Reed College
M.A.L.S.
2008-2009
Student Health Insurance Plan

Your school-endorsed Plan offers you these benefits, services and programs.

Aetna Student Health, in partnership with Reed College and USI Northwest, offers a student-focused health insurance plan that protects students at school, at home, and while traveling or studying abroad.

What is the Plan All About?
Please see the reverse side of this flyer for the Summary of Benefits.

Your school-endorsed Student Health Insurance Plan offers you:

- Tools to help you make health insurance choices
- Aetna’s nationwide network of doctors, hospitals, pharmacies and specialists throughout the country
- An award-winning online secure member website, Aetna Navigator™
- Aetna Vision℠ Discount Program – a discount program on eyewear.
- Fitness Program – a discount program that offers discounts on health club memberships and home exercise equipment.
- Informed Health® Line – talk to a registered nurse about health issues, toll free, any time.
- Emergency Travel Assistance Services and Medical Evacuation

Who is eligible?
All degree-seeking M.A.L.S. students taking a half unit of classes each semester, including summer, are eligible to enroll for coverage in the Reed College Student Health Insurance Plan. Eligible Dependents- legal Spouse and Dependent Children under 19 years of age (25 if a full-time student), may be enrolled under an eligible students coverage as well. Please contact the Business Office to enroll.

How much does it cost?

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<tr>
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<th>Fall (8/16/08-1/10/09)</th>
<th>Spring (1/11/09-5/31/09)</th>
<th>Summer (6/1/09-8/21/09)</th>
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<tbody>
<tr>
<td>Student</td>
<td>$737</td>
<td>$711</td>
<td>$419</td>
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<tr>
<td>Add Spouse</td>
<td>$1,358</td>
<td>$1,312</td>
<td>$774</td>
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<tr>
<td>Add Child(ren)</td>
<td>$1,009</td>
<td>$974</td>
<td>$575</td>
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This flyer is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. If any discrepancy exists between this pamphlet and the Policy, the Master Policy will govern and control the payment of Benefits.

The Reed College Student Health Insurance Plan (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies.

This Plan is endorsed by Reed College. Benefits are paid in accordance with applicable state mandates.

1 Discount programs provide access to discounted prices and are NOT insured benefits.
2 Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.
3 These services, programs, or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.
The Plan provides for the Medically Necessary Reasonable Charge (RC) incurred by a Covered Person for loss due to a covered Injury or Sickness. If a Covered Person receives care from a Preferred Provider*, any eligible expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Preferred Providers are part of the Aetna Preferred Provider Network at www.aetna.com/docfind/custom/chickering. Subject to Plan limitations and exclusions (as outlined in Policy).

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

*Preferred providers are independent contractors and are neither employees nor agents of Reed College, USI Northwest, Aetna Student Health, Inc., or Aetna

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<th>Basic Plan Maximum</th>
<th>$25,000 per Individual, per Policy Year</th>
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<tr>
<td>Deductible</td>
<td>$100 per Policy Year for each Covered Person</td>
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AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT

PREFERRED CARE | NON-PREFERRED CARE

INPATIENT EXPENSES
Hospital Expenses, daily semi-private room rate; general nursing care provided by Hospital. 80% of Negotiated Charge 60% of RC
Intensive Care Hospital Expenses 80% of Negotiated Charge 60% of RC
Miscellaneous Hospital Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies. 80% of Negotiated Charge 60% of RC
Physician Hospital Visit Expenses 80% of Negotiated Charge 60% of RC
Physical Therapy Expenses, benefits are limited to one visit per day 80% of Negotiated Charge 60% of RC

SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)
Surgical Expenses 80% of Negotiated Charge 60% of RC
Anesthetist Expense & Assistant Surgeon Expenses 80% of Negotiated Charge 60% of RC

OUTPATIENT EXPENSES
Physician’s Office Visit Expenses, benefits are limited to one visit per day 80% of Negotiated Charge 60% of RC
Emergency Expenses, use of the emergency room and supplies 80% of Negotiated Charge 60% of RC
Durable Medical Equipment 80% of Negotiated Charge 60% of RC
Physical Therapy Expenses, benefits are limited to one visit per day 80% of Negotiated Charge 60% of RC

MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES
Inpatient Mental Health 80% of Negotiated Charge 60% of RC
Outpatient Mental Health, benefits limited to $5,000 per Policy Year 80% of Negotiated Charge 60% of RC
Inpatient and Outpatient Substance Abuse Expenses, alcohol and drug addiction up to the per Policy Year maximum of $4,500 for Inpatient and/or Outpatient treatment combined. 80% of Negotiated Charge 60% of RC

ADDITIONAL EXPENSES
Women's Health Care Expense, will include office visit and laboratory testing, other than routine Pap Smear and Mammogram 35-40. Women 40 and older have coverage for an annual mammogram. 80% of Negotiated Charge 60% of RC
Routine Pap Smear/ Mammogram, includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older. Deductible is waived for Pap Smear performed at Reed Health Center. 80% of Negotiated Charge 60% of RC
Diagnostic X-Ray and Laboratory Expenses 80% of Negotiated Charge 60% of RC
Immunizations, including HPV, Measles, Rubella, Hepatitis, only when performed at the Reed Health Center. Deductible is waived for these services. 80% when performed at the Reed Health Center Only 80% when performed at the Reed Health Center Only
Routine STD Testing, only when performed at the Reed Health Center 80% when performed at the Reed Health Center Only
Deductible is waived for these services.
Radiation Therapy and Chemotherapy Expenses 80% of Negotiated Charge 60% of RC
Testing for Learning Disabilities 80% of Negotiated Charge 60% of RC
Chiropractic Care and Acupuncture Expenses, benefits are limited to a maximum of 30 visits per policy year combined. 80% of Negotiated Charge 60% of RC
Dental Expenses, made necessary by injury to sound, natural teeth 80% of Negotiated Charge 60% of RC
Consultant Physician Expenses, when requested/approved by attending Physician 80% of Negotiated Charge 60% of RC
Maternity Expenses 80% of Negotiated Charge 60% of RC
Ambulance Expenses 80% of Negotiated Charge 80% of RC
Hospice Care Expense 80% of Negotiated Charge 60% of RC
Home Health Care Expense 80% of Negotiated Charge 60% of RC

PRESCRIPTION DRUG EXPENSES
$10 Copay for Generic Drugs; $20 Copay for Preferred Brand Drugs; $35 Copay for Non-Preferred Brand Drugs dispensed from Preferred Pharmacy.
Expenses for prescription drugs dispensed from Reed Health Center are subject to deductible, then covered at 80%.