

Reed College International 2009-2010 Student Health Insurance Plan

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



Learn More

Visit your one-stop website www.aetnastudenthealth.com to learn more details about Plan benefits and other Plan features. Call (866) 574-8289.

Brokered by:
USI Northwest (800) 251-4246

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.

Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates, or Reed College or USI Northwest. This material is for information only.

The Reed College Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC). The Plan is 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.

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

What is the Plan All About?

Please see the reverse side of this flyer for the Summary of Benefits.

Your school-endorsed Student Health Insurance Plan offers you:

- Access to Aetna's nationwide network of health care professionals, including primary care and specialist doctors
- Travel Assistance Services and Worldwide Medical coverage while traveling or studying abroad
- Vision, Fitness and Aetna Natural Products and ServicesSM Discount Programs
- Weight Management Discount Program – access to discounts on Jenny Craig[®] weight loss programs and products
- Access to the Student Connection at www.aetnastudenthealth.com. Click on "Your School" to Search for your school and read your health insurance brochure, find out how to fill a prescription and e-mail customer service
- Once you're a member of the Plan, you have access to Aetna Navigator[®], your secure member website packed with personalized benefits and health information. Access discounts on health and wellness services, such as SpaWish[®] and MayoClinic.com bookstore.

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.

How much does it cost?

	Fall 8/22/09-1/9/10	Spring/Summer 1/10/10-8/20/10
Student	\$399	\$399

REED COLLEGE 2009-2010 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

The Plan provides for the Medically Necessary Reasonable Charge (RC) incurred by a Covered Person for loss due to a covered Injury of Sickness. If a Covered Person receives care from a Preferred Provider*, any eligible expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Preferred Providers are part of the Aetna Preferred Provider Network which can be found at www.aetna.com/docfind/custom/studenthealth/index.html. Subject to Plan limitations and exclusions (as outlined in the Policy.)

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

Policy Year Maximum	\$250,000 per Covered Person	Deductible	\$100 per Individual, per Policy Year
Lifetime Maximum	\$1,000,000 per Covered Person	Out-of-Pocket Maximum	\$2,500 per Individual, per Policy Year

AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT

INPATIENT EXPENSES

Hospital Expenses, daily semi-private room rate; general nursing care provided by Hospital.

Intensive Care Hospital Expenses

Miscellaneous Hospital Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies.

Physician Hospital Visit Expenses, benefits are limited to one visit per day

SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)

Surgical Expenses

Anesthetist Expense & Assistant Surgeon Expenses

OUTPATIENT EXPENSES

Physician's Office Visit Expenses, benefits are limited to one visit per day. *Benefits not subject to Policy Year Deductible.*

Emergency Expenses, use of the emergency room and supplies. *Benefits not subject to Policy Year Deductible.*

Chemotherapy Expense

MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES

Inpatient Mental Health and Substance Abuse, benefits limited to 30 days per Lifetime, combined.

Outpatient Mental Health and Substance Abuse, benefits limited to \$1,000 per Lifetime

ADDITIONAL EXPENSES

Women's Health Care Expense, covered medical expenses will include 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. *Benefits not subject to Policy Year Deductible.*

Diagnostic X-Ray and Laboratory Expenses

Immunizations, including HPV, Measles, Rubella, Hepatitis, **only when performed at the Reed Health Center.** *Benefits not subject to Policy Year Deductible.*

Routine STD Testing, only when performed at the Reed Health Center

Benefits not subject to Policy Year Deductible.

Physical/Occupational Therapy, Chiropractic Care and Acupuncture Expenses, benefits are limited to a maximum of \$50 per visit, to a maximum of \$1,000 per policy year combined.

Dental Expenses, made necessary by Injury to Sound, Natural Teeth. Benefits are limited to a maximum of \$100 per tooth, maximum of \$500 per Policy Year.

Maternity Expenses

Diabetes Self-Management and Education Expenses

Non-Prescription Elemental Enteral Formula Expense

PRESCRIPTION DRUG EXPENSES

Benefits are limited to a maximum of \$2,500 per Policy Year per Individual. You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Preferred Pharmacy.

PREFERRED CARE

NON-PREFERRED CARE

100% of Negotiated Charge after a \$50 Copay per inpatient stay

75% of RC after a \$50 Deductible per inpatient stay

100% of Negotiated Charge after a \$50 Copay per inpatient stay

75% of RC after a \$50 Deductible per inpatient stay

100% of Negotiated Charge after a \$50 Copay per inpatient stay

75% of RC after a \$50 Deductible per inpatient stay

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge after a \$20 Copay per visit

75% of RC after a \$20 Deductible per visit

100% of Negotiated Charge after a \$100 Copay per visit

100% of RC after a \$100 Deductible per visit

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge after a \$50 Copay per inpatient stay

75% of RC after a \$50 Deductible per inpatient stay

100% of Negotiated Charge after a \$20 Copay per visit

75% of RC after a \$20 Deductible per visit

100% of Negotiated Charge after a \$20 Copay per visit

75% of RC after a \$20 Deductible per visit

100% of Negotiated Charge 80% when performed at the Reed Health Center Only

75% of RC

80% when performed at the Reed Health Center Only

100% of Negotiated Charge after a \$20 Copay per visit

75% of RC after a \$20 Deductible per visit

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge

75% of RC

100% of Negotiated Charge after a \$10 Copay for Generic Drugs; \$20 Copay for Preferred Brand Drugs; \$35 Copay for Non-Preferred Brand Drugs

100% of RC after a \$10 Copay for Generic Drugs; \$20 Copay for Preferred Brand Drugs; \$35 Copay for Non-Preferred Brand Drugs

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 Student Health Insurance brochure carefully before deciding whether this plan is right for you. While this document and the Reed College Student Health Insurance 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 \$250,000 in a coverage year or more than \$1,000,000 as a lifetime maximum, \$1,000 for Outpatient Mental Health/Substance Abuse Expenses and \$2,500 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.