



## Reed College

### 2011-2012 M.A.L.S. Student Health Insurance Plan

**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<sup>®</sup>.
- Aggregate Maximum of **\$25,000** per Policy Year.
- Informed Health<sup>®</sup> Line – Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health 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.
- Co-pay for pharmacy at in-network pharmacies; subject to an annual maximum of \$7,000 (combined in-network and out-of-network).

#### How much does it cost?

|                            | Fall            | Spring          | Summer         |
|----------------------------|-----------------|-----------------|----------------|
|                            | 8/15/11-1/12/12 | 1/13/12-5/31/12 | 6/1/12-8/14/12 |
| <b>Enrollment Deadline</b> | 8/12/11         | 1/23/12         | 6/1/12         |
| <b>Student</b>             | \$970           | \$936           | \$551          |

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) for dependent rate information.

#### Who is Eligible?

All degree-seeking M.A.L.S. students taking at least a half unit of classes each term, including summer, are eligible to enroll for coverage in the Reed College Student Health Insurance Plan. Eligible Dependents – legal Spouse and Dependent Children under 26 years of age, may be enrolled under an eligible students coverage as well.

Please contact the Business Office to enroll.

## Learn More!

### 1-866-574-8289

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Brokered by:  
USI Northwest (800) 251-4246**



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.

The Reed College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.

Policy forms issued in OK include GR-96134.

15.03.410.1

## REED COLLEGE 2011-2012 M.A.L.S. STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

| Basic Plan Maximum Annual Deductible                                                                                                                                                                                                                                                                                   | \$25,000 per Individual, per Policy Year<br>\$100 per Policy Year for each Covered Person |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|
| AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT                                                                                                                                                                                                                                                        | PREFERRED CARE                                                                            | NON-PREFERRED CARE       |
| <b>INPATIENT EXPENSES</b>                                                                                                                                                                                                                                                                                              |                                                                                           |                          |
| <b>Hospital Expenses</b> , daily semi-private room rate; general nursing care provided by Hospital.                                                                                                                                                                                                                    | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Intensive Care Hospital Expenses</b>                                                                                                                                                                                                                                                                                | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Miscellaneous Hospital Expenses</b> , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies.                                                                                                    | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Physician Hospital Visit Expenses</b>                                                                                                                                                                                                                                                                               | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)</b>                                                                                                                                                                                                                                                                    |                                                                                           |                          |
| <b>Surgical Expenses</b>                                                                                                                                                                                                                                                                                               | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Anesthetist Expense &amp; Assistant Surgeon Expenses</b>                                                                                                                                                                                                                                                            | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>OUTPATIENT EXPENSES</b>                                                                                                                                                                                                                                                                                             |                                                                                           |                          |
| <b>Physician's Office Visit Expenses</b> , benefits are limited to one visit per day                                                                                                                                                                                                                                   | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Emergency Expenses</b> , use of the emergency room and supplies                                                                                                                                                                                                                                                     | 80% of Negotiated Charge                                                                  | 80% of Recognized Charge |
| <b>Durable Medical Equipment</b>                                                                                                                                                                                                                                                                                       | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Physical Therapy Expenses</b> , benefits are limited to 10 visits per Policy Year.                                                                                                                                                                                                                                  | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES</b>                                                                                                                                                                                                                                                                      |                                                                                           |                          |
| <b>Inpatient Mental Health</b>                                                                                                                                                                                                                                                                                         | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Outpatient Mental Health</b>                                                                                                                                                                                                                                                                                        | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Inpatient and Outpatient Substance Abuse Expenses</b>                                                                                                                                                                                                                                                               | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>ADDITIONAL EXPENSES</b>                                                                                                                                                                                                                                                                                             |                                                                                           |                          |
| <b>Women's Health Care Expense</b> , will include office visit and laboratory testing, other than routine Pap Smear and Mammogram 35-40. Women 40 and older have coverage for an annual mammogram.                                                                                                                     | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Routine Pap Smear/ Mammogram</b> , includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older. Deductible is waived for Pap Smear performed at Reed Health Center. | 80% of Negotiated Charge                                                                  | 80% of Recognized Charge |
| <b>Diagnostic X-Ray and Laboratory Expenses</b>                                                                                                                                                                                                                                                                        | 80% of Negotiated Charge                                                                  | 80% of Recognized Charge |
| <b>Immunizations</b> , including HPV, Measles, Rubella, Hepatitis, <b>only when performed at the Reed Health Center.</b> Deductible is waived for these services.                                                                                                                                                      | 80% when performed at the Reed Health Center Only                                         |                          |
| <b>Routine STD Testing</b> , <b>only when performed at the Reed Health Center</b> Deductible is waived for these services.                                                                                                                                                                                             | 80% when performed at the Reed Health Center Only                                         |                          |
| <b>Radiation Therapy and Chemotherapy Expenses</b>                                                                                                                                                                                                                                                                     | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Testing for Learning Disabilities</b>                                                                                                                                                                                                                                                                               | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Chiropractic Care and Acupuncture Expenses</b> , benefits are limited to a maximum of 30 visits per policy year combined.                                                                                                                                                                                           | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Dental Expenses</b> , made necessary by Injury to Sound, Natural Teeth                                                                                                                                                                                                                                              | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Consultant Physician Expenses</b> , when requested/ approved by attending Physician                                                                                                                                                                                                                                 | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Maternity Expenses</b>                                                                                                                                                                                                                                                                                              | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Ambulance Expenses</b>                                                                                                                                                                                                                                                                                              | 80% of Negotiated Charge                                                                  | 80% of Recognized Charge |
| <b>Hospice Care Expense</b>                                                                                                                                                                                                                                                                                            | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>Home Health Care Expense</b>                                                                                                                                                                                                                                                                                        | 80% of Negotiated Charge                                                                  | 60% of Recognized Charge |
| <b>PRESCRIPTION DRUG EXPENSES</b>                                                                                                                                                                                                                                                                                      |                                                                                           |                          |
| \$10 Copay for Generic Drugs; \$20 Copay for Preferred Brand Drugs; \$35 Copay for Non-Preferred Brand Drugs dispensed from Preferred Pharmacy. Plan benefit limited to \$7,000 maximum per Policy Year.                                                                                                               |                                                                                           |                          |
| <b>Expenses for prescription drugs dispensed from Reed Health Center are subject to deductible then covered at 80%, not subject to maximum.</b>                                                                                                                                                                        |                                                                                           |                          |

The Reed College Student Health Insurance Plan may not cover all 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 brochure carefully before deciding whether this plan is right for you. While this document and the Reed College brochure tell you about some of the important features of the plan, other features may be important to you and some 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 \$25,000 in a coverage year or more than \$7,000 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.