefits
Part A	First \$10,000	100% PPO; 80% Non-PPO subject to the maximums stated below.
Part B	Next \$15,000	80% PPO; 60% Non-PPO
Part C	Next \$75,000	100% PPO; 80% Non-PPO
Pre-Existing Conditions Coverage	Not covered except for those who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for those students covered under a creditable policy, if the plan was continuous to a date without a break of more than 63 days prior to the insured's effective date under this Policy. For students covered by a similar policy offered by the University, a break of coverage will not be considered if the plan was continuous to a date without a break of more than 31 days prior to the insured's effective date under this Policy.	
Inpatient Hospitalization Benefits		
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to a maximum of \$300 per day Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.	

Inpatient Hospitalization Benefits (continued)	
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to a maximum of \$600 per day Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Hospital Miscellaneous Expenses (services and supplies including but not limited to: the cost of the operating room; lab tests; X-rays; anesthesia; drugs – excluding take-home drugs or medications; supplies)	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to a maximum of \$3,000 per covered Injury or Sickness Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Physician Hospital Visit Expenses (limited to one visit per day and not paid on day of surgery)	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: Part A: Coinsurance up to a maximum of \$65 per visit Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> 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: Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Anesthetist Expenses & Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: Part A: Coinsurance up to a maximum of 25% of Surgical Treatment Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Day Surgery Miscellaneous Expenses	Covered Medical Expenses related to a scheduled surgery, including the cost of the operating room, lab and X-ray, professional fees, anesthesia, drugs or medicines and supplies are payable as follows: Part A: Coinsurance up to a maximum of \$3,000 per covered Injury or Sickness Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.

Outpatient Benefits	
Office Visit Expenses <i>(limited to one visit per day and not paid on day of surgery)</i>	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to \$50 a visit Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Hospital Outpatient Surgical Expenses	Covered Surgical Expenses are payable as follows: Part A: Coinsurance up to \$5,000 maximum per covered Injury or Sickness Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Outpatient Miscellaneous Expenses <i>(hospital emergency room; diagnostic, X-ray and lab services; chemotherapy and/or radiation therapy; miscellaneous tests and procedures)</i>	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to an Aggregate Maximum of \$1,000 per Injury or Sickness Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Injection Expenses <i>(when administered at a doctor's office)</i>	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to \$5 per injection Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Chiropractic Therapy Expenses <i>(limited to one visit per day)</i>	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to a maximum of \$50 per visit up to \$500 Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Physical Therapy Expenses <i>(limited to one visit per day)</i>	Covered Medical Expenses are payable as follows: Part A: Coinsurance up to a maximum of \$75 per visit up to \$1000 Part B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.

Mental Health and Substance Abuse	
Inpatient Mental Health Expenses	<p>Inpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition.</p> <p>Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.</p>
Outpatient Mental Health Expenses	<p>Outpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition.</p> <p>Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.</p>
Inpatient Substance Abuse Expenses	<p>Inpatient substance abuse: Covered Medical Expenses for the treatment of substance abuse by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition.</p> <p>Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.</p>
Outpatient Substance Abuse Expenses	<p>Outpatient substance abuse: Covered Medical Expenses for the treatment of a substance abuse condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition.</p> <p>Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.</p>
Maternity Benefits	
Maternity Expenses (any applicable referral requirements and associated penalties are waived for these services; conception must occur while coverage is in force)	<p>Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Part A, B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.</p>

Additional Benefits	
<p>Women’s Health Benefit Expenses <i>(any applicable referral requirements and associated penalties are waived for these services)</i></p>	<p>Covered Medical Expenses will include one baseline mammogram for Benefit Expenses women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense.</p> <p>Covered Medical Expenses include an annual Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any outpatient expense.</p> <p>Part A, B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
<p>Consultant Expenses <i>(when requested and approved by attending Physician)</i></p>	<p>Covered Medical Expenses are payable as follows: Part A, B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
<p>Club Sports Expenses</p>	<p>Covered Medical Expenses for any Injury related to the practice and play of club sports are payable on the same basis as any other Injury. Part A, B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
<p>Child Health Supervision Expenses</p>	<p>Covered Medical Expenses are payable on the same basis as any other outpatient expense for covered dependent children up to age 19 based on the guidelines established by the American Academy of Pediatrics.</p> <p>The current service and frequency guidelines are as follows:</p> <ul style="list-style-type: none"> • A review and written record of the child’s complete medical history; • Physical examination; • Developmental assessment; • Immunizations, including diphtheria, haemophilus influenza type B, Hepatitis A, Hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, and any other immunization as recommended by the American Academy of Pediatrics; • Anticipatory guidance; and • Laboratory tests.

Additional Benefits (continued)	
Child Health Supervision Expenses <i>(continued)</i>	<p>Covered Medical Expenses for insured dependent children will only include charges of one Physician visit for well Child Health Supervision Services performed at birth and approximately each of the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, one per year from 10 years to 19 years.</p> <p>Part A, B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p> <p><i>(Deductible and Copay will not apply to immunizations rendered from birth to age 5; Deductible and Copay does apply to office visit expenses associated with immunization.)</i></p>
Speech and Hearing Expenses	<p>Covered Medical Expenses are provided for charges incurred for the diagnosis or non-surgical treatment for loss or impairment of speech or hearing. Covered Medical Expenses will include: (a) diagnostic services rendered to find out if, and, to what extent the Covered Person's ability to speak or hear is impaired; and (b) rehabilitative services rendered that are expected to restore or improve a person's ability to speak.</p> <p>Covered Medical Expenses are payable as follows: Part A, B & C: Coinsurance Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
Early Intervention Services Expenses	<p>The charges below are included as Covered Medical Expenses even though they may not be incurred in connection with an Injury or disease. They are included only for: a covered dependent child from birth to 3 years of age, who is identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, as amended. You must submit proof of such identification with the initial claim.</p> <p>These are the charges incurred for Early Intervention Services.</p> <p>These are services, provided as part of an active individualized family service plan, that enhance functional ability without effecting cure. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Speech therapy given in connection with a speech impairment resulting from a congenital abnormality, disease, or Injury. • Occupational or physical therapy expected to result in significant improvement of a body function impaired by a congenital abnormality, disease, or Injury. • Assistive technology devices. <p>Covered Medical Expenses are payable as any other outpatient expense.</p>

Additional Benefits (continued)	
Ambulance Expenses	Covered Medical Expenses for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Injury or Sickness are payable as follows: Part A: Coinsurance up to a maximum of \$200 per trip Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Prescription Drug Benefit Expenses	Not covered.
Dental Expenses	Covered Medical Expenses are payable as follows: Part A: Coinsurance to a maximum of \$500 per Accident for the treatment of an Injury to sound, natural teeth. Part B & C: Coinsurance <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.

Plan 2									
Deductible <i>(for each Injury or Sickness)</i>	Students: \$25 with a SHC Referral \$50 without a SHC Referral Dependents: \$100								
Lifetime Maximum <i>(for each Injury or Sickness)</i>	Students & Dependents: \$250,000 Benefit								
Coinsurance	<table border="0"> <thead> <tr> <th>Covered Charges</th> <th>Benefits</th> </tr> </thead> <tbody> <tr> <td>First \$5,000</td> <td>100% PPO; 80% Non-PPO</td> </tr> <tr> <td>Next \$10,000</td> <td>80% PPO; 60% Non-PPO</td> </tr> <tr> <td>Next \$235,000</td> <td>100% PPO; 80% Non-PPO</td> </tr> </tbody> </table>	Covered Charges	Benefits	First \$5,000	100% PPO; 80% Non-PPO	Next \$10,000	80% PPO; 60% Non-PPO	Next \$235,000	100% PPO; 80% Non-PPO
Covered Charges	Benefits								
First \$5,000	100% PPO; 80% Non-PPO								
Next \$10,000	80% PPO; 60% Non-PPO								
Next \$235,000	100% PPO; 80% Non-PPO								
Pre-Existing Conditions Coverage	Not covered except for those who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for those students covered under a creditable policy, if the plan was continuous to a date without a break of more than 63 days prior to the insured's effective date under this Policy. For students covered by a similar policy offered by the University, a break of coverage will not be considered if the plan was continuous to a date without a break of more than 31 days prior to the insured's effective date under this Policy.								
Inpatient Hospitalization Benefits									
Hospital Room and Board Expenses	Covered Medical Expenses are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.								

Inpatient Hospitalization Benefits (continued)	
Intensive Care Unit Expenses	Covered Medical Expenses are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Hospital Miscellaneous Expenses <i>(services and supplies including but not limited to: the cost of the operating room; lab tests; X-rays; anesthesia; drugs – excluding take-home drugs or medications; supplies)</i>	Covered Medical Expenses are payable as follows: <i>Preferred Care:</i> Negotiated Charge <i>Non-Preferred Care:</i> Reasonable Charge.
Physician Hospital Visit Expenses <i>(limited to one visit per day and not paid on day of surgery)</i>	Covered Medical Expenses for charges for the non-surgical services of the attending Physician or a consulting Physician are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> 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: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Anesthetist Expenses & Assistant Surgeon Expenses	Covered Medical Expenses for the charges of an anesthetist and an assistant surgeon during a surgical procedure for surgical services performed during a surgical operation are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Day Surgery Miscellaneous Expenses	Covered Medical Expenses related to a scheduled surgery, including the cost of the operating room, lab and X-ray, professional fees, anesthesia, drugs or medicines and supplies are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.
Outpatient Benefits	
Office Visit Expenses	Covered Medical Expenses are payable as follows: <i>Preferred Care:</i> Negotiated Charge. <i>Non-Preferred Care:</i> Reasonable Charge.

Outpatient Benefits (continued)	
Injection Expenses <i>(when administered at a doctor's office)</i>	Covered Medical Expenses are payable as follows: Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Chiropractic Therapy Expenses <i>(limited to one visit per day)</i>	Covered Medical Expenses are payable as follows to a maximum of \$1,000 per Policy Year: Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Physical Therapy Expenses <i>(limited to one visit per day)</i>	Covered Medical Expenses are payable as follows to a maximum of \$1,000 per Policy Year: Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Outpatient Miscellaneous Expenses <i>(hospital emergency room; diagnostic, X-ray and lab services; chemotherapy and/or radiation therapy; miscellaneous tests and procedures)</i>	Covered Medical Expenses are payable as follows: Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Mental Health and Substance Abuse Benefits	
Inpatient Mental Health Expenses	Inpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition. Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Outpatient Mental Health Expenses	Outpatient mental health: Covered Medical Expenses for the treatment of a mental health condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related mental health condition. Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.
Inpatient Substance Abuse Expenses	Inpatient substance abuse: Covered Medical Expenses for the treatment of a substance abuse by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition. Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.

Mental Health and Substance Abuse Benefits (continued)	
Outpatient Substance Abuse Expenses	<p>Outpatient substance abuse: Covered Medical Expenses for the treatment of a substance abuse condition by a licensed or accredited health service organization or hospital or by a licensed practitioner are payable as any other condition for any one or related substance abuse condition.</p> <p>Preferred Care: Negotiated Charge.</p> <p>Non-Preferred Care: Reasonable Charge.</p>
Maternity Benefits	
Maternity Expenses <i>(any applicable referral requirements and associated penalties are waived for these services; conception must occur while coverage is in force)</i>	<p>Covered Medical Expenses for pregnancy, childbirth and complications of pregnancy are payable on the same basis as any other Sickness. In the event of an inpatient confinement, such benefits would be payable for inpatient care of the Covered Person and any newborn child, for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Preferred Care: Negotiated Charge.</p> <p>Non-Preferred Care: Reasonable Charge.</p>
Additional Benefits	
Women's Health Benefit Expenses <i>(any applicable referral requirements and associated penalties are waived for these services)</i>	<p>Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses are payable on the same basis as any X-ray expense.</p> <p>Covered Medical Expenses include an annual Pap smear screening for women age 18 and older. Covered Medical Expenses are payable on the same basis as any outpatient expense. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered on the same basis as any outpatient expense.</p> <p>Preferred Care: Negotiated Charge.</p> <p>Non-Preferred Care: Reasonable Charge.</p>
Consultant Expenses <i>(when requested and approved by attending Physician)</i>	<p>Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: Negotiated Charge.</p> <p>Non-Preferred Care: Reasonable Charge.</p>
Club Sports Expenses	<p>Covered Medical Expenses for any Injury related to the practice and play of club sports are payable on the same basis as any other Injury.</p> <p>Preferred Care: Negotiated Charges.</p> <p>Non-Preferred Care: Reasonable Charges.</p>

Additional Benefits (continued)

<p>Child Health Supervision Expenses</p>	<p>Covered Medical Expenses are payable on the same basis as any other outpatient expense for covered dependent children up to age 19 based on the guidelines established by the American Academy of Pediatrics. The current service and frequency guidelines are as follows:</p> <ul style="list-style-type: none"> • A review and written record of the child’s complete medical history; • Physical examination; • Developmental assessment; • Immunizations, including diphtheria, haemophilus influenza type B, Hepatitis A, Hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, and any other immunization as recommended by the American Academy of Pediatrics; • Anticipatory guidance; and • Laboratory tests. <p>Covered Medical Expenses for insured dependent children will only include charges of one Physician visit for well Child Health Supervision Services performed at birth and approximately each of the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, one per year from 10 years to 19 years.</p> <p>Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p> <p><i>(Deductible and Copay will not apply to immunizations rendered from birth to age 5; Deductible and Copay does apply to office visit expenses associated with immunization.)</i></p>
<p>Speech and Hearing</p>	<p>Coverage Medical Expenses are provided for charges incurred for the Expenses diagnosis or non-surgical treatment for loss or impairment of speech or hearing. Covered Medical Expenses will include: (a) diagnostic services rendered to find out if, and, to what extent the Covered Person’s ability to speak or hear is impaired; and (b) rehabilitative services rendered that are expected to restore or improve a person’s ability to speak. Covered Medical Expenses are payable as follows:</p> <p>Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>

Additional Benefits (continued)	
Early Intervention Services Expenses	<p>The charges below are included as Covered Medical Expenses even though they may not be incurred in connection with an injury or disease. They are included only for: a covered dependent child from birth to 3 years of age, who is identified by the Part C early intervention system as eligible for services under Part C of the Individuals with Disabilities Education Act, as amended. You must submit proof of such identification with the initial claim.</p> <p>These are the charges incurred for Early Intervention Services.</p> <p>These are services, provided as part of an active individualized family service plan, that enhance functional ability without effecting cure. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Speech therapy given in connection with a speech impairment resulting from a congenital abnormality, disease, or Injury. • Occupational or physical therapy expected to result in significant improvement of a body function impaired by a congenital abnormality, disease, or Injury. • Assistive technology devices. <p>Covered Medical Expenses are paid as any other outpatient expense.</p>
Ambulance Expenses	<p>Covered Medical Expenses for the services of a professional ambulance to or from a hospital when required due to the emergency nature of a covered Injury or Sickness are payable as follows:</p> <p>Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
Durable Medical Equipment Expenses	<p>Covered Medical Expenses are payable as follows up to a maximum of \$1,000 per Policy Year:</p> <p>Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>
Prescription Drug Benefit Expenses	<p>Covered Medical Expenses for outpatient Prescription Drugs associated with a covered Sickness or covered Injury occurring during the Policy Year, are payable at 100% after the applicable Copay (\$10 for Generic and \$20 Brand-Name Prescription Drugs) subject to the plan maximum of \$1,200 per Policy Year. Benefits are not payable for more than a 30 day supply per Prescription or refill unless Medically Necessary or if you are traveling on vacation outside of the United States.</p> <p>Medications not covered by this benefit include, but are not limited to: allergy sera, drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p>
Dental Expenses	<p>Covered Medical Expenses are payable as follows for the treatment of an Injury to sound, natural teeth.</p> <p>Preferred Care: Negotiated Charge. Non-Preferred Care: Reasonable Charge.</p>

Additional Services and Discounts

As a participant in the Student Accident and Sickness 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 (Available to UMSL, UMKC and MU students)</p>	<p>The Vision One Discount Program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 25% discount on LASIK surgery (the laser vision correction procedure). Call (877) 375-7905 for additional program information and provider locations, or simply log on to www.chickering.com, click on “Find Your School” and enter your school-specific Policy Number to find a Vision One provider near you.</p>
<p>Fitness Program (Available to UMSL and UMKC students)</p>	<p>Aetna’s Fitness Program, offered in conjunction with GlobalFit™, offers discounted membership rates at over 1,500 independent fitness clubs nationwide, as well as discounts on certain home exercise equipment. There are no long term contracts and GlobalFit offers convenient payment options. Contact Chickering Claims Administrators, Inc. for more information.</p>
<p>Alternative Health Care Programs (Available to MU, UMSL, UMKC and UMR students)</p>	<p>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.</p> <p>These participating providers are independent contractors and are neither employees nor agents of the University of Missouri System, Chickering, or Aetna.</p>
<p>Optional Dental Coverage</p>	
<p>Aetna Dental PPO Plan (Available to UMKC and UMSL students)</p>	<p>With our Aetna Dental PPO plan, you can choose to visit a participating or non-participating dentist for care. To enroll and search dentists online, go to www.chickering.com; click on “Find Your School” and enter your school-specific Policy Number. Annual Student Rate: \$336.00</p>
<p>Aetna Dental Indemnity Plan (Available to MU and UMR students)</p>	<p>Aetna’s dental indemnity plan gives you the freedom to visit any licensed dentist in the country for covered services – with no referrals required. To enroll and search dentists online, go to www.chickering.com; click on “Find Your School” and enter your school-specific Policy Number. Annual Student Rate: \$336.00</p>
<p>Vital Savings by AetnaSM (Available to UMSL and UMKC students)</p>	<p>Offers you a great way to get significant discounts on a wide array of services. The Vital Savings card gives you access to savings on dental and vision care.</p> <p>The cost is \$25 for students for annual membership September 1, 2006 through August 31, 2007. For complete details and to enroll, visit www.chickering.com. Click on “Find Your School” and enter your school-specific Policy Number.</p>

General Provisions

State Mandated Benefits

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

Coordination of Benefits

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage 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.

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 Accident and Sickness Insurance Plan.

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.

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 (except for covered dependent children); vaccines; treatment of infertility; and routine physical examinations.

Emergency Medical Condition: The sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that 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 significant serious jeopardy;
- Serious impairment to a bodily function;
- Serious dysfunction of any bodily organ or part;
- Inadequately controlled pain; or,
- With respect to a pregnant woman who is having contractions: That there is inadequate time to effect a safe transfer to another hospital before delivery, or that transfer to another hospital may pose a threat, serious jeopardy, to the health or safety of the woman or unborn child.

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

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

Medically Necessary: A service or supply that is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury, based on generally accepted current medical practice. In order for a treatment, service, or supply to be considered Medically Necessary, the service or supply must:

- Be care or treatment which is likely to produce a significant positive outcome as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition;
- Be a diagnostic procedure which is indicated by the health status of the person. It must be as likely to result in information that could affect the course of treatment as any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition. It must be no more likely to produce a negative outcome than any alternative service or supply, both as to the Sickness or Injury involved and the person's overall health condition; and
- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply) than any alternative service or supply to meet the above tests.

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

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

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

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

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

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

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

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, any other practitioner that must, by law, be recognized as a doctor legally qualified to render treatment, and, an Advance Practical Nurse acting within the scope of practice of such nurse.

Pre-Existing Condition: Any Injury, Sickness, or condition for which medical advice or treatment was received within 12 months prior to the Covered Person's effective date of insurance. If a Covered Person has continuous coverage under the University of Missouri System Student Accident and Sickness Insurance Plan from one year to the next, an Injury or Sickness that first manifests itself during a prior year's coverage shall not be considered a Pre-Existing Condition. Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered a 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 12 consecutive months, whichever happens first.

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: 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 following is a list of standard exclusions. Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. The complete list of limitations and exclusions can be found in the Master Policy.

The Plan neither covers nor provides benefits for the following:

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

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

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

9. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.

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

- (a) Improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect (including harelip and webbed fingers or toes), or as direct result of disease, or surgery performed to treat a Sickness or Injury.
- (b) Repair an Injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident, which causes the Injury, or in the next Policy Year.

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

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

13. Expense incurred for a treatment, service, or supply, which is not Medically Necessary, as determined by Aetna, for the diagnosis care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended, or approved, by the person's attending physician, or dentist.

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

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

- As to diagnosis, care, and treatment, be no more costly (taking into account all health expenses incurred in connection with the treatment, service, or supply), than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances, Aetna will take into consideration information relating to the affected person's health status, reports in peer reviewed medical literature, reports and guidelines published by nationally recognized health care organizations that include supporting scientific data, generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care, or treatment, the opinion of health professionals in the generally recognized health specialty involved, and any other relevant information brought to Aetna's attention.

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

- Those that do not require the technical skills of a medical, 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.

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

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

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

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

18. Expenses incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help 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.

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

20. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports (participation in sports clubs or intramural athletic activities are not excluded).
21. 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.
22. Expenses incurred for services normally provided without charge by the school and covered by the school fee for services.
23. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first-party medical benefits payable under any other mandatory no-fault law.
24. Expenses for the contraceptive methods, devices or aids, and charges for or related to artificial insemination, in vitro fertilization or embryo transfer procedures, elective sterilization or its reversal, or elective abortion unless otherwise provided in the Policy.
25. Expenses incurred as a result of commission of a felony.
26. Expenses incurred for voluntary or elective abortions unless otherwise provided in the Policy.
27. Expenses for outpatient prescription drugs unless otherwise provided in the Policy.
28. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation to pay.
29. 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.

- 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.

30. 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).

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

32. 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.

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 any sinus surgery, except for acute purulent sinusitis.

37. Expense for charges that are not reasonable charges; as determined by Aetna.

38. 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.

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

Extension of Benefits

If a Covered Person is totally disabled on the date his or her insurance terminates, benefits will continue to be available for expenses incurred for that person only while the Covered Person continues to be totally disabled. Benefits may continue for up to 12 months after the termination date.

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 Provision

A covered student who has graduated or is otherwise ineligible for coverage under the Policy, and has been continuously insured under the plan offered by the Policyholder (regular student plan), may be covered for up to six months provided that: 1) a written request for continuation has been forwarded to Chickering Benefit Planning Insurance Agency, Inc. 31 days prior to the termination of coverage; and 2) premium payment has been made. Contact the Plan Administrator for information regarding premium rates.

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) 375-7905
(617) 218-8400 (outside United States)

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

1. Bills must be submitted within one year 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, include available itemized medical bills.

In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to Chickering Claims Administrators, Inc., within 60 days from the date appearing on the Explanation of Benefits (EOB).

Prescription Drug Claim Procedure

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

When you need to fill a Prescription and do not have your ID card with you, you may obtain your Prescription from an Aetna Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. A claim form is available at Student Health Services or by calling **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the Prescription Drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at: www.chickering.com. Click on “Find Your School” and enter your school-specific Policy Number.

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

Please note: You will be required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**. You may also download claim forms at www.chickering.com. Click on “Find Your School” and enter your school-specific Policy Number, then click on Prescriptions.

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

How to Appeal a Claim

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

Chickering Claims Administrators, Inc.
P.O. Box 1571
Boston, MA 02215-0014

Grievance Procedure

Aetna has established a procedure for resolving complaints by Covered Persons. If a Covered Person has a complaint, they must follow this procedure:

- A Grievance is defined as a written complaint submitted by or on behalf of the Covered Person regarding the (a) availability, delivery, or quality of health care services including a complaint regarding an adverse determination made pursuant to review determinations; (b) claim payment, handling, or reimbursement for health care services; or (c) matters pertaining to the contractual relationship between the Covered Person and Aetna.

The address is as follows:

Chickering Claims Administrators, Inc.
P.O. Box 1571
Boston, MA 02215-0014

- An acknowledgment letter will be sent to the Covered Person within five days of Aetna's receipt of the Grievance.
- The Covered Person will be sent a response within 20 days of Aetna's receipt of the Grievance. The response will be based on the information provided with or subsequent to the Grievance.
- If investigation of the complaint cannot be completed within 20 working days, Aetna will notify the Covered Person with specific reasons before the 20th day and complete the investigation within 30 working days thereafter.
- After the completion of the investigation, Aetna will have someone not involved in circumstances or investigation make a decision and notify, within five days, the Covered Person in writing, of the appropriate resolution of the Grievance. The notice will explain the resolution of the Grievance and the right to appeal.
- After the completion of the investigation, the person who submitted the Grievance will be sent a notice, within 15 days, of Aetna's resolution of the Grievance.
- If the Covered Person is not satisfied with a response to a Grievance, a written appeal for a complaint advisory panel hearing may be requested. The written request for a hearing may be submitted to the representative within 30 days after the Covered Person receives the response. If the notification process, hearing, and response letter cannot be completed within 20 working days, Aetna will notify the Covered Person with specific reasons before the 20th day and provide resolution within 30 working days thereafter.
- After the completion of the hearing, Aetna will have someone not involved in the circumstances or investigation notify, within five days, the Covered Person in writing of the appropriate resolution of the Grievance. The notice of the Grievance Advisory Panel decision will include notice of the Covered Person's right to file an appeal with the Director's Office.
- In any urgent or emergency situation, an Expedited Review of a Grievance may be initiated by a telephone call to Customer Services. The Customer Services telephone number is on your ID card. You may also request an expedited review of a Grievance in writing. A verbal response to your complaint will be given within 72 hours, provided that all necessary information is available. Written notice of the decision will be sent within three business days of Aetna's verbal response.
- Aetna will keep the records of any complaint for seven years.

The Covered Person may contact the Missouri Department of Insurance for assistance at any time at:

Missouri Department of Insurance
P.O. Box 690
Jefferson City, MO 65102-0690
Toll-free telephone number: **(800) 726-7390**

Accidental Death and Dismemberment Benefits

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

To file a claim for Accidental Death and Dismemberment, please contact Chickering Claims Administrators, Inc. at **(877) 375-7905** for the appropriate claim forms.

Worldwide Emergency Travel Assistance Services

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

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

Eligible participants have immediate access to doctors, hospitals, pharmacies, and other services when faced with an emergency while traveling. The Assist America Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation; medical referrals; foreign hospital admission guarantee; prescription assistance; lost luggage assistance; legal and interpreter assistance; and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Evacuation and Return of Mortal Remains Services

In the event that a participant becomes injured and adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment, and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, Assist America will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container as well as paying for transport. **Please note:** Any third party expenses incurred are the responsibility of the participant.

An Assist America ID card will be supplied to you once you enroll in The Chickering Student Accident and Sickness Insurance Plan. Please remember to carry your Assist America card and call toll free within the U.S. at **(800) 872-1414** or outside the U.S. call collect **dial U.S. access code (01) plus (301) 656-4152**, in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. Assist America Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

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

The Assist America program meets and exceeds the requirements of USIA for International Students & Scholars. Emergency Travel Assistance Services are administered by Assist America, Inc.

Important Note

This Brochure 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 Accident and Sickness Insurance 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:



An Aetna Company

Chickering Benefit Planning Insurance Agency, Inc.
1 Charles Park
Cambridge, MA 02142
(877) 375-7905

Administered by:

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

Underwritten by:



Aetna Life Insurance Company (ALIC)

Policy No. 890430 (MU)
890439 (UMKC)
890440 (UMSC)
890441 (UMR)

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

NOTICE

Aetna considers non-public 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 the Chickering's Student Connection Link on the Internet at www.chickering.com.