

Understanding Your Reed College 2015-2016 Student Health Insurance

Policy Number 800000025
Group Number 65001904

Brokered by:
USI Northwest

Underwritten by:
Regence BlueCross BlueShield of Oregon



This memorandum has been prepared to help you review the key factors that are associated with your benefit plan. This memorandum does not provide all of the contractual provisions, limitations or exclusions included in the policy and should be considered as a summary only. If any differences exist between this summary and the official contracts, the contracts shall prevail.

Table of Contents

Regence Temporary Identification Card.....	Page 1
Eligibility, Premiums and Effective Dates.....	Page 2
Plan Highlights.....	Page 3
Prescriptions.....	Page 4
Telemedicine Benefit.....	Page 4
Reed College Health Service.....	Page 5
Dental.....	Page 5
Vision.....	Page 5
Finding a Provider.....	Page 6
Travel Assist Program.....	Page 7
How to File a Claim.....	Page 7
Who to Contact.....	Page 7
Helpful Links.....	Page 8
Glossary of Insurance Terms.....	Page 8
How to Read an Explanation of Benefits (EOB).....	Page 9
Legal Notices.....	Page 10

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Regence Temporary Identification Card

<p>Insured: _____</p> <p>Student of Reed College</p> <p>Northwest Student Health Insurance Consortium</p> <p>2015-2016</p> <p>Underwritten by:</p> <p>Regence BlueCross BlueShield of Oregon</p> <p>Customer Service 1-888-526-9622</p> <p>Policy No. 800000025</p> <p>Effective dates and termination dates are subject to verification.</p> <p>Member ID Number: _____</p> <p>Group Number: 65001904</p>	<p>RegenceRx</p> <p>For Pharmacy Use Only</p> <p>1-800-452-6333 • RegenceRx.com</p> <p>BIN# 610623 • PCN# 02050000</p> <p>Present this card to any participating Regence pharmacy when filling a prescription.</p> <p><u>Rules Governing Use of This Card:</u></p> <ol style="list-style-type: none">1. This card is not transferrable and remains the property of Regence.2. Improper or fraudulent use of this card to obtain prescription medications is punishable by law.3. This card is void when your eligibility terminates.4. The loss of this card should be reported immediately to your plan administrator.
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Here is a temporary ID card you can cut out and carry with you until you receive your permanent ID card from Regence. Or you may register at www.regence.com and print a temporary ID card. But to register you will need to have your Regence member ID number.

To get your Regence member ID number, call Regence Customer Service at 1 (888) 526-9622.

Your permanent Regence ID card will be mailed to you within 4-6 weeks of of your effective date.

Reed College is pleased to offer a comprehensive health insurance plan to its eligible students and their dependents for the 2015-2016 academic year with Regence BlueCross BlueShield or Oregon.

The information in the following pages will help you understand your benefits, how to find a doctor, who to contact with questions, understand insurance terms and much more about the 2015-2016 Reed College Student Health Insurance Plan.

Eligibility

All undergraduate and international students are required to carry medical insurance comparable to that offered through the school's comprehensive Student Health Insurance Plan.

Students will automatically be covered under the Reed College 2015-2016 Student Health Insurance Plan (unless specifically waived by waiver deadline), and the premiums will be charged to their account with the school at the beginning of Fall and Spring semesters (summer coverage is included with spring semester coverage).

Effective dates & cost:	<u>Undergraduate Student</u>	<u>International Student</u>
Fall Semester 8/15/15 – 1/14/16	\$942	\$685
Spring/Summer 1/15/16 – 8/14/16	\$942	\$685

MALS students are not required to have health insurance, but it is strongly encouraged. MALS students enroll directly online at <https://LifeMap.benselect.com/NWSHIC> to purchase the Reed Student Health Insurance each semester by the enrollment deadline. It is your responsibility to purchase your coverage each semester. Regence does not bill you for the insurance.

Effective dates and cost for MALS students:

Fall 8/15/15 – 1/14/16	\$1,046
Spring 1/15/16 – 5/31/16	\$936
Summer 6/1/16 – 8/14/16	\$513

MALS enrollment deadline for Fall is 9/15/15, Spring 2/15/16 and Summer 7/1/16

Dependent Coverage

Students may purchase coverage for their eligible dependents by enrolling directly online at <https://LifeMap.benselect.com/NWSHIC> **each semester** by the enrollment deadline (within 30 days of the semester effective date of coverage). It is your responsibility to purchase coverage for your eligible dependents each semester. Regence does not bill you for the insurance.

Eligible dependents include your spouse or domestic partner (both same and opposite sex) and dependent children under the age of 26.

Cost to add dependents to the insurance (these premiums are in addition to the student's premium):

	<u>Fall Semester 2016</u>	<u>Spring/Summer 2016</u>
Spouse	\$2,499.00	\$2,499.00
Child(ren)	\$1,399.00	\$1,399.00

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2015-2016 Reed College Student Health Insurance Plan Highlights

The Reed College 2015-2016 Student Health Insurance plan is a Medical PPO (3-Tier) plan with Regence BlueCross Blue Shield of Oregon. Below is a brief summary of the plan. If you want more details about your coverage, please call Regence BlueCross BlueShield of Oregon at 1(888) 526-9622.

This plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of a provider - Preferred, Participating or Non-Participating (refer to page 6). You will receive significantly higher benefits when you obtain care from an Regence Preferred provider. Go to www.regence.com to locate a Preferred provider.

Don't know what a deductible is or what out of pocket maximum means? Refer to the Glossary of Insurance Terms on page 8.

Regence BlueCross BlueShield of Oregon – Policy 800000025/Group Number 65001904

Policy Year Deductible			
Per Person			\$300
Maximum Per Family			\$900
Policy Year Out-of-Pocket Maximum			
Per Person			\$5,300
Maximum Per Family			\$10,600
After deductible has been met, eligible expenses are covered as follows, unless otherwise noted (dw = deductible waived):			
Preventive Care	Preferred Provider	Participating Provider	Non-Participating Provider
Office Visit	100% (dw)	100% (dw)	50%
Diagnostic X-Ray and Lab Tests	100% (dw)	100% (dw)	50%
Well-Child Care	100% (dw)	100% (dw)	50%
Immunizations	100% (dw)	100% (dw)	50%
Mammograms	100% (dw)	100% (dw)	50%
Professional			
Office Visit	\$25 Copay (dw)	60%	60%
Coinurance	80%	60%	60%
Inpatient Professional Services	80%	60%	60%
Hospital/Facility			
Inpatient Care	80%	60%	60%
Outpatient Facility Charges	80%	60%	60%
Facility Charges (non-hospital)	80%	60%	60%
Mental Health/Substance Abuse			
Outpatient	\$25 Copay (dw)	\$25 Copay (dw)	\$25 Copay (dw)
Inpatient	80%	80%	60%
Outpatient Rehabilitation	Coverage limited to 25 outpatient rehabilitation visits per policy year (combined)		
Physical	\$25 Copay (dw)	60%	60%
Occupational	\$25 Copay (dw)	60%	60%
Speech	\$25 Copay (dw)	60%	60%
Other Services			
Acupuncture, Chiropractic and Naturopathic Visits* (Limited to 24 visits per policy year)	\$25 Copay (dw)	60%	60%
Ambulance (Ground)		80%	
Diagnostic X-Ray and Lab Tests	80%	60%	60%
Imaging (CT, MRI or PET scans)	80%	60%	60%
Emergency Room		\$150 Copay - waived if admitted (dw)	
Urgent Care		Office visit would be covered under Office Visit. Lab & x-ray charges would be covered under the Diagnostic X-Ray & Lab benefit.	
MDLive Telemedicine Benefit		MDLive consultations are covered at 100% (dw). Please refer to page 4 for more information on MDLive and their services.	
Reed College Health Service Expenses		Eligible Expenses incurred at the Reed College Health Service are covered at 100% (dw). Please refer to page 5 for more details on how to submit a claim for these charges.	
Lifetime Maximum			Unlimited

*Complementary care visits do not apply to the out-of-pocket maximum.

Prescriptions

When you have a prescription from your doctor, you may go to any RegenceRx network pharmacy. Just show them your Regence ID card and you pay the applicable copay (based on a 30 day supply), with no claim forms to submit, for your eligible prescription.

In the event you do not have your Regence ID card, the pharmacy can call 1 (800) 452-6333 for assistance in obtaining your unique member ID. Along with your member ID the pharmacy will also need to know the following information to process your prescription: BIN: 610623 and PCN: 02050000.

If your prescription did not get processed through the insurance and you had to pay in full, you will have to submit a claim for any eligible reimbursement to RegenceRx. Obtain a pharmacy claim form at www.regence.com, complete the form and attach your original itemized prescription receipt to the completed claim form and mail to Regence BlueCross BlueShield of Oregon, P O Box 30805, Salt Lake City UT 84130-0805. Be sure to keep a copy for your records.

To find a RegenceRX network pharmacy, information on mail order, or to check out the Regence formulary guide go to www.regencrx.com.

Prescription Benefit	Regence Network Pharmacy	Mail Order
Generic	\$15 copay	\$45 copay
Brand - Preferred	\$30 copay	\$90 copay
Brand – Non Preferred	\$50 copay	\$150 copay
Maximum Day Supply	30 days	90 days

Please Note: The 2015-2016 Reed College Student Health Insurance Plan also provides coverage for generic contraceptive drugs at 100% with no cost sharing to the insured when purchased from a RegenceRx network pharmacy. This means you can obtain a generic contraceptive prescription at no cost to you, when purchased from a RegenceRx network pharmacy or through RegenceRx Mail Order.

Telemedicine Benefit

Included in your plan is 24/7/365 on-demand access to affordable, quality healthcare with access to a national network of board-certified doctors and pediatricians that can diagnose, recommend treatment, and prescribe medication through MDLIVE.

You should use MDLIVE:

- If you are considering the ER or urgent care for a non-emergency issue
- When your primary care physician or the student health service is not available
- At home, traveling or at work
- 24/7/365, even holidays

What can be treated: Allergies, bronchitis, cold & flu, ear infections, joint aches & pain, respiratory infection, sinus problems and more!

To access MDLIVE you have to register. Call MDLIVE at 1(888) 632-2738 or go online to www.mdlive.com/nwstudent.

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Reed College Health Service

Eligible expenses incurred at the Reed College Health Service are covered at 100% (dw) under the 2015-2016 Reed College Student Health Insurance Plan.

The Reed College Student Health Service does not bill insurance, so you are responsible for submitting any charges you have incurred at the Reed College Student Health Service to Regence.

Any fees incurred at the Reed College Student Health Service will be charged to your Reed College student account. You are expected to pay the balance due on your student account. It is your responsibility to submit a claim to Regence for eligible charges you have paid.

The Reed College Health Service will give you a coded receipt to submit to Regence. You can send the coded receipt with your name, Regence ID number and school name written on it, to Regence BlueCross BlueShield of Oregon, P.O. Box 30805, Salt Lake City, UT 84130-0805.

Please remember to keep a copy for your records. A clean claim (one that does not require any further information) is processed by Regence within 30 days of receipt and any reimbursement for an eligible Reed College Health Service charge will be sent directly to you.

Dental

The Reed College Student Health Insurance Plan does not cover routine dental care if you are age 19 or older.

Under the age of 19 the plan does provide a Pediatric Dental Benefit. After the annual deductible has been met, eligible benefits under the Pediatric Dental Benefit include:

100% coverage for preventive (2 visits in a 12 month period)

80% in-network/60% out-of-network for basic, major or medically necessary orthodontia

Policy year maximum \$500

There is dental coverage for all ages for injury to sound natural teeth or removal of impacted wisdom teeth through the medical plan. After the annual deductible has been met, eligible benefits for dental injury or removal of impacted wisdom teeth is 80% of the actual charge.

For more details regarding these benefits, call Regence BlueCross BlueShield at 1 (888) 526-9622.

Vision

One routine adult (age 19 and older) vision exam is covered once per calendar year at 100%. Adult (age 19 and older) vision hardware is not a covered benefit.

However, you can get a discount for vision services through Regence Advantages. As a Regence member, you can enjoy savings on a number of health-related products and services. Learn more about member discounts at www.regence.com/advantages.

Pediatric vision (ages 0 - 18) coverage is limited to one (1) routine eye exam per calendar year and one (1) pair of lenses and one (1) frame per calendar year at no cost (covered at 100%).

For more details regarding these benefits call Regence BlueCross BlueShield at 1 (888) 526-9622.

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Finding a Provider

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

Preferred (Category 1)

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider who is contracted with Regence to furnish services or supplies for a negotiated charge.

Generally you will receive a higher benefit when you obtain services from a Preferred Provider and you will not be billed for balances beyond any deductible, copay and/or coinsurance for covered services.

To locate a Preferred Provider go to www.regence.com and click on "Find a Doctor". You can search by provider names, location and specialty. Look for the "Preferred" network to find a Preferred Provider in Oregon, Washington, Utah or Idaho. For all other states look for providers who participate in the BlueCard PPO Program.

Participating (Category 2)

When you choose to see a Participating Provider your out-of-pocket expenses will generally be higher than if you choose a Preferred Provider. This is because, for most services, the plan pays a lower benefit when you see a Participating Provider. But when you choose a Participating Provider, you will not be billed for balances beyond any deductible, copay and/or coinsurance for covered services.

To locate a Participating provider go www.regence.com and click on "Find a Doctor".

Non-Participating (Category 3)

If you choose to go to a Non-participating provider your out-of-pocket expenses will generally be higher than if you choose a Preferred Provider. This is because the plan pays a lower benefit when you see a Non-participating provider.

A Non-participating provider may require payment up front at time of service and may not bill Regence directly. That would require you to obtain an itemized billing from the provider and submit to Regence for processing. Non-participating providers may also bill you for balances beyond any deductible, copay and/or coinsurance. This is referred to as balance billing.

**For more information or help in locating a Preferred Provider, please call
Regence BlueCross BlueShield of Oregon at 1 (888) 526-9622.**

Travel Assistance

You have 24/7 emergency medical, security, and travel assistance – including emergency medical evacuation and repatriation - when you are 100 or more miles away from your permanent residence with FrontierMEDEX through LifeMap Assurance.

FrontierMEDEX is your key to travel safety. For services, simply call FrontierMEDEX at 1 (800) 527-0218 or 1 (410) 453-6330. Your FrontierMEDEX ID is 333191.

How To File A Claim

Regence Preferred and Participating Providers

Regence Preferred and Participating providers have agreed to bill Regence directly for covered services. Once coverage is verified you should not be asked for full payment at the time of service.

- Patients may be asked for copayments, coinsurance and deductibles at the time of service.
- After services are rendered, the patient should only be billed for any remaining deductible, copayment and/or coinsurance amounts not collected and for non-covered services.

Out-of-Network Providers

If you obtain services from an Out-of-Network provider you will be required to submit the itemized billing to Regence for eligible reimbursement. Any reimbursement/benefit paid for Out-of-Network provider services will be paid directly to the insured, not the provider. You are responsible for paying the Out-of-Network provider. An Out-of-Network provider may require partial or full payment from you at the time of service.

The itemized billing must include procedure and diagnosis codes. Bills must be submitted to Regence within 90 days from the date of treatment. A clean claim (one that does not require any further information) is processed by Regence within 30 days and you will receive an Explanation of Benefits describing how the claim was processed, what Regence is paying and what your responsibility (amount owed) is to the provider. If you have any questions concerning a claim submitted, please contact Regence at 1 (888) 526-9622.

Who to Contact

For questions about your medical and pharmacy benefits, finding a Preferred Provider or to check the status of a claim, please contact:

Regence BlueCross BlueShield Customer Service
1 (888) 526-9622
6am-6pm PST

Other contact information:

Reed College Health & Counseling Services

Medical 503-777-7281

Counseling 503-517-7349

USI Northwest (insurance broker)

1 (800) 251-4246 or 503-295-6357

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Helpful Links

Reed College Health & Counseling Services http://www.reed.edu/health_center/index.html

Regence BlueCross BlueShield of Oregon www.regence.com

Glossary of Insurance Terms

COINSURANCE – An amount you may be required to pay as your share of the cost for services after you have paid your deductible. Coinsurance is usually a percentage (for example, 20%).

COPAY – A flat dollar amount you are responsible for paying for certain covered health services. You may have to pay a set amount every time you make an office visit or various amounts for different types of prescriptions.

DEDUCTIBLE – The amount you must pay out of your own pocket each policy year before your plan begins to pay benefits on eligible expenses. Some services, such as preventive care, are covered by your plan before you meet your deductible.

EXCLUSIONS – Health plans do not cover all health care services. Exclusions are those services not covered by, or excluded from, the health plan.

EXPLANATION OF BENEFITS (EOB) – A statement that explains how your health plan processed your claims, how much the plan paid and how much you owe the provider.

FORMULARY (list of covered drugs) – A list of prescription medications covered by your plan. The drugs on this list are selected by a committee of doctors and pharmacists. The list includes both brand-name and generic drugs.

LIMITATIONS – Some benefits are limited to a set number of days or visits, or even dollar amounts, per policy year. For example, 14 physical therapy visits or 60 days of skilled nursing care.

NEGOTIATED CHARGE – The maximum charge a Preferred Provider has agreed to charge as to any service or supply for the purpose of the benefits under this Policy.

NON-PARTICIPATING PROVIDER – A health care provider that has not contracted with your insurance company to furnish services or supplies at a negotiated charge. Also referred to as an out-of-network provider. Your costs are usually higher when you use a non-participating or out of network provider.

OUT OF POCKET COSTS – The costs you pay out of your own pocket for your covered care. Examples are coinsurance, copays and deductible amounts.

OUT OF POCKET MAXIMUM – the most you will have to pay out of your own pocket for covered care in a policy year (deductible, copays and coinsurance). Once you meet the out-of-pocket maximum, your plan pays 100% for covered care for the rest of the policy year. (Complementary care visits do not apply to the out-of-pocket maximum).

PARTICIPATING PROVIDER - A health care provider who has agreed to bill your insurance company for charges and who will not balance bill you. Your costs are usually higher when you use a Participating provider instead of a Preferred provider.


PREFERRED PROVIDER – A health care provider that has contracted with your insurance company to furnish services or supplies for a negotiated charge.

RECOGNIZED CHARGE – Only the part of the charge which is recognized as covered.

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EOB Quick Guide

We will send you an Explanation of Benefits whenever we are billed for medical services you have received. The report explains how the bill was applied to your health care benefits. You will see a description of the billed charges, payments we have made.



Regence

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Explanation of Benefits

This document shows how benefits were applied to recent claims. It also calculates member responsibility.

1 Print Date: 02/19/10

Plan Subscriber: SAMPLE Q SAMPLE

Subscriber ID: 999999999

Group Name: XXXXXX

Group ID: 99999999

THIS IS NOT A BILL.

Claims Summary

We processed 2 claims on your behalf.

10 Contact the provider(s) to arrange payment, if not already paid.

11 Total Member Responsibility To Provider(s): \$20.00

Total Regence Paid: \$129.52

Want more detail? Visit www.myRegence.com

Claims Detail - How your benefits were used to calculate these claims.

2 Patient: **SAMPLE SAMPLE**

Patient Year of Birth: 9999

Patient Account with Provider:

4 **Claim ID: T99999999**

3 **SAMPLE CLINIC**
PO BOX 9999
ANYWHERE US 99999

Category 1 Provider
\$ Least Expensive

Date of Service	Service Description	6 Amount Charged By Provider	7 Amount Not Covered	Regence Member Rate	Copay	8 Deductible	Remaining Amount	Member's Coinsurance	9 Amount Regence Paid	Member's Responsibility To Provider
12/18/00	Laboratory	\$55.00 -	\$25.64 =	\$29.36 -	\$0.00 -	\$0.00 =	\$29.36 -	\$0.00 =	\$29.36	\$0.00
12/18/00	Laboratory	\$4.00 -	\$0.84 =	\$23.16 -	\$0.00 -	\$0.00 =	\$23.16 -	\$0.00 =	\$23.16	\$0.00
Totals for this claim									\$52.52	\$0.00

5 Patient: **SAMPLE SAMPLE**

Patient Year of Birth: 9999

Patient Account with Provider:

Claim ID: T99999999999


SAMPLE FAMILY PRACT
PO BOX 9999
ANYWHERE US 99999

Category 1 Provider
\$ Least Expensive

Date of Service	Service Description	Amount Charged By Provider	Amount Not Covered	Regence Member Rate	Copay	Deductible	Remaining Amount	Member's Coinsurance	Amount Regence Paid	Member's Responsibility To Provider
12/18/00	Office Visit	\$97.00 -	\$0.00 =	\$97.00 -	\$20.00 -	\$0.00 =	\$77.00 -	\$0.00 =	\$77.00	\$20.00 (Copay)
Totals for this claim									\$77.00	\$20.00

Stay informed!
Review Your Benefits
Status on page 2

Have questions? Contact your provider if you need to arrange payment. To learn more about your benefits, contact Regence:



myRegence.com
www.myregence.com

Customer Service
1 (888) 367-2116

Mailing Address
(including appeals)

Explanations:

- 1 – Date this claim was processed
- 2 – Reference number relating to this particular claim
- 3 – Name of the doctor or facility providing medical care
- 4 – Description of services
- 5 – Date services were rendered
- 6 – Total amount billed
- 7 – Amount not covered
- 8 – Amount applied to patient's deductible (when applicable)
- 9 – Amount in excess of the contract benefits limits. This is the patient balance.
- 10 – Total amount paid to provider(s)
- 11 – Total patient expense

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9

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law (or applicable state laws) restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are covered under another plan and lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage) you may enroll on the Reed College Student Health Insurance plan effective the date you lose your other coverage. However, you must request enrollment within 30 days after your other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084

INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392
MAINE – Medicaid	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA – Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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