

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Reed College 2012-2013 International Student Health Insurance Plan

Visit www.aetnastudenthealth.com

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

WHAT IS THE PLAN ALL ABOUT?

Your Student Health Insurance Plan offers you access to:

- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®.
- Aggregate Benefit Maximum of \$250,000 per policy year.
- Informed Health® Line – Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.

HOW MUCH DOES IT COST?

Student Only	Fall 8/15/12- 1/17/13	Spring/ Summer 1/18/13 - 8/14/13
	International Rate	
	\$447	\$447

WHO IS ELIGIBLE?

All international students are required to carry medical insurance coverage and will be billed for the premium each semester during the regular academic year. The insurance charge can be waived by completing an insurance waiver form online through IRIS or downloading the form at http://www.reed.edu/business/business_forms.html and faxing it to the business office.

Learn More!
1-866-574-8289
www.aetnastudenthealth.com

Brokered by:
USI Northwest 800-251-4246

* Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.
The Reed College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company 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.

15.03.410.1 B (01/12)



REED COLLEGE 2012-2013 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

Policy Year Maximum	\$250,000 per Covered Person
Out-of-Pocket Maximum	\$2,500 per Individual, per Policy Year
Deductible	\$100 per Individual, per Policy Year

AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT

INPATIENT EXPENSES	PREFERRED CARE	NON-PREFERRED CARE
Hospital Expenses , daily semi-private room rate; general nursing care provided by Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies.	100% of Negotiated Charge after a \$50 Copay per inpatient stay	75% of Recognized Care after a \$50 Deductible per inpatient stay
Intensive Care Hospital Expenses	100% of Negotiated Charge after a \$50 Copay per inpatient stay	75% of Recognized Care after a \$50 Deductible per inpatient stay
Physician Hospital Visit Expenses	100% of Negotiated Charge	75% of Recognized Care
SURGICAL EXPENSES		
Inpatient/Outpatient Surgical Expenses , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of Negotiated Charge	75% of Recognized Care
Inpatient/Outpatient Anesthetist Expenses	100% of Negotiated Charge	75% of Recognized Care
Inpatient/Outpatient Assistant Surgeon Expenses , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	100% of Negotiated Charge	75% of Recognized Care
OUTPATIENT EXPENSES		
Physician's Office Visit Expenses , benefits are limited to one visit per day.	100% of Negotiated Charge after a \$20 Copay per visit	75% of Recognized Care after a \$20 Deductible per visit
Emergency Expenses , use of the emergency room and supplies.	100% of Negotiated Charge After \$100 Copay per visit	100% of Recognized Care After a \$100 Deductible per visit
Chemotherapy Expense	100% of Negotiated Charge	75% of Recognized Care
Urgent Care Expenses , for use of the Urgent Care Clinic.	100% of Negotiated Charge	75% of Recognized Care
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES		
Inpatient Mental Health and Substance Abuse	100% of Negotiated Charge after a \$50 Copay per inpatient stay	75% of Recognized Care after a \$50 Deductible per inpatient stay
Outpatient Mental Health Expenses and Substance Abuse	100% of Negotiated Charge After a \$20 Copay per visit	75% of Recognized Care After a \$20 Deductible per visit
ADDITIONAL EXPENSES		
Women's Health Care Expenses , includes one baseline mammogram for women 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible Will Apply)
Diagnostic X-Ray and Laboratory Expenses	100% of Negotiated Charge	75% of Recognized Care
Radiation Therapy/Chemotherapy Expenses	100% of Negotiated Charge	75% of Recognized Care
Routine Testing for Chlamydia/HIV/Gonorrhea	100% for Preferred Care (Annual Deductible Waived)	80% for Non-Preferred Care (Annual Deductible Will Apply)
Routine Immunizations , including HPV, Measles, Rubella, Hepatitis	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible will Apply)
Physical/Occupational Therapy	100% of Negotiated Charge after a \$20 Copay per visit	75% of Recognized Care after a \$20 Deductible per visit
Maternity Expenses	100% of Negotiated Charge	75% of Recognized Care
Durable Medical Equipment Expenses	100% of Negotiated Charge	75% of Recognized Care
Contraceptive Drugs and Devices	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible Will Apply)
PRESCRIPTION DRUG EXPENSES		
Plan benefits limited to \$100,000 maximum per Policy Year. Includes coverage for oral contraceptives and contraceptive devices. You are required to pay in full for all prescriptions dispensed at a Non-Preferred Pharmacy.	100% of Negotiated Charge after \$10 Copay for Generic 100% of Negotiated Charge after \$20 Copay for Preferred Brand Name Drugs 100% of Negotiated Charge after \$35 Copay for Non-Preferred Brand Name Drugs	80% of Negotiated Charge after \$10 Copay for Generic 80% of Negotiated Charge after \$20 Copay for Preferred Brand Name Drugs 80% of Negotiated Charge after \$35 Copay for Non-Preferred Brand Name Drugs

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 put an annual limit of: \$250,000 on Aggregate Benefit Maximum, \$100,000 on Prescription Drug Expenses and \$1,000 on Physical/Occupational Therapy, Chiropractic Care and Acupuncture Expenses combined. If you have any questions or concerns about this notice, contact Aetna Student Health at 1-866-574-8289. 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.

PLEASE READ CAREFULLY BEFORE DECIDING WHETHER THIS PLAN IS RIGHT FOR YOU:

- This plan will not pay more than \$250,000 during the plan year.
 - Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.
 - Please read the Reed College brochure located at your College or online at www.aetnastudenthealth.com carefully before enrolling. While this document and the Reed College brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some 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 the school, you may view it at your College or contact us at (866) 574-8289.

If you have a pre-existing condition, this plan may not pay for the coverage of this condition for up to the first 6 months of coverage. For more information on pre-existing condition limitations and other plan exclusions, limitations and benefit maximums, please refer to the Reed College brochure and Master Policy. This plan pays benefits only for expenses incurred while the coverage is in force and only for the medically necessary treatment of injury or disease. The coverage displayed in this document reflects certain mandate(s) of the state in which the policy was written. However, certain federal laws and regulations could also affect how this coverage pays. Unless otherwise indicated, all benefits and limitations are per covered person. This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.