

2012–2013

Undergraduate Student Health Insurance Plan

REED COLLEGE



Your student health insurance coverage, offered by Aetna Student Health*, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage includes an annual limit of \$100,000 on all covered services including Essential Health Benefits. Other internal maximums (on Essential Health Benefits and certain other services) are described more fully in the benefits chart included inside this Plan summary. If you have any questions or concerns about this notice, contact (877) 850-6031. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

* Fully insured Aetna Student Health Insurance Plans are underwritten by Aetna Life Insurance Company (Aetna) and administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies and their applicable affiliated companies.

This Plan is underwritten by:
Aetna Life Insurance Company (ALIC)
Policy Number: 697431

aetnaSM

Dear Students,

Maintaining your health is an important factor in performing well in a college environment. Reed College and USI Northwest are pleased to offer a health care plan designed specifically for the unique needs of Reed College students. This plan provides you with affordable, convenient and accessible health care. Regardless of any other health plan you may have, we recommend that Reed students consider this coverage.

The Reed Health Services serves as the primary care provider for all students enrolled in the Reed College Student Health Insurance Plan. Care is provided by a team of health care providers including physicians, nurse practitioners, nurses and therapists, with access to specialty providers throughout the metropolitan area.

The Reed College Health Services staff wishes you the best of health and good luck during the coming year.

Sincerely,

Kathryn Smith
Director of Health & Counseling Services

Mary Leineweber
Medical Services Manager



The Glenn Chesney Quiett Infirmary, Johnson, Wallwork & Dukehart, architects, 1936. Sketch by Elizabeth Pennock (Kline).

IMPORTANT NOTICE

Keep this Brochure as your record of insurance benefits. No individual policies or certificates are issued. This Brochure is a general summary of the Master Policy, which is on file at the College. In the event of any questions, the provisions of the Master Policy will govern.

WHERE TO FIND HELP

In case of an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

For questions about:

- Insurance Benefits
- Enrollment
- Claims Processing

Please contact:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 574-8289

For questions about:

- ID 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 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.

You may also request a temporary ID card by accessing our member website, Aetna Navigator. To register for Aetna Navigator, visit www.aetnastudenthealth.com/reed.

For lost ID cards, contact:

Aetna Student Health
(866) 574-8289

For questions about:

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

Please contact:

Aetna Pharmacy Management
(888) RX AETNA or **(888)792-3862** (Available 24 Hours)

For questions about the prescription drug mail order program administered by Aetna Rx Home Delivery[®] Program visit www.aetnarxhomedelivery.com

For questions about:

- Provider Listings

Please contact:

Aetna Student Health
(866) 574-8289

A complete list of providers can be found by accessing Aetna's **DocFind[®]** Service at: www.aetnastudenthealth.com/reed

For questions about:

On Call International 24/7 Emergency Travel Assistance Services

Please contact:

On Call International at **(866) 525-1956 (within U.S.)**.

If outside the U.S., call collect by dialing **the U.S. access code** plus **(603) 328-1956**. Please also visit **www.aetnastudenthealth.com/reed** and visit your school-specific site for further information.

IMPORTANT NOTE

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Reed College. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at the Reed College Business Office or you may contact us at **(866) 574-8289**.

This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.

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REED COLLEGE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the **Accident** and **Sickness** Medical Expense benefits available for Reed College students and their eligible **dependents**. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the College and may be viewed at the Reed College Business Office or you may contact us at **(866) 574-8289**.

REED COLLEGE HEALTH AND COUNSELING SERVICES (HCS)

Reed College Health and Counseling Services (HCS) are available to evaluate, maintain, and promote the general health of students so that they may make the most of their education. Students may visit the health center for free regardless of insurance coverage. Prescriptions, lab work, x-rays, massage, and some other procedures will require a fee. While not required, you are strongly urged to use the HCS as your primary care provider.

Medical Services

Physicians are available by appointment to attend to most of your health needs, such as: respiratory problems, infections, intestinal disorders, skin problems, immunizations, massage, prescriptions, and gynecological and physical exams.

Hours of Operation

Appointments: Monday – Friday 9:00 a.m. – 5:00 p.m.
Walk-ins: Monday – Friday 9:00 a.m. – 5:00 p.m.
Phone: **(503) 777-7281**
Website: **http://www.reed.edu/health_center/**

Counseling Services

The counseling staff includes licensed psychologists, licensed mental health nurse practitioners, psychology interns and residents, a consulting **physician** specializing in chemical dependency, and a consulting psychiatrist. The clinicians are particularly well trained to meet the needs of Reed College students.

Hours of Operation

Appointments: Monday – Friday 9:00 a.m. – 5:00 p.m.
Urgent Walk-ins: Monday – Friday 9:00 a.m. – 5:00 p.m.
Phone: **(503) 517-7349**
Website: **http://www.reed.edu/health_center/**

Address:

Health and Counseling Services
Reed College
3203 SE Woodstock Blvd.
Portland, OR 97202-8199

POLICY PERIOD AND RATES

UNDERGRADUATE STUDENTS

Coverage Period	Fall 8/15/2012 - 1/17/2013	Spring/Summer 1/18/2013 - 8/14/2013
Student	\$800	\$800
Add Spouse	\$2,625	\$2,625
Add Child(ren)	\$1,949	\$1,949

Note: Insured dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. To enroll eligible dependents for this coverage go to www.aetnastudenthealth.com/reed.

DEDUCTIBLES

The following **Deductibles** are applied before **Covered Medical Expenses** for **Preferred** and **Non-Preferred Care** are payable:

Student: **\$100 per Policy Year**
Spouse: **\$100 per Policy Year**
Child: **\$100 per Policy Year**

The Policy Year **Deductible** is not applicable to the following **covered expenses** for **Preferred Care** only:

Routine Physical Exams (*Office Visits*)
Well Woman Preventive Visits (*Office Visits*)
Screening & Counseling Services (*Office Visits*)
Routine Cancer Screenings (*Outpatient*)
Prenatal Care (*Office Visits*)
Comprehensive Lactation Support and Counseling Services (*Facility or Office Visits*)
Breast Pumps & Supplies
Family Contraceptive Counseling Services (*Office Visits*)
Female Voluntary Sterilization (*Inpatient and Outpatient*)

The Policy Year **Deductible** is not applicable to the following **covered expenses**:

- Female Brand Name and Generic Contraceptive Devices
- Female Brand Name and Generic Contraceptive Prescription Drugs

STUDENT COVERAGE

ELIGIBILITY

All registered students taking credit hours are required to carry medical insurance coverage comparable to that offered through the school's Student Health Insurance Plan. Students must be physically and actively attending classes on campus to be eligible to enroll in the Student Health Insurance Plan. Unless specifically waived with proof of coverage with another plan, students will automatically be covered under the Student Health Insurance Plan. The premium for the school's insurance is charged in two installments, one for the Fall/Winter coverage period and one for the Spring/Summer coverage period. Any student who wishes to waive coverage **MUST** complete a waiver annually providing proof of current insurance coverage. 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.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Exception: 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 Aetna within 90 days of withdrawal from school.

Continuously Insured

“Continuously insured” means a person who was insured under prior Student Health Insurance policies issued to the school; and is now insured under this Policy. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured; except for expenses payable under prior policies in the absence of this Policy. Previously insured dependents and students must re-enroll for coverage in order to avoid a break in coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs; the definition of injury or sickness will apply in determining coverage of any condition which existed during such break.

ENROLLMENT

Eligible students will be automatically enrolled in this plan, unless the completed Waiver Form has been received by the University, by the specified enrollment deadline dates listed in the next section of this Brochure.

OR

To enroll online or obtain an enrollment form for voluntary coverage, log on to www.aetnastudenthealth.com and search for your school, then click on Enroll to download the appropriate form.

ENROLLMENT/WAIVER DEADLINES

Students have until the start of the semester to enroll or waive coverage under the Student Health Insurance Plan. After this date, you must contact the Business Office at **(503) 777-7504**. Eligible **Dependents** must be enrolled within thirty-one (31) days from the start of a semester.

Please Note: If you elect to waive participation in the Plan, you are considered waived for the year and are not eligible to enroll at any time during the year unless you have had an involuntary loss of coverage from your previous insurance carrier. To enroll, please contact the Business Office at **(503) 777-7504**. For more information on late addition to the Plan, please refer to the ‘Change in Status/Qualifying Event’ section of this Plan Brochure.

Once this Plan has been used, and claims have been incurred, you cannot choose to waive participation in the Plan.

REFUND POLICY

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered **Accident** or **Sickness**).

Exception: A **Covered Person** entering the armed forces of any country will not be covered under the Policy as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any covered **dependents** upon written request received by Aetna Student Health within 90 days of withdrawal from school.

DEPENDENT COVERAGE

ELIGIBILITY/ENROLLMENT

Covered students may also enroll their eligible dependents for the same coverage (except where noted). Eligible dependents are a **covered student's** lawful spouse (or domestic partner, both same and opposite sex), and **dependent** children under age 26. To enroll eligible dependents for this coverage online, visit www.aetnastudenthealth.com/reed. Click on "Find Your School" and enter Reed College.

Partners in a domestic partnership, surviving partners in a domestic partnership and the children of partners in a domestic partnership have the same privileges, immunities, rights, benefits and responsibilities as are granted to or imposed on spouses in a marriage, surviving spouses and their children. Domestic partnership means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

Please note that **dependents** must be enrolled within the thirty-one (31) day period from the start of each semester/term. **Dependents** not enrolled within this time period must wait until the following semester to begin coverage. The only exception to this rule is for newborn children who must be enrolled within 31 days from their date of birth. To enroll a newborn child, you must contact Aetna Student Health Customer Service at **(866) 574-8289**.

NEWBORN INFANT AND ADOPTED CHILD COVERAGE

A child born to a **Covered Person** shall be covered for **Accident, Sickness**, and congenital defects for 31 days from the date of birth. At the end of this 31-day period, coverage will cease under the Reed College Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the **Covered Person** must (1) enroll the child within 31 days of birth, and (2) pay the additional premium starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a **Covered Person** for 31 days from the moment of placement, provided the child lives in the household of the **Covered Person** and is **dependent** upon the **Covered Person** for support. To extend coverage for an adopted child past the 31 days, the **Covered Person** must: (1) enroll the child within 31 days of placement of such child, and (2) pay any additional premium, if necessary, starting from the date of placement. Contact Aetna Student Health Customer Service at **(866) 574-8289**. The appropriate premium will be determined by Aetna Student Health.

MEDICAL LEAVE OF ABSENCE

If you leave Reed College on an approved medical leave of absence (MLOA), you will be eligible for continued coverage under this Plan for only the first coverage period immediately following your leave (provided you were enrolled in this Plan for the term previous to your leave) within the same Policy Year only. The continued coverage cannot be extended from one Policy Year to the next. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium to the College. For information on enrollment, please contact the Reed College Business Office.

CONTINUATION OPTION

Covered students who have been continuously insured under the School's Student Health Insurance Plan for a full coverage period as defined by Reed College and who no longer meet the Eligibility requirements under the Policy are eligible to continue their Coverage, at a higher premium rate, for a period of not more than 90 days. (These students are not eligible for coverage under the regular Student Health Insurance Plan. All Continuation Option purchases must be made prior to the deadline date.) This additional coverage (up to 90 days) may be purchased as long as the premium is received by Aetna Student Health PRIOR to the deadline date listed below. Dependents are not eligible for continuation of coverage.

Contact Aetna Student Health at **(866) 574-8289** for additional information regarding premium rates. Enrollment will be available online through www.aetnastudenthealth.com/reed.

The rates and coverage periods for this optional Continuation Plan for the 2012–2013 Policy Year shall be:

Coverage Period	Spring Continuation (1/18/13-4/18/13)	Fall Continuation (8/15/13-11/14/13)
Student	\$789	\$789

The deadline applications must be received by Aetna Student Health to enroll in this optional Continuation Plan are as follows:

	Spring	Fall
Deadline	1/24/2013	8/21/2013

PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access a **Preferred Provider Network** in your local community. Acute care facilities and mental health networks are available nationally if you require **hospitalization** outside the immediate area of the Reed College campus.

To maximize your savings and reduce your **out-of-pocket** expenses, select a **Preferred Provider**. It is to your advantage to use a **Preferred Provider** because savings may be achieved from the **Negotiated Charges** these providers have agreed to accept as payment for their services. **Preferred Providers** are independent contractors, and are neither employees nor agents of Reed College, Aetna Student Health, or Aetna.

You may obtain information regarding Preferred Providers by contacting Aetna Student Health at **(866) 574-8289**, or through the Internet by accessing DocFind at www.aetnastudenthealth.com/reed

1. Click on "Enter DocFind"
2. Select zip code, city, or county
3. Enter criteria
4. Select Provider Category
5. Select Provider Type
6. Select Plan Type – Student Health Plans
7. Select "Start Search" or "More Options"
8. "More Options" enter criteria and "Search"

** Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.*

PRE-EXISTING CONDITIONS/CREDIBLE COVERAGE OPTIONS

Pre-existing Condition

Pre-existing Conditions are not covered for a period of six months after the Effective Date of coverage. A **Pre-existing condition** means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the Effective Date of coverage. Genetic information does not constitute a pre-existing condition in the absence of a diagnosis of the condition related to such information. This **pre-existing condition** limitation does not apply to a newborn child or adopted child. Credit will be given for the time an insured is covered under a Qualifying Prior Coverage (“Creditable Coverage”) if the coverage was in force within 63 days prior to the effective date of this coverage.

Special Rules as To a Pre-Existing Condition

The student is permitted to have a one term or semester break per **policy year** without restarting the **pre-existing condition** period.

Limitation

Pre-existing conditions are not covered during the six months that you are covered under this plan. However, there is an important exception to this general rule if you have been **Continuously Insured**. This pre-existing limitation does not apply to Covered Persons under age 19.

Once a break (of more than 63 days) in your continuous coverage occurs, the definition of **Pre-Existing Conditions** will apply.

Pre-existing condition limitations do not apply to covered persons under age 19.

DESCRIPTION OF BENEFITS*

Please Note:

The Reed College Undergraduate Student Health Insurance Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Reed College Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. If you want to look at the full Plan description, which is contained in the Master Policy issued to Reed College, you may view it at the Reed College Business Office or you may contact us at (866) 574-8289.

This Plan will never pay more than \$100,000 Per Policy Year for students or \$100,000 Per Policy Year for dependents, in a Policy Year, and \$100,000 per Policy Year for prescription drugs. Additional Plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the Plan does not cover.

Subject to the terms of the Policy, benefits are available for you and your eligible dependents only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

All insurance coverage is subject to the terms of the Master Policy and applicable state filings. Under health care reform legislation, student health plans may be required to eliminate or modify certain existing benefit plan provisions, including, but not limited to, exclusions and limitations. Aetna reserves the right to modify its products and services in response to federal and/or state legislation, regulation or requests of government authorities.

*Benefit descriptions have been added to this brochure to help illustrate new Health Care Reform (HCR) requirements. HCR requirements are currently being filed for support in individual states and will appear in policy contracts and certificates of coverage once approved.

SUMMARY OF BENEFITS CHART

All coverage is based on Recognized Charges unless otherwise specified.

DEDUCTIBLES*

The following **Deductibles** are applied before **Covered Medical Expenses** for **Preferred** and **Non-Preferred Care** are payable:

Student: **\$100** per **Policy Year**
 Spouse: **\$100** per **Policy Year**
 Child: **\$100** per **Policy Year**

The Policy Year **Deductible** is not applicable to the following **covered expenses** for **Preferred Care** only:

Routine Physical Exams (*Office Visits*)
 Well Woman Preventive Visits (*Office Visits*)
 Screening & Counseling Services (*Office Visits*)
 Routine Cancer Screenings (*Outpatient*)
 Prenatal Care (*Office Visits*)
 Comprehensive Lactation Support and Counseling Services (*Facility or Office Visits*)
 Breast Pumps & Supplies
 Family Contraceptive Counseling Services (*Office Visits*)
 Female Voluntary Sterilization (*Inpatient and Outpatient*)

The Policy Year **Deductible** is not applicable to the following **covered expenses**:

- Female Brand Name and Generic Contraceptive Devices
- Female Brand Name and Generic Contraceptive Prescription Drugs

*Labs and Immunizations from Student Health Services are not subject to the Annual Deductible.

COINSURANCE/PLAN MAXIMUMS

Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to a maximum benefit of \$100,000 Per Policy Year for students or \$100,000 Per Policy Year for dependents.

Additional internal maximums apply. Please refer to the Summary of Benefits Chart below.

After deductible has been met Covered Medical Expenses are covered at:

Inpatient Hospitalization Benefits	
Room and Board Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge for a semi-private room.
Intensive Care Room and Board Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.
Miscellaneous Hospital Expense	Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines. Benefits are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.

Non-Surgical Physicians Expense	Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Surgical Expense - Inpatient	
Inpatient Surgical Expense	Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Anesthesia Expense	Covered Medical Expenses for the charges of anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Assistant Surgeon Expense	Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Surgical Expense – Outpatient	
Outpatient Surgical Expense	Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Anesthesia Expense	Covered Medical Expenses for the charges of anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Assistant Surgeon Expense	Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge.
Ambulatory Surgical Expense	Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery <u>Preferred Care</u> : 80% of the Negotiated Charge. <u>Non-Preferred Care</u> : 60% of the Recognized Charge Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.

Outpatient Benefits	
Covered Medical Expenses include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.	
Hospital Outpatient Department Expense	<p>Covered Medical Expenses includes treatment rendered in a Hospital Outpatient Department.</p> <p>Covered Medical Expenses do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge</p>
Walk-In Clinic Visit Expense	<p>Covered Medical Expenses include services rendered in a walk-in clinic.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p> <p>Important Note: Please note that as Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.</p>
Urgent Care Expense	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</p> <p>Urgent Care Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
Ambulance Expense	<p>Covered Medical Expenses are payable as follows: 80% of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p>

Pre-Admission Testing Expense	Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable on the same basis as any other condition.
Physician's Office Visit Expense	<p>Covered Medical Expenses include the charges made by a physician.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p>This benefit includes visits to specialists.</p>
Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses include charges incurred by a covered person for High Cost Procedures that are required as a result of injury or sickness. Expenses for High Cost Procedures, which must be provided on an outpatient basis, may be incurred in the following:</p> <ul style="list-style-type: none"> • A physician's office, or • Hospital outpatient department, or emergency room, or • Clinical laboratory, or • Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located. <p>Covered Medical Expenses for High Cost Procedures include charges for the following procedures and services:</p> <ul style="list-style-type: none"> • C.A.T. Scan, • Magnetic Resonance Imaging • Contrast Materials for these tests <p><u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Therapy Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Chiropractic Care, • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.</p> <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.</p> <p><u>Preferred Care</u>: 80% of the Negotiated Charge <u>Non-Preferred Care</u>: 60% of the Recognized Charge</p> <p>Chiropractic and Acupuncture benefits are limited to a combined maximum of 30 visits per policy year.</p>

<p>Therapy Expense (continued)</p>	<p>Covered Medical Expenses also include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Radiation therapy, • Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, • Dialysis, and • Respiratory therapy. <p>Benefits for these types of therapies are payable for Covered Medical Expenses on the same basis as any other sickness.</p>
<p>Durable Medical and Surgical Equipment Expense</p>	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p>Breast Feeding Durable Medical Equipment Coverage includes the rental or purchase of breast feeding durable medical equipment for the purpose of lactation support (pumping and storage of breast milk) as follows.</p> <p><u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p><i>Breast Pump</i> Covered expenses include the following:</p> <ul style="list-style-type: none"> • The rental of a hospital-grade electric pump for a newborn child when the newborn child is confined in a hospital. • The purchase of: <ul style="list-style-type: none"> - an electric breast pump (non-hospital grade), if requested within 30 days from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth; or - a manual breast pump, if requested within 6-12 months from the date of the birth of the child. A purchase will be covered once every five years following the date of the birth. • If an electric breast pump was purchased within the previous one period, the purchase of an electric or manual breast pump will <u>not</u> be covered until a five year period has elapsed from the last purchase of an electric pump. <p><i>Breast Pump Supplies</i> Coverage is limited to only one purchase per pregnancy in any year where a covered female would not qualify for the purchase of a new pump.</p> <p>Coverage for the purchase of breast pump equipment is limited to one item of equipment, for the same or similar purpose, and the accessories and supplies needed to operate the item. The covered person is responsible for the entire cost of any additional pieces of the same or similar equipment that he or she purchases or rents for personal convenience or mobility.</p> <p>Aetna reserves the right to limit the payment of charges up to the most cost efficient and least restrictive level of service or item which can be safely and effectively provided. The decision to rent or purchase is at the discretion of Aetna.</p> <p>Limitations Unless specified above, not covered under this benefit are charges incurred for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan.

<p>Prosthetic & Orthotic Devices Expense</p>	<p>Covered Medical Expenses include charges for prosthetic and orthotic devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.</p> <p>Covered Medical expenses will include all services and supplies medically necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device. Wigs required as a result of chemo or radiation therapy.</p> <p>As used in this section: Orthotic device means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck. Prosthetic device means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
<p>Physical Therapy Expense</p>	<p>Covered Medical Expenses for physical therapy are payable as follows when provided by a licensed physical therapist: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
<p>Dental Injury Expense</p>	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. • Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p><i>The treatment must be done in the calendar year of the accident or the next one.</i></p> <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, <p>are installed due to such injury, Covered Medical Expenses include only charges for:</p> <ul style="list-style-type: none"> • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement.

Dental Injury Expense <i>(continued)</i>	<p>Covered Medical Expenses are payable as follows:</p> <p>80% of the Actual Charge.</p>
Dental Expense for Impacted Wisdom Teeth	<p>Covered Medical Expenses for removal of one or more impacted wisdom teeth are payable as follows 80% of the Actual Charge.</p>
Allergy Testing and Treatment Expense	<p>Covered Medical Expenses include charges incurred by a covered person for diagnostic testing and treatment of allergies and immunology services. Covered Medical Expenses include, but are not limited to, charges for the following: laboratory tests, physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and other medically necessary supplies and services.</p> <p>Covered Medical Expenses are payable same basis as any other condition.</p>
Diagnostic Testing for Learning Disabilities Expense	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder, or • attention deficit hyperactive disorder <p>are payable as follows:</p> <p><u>Preferred Care</u>: 80% of the Negotiated Charge.</p> <p><u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p> <p>Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.</p>
Routine Physical Exam Expense	<p>Benefits include expenses for a routine physical exam performed by a physician. If charges for a routine physical exam given to a child who is a covered dependent are covered under any other benefit section, those charges will not be covered under this section.</p> <p>A routine physical exam is a medical exam given by a physician, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:</p> <ul style="list-style-type: none"> • Routine vision and hearing screenings given as part of the routine physical exam. • X-rays, lab, and other tests given in connection with the exam, and • Materials for the administration of immunizations for infectious disease and testing for tuberculosis. <p><u>Preferred Care visits</u> are payable at 100% of the Negotiated Charge</p> <p><u>Preferred care immunizations</u> are payable at 100% of the Negotiated Charge.</p> <p><u>Non-Preferred Care visits</u> are payable 80% of the Recognized Charge.</p> <p><u>Non-Preferred Care immunizations</u> are payable at 80% of the Recognized Charge.</p> <ul style="list-style-type: none"> • In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with, • Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force. • For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to: <ul style="list-style-type: none"> - Screening and counseling services, such as: <ul style="list-style-type: none"> Interpersonal and domestic violence; Sexually transmitted diseases; and Human Immune Deficiency Virus (HIV) infections.

<p>Routine Physical Exam Expense (continued)</p>	<ul style="list-style-type: none"> - Screening for gestational diabetes. - High risk Human Papillomavirus (HPV) DNA testing for women age 18 and older and limited to once every three years. <ul style="list-style-type: none"> • X-rays, lab and other tests given in connection with the exam. • Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • If the plan includes dependent coverage, for covered newborns, an initial hospital checkup. <p>For a child who is a covered dependent:</p> <ul style="list-style-type: none"> • The physical exam must include at least: <ul style="list-style-type: none"> - A review and written record of the patient's complete medical history, - A check of all body systems, and - A review and discussion of the exam results with the patient or with the parent or guardian. <p>For all exams given to covered dependent under age 2, Covered Medical Expenses will not include charges for the following:</p> <ul style="list-style-type: none"> - More than 6 exams performed during the first year of the child's life, - More than 2 exams performed during the second year of the child's life. <ul style="list-style-type: none"> • For all exams given to a covered dependent from age 2 and over, Covered Medical Expenses will not include charges for more than one exam in 12 months in a row. <p>For all exams given to a covered student or a spouse who is a covered dependent, Covered Medical Expenses will not include charges for more than:</p> <ul style="list-style-type: none"> • One exam in 12 months in a row. <p>Covered Medical Expenses incurred by a woman, are charges made by a physician for, one annual routine gynecological exam.</p> <p>Screening and Counseling Services Covered Medical Expenses include charges made by a physician in an individual or group setting for the following:</p> <p><i>Obesity</i> Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:</p> <p>Preventive counseling visits and/or risk factor reduction intervention;</p> <ul style="list-style-type: none"> • Medical nutrition therapy; • Nutritional counseling; and • Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease. <p><i>Misuse of Alcohol and/or Drugs</i> Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.</p> <p><i>Use of Tobacco Products</i> Screening and counseling services to aid a covered person to stop the use of tobacco products.</p> <p>Coverage includes:</p> <ul style="list-style-type: none"> • Preventive counseling visits; • Treatment visits; and • Class visits; <p>to aid a covered person to stop the use of tobacco products.</p>
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<p>Routine Physical Exam Expense (continued)</p>	<p>Tobacco product means a substance containing tobacco or nicotine including:</p> <ul style="list-style-type: none"> • cigarettes; • cigars; • smoking tobacco; • snuff; • smokeless tobacco; and • candy-like products that contain tobacco. <p>Limitations Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Recognized Charge.</p>
<p>Well Baby Care Expense</p>	<p>Benefits include charges for routine preventive and primary care services, rendered to a covered dependent child on an outpatient basis.</p> <p>Routine preventive and primary care services are services rendered to a covered dependent child, from the date of birth through the attainment of two (2) years of age. Services include: initial hospital check-ups, other hospital visits, physical examinations, including routine hearing and vision examinations, medical history, developmental assessments, and materials for the administration of appropriate and necessary immunizations and laboratory tests, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p> <p>Coverage for such services shall be provided only to the extent that such services are provided by, or under the supervision of a physician, or other licensed professional.</p> <p>Covered Medical Expenses are payable as follows <u>Preferred Care:</u> 100% of the Negotiated Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <u>Non-Preferred Care:</u> 80% of the Recognized Charge. Benefits are payable for scheduled visits in accordance with the prevailing clinical standards of the American Academy of Pediatrics.</p>
<p>Immunizations Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • charges incurred by a covered student and dependent spouse for the materials for the administration of appropriate and medically necessary immunizations, and testing for tuberculosis, and • charges incurred by a covered dependent up to age 19, for the materials for the administration of appropriate and medically necessary immunizations, when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics. <p><u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Recognized Charge.</p> <p>Covered Medical Expenses do not include a physician's office visit in connection with immunization or testing for tuberculosis.</p>

Consultant Expense	<p>Covered Medical Expenses include the expenses for the services of a consultant. The services must be requested by the attending physician for the purpose of confirming or determining a diagnosis.</p> <p>Benefits are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
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Treatment of Mental and Nervous Disorders	
Inpatient Expense	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.</p> <p>Covered Medical Expenses include treatment for ADD, ADHD, and Dyslexia.</p> <p>Benefits are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Outpatient Expense	<p>Covered Medical Expenses include charges for treatment of mental and nervous disorders while the covered person is not confined as an inpatient in a hospital.</p> <p>Covered Medical Expenses include treatment for ADD, ADHD, and Dyslexia.</p> <p>Benefits are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p>Charges for marriage and family therapies are not Covered Medical Expenses.</p>

Alcoholism and Drug Addiction Treatment	
Inpatient Expense	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or facility licensed for such treatment.</p> <p>Benefits are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Outpatient Expense	<p>Covered Medical Expenses include charges for outpatient treatment of a substance abuse condition.</p> <p>Benefits are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>

Maternity Benefits	
<p>Maternity Expense</p>	<p>Covered Medical Expenses include 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>Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p> <p>Prenatal Care Prenatal care will be covered for services received by a pregnant female in a physician’s, obstetrician’s, or gynecologist’s office but only to the extent described below.</p> <p>Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).</p> <p>Comprehensive Lactation Support and Counseling Services Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the postpartum period by a certified lactation support provider. The “postpartum period” means the 60 day period directly following the child’s date of birth. Covered expenses incurred during the postpartum period also include the rental or purchase of breast feeding equipment as described below.</p> <p>Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.</p> <p>Covered Medical Expenses for Prenatal Care and Comprehensive Lactation Support and Counseling Services are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> Payable as any other sickness.</p>
<p>Well Newborn Nursery Care Expense</p>	<p>Benefits include charges for routine care of a covered person’s newborn child as follows:</p> <ul style="list-style-type: none"> • hospital charges for routine nursery care during the mother’s confinement, but for not more than four days for a normal delivery, • physician’s charges for circumcision, and • physician’s charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>

Additional Benefits

Prescribed Medicines Expense

Prescription Drug Benefits* are payable as follows:

Preferred Care Pharmacy: **100%** of the **Negotiated Charge** following a **\$10 Copay** for each **Generic Prescription Drug** or a **\$20 Copay** for each **Brand Name Prescription Drug** or a **\$35 Copay** for each **Brand Non-Formulary Drug**.

Non-Preferred Care Pharmacy: **80%** of the **Recognized Charge** following a **\$10 Copay** for each **Generic Prescription Drug** or a **\$20 Copay** for each **Brand Name Prescription Drug** or a **\$35 Copay** for each **Brand Non-Formulary Drug**.

Covered Prescription Expenses are payable up to a maximum of **\$100,000** per Policy Year.

Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.

Copay amounts represent - per 30 day supply for retail pharmacy. Prescriptions or refills of more than a 30 day supply require prior authorization, or may be purchased through mail order pharmacy- please contact Aetna Pharmacy Management at **(888)RX-AETNA**.

Covered Prescription Expenses for a 90-day supply of drugs ordered through the Aetna Rx Home Delivery[®] Program are covered at **100%** after a **\$10 Copay** for **Generic Prescription Drug** or a **\$20 Copay** for **Preferred Brand Name Prescription Drug** or a **\$35 Copay** for **Non-Preferred Brand Name Prescription Drug**.

This Pharmacy benefit is provided to cover Medically Necessary Prescriptions associated with a covered Sickness or Accident occurring during the Policy Year. Covered Medical Expenses also include prescription smoking cessations aids. Please use your Aetna Student Health ID card when obtaining your prescriptions

Includes coverage for lancets, test strips, insulin, hypodermic needles and oral medications for diabetes treatment.

Prior Authorization may be required for certain Prescription **Drugs** and some medications may not be covered **under** this Plan. For assistance and a **complete list of excluded medications**, or drugs requiring **prior authorization**, please contact Aetna Pharmacy Management at **888 RX-AETNA** (available 24 hours).

If a plan covers prescription drugs it must cover off label drugs that are medically necessary and meet the criteria for use as an off label drug as stated in Oregon law.

If an urgent condition exists, the plan must cover prescription drugs rendered in or provided by a rural clinic.

Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to **www.AetnaSpecialtyRx.com**.

*Contraceptive Drugs and Device benefits are illustrated under the Family Planning Benefit of this Policy.

Diabetic Testing Supplies Expense	<p>Covered Medical Expenses include charges for testing material used to detect the presence of sugar in the person’s urine or blood for monitoring glycemic control.</p> <p>Diabetic Supplies are limited to: test strips, diabetic test agents, glucose tablets, lancets, lancet devices, alcohol swabs, insulin, oral hypoglycemics and blood glucose monitors.</p> <p>Benefits are payable on the same basis as any other sickness.</p>
Hypodermic Needles Expense	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable same basis as any other condition.</p>
Outpatient Diabetic Self-management Education Program Expense	<p>Covered Medical Expenses for outpatient diabetic self-management education programs are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Prescription and Non-Prescription Enteral Formula Expense	<p>Covered Medical Expenses include expenses for Prescription and Non-Prescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period.</p> <p>Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p>Covered Medical Expenses are covered at \$2,500 per policy year.</p>
Outpatient Contraceptive Drugs And Devices And Outpatient Contraceptive Services Expense	<p>Covered Medical Expenses include charges incurred for contraceptive drugs, devices and services that by law need a physician’s prescription, and that have been approved by the FDA.</p> <p>Related outpatient contraceptive services such as:</p> <ul style="list-style-type: none"> • Consultations, • Exams, • Procedures, and • Other medical services and supplies <p>Benefits for Outpatient Contraceptive Drugs And Devices And Outpatient Contraceptive Services Expense are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
Pap Smear Screening Expense	<p>Covered Medical Expenses include a pap smear and a pelvic examination annually for women age 18 to 64 and any time upon referral from the woman’s health care provider.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>

<p>Mammogram and Examination of the Breast Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman’s health care provider, and • An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman’s health care provider. <p>Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention. This expense will be paid annually for women 18 and older, and at any time as recommended by woman’s health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
<p>Mastectomy and Breast Reconstruction Expense</p>	<p>Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ul style="list-style-type: none"> • All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola, • Surgery and reconstruction of the other breast to produce a symmetrical appearance, • Prostheses, • Treatment of physical complications of the mastectomy, including lymphedemas, and • Inpatient care related to the mastectomy and post-mastectomy services. <p>Covered Medical Expenses are payable on the same basis as any other condition.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p>
<p>Elective Abortion Expense</p>	<p>If, as a result of pregnancy having its inception during the Policy Year, a covered person incurs expenses in connection with an elective abortion, a benefit is payable.</p> <p>Covered Medical Expenses for Elective Abortion Expense are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-preferred Care</u>: 60% of the Recognized Charge.</p> <p>This benefit is in lieu of any other Policy benefits.</p>

<p>Family Planning Expense</p>	<p>For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies that are provided to prevent pregnancy. All contraceptive methods, services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).</p> <p>Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting.</p> <p>The following contraceptive methods are covered expenses under this benefit:</p> <p><i>Voluntary Sterilization</i> Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants.</p> <p>Covered expenses under this <i>Preventive Care</i> benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.</p> <p><i>Contraceptives</i> Covered expenses include charges made by a physician or pharmacy for:</p> <ul style="list-style-type: none"> • Female contraceptives that are generic prescription drugs. The prescription must be submitted to the pharmacist for processing. <i>This contraceptives benefit covers only generic prescription drugs.</i> • Female contraceptive devices and related services and supplies that are generic prescription devices when prescribed in writing by a physician. <i>This contraceptives benefit covers only those devices that are generic prescription devices.</i> • FDA-approved female over-the-counter contraceptive methods that are prescribed by your physician. The prescription must be submitted to the pharmacist for processing. These items are limited to one per day and a 30 day supply per prescription. <p>Limitations Unless specified above, not covered under this benefit are charges for:</p> <ul style="list-style-type: none"> • Services which are covered to any extent under any other part of this Plan; • Services and supplies incurred for an abortion; • Services provided as a result of complications resulting from a voluntary sterilization procedure and related follow-up care; • Services which are for the treatment of an identified illness or injury; • Services that are not given by a physician or under his or her direction; • Psychiatric, psychological, personality or emotional testing or exams; • Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA; • <u>Male</u> contraceptive methods, sterilization procedures or devices; • The reversal of voluntary sterilization procedures, including any related follow-up care. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 100%</u> of the Negotiated Charge. <u>Non-Preferred Care: 80%</u> of the Recognized Charge.</p> <p>Important Note: Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written</p>
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<p>Family Planning Expense <i>(continued)</i></p>	<p>Covered Medical Expenses include charges by a physician or hospital for a tubal ligation for voluntary sterilization. Covered Medical Expenses do not include the reversal of a sterilization procedure.</p> <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
<p>Chlamydia Screening Test Expense</p>	<p>Benefits include charges incurred for an annual Chlamydia screening test.</p> <p>Benefits will be paid for Chlamydia screening expenses incurred for:</p> <ul style="list-style-type: none"> • Women who are: <ul style="list-style-type: none"> - under the age of 20 if they are sexually active, and - at least 20 years old if they have multiple risk factors. • Men who have multiple risk factors. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
<p>Routine Screening for Sexually Transmitted Disease Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person, for annual routine screening for sexually transmitted diseases.</p> <p>As used above, “routine screening for sexually transmitted disease” means any laboratory test that specifically detects for infection by one or more agents of:</p> <ul style="list-style-type: none"> • gonorrhea, • syphilis, • hepatitis, • HIV, and • genital herpes <p>Which test is approved for such purposes by the FDA.</p> <p>Benefits will be paid for routine screening for sexually transmitted disease expenses, incurred by covered persons, who are at least 18 years old and who are sexually active.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>
<p>Routine Colorectal Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges for colorectal cancer examination and laboratory tests:</p> <p>For any person age 50 or more:</p> <ul style="list-style-type: none"> • One fecal occult blood test every year plus one flexible sigmoidoscopy every five years, • One colonoscopy every 10 years, or • One double contrast barium enema every five years. <p>For any person who is at high risk for colorectal cancer:</p> <ul style="list-style-type: none"> • Colorectal screening examinations and laboratory tests as recommended by the treating physician. <p>Benefits are payable as follows: <u>Preferred Care</u>: 100% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p>

<p>Routine Prostate Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for the screening of cancer as follows:</p> <ul style="list-style-type: none"> • For a male age 50 or over, one digital rectal exam and one prostate specific antigen test every two years, or as recommended by their Physician. • For men younger than 50 who are at high risk for prostate cancer, as determined by their Physician. <p>Benefits are payable as follows: <u>Preferred Care:</u> 100% of the Negotiated Charge. <u>Non-Preferred Care:</u> 80% of the Recognized Charge.</p>
<p>Second Surgical Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expense</p>	<p>Covered Medical Expenses include medically necessary acupuncture treatments for indications including:</p> <ul style="list-style-type: none"> • Adult postoperative and chemotherapy nausea and vomiting • Nausea of pregnancy • Postoperative dental pain • Fibromyalgia/myofascial pain • Chronic low back pain secondary to osteoarthritis. <p>The acupuncture must be administered by a health care provider, who is a legally qualified physician, practicing within the scope of their license.</p> <p>Acupuncture Expense benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Acupuncture Expense</p>	<p>Covered Medical Expenses include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p><u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p> <p>Benefits are limited to 30 visits per Policy Year, combined with Chiropractic Care.</p>

<p>Dermatological Expense</p>	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Benefits are payable on the same basis as any other condition.</p> <p><i>Covered Medical Expenses do not include treatment for acne, or cosmetic treatment and procedures.</i></p>
<p>Podiatric Expense</p>	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable on the same basis as any other condition.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>
<p>Home Health Care Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> • The services are furnished by, or under arrangements made by, a licensed home health agency, • The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital [or skilled nursing facility] if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month, • Except as specifically provided in the home health care services, the services are delivered in the patient’s place of residence on a part-time, intermittent visiting basis while the patient is confined, • The care starts within 7 days after discharge from a hospital as an inpatient, and • The care is for the same condition that caused the hospital confinement, or one related to it. <p>Home Health Care Services</p> <ol style="list-style-type: none"> 1) Part-time or intermittent nursing care by: a registered nurse (R. N.), a licensed practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R. N. are not available, 2) Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an R.N., 3) Physical, occupational. speech therapy, or respiratory therapy, 4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital, 5) Medical social services by licensed or trained social workers, 6) Nutritional counseling. <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p> <p>A visit means a maximum of 4 continuous hours of home health service.</p>

Transfusion or Dialysis of Blood Expense	<p>Covered Medical Expenses include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Benefits are payable on the same basis as any other condition.</p>
Hospice Expense	<p>Covered Medical Expenses include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p>Benefits are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Licensed Nurse Expense	<p>Benefits include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Covered Expenses for a Licensed Nurse are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p> <p>For purposes of determining this maximum, a shift means 8 consecutive hours.</p>
Skilled Nursing Facility Expense	<p>Covered Medical Expenses include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care</u>: 60% of the Recognized Charge for the semi-private room rate.</p>
Rehabilitation Facility Expense	<p>Covered Medical Expenses include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations <u>Non-Preferred Care</u>: 60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>
Gender Identity Disorder Expense	<p>Covered Medical Expenses include charges for outpatient mental health counseling, prescribed drugs, including hormone treatments (subject to the Plan provisions applicable to the Prescription Drug plan) and labs related to gender identity disorder.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>

GENERAL PROVISIONS

STATE MANDATED BENEFITS

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

REIMBURSEMENT AND SUBROGATION

When a **covered person's** **injury** appears to be someone else's fault, benefits otherwise payable under This Plan for **Covered Medical Expenses** incurred as a result of that **injury** will not be paid unless the **covered person** or his legal representative agrees:

- a) To repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the **covered person** by or on behalf of the person at fault,
- b) To allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna, and
- c) To execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

Further, when Aetna has paid benefits to or on behalf of the injured **covered person**, Aetna will be subrogated to all rights or recovery that the **covered person** has against the person at fault. These subrogation rights will extend only to recovery of the amount Aetna has paid. The **covered person** must execute and deliver any instruments needed and do whatever else is necessary to secure those rights to Aetna.

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.

EXTENSION OF BENEFITS

If a **Covered Person** has an **Injury** or **Sickness** for which Covered Expenses were incurred within the 60-day period prior to their expiration date of coverage, benefits will be paid as long as the condition continues, but not to exceed: (1) the maximum Plan benefits for that **Injury** or **Sickness**; or (2) a period of 90 days from the expiration date, or if hospitalized beyond the 90-day period, until discharged from the **hospital**.

TERMINATION OF INSURANCE

Benefits are payable under This Plan only for those Covered 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.

TERMINATION OF STUDENT COVERAGE

Insurance for a **covered student** will end on the first of these to occur:

- The date This Plan terminates,
- The last day for which any required premium has been paid,
- The date on which the **covered student** withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
- The date the **covered student** is no longer in an eligible class,
- The date the Continuation of Coverage terminates.

If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled, and for which premium has been paid. In the case of the Continuation of Coverage, no premium refunds will be made.

TERMINATION OF DEPENDENT COVERAGE

Insurance for a **covered student's dependent** will end when insurance for the **covered student** ends. Before then, coverage will end:

- a) For a child, on the first premium due date following the child's 26th birthday.
- b) The date the **covered student** fails to pay any required premium.
- c) For the spouse, the date the marriage ends in divorce or annulment.
- d) The date **dependent** coverage is deleted from This Plan.
- e) For a domestic partner, the earlier to occur of:
 - The date This Plan no longer allows coverage for domestic partners, and
 - The date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- f) The date the **dependent** ceases to be in an eligible class.
- g) The date the Continuation of Coverage terminates.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

INCAPACITATED DEPENDENT CHILDREN

Insurance may be continued for incapacitated **dependent** children who reach the age at which insurance would otherwise cease. The **dependent** child must be chiefly dependent for support upon the **covered student** and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Aetna by the **covered student** within 31 after the date insurance would otherwise cease. Such child will be considered a **covered dependent**, so long as the **covered student** submits proof to Aetna at reasonable intervals during the two (2) years following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- a) The date specified under the provision entitled Termination of **Dependent** Coverage, or
- b) The date the child is no longer incapacitated and dependent on the **covered student** for support.

Continuation of Coverage

A **covered student** who has graduated or is otherwise ineligible for coverage under this Plan, and has been continuously insured under the plan offered by the Policyholder (regular student plan), may be covered for up to 90 days provided that:

- 1) a written request for continuation has been forwarded to Aetna 31 days prior to the termination of coverage, and
- 2) premium payment has been made. Coverage under this provision ceases on the date this Plan terminates. This period of time is referred to in the Policy as the Continuation Period.

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 charge made for a covered service by the provider who furnishes it.

Aggregate Maximum

The maximum benefit that will be paid under This Plan for all **Covered Medical Expenses** incurred by a **covered person** that accumulate **in one Policy Year**.

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **Physicians** who practice surgery in an area **hospital**, and
 - **Dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - A **physician** trained in cardiopulmonary resuscitation, and
 - A defibrillator, and
 - A tracheotomy set, and
 - A blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

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 this **Accident** and **Sickness** Insurance Plan.

Complications of Pregnancy

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- Acute nephritis or nephrosis, or
- Cardiac decompensation or missed abortion, or
- Similar conditions as severe as these.

Not included are (a) false labor, occasional spotting or **physician** prescribed rest during the period of pregnancy, (b) morning **sickness**, (c) hyperemesis gravidarum and preclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

Complications of Pregnancy also include:

- Non-elective cesarean section, and
- Termination of an ectopic pregnancy, and
- Spontaneous termination when a live birth is not possible. (This does not include voluntary abortion).

Copay

The amount that must be paid by the **Covered Person** at the time services are rendered by a Preferred Provider. **Co-pay** amounts are the responsibility of the **Covered Person**.

For Prescribed Medicines Expense, the **copay** is payable directly to the **pharmacy** for each: **prescription**, kit, or refill, at the time it is dispensed. In no event will the **copay** be greater than the **pharmacy's** charge per: **prescription**, kit, or refill.

Covered Dependent

A **covered student's dependent** who is insured under This Plan.

Covered Medical Expense

Those charges for any treatment, service or supplies covered by This Plan which are:

- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage, and
- Incurred while This Plan is in force as to the **covered person** except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered Person

A **covered student** and any **covered dependent** while coverage under This Plan is in effect.

Covered Student

A student of the Policyholder who is insured under This Plan.

Deductible

The amount of **Covered Medical Expenses** that are paid by each **covered person** during the **policy year** before benefits are paid. Deductible amounts are the responsibility of the **Covered Person**.

Dependent

(a) the **covered student's** spouse residing with the **covered student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**, and (c) the **covered student's** child under the age of 26 years.

The term "child" includes a **covered student's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption.

The term **dependent** does not include a person who is: (a) an eligible student, or (b) a member of the armed forces.

Diabetic Self-Management Education Course

A scheduled program on a regular basis which is designed to instruct a covered person in the self-management of diabetes. It is a day care program of educational services and self-care training, including medical nutritional therapy. The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes diabetic education or management.

The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost; or
- A general program not just for diabetics; or
- A program made up of services not generally accepted as necessary for the management of diabetes.

Durable Medical and Surgical Equipment

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- Made to withstand prolonged use,
- Made for and mainly used in the treatment of a disease or **injury**,
- Suited for use in the home,
- Not normally of use to person's who do not have a disease or **injury**,
- Not for use in altering air quality or temperature,
- Not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

Elective Treatment

Medical treatment which 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 dysfunction (TMJ),
- Immunization,
- Treatment of infertility, and
- Routine physical examinations.

Emergency Admission

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- Requires confinement right away as a full-time inpatient, and
- If immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
 - Loss of life or limb, or
 - Significant impairment to bodily function, or
 - Permanent dysfunction of a body part.

Emergency Condition

This is any traumatic **injury** or condition which:

- Occurs unexpectedly,
- Requires immediate diagnosis and treatment, in order to stabilize the condition, and
- Is characterized by symptoms such as severe pain and bleeding.

Emergency Medical Condition

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

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

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.

Home Health Agency

- An agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- An agency certified as such under Medicare, or
- An agency approved as such by Aetna.

Home Health Care

Health services and supplies provided to a **covered person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

Hospice

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal illness. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The **hospital** administration must meet the standards of the National Hospice Organization and any licensing requirements.

Hospice benefit period

A period that begins on the date the attending **physician** certifies that the **covered person** is a terminally ill patient who has less than 6 months to live. It ends after 6 months (or such later period for which treatment is certified) or on the death of the patient, if sooner.

Hospital

A facility which meets all of these tests:

- It provides in-patient services for the case and treatment of injured and sick people, and
- It provides room and board services and nursing services 24 hours a day, and
- It has established facilities for diagnosis and major surgery, and
- It is run as a **hospital** under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts, (b) as a convalescent home, or (c) as a nursing or rest home. The term "**hospital**" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the **covered person**.

Hospital Confinement

A stay of 18 or more hours in a row as a resident bed patient in a **hospital**.

Injury

Bodily **injury** caused by an **accident**. This includes related conditions and recurrent symptoms of such **injury**.

Intensive Care Unit

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

Jaw Joint Disorder

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

Mail Order Pharmacy

An establishment where **prescription drugs** are legally dispensed by mail.

Medically Necessary

A service or supply that is: necessary, and appropriate, for the diagnosis or treatment of a **sickness**, or **injury**, based on generally accepted current medical practice.

In order for a treatment, service, or supply to be considered **medically necessary**, the service or supply must:

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

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

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

In no event will the following services or supplies be considered to be **medically necessary**:

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

Negotiated Charge

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

Non-Occupational Disease

A **non-occupational disease** is a disease that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:

- Is covered under any type of workers' compensation law, and
- Is not covered for that disease under such law.

Non-Occupational Injury

A non-occupational **injury** is an **accidental** bodily **injury** that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from an **injury** which does.

Non-Preferred Care

A health care service or supply furnished by a health care provider that is not **Preferred Care Provider**, as determined by Aetna.

Non-Preferred Care Provider

A health care provider that has not contracted to furnish services or supplies at a **negotiated charge**.

Non-Preferred Pharmacy

A **pharmacy** not party to a contract with Aetna, or a **pharmacy** who is party to such a contract but who does not dispense **prescription drugs** in accordance with its terms.

Non-Preferred Prescription Drug Expense

An expense incurred for a **prescription drug** that is not a **preferred prescription drug expense**.

One Sickness

A **sickness** and all recurrences and related conditions which are sustained by a **covered person**.

Outpatient Diabetic Self-Management Education Program

A program of assessment and training after diagnosis and no more than three hours per year of assessment and training upon a material change of condition, medication or treatment that is provided by: An education program credentialed or accredited by a state or national entity accrediting such programs; or A program provided by a licensed **physician**, a registered nurse, a nurse practitioner, a certified diabetes educator or a licensed dietitian with demonstrated expertise in diabetes.

Partial Hospitalization

Continuous treatment consisting of not less than four hours and not more than twelve hours in any twenty-four hour period under a program based in a **hospital**.

Pharmacy

An establishment where **prescription drugs** are legally dispensed.

Physician

(a) legally qualified **physician** licensed by the state in which he or she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

Pre-Admission Testing:

Tests done by a **hospital**, surgery center, licensed diagnostic lab facility, or **physician**, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- The tests are related to the scheduled surgery,
- The tests are done within the 7 days prior to the scheduled surgery,
- The person undergoes the scheduled surgery in a **hospital** or **surgery center**, this does not apply if the tests show that surgery should not be done because of his physical condition,
- The charge for the surgery is a **Covered Medical Expense** under this Plan,
- The tests are done while the person is not confined as an inpatient in a **hospital**,
- The charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- The test results appear in the person's medical record kept by the **hospital** or **surgery center** where the surgery is to be done, and
- The tests are not repeated in or by the **hospital** or **surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the Covered Percentage that would have applied in the absence of this benefit.

Pre-Existing Condition

Any **injury**, **sickness**, or condition that was diagnosed or treated within six months prior to the **covered person's** effective date of insurance.

Preferred Care

Care provided by

- A covered person's **primary care physician**, or a **preferred care provider**, or
- A health care provider that is not a **Preferred Care Provider** for an emergency medical condition when travel to a **Preferred Care Provider** is not feasible, or
- A **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

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 **covered persons** of which you are member.

Preferred Pharmacy

A **pharmacy**, including a **mail order pharmacy**, which is party to a contract with Aetna to dispense drugs to persons covered under This Plan, but only:

- While the contract remains in effect, and
- While such a **pharmacy** dispenses a **prescription drug**, under the terms of its contract with Aetna.

Prescriber

Any person, while acting within the scope of his or her license, who has the legal authority to write an order for a **prescription drug**.

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**.

Prescription Drugs

Any of the following:

- A drug, biological, or compounded **prescription**, which, by Federal law, may be dispensed only by **prescription** and which is required to be labeled "Caution: Federal Law prohibits dispensing without **prescription**",
- Injectable insulin, disposable needles, and syringes, when prescribed and purchased at the same time as insulin, and disposable diabetic supplies.
- Enteral formulas including food products modified to be low protein, which are prescribed, and certified by Aetna as a medically necessary, for the treatment of inherited disease of amino acids, organic acids, carbohydrate or fat metabolism, or malabsorption originating from congenital defects.

Recognized Charge

Only that part of a charge which is recognized is covered. The **recognized 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 **recognized charge** percentage made for that service or supply.

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 **recognized charge** is the rate established in such agreement.

In determining the **recognized 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 **recognized charge** in other areas.

Room and Board

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

Semi-private Rate

The charge for **room and board** which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Sickness

Disease or illness including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and **complications of pregnancy**. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

Skilled Nursing Facility

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- Organized facilities for medical services,
- 24 hours nursing service by RNs,
- A capacity of six or more beds,
- A daily medical records for each patient, and
- A **physician** available at all times.

Sound Natural Teeth

Natural teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. **Sound natural teeth** shall not include capped teeth.

Surgical Expense

Charges by a **physician** for,

- A surgical procedure,
- A necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- Usual postoperative treatment.

Surgical Procedure

- A cutting procedure,
- Suturing of a wound,
- Treatment of a fracture,
- Reduction of a dislocation,
- Radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- Electrocauterization,
- Diagnostic and therapeutic endoscopic procedures,
- Injection treatment of hemorrhoids and varicose veins,
- An operation by means of laser beam,
- Cryosurgery.

Totally Disabled

Due to disease or **injury**, the **covered person** is not able to engage in most of the normal activities of a person of like age and sex in good health.

Urgent Condition

This means a sudden illness, **injury**, or condition, that:

- Is severe enough to require prompt medical attention to avoid serious deterioration of the **covered person's** health,
- Includes a condition which would subject the **covered person** to severe pain that could not be adequately managed without urgent care or treatment,
- Does not require the level of care provided in the emergency room of a **hospital**, and
- Requires immediate outpatient medical care that cannot be postponed until the **covered person's physician** becomes reasonably available.

Urgent Care Provider

This is:

- A freestanding medical facility which:

- Provides unscheduled medical services to treat an **urgent condition** if the **covered person's physician** is not reasonably available.
 - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours.
 - Makes charges.
 - Is licensed and certified as required by any state or federal law or regulation.
 - Keeps a medical record on each patient.
 - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
 - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
 - Has a full-time administrator who is a licensed **physician**.
 - A **physician's** office, but only one that:
 - Has contracted with Aetna to provide urgent care, and
 - Is, with Aetna's consent, included in the Provider **Directory** as a Preferred Urgent Care Provider.
- It is not the emergency room or outpatient department of a hospital.**

Walk-in Clinic

A clinic with a group of **physicians**, which is not affiliated with a **hospital**, that provides: diagnostic services, observation, treatment, and rehabilitation on an outpatient basis.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expense 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. Expense 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 or as provided elsewhere in this plan.
4. Expense 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. Expense 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. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion will not apply where prohibited by law. It does not apply to services rendered at any hospital owned or operated by the state of Oregon or any state approved community mental health and developmental disabilities program.
9. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except 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, webbed fingers, or toes, or as direct result of disease, or surgery performed to treat a disease 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 this Policy. Surgery must be performed in the calendar year of the accident which causes the injury, or in the next calendar year.
11. Expense incurred as a result of preventive medicines, serums, vaccines or oral contraceptive, unless otherwise provided in the policy.
12. Expense incurred as a result of commission of a felony.
13. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
14. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
15. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
16. Expenses incurred for **Injury** resulting from the play or practice of intercollegiate sports. Club sports are not excluded
17. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
18. Treatment for injury to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.

19. Expenses for treatment of injury or sickness to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the injury or sickness (or their insurers).
20. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
21. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by a covered person to a spouse, child, brother, sister, or parent.
22. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
23. Expenses incurred for or in connection with: procedures, services, or supplies that are, as determined by Aetna, to be experimental or investigational. A drug, a device, a procedure, or treatment will be determined to be experimental or investigational if: a) 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 b) If required by the FDA, approval has not been granted for marketing, or c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or d) The written protocol or protocols used by the treating facility, or the protocol or protocols of any other facility studying substantially the same drug, device, procedure, or treatment, or the written informed consent used by the treating facility, or by another facility studying the same drug, device, procedure, or treatment, states that it is experimental, investigational, or for research purposes. However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease, if Aetna determines that: a) The disease can be expected to cause death within one year, in the absence of effective treatment, and b) 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: a) Have been granted treatment investigational new drug (IND), or b) Group c/treatment IND status, or c) Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute, d) If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.
24. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
25. Expenses incurred for breast reduction/mamoplasty.
26. Expenses incurred for gynecomastia (male breasts).
27. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
28. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person's home country; if the covered person's home country has a socialized medicine program.
29. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy unless otherwise provided in the policy.
30. Expense for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when medically necessary, because the covered person is diabetic, or suffers from circulatory problems.
31. Expense 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.
32. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
33. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.
34. Expense for services or supplies used to treat conditions related to autism, hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, or senile deterioration, beyond the period necessary to diagnose the condition.
35. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the covered person is eligible, but did not enroll in Part B.
36. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.

37. Expense for personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if such items are prescribed by a physician.
38. Expense for incidental surgeries, and standby charges of a physician.
39. Expense for treatment and supplies for programs involving cessation of tobacco use.
40. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Policy.
41. Expenses incurred for massage therapy unless otherwise provided in the policy.
42. Expenses incurred for, or in connection with, speech therapy. This exclusion does not apply for charges for speech therapy that is expected to restore speech to a person who has lost existing function (the ability to express thoughts, speak words, and form sentences), as a result of an accident or sickness.
43. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders. (Please note that outpatient mental health counseling and prescribed drugs, including hormones (subject to the Plan provisions applicable to the Prescription Drug plan) and associated lab work are considered to be Covered Medical Expenses).
44. 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.
45. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in the Policy.
46. 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: a) 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, b) 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 c) 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: a) those that do not require the technical skills of a medical, a mental health, or a dental professional, or b) 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 health care provider, or health care facility, or c) 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.
47. Expense 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.

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

CLAIM PROCEDURE

In the event of an **Injury** or **Sickness**, report immediately to the Student Health Services or a qualified provider or **hospital** so that proper treatment can be prescribed or approved. As described in the **Preferred Provider** section of the Brochure, it is to your advantage to utilize participating providers because of the savings for services and reduced **out-of-pocket** expenses.

Most providers of service will file a claim for you. In the event your provider of service does not file a claim on your behalf, it is your responsibility to initiate a claim in order to obtain reimbursement. Please send all itemized medical bills as soon as possible after treatment is rendered to Aetna Student Health. Your name, student ID number, and College name should be written clearly and attached to your medical bills. All information should be mailed to:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
Telephone: (866) 574-8289
www.aetnastudenthealth.com/reed

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

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, ET for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the **hospital** or **physician** concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly to the above address.
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student **Accident** and **Sickness** Insurance Plan.

HOW TO APPEAL A CLAIM

In the event a **Covered Person** disagrees with how a claim was processed, he/she may request a review of the decision. The **Covered Person's** requests must be made in writing within one hundred eighty (180) days of receipt of the Explanation of Benefits (EOB). The **Covered Person's** request must include why he/she disagrees 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:

Aetna Student Health
P.O. Box 14464
Lexington, KY 40512

Covered Persons have the right to file a complaint or seek other assistance from the Oregon Department of Consumer and Business Services by calling **(503) 378-4100** or the Consumer Protection Services of the Insurance Division at **(503) 947-7984**.

PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to a **Preferred Pharmacy**, along with your applicable **copay**. The **pharmacy** will bill Aetna for the cost of the drug, plus a dispensing fee, less the **copay** amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an Aetna **Preferred Pharmacy**, and be reimbursed by submitting a completed Aetna **Prescription Drug** claim form. You will be reimbursed for covered medications, less your **copay**.

ADDITIONAL SERVICES AND DISCOUNTS

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna and are not insurance. Please note that these programs are subject to change. To learn more about these additional services and search for providers visit, www.aetnastudenthealth.com/reed.

Aetna BookSM discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

Aetna FitnessSM discount program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFitTM.

Aetna HearingSM discount program: Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing* on over 1000 models from seven leading manufacturers.

**Competitor copy required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local provider quotes only will be matched, no internet quotes*

Aetna Natural Products and ServicesSM discount program: Access to reduced rates on services from participating providers for acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, access to discounts on over-the-counter vitamins, herbal and nutritional supplements and natural products. All products and services are provided through American Specialty Health Incorporated (ASH) and its subsidiaries.

Aetna VisionSM discount program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight ManagementSM discount program: Access to discounts on eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and products, and Nutrisystem[®] weight loss meal plans.

Oral Health Care discount program: Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik[®] dental water jets and sonic toothbrushes.

At Home Products discount program: Access to discounts on health care products that members can use in the privacy and comfort of their home.

Aetna Specialty Pharmacy: provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. Custom compounded doses and forms are also available. For additional information please go to www.AetnaSpecialtyRx.com.

Quit Tobacco Cessation Program: Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

Beginning Right[®] Maternity Program: Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

Vital Savings by Aetna® on Dental* is a dental discount program helping you and your dependents save – with one low annual fee of \$25 per student. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces) No claims to file. Enroll online at www.aetnastudenthealth.com/reed.

Coverage for dependents:

Student + 1 Dependent: \$44

Student + 2 or more Dependents: \$63

**Actual costs and savings vary by provider and geographic area.*

The Vital Savings by Aetna® program (the “Program”) is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-BeVital, is the Discount Medical Plan Organization.

Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discount programs and wellness services are subject to change without notice. Not all programs are available in all states.

Aetna’s Informed Health® Line*:

Call toll free (800) 556-1555 24 hours a day, 7 days a week.

Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:

- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time

When you call our Informed Health Line, you can talk directly to a registered nurse. Our nurses can discuss a wide variety of health and wellness topics.

** While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.*

Listen to the **Audio Health Library**:*It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

** Not all topics in the audio health service are covered expenses under your plan.*

Use the **Healthwise® Knowledgebase** to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at www.aetnastudenthealth.com/reed. WORLDWIDE TRAVEL ASSISTANCE SERVICES

On Call International

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency medical, travel and security assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of **Covered Persons**, up to a maximum of **\$10,000**.

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by United States Fire Insurance Company (USFIC) with medical and travel assistance services provided by On Call. These benefits are designed to assist **Covered Persons** when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Deceased Remains
- Unlimited Family Reunion
- \$2,500 Return of Traveling Companion
- \$2,500 Bereavement Reunion - in the event of a Covered Person's death, On Call will fly a family member to identify the remains and accompany the remains back to the deceased's home country
- \$2,500 Emergency Return Home in the event of death or life-threatening illness of a parent, sibling or spouse

Natural Disaster and Political Evacuation Services (NDPE)

The following benefits are underwritten by United States Fire Insurance Company (USFIC), with security assistance services provided by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a **Covered Person** requires emergency evacuation due to a natural disaster, which makes his/her location Uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point to the nearest safe haven, and then home. Benefits are payable up to \$100,000 per event per person.

Worldwide Emergency Travel Assistance (WETA) Services. On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of **Physician**
- Emergency Medical Record Assistance
- Legal Consultation and Referral
- Bail Bonds Assistance

The On Call International Global Response Center can be reached 24 hours a day, 365 days a year.

The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com/reed or (800) 966-7772.

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither On Call nor its contracted insurance providers provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.

To file a claim for ADD benefits, or to obtain MER, WETA or NDPE benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free at (866) 525-1956 or Collect at (603) 328-1956. All Covered Persons should carry their On Call ID card when traveling.

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to ADD, MER, WETA and NDPE benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER, WETA or NDPE benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC, VSC or CV. Premiums/fees for benefits/services provided through On Call, USFIC, VSC and CV are included in the Rates outlined in this brochure.

These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

AETNA NAVIGATOR

Got Questions? Get Answers with Aetna's Navigator®

As an Aetna Student Health insurance member, you have access to Aetna Navigator®, your secure member website, packed with personalized claims 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 Aetna Student Health Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register?

- Go to www.aetnastudenthealth.com/reed
- Find your school in the School Directory
- Click on Aetna Navigator® Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting a user name, password and security phrase.

Need help with registering onto Aetna Navigator?

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

NOTICE

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

Administered by:

Aetna Student Health
P.O. Box 981106
El Paso, TX 79998
(866) 574-8289
www.aetnastudenthealth.com/reed

Underwritten by:

Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
(860) 273-0123

Policy No. 697431

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

The Aetna logo consists of the word "aetna" in a bold, lowercase, sans-serif font, followed by a small "SM" trademark symbol.