BENEFITS AT A GLANCE
Reed College 2015-2016 International Student Health Insurance
Group number 65001904

Your Student Health Insurance Plan offers you access to:

- Regence BlueCross BlueShield of Oregon’s robust provider network.
- The BlueCard® Program – With coverage from Regence, you take your health care benefits with you across the country and around the world.
- An annual deductible of $300 per policy year and annual out-of-pocket maximum of $5,300 per policy year.
- MDLIVE Telemedicine Service – Provides you with 24/7/365 access to a national network of licensed, board-certified U.S. physicians via phone, secure web video, secure mobile applications, and secure email in all 50 states. You can choose to connect to the first available MDLIVE doctor or schedule a visit any time of day at your convenience. MDLIVE physicians can diagnose most common conditions, recommend treatment, prescribe medication (if appropriate), and send a prescription to the pharmacy of your choice.

Online resources
Visit Regence’s website to get more information and tips, and search for network providers.
When you sign in as a registered user on regence.com, you’ll also be able to:

- View claims
- Order more member cards
- Talk with experts about healthy cooking, habits and lifestyle changes
- Read reviews on providers and learn about their practices
- Get the latest health news
- Compare prices on many services and procedures
- Participate in wellness programs

How much does it cost?

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<tr>
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<th>Fall 8/15/15 – 1/14/16</th>
<th>Spring 1/15/16 – 8/14/16</th>
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<tbody>
<tr>
<td>International</td>
<td>$685</td>
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<tr>
<td>Student Rate</td>
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Who is eligible?
All international students are required to carry medical insurance coverage and will be billed for the premium each semester during the academic year. The insurance charge can be waived by completing an insurance waiver form online through IRIS or downloading the form at http://www.reed.edu/business/business_forms.html and faxing it to the business office.

For dependent rates, eligibility and enrollment information go to https://LifeMap.benselect.com/NWSHIC to enroll.
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<th>Preferred</th>
<th>Participating</th>
<th>Non-Participating</th>
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<tr>
<td><strong>Annual Deductible</strong></td>
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<td>$300</td>
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<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
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<td>$5,300</td>
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<td><strong>Plan Maximum</strong></td>
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<td>Unlimited</td>
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*After deductible has been met, eligible expenses are covered as follows unless noted otherwise:*

- **Inpatient Hospital Services**: 80% 60%
- **Inpatient/Outpatient Surgical Expenses**: 80% 60%
- **Physician Office Visits**: $25 copay* 60%
- **Emergency Room (copay waived if admitted)**: $150 copay*
- **Inpatient Mental Health and Chemical Dependency**: 80% 60%
- **Outpatient Mental Health and Chemical Dependency**: $25 copay*
- **Women’s Health Care**: No charge 50%
- **Diagnostic X-Ray and Lab**: 80% 60%
- **Routine Immunizations**: No charge 50%
- **Complementary Care (chiropractic, naturopathic and acupuncture - limited to 24 visits per policy year)**: $25 copay* 60%
- **Ambulance**: 80%
- **Prescription Drug Medications**:
  - Generic: $15 copay
  - Preferred: $30 copay
  - Non-Preferred: $50 copay

**Out-of-pocket maximum**: The most you will have to pay out of your own pocket for covered care in a policy year (in deductible, copays and coinsurance). Once you meet the out-of-pocket maximum, your plan pays 100% for covered care for the rest of the year.

**Deductible**: The amount you must pay out of your own pocket each policy year before your plan begins to pay. Some services, such as preventive care, are covered by your plan before you meet your deductible.

**Regence BlueCross BlueShield of Oregon** gives you broad access to providers and allows you to control your out-of-pocket expenses by choosing from three categories of providers:

- **Preferred (Category 1)**: You choose to see a Preferred provider and save the most in your out-of-pocket expenses. Choosing this option means you will not be billed for balances beyond any deductible, copay and/or coinsurance for covered services. You can find Preferred providers at regence.com/find-a-doctor.

- **Participating (Category 2)**: You choose to see a Participating provider and your out-of-pocket expenses will generally be higher than if you choose Preferred. This is because larger discounts with Preferred providers result in lower out-of-pocket amounts for you. When you choose a Participating provider, you will not be billed for balances beyond any deductible, copay and/or coinsurance for covered services. You can find Participating providers at regence.com/find-a-doctor.

- **Nonparticipating (Category 3)**: You choose to see a provider who does not have a Participating contract with Regence. Your out-of-pocket expenses will generally be higher than they would be if you saw a Preferred provider. Also, choosing this option means you may be billed for balances beyond any deductible, copay and/or coinsurance. This is sometimes referred to as balance billing.

**Questions?**

For questions about your medical and pharmacy benefits or claims, please contact Regence BlueCross BlueShield of Oregon:

- **Customer Service** 1 (888) 526-9622 • 6 a.m. – 6 p.m. (Pacific time)
- **Brokered by**: USI Northwest 1 (800) 251-4246

If you would like to talk to a registered nurse about health issues or symptoms, call our 24-hour nurse line: Regence Advice24 1 (800) 267-6729

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at regence.com or by calling 1 (888) 526-9622.