

REED COLLEGE

2008-2009 International Student Health Insurance Plan



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.

This Plan is underwritten by:

Aetna Life Insurance Company (ALIC)

Policy Number: 697431



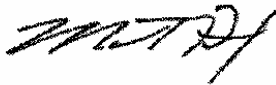
Dear Students,

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.

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,



Michael Brody
Director of Health & Counseling Services



Mary Leineweber
Medical Services Manager



The Glenn Chesney Quiet Infirmery, Johnson, Wallwork & Dukehart, architects, 1936. Sketch by Elizabeth Pennock (Kinne).

Table of Contents

Important Information.....	3
Where to Find Help.....	3
Student Coverage – Eligibility.....	4
Premium Rates.....	4
Newborn Infant Coverage.....	4
Withdrawal from School.....	4
Premium Refund Policy.....	4
General Provisions.....	5
Reimbursement and Subrogation.....	5
Extension of Benefits.....	5
Termination of Insurance.....	5
Identification Cards.....	5
Patient Management Program.....	5
Reed Health Center.....	7
Services Provided Outside Reed Health Center.....	8
Pre-Existing Condition.....	8
Continuously Insured.....	8
Preferred Provider Network.....	9
Preferred Provider Directory: DocFind®.....	9
Description of Benefits.....	10
Summary of Benefits Chart.....	10
Deductible.....	10
Inpatient Benefits.....	10
Mental Health and Substance Abuse Benefits.....	12
Prescription Drug Benefits.....	12
Additional Benefits.....	13
Definitions.....	14
Exclusions.....	18
Claims Submission Procedure.....	22
Complaint and Appeals Procedure.....	23
Member Web: Aetna Navigator™.....	24
Additional Discounts and Services.....	24
Optional Discount Programs.....	26
Accidental Death and Dismemberment Benefit.....	26
On Call International 24/7 Worldwide Emergency Travel Assistance Services.....	27
Medical Evaluation and Return of Mortal Remains Services.....	27
Important Note.....	28

Important Information to Students (and Their Families)

The purpose of this insurance is to help relieve students and/or families of unanticipated medical bills. It is part of a school program designed to provide cost-effective access to health care. The school program includes: (1) services provided through the Student Health Center; and (2) the Student Accident and Sickness Insurance Plan detailed in this Brochure. Please refer to this Brochure for additional information on each of the programs available.

Read This Brochure Carefully - Some benefits are limited and should be carefully noted. Benefits are provided worldwide.

Where to Find Help

For Questions About:

- Insurance Benefits
- Enrollment
- Claim Processing

Please contact:

Aetna Student Health
P. O. Box 15708
Boston, MA 02215-0014
(866) 574-8289

Identification 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 to have 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.

For lost ID cards contact:

Aetna Student Health at **(866) 574-8289** or visit **www.aetnastudenthealth.com**, click on “**Find Your School**” enter **697431** as your Policy Number or your school name and then click on “Search”, click on Aetna Navigator™ and then the “Access Navigator™” link.

Provider Listings (Including Pharmacies):

A complete list of providers can be found by accessing Aetna’s DocFind® Service at **www.aetnastudenthealth.com**. Click on “**Find Your School**” enter **697431** as your Policy Number or your school name and then click on DocFind®.

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** and visit your school-specific site for further information.

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. Coverage may be waived online through www.aetnastudenthealth.com. Click on "Find Your School" and enter **697431**, and then choose the "Insurance Selection" tab from the Reed college webpage.

Premium Rates 2008-2009

INTERNATIONAL STUDENTS

Coverage Period	Fall 8/16/08 – 1/10/09	Spring/Summer 1/11/09 – 8/21/09
Student	\$324	\$324

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**.

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

Newborn Infant 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.

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.

Premium Refund Policy

If you withdraw from the College within the first 31 days of the coverage period and no claims have been filed, coverage will not be in effect and you will receive a full refund of the insurance premium. If you withdraw after the first 31 days of the coverage period, your coverage will remain in effect until the end of the term and you will not receive a refund.

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 Reed College within 90 days of withdrawal from school.

General Provisions

State Mandated Benefits

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

Coordination of Benefits

The Coordination of Benefits provision applies to this Plan when a student or their dependent has health care coverage under more than one plan. This may mean a reduction of benefits under this Plan. The combined benefits will not be more than the expenses recognized under these plans.

Reimbursement and Subrogation

When a **covered person's** **injury** appears to be someone else's fault, benefits otherwise payable under this Policy 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.

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.

Termination of Insurance

Benefits are payable under the Policy only for those Covered Medical 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.

Identification Cards

An ID card will be issued as soon as possible. If the Covered Person must seek medical attention before the ID card is received, benefits will be payable in accordance with the Policy. The Covered Person does not need an ID card to be eligible to receive benefits.

Note: Please be advised you will receive a unique Aetna member ID number on your membership card.

Patient Management Program

Aetna has developed a Patient Management Program to assist in the determining what health care services are covered under the health plan and the extent of such coverage. The program assists Covered Persons in receiving appropriate health care and maximizing coverage for those health care services.

Our patient management staff uses national guidelines and resources to guide the Pre-Certification,

concurrent review, and retrospective review processes. On the basis of information collected from providers, patient management staff applies Milliman & Robertson Health Care Management Guidelines when conducting concurrent review. If there is no applicable Milliman & Robertson Guideline, patient management staff applies InterQual ISD criteria.

Aetna's Coverage Policy Bulletins ("CPBs") are also used as a guide in making coverage determinations. CPBs do not cover every aspect of medicine, and may not apply to your specific Plan, but have been developed to address new approaches to care, including new technologies, new treatment approaches, and procedures. CPBs are based on peer-reviewed medical literature, the recommendations of leading medical organizations, and, where appropriate, the Health Care Financing Administration's Medicare coverage policies. Aetna has placed its CPBs on its website (www.aetna.com). Since CPBs can be highly technical and are designed to be used by our professional staff in making coverage determinations, Covered Persons may want to review the CPBs of interest with their Physician so they may fully understand them. CPBs do not constitute medical advice and treating providers are solely responsible for medical advice and treatment of Covered Persons. CPBs are a tool to be interpreted in conjunction with the Covered Person's specific benefit plan and after consultation with the treating Physician; they contain only a partial, general description of benefits and do not constitute a contract. CPBs are regularly updated and are, therefore, subject to change.

Only Medical Directors make decisions denying coverage for services for reasons of medical necessity. Coverage denial letters delineate any unmet criteria standards and guidelines, and inform the provider and Covered Person of the appeal process.

Concurrent Review

The Concurrent Review process assesses the necessity for continued stay, level of care, and quality of care for Covered Persons receiving inpatient services. All inpatient services extending beyond the initial certification period will require Concurrent Review.

Discharge Planning

Discharge Planning may be initiated at any stage of the patient management process and begins immediately upon identification of post-discharge needs during Concurrent Review. The Discharge Plan may include initiation of a variety of services/benefits to be utilized by the Covered Person upon discharge from an inpatient stay.

Retrospective Record Review

The purpose of Retrospective Record Review is to retrospectively analyze potential quality and utilization issues, initiate appropriate follow-up action based on quality or utilization issues, and review all appeals of inpatient Concurrent Review decisions. Aetna's effort to manage the services provided to Covered Persons includes the retrospective review of claims submitted for payment, and medical records submitted for potential quality and utilization concerns.

Reed Health Center

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. 4:30 p.m.
Walk-ins:	Monday – Friday	9:00 a.m. 4:30 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. 4:30 p.m.
Urgent Walk-ins:	Monday – Friday	9:00 a.m. 4:00 p.m.
Phone:	(503) 777-1112, extension 7349	
Website:	http://www.reed.edu/health_center/	

Address:

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

Services Provided Outside Reed Health Center

The following Section outlines the insurance coverage provided under the Reed College Student Health Insurance Plan for 2008-2009.

Pre-Existing Condition

Pre-existing Conditions are not covered for a period of three 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 three 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.

Continuously Insured

“Continuously Insured” means a person who was covered under prior Student Health Insurance policies issued to the School, or under any other Qualifying Previous Health Coverage, and is now insured under this Policy will be covered for any Pre-Existing Condition that manifests itself while Continuously Insured, except for expenses payable under prior policies in the absence of this Policy. Previously Covered Persons must re-enroll for coverage, including dependent coverage, in order to avoid a break in coverage for conditions that existed in the prior Policy Year. If continuous coverage is not maintained, conditions which existed during any break in coverage of more than one term will be considered a Pre-Existing Condition.

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.

Creditable Coverage

“Creditable Coverage” is a person’s prior medical coverage as defined in HIPAA. Such coverage includes coverage issued on a group or individual basis; Medicare; Medicaid; military-sponsored health care; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employee’s Health Benefit Plan (FEHBP); a public health plan as defined in the regulations; and any health benefit plan under Section 5(e) of the Peace Corps Act.

Credit will be given for time served under the prior Creditable Coverage towards meeting the probationary period under this Plan if the Covered Person shows proof of prior Creditable Coverage.

Whenever possible, students should always attempt to utilize the Student Health Center first, to maximize all of their Student Health Benefits.

Preferred Provider Network

Aetna Student Health has arranged for you to access the Aetna Preferred Provider Network. It is to your advantage to utilize a Preferred Provider because savings can be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Students are responsible for informing their Physicians of potential out-of-pocket expenses for a referral to both a Preferred Provider and a Non-Preferred Provider. Preferred Providers are independent contractors and are neither employees nor agents of Reed College, Aetna Student Health, or Aetna Life Insurance Company. To find a preferred provider, you can use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "Find Your School" and enter Policy Number **697431**. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.

Preferred Provider Directory: DocFind®

While the directory (available upon request) is believed to be accurate as of the print date, it is subject to change without notice. To find a preferred provider, you can use Aetna's online DocFind® service located at www.aetnastudenthealth.com. Click on "Find Your School" enter **697431** as your Policy Number. You can use DocFind® to find out whether a specific provider belongs to Aetna's network or to find preferred providers practicing in your area.

Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna, Reed College, or Aetna Student Health. The availability of any particular provider cannot be guaranteed for referred or in-network benefits, and provider network composition is subject to change without notice. Certain primary care Physicians may be affiliated with an Independent Practice Association (IPA), a Physician Medical Group (PMG), an Integrated Delivery System, or one of other provider groups. Not every provider listed in the directory will be accepting new patients. Although Aetna has identified providers who were accepting patients as known to Aetna at the time this provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected Physician or customer services at the toll-free number on your ID card.

In the event of a problem with coverage, Covered Persons should contact customer services at the toll-free number on their ID cards for information on how to utilize the complaint and appeal procedure when appropriate.

All Covered Person care and related decisions are the sole responsibility of participating providers. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Description of Benefits

Payment will be made as allocated herein for Covered Medical Expenses incurred while insured under the Plan, not to exceed an Aggregate Maximum of \$250,000 per Policy Year, \$1,000,000 per Lifetime.

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

The payment of any Copays, Deductibles, the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Covered Person. To maximize your savings and reduce out-of-pocket expenses, select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because savings can be achieved from Negotiated Charges these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan and are your responsibility.

Summary of Benefits Chart

Plan Maximum	\$250,000 per Policy Year, \$1,000,000 per Lifetime	
Plan Deductible	\$100 per Policy Year, per Covered Person	
Out-of-Pocket Maximum	\$2,500 per Policy Year, per Covered Person Once the Covered Person has met the Out-of-Pocket Maximum, benefits will be paid at 100% of the Negotiated or Reasonable Charge.	
Pre-Existing Conditions	No coverage for services, supplies or treatment of a pre-existing condition during a waiting period of 3 months after the effective date of Coverage. If prior credible coverage, the 3 month waiting period will be reduced by the amount of time insured	
Health Center Coverage	RX benefits dispensed at Reed Health Center are subject to the deductible and then payable at 80%. ALL Immunizations, including HPV vaccinations, are covered at the Reed Health Center ONLY - payable at 80%, and not subject to the yearly deductible. Routine STD Testing covered at the Reed Health Center ONLY - payable at 80%, and not subject to the yearly deductible.	
Inpatient Hospitalization Benefits		
	Preferred Care	Non-Preferred Care
Hospital Room and Board Expense	100% of the Negotiated Charge after a \$50 Copay per Inpatient stay.	75% of the Reasonable Charge for the semi-private room rate after a \$50 Deductible per Inpatient stay.

Intensive Care Unit Expense	100% of the Negotiated Charge after a \$50 Copay per Inpatient stay.	75% of the Reasonable Charge after a \$50 Deductible per Inpatient stay.
Miscellaneous Hospital Expense <i>Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, anesthesia, use of special equipment, medicine (excluding take home drugs) and use of operating room.</i>	100% of the Negotiated Charge after a \$50 Copay per Inpatient stay.	75% of the Reasonable Charge after a \$50 Deductible per Inpatient stay.
Physician Hospital Visit Expenses <i>(non-surgical services of the Physician or a consulting Physician) Benefits are limited to one visit per day, does not apply when related to surgery or physical therapy.</i>	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Surgical Benefits (Inpatient and Outpatient)		
	Preferred Care	Non-Preferred Care
Surgical Expense	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Anesthetist Expense & Assistant Surgeon Expense	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Outpatient Benefits		
	Preferred Care	Non-Preferred Care
Physician's Office Visits <i>Benefits are limited to one visit per day, does not apply when related to surgery or physical therapy.</i>	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
Consultant Physician Fees, when requested and approved by the attending Physician	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
Emergency Care	100% of the Negotiated Charge after a \$100 Copay per visit.	100% of the Reasonable Charge after a \$100 Deductible per visit.
Radiation Therapy and Chemotherapy	100% of the Negotiated Charge.	75% of the Reasonable Charge.

Mental Health and Substance Abuse Benefits		
	Preferred Care	Non-Preferred Care
Inpatient Expense-Mental Health and Substance Abuse	100% of the Negotiated Charge after a \$50 Copay per visit.	75% of the Reasonable Charge after a \$50 Deductible per visit.
<p>Limited to a maximum of 30 inpatient days per Lifetime for all Mental Health and Substance Abuse expenses, combined.</p> <p><i>Includes the charges made for treatment received during partial hospitalization or intensive outpatient in a hospital or treatment facility. Prior review and approval must be obtained on a case-by-case basis. When approved, benefits will be payable in place of an inpatient admission, whereby 2 days of partial hospitalization or intensive outpatient treatment may be exchanged for 1 day of full hospitalization.</i></p>		
Outpatient Expense-Mental Health and Substance Abuse	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
<p>Outpatient treatment for Mental Health and Substance Abuse is payable up to a maximum of \$5,000 per Lifetime, combined.</p>		
Prescription Drug Benefit		
<p>The Aetna Pharmacy benefit is provided to cover Prescriptions associated with a covered Sickness or covered Accident occurring during the Policy Year.</p> <p>Please note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. (Please refer to the Prescription Drug Claim Procedure section of this Brochure for information regarding the claim submission and reimbursement process).</p>	<p>Generic Prescription Drug: \$10 Copay, then 100% of Negotiated or Reasonable Charge</p> <p>Preferred Brand Name Prescription Drug: \$20 Copay, then 100% of Negotiated or Reasonable Charge</p> <p>Non-Preferred Brand Name Prescription Drug: \$35 Copay, then 100% of Negotiated or Reasonable Charge</p> <p>Benefits limited to \$2,500 per covered Person, per Policy Year.</p> <p>Copay amounts represent - per 30 day supply. Prescriptions or refills of more than a 30 day supply require prior authorization, please contact (800) 238-6279.</p> <p>For information on Aetna RX Home Delivery®, please contact (800) 238-6279.</p> <p>Medications not covered by this benefit include, but are not limited to drugs whose sole purpose is to promote or to stimulate hair growth, appetite suppressants, smoking deterrents, immunization agents and vaccines, and non-self injectables.</p> <p>For assistance, or for a complete list of excluded medications or drugs available with prior authorization, please contact Aetna Pharmacy Management at (800) 238-6279.</p>	

Reed Health Center Pharmacy Expenses	Prescription drugs dispensed at Reed Health Center are subject to the deductible and are then payable at 80%. You are responsible for submitting these charges directly to Aetna Student Health for reimbursement.	
Additional Benefits		
	Preferred Care	Non-Preferred Care
Maternity Expense	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Routine Well Baby/Nursery Care Expense	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Physical/Occupational Therapy, Chiropractic Care, and Acupuncture Expenses <i>Benefits limited to one visit per day, \$50 per visit, to a maximum of \$1,000 per Policy Year.</i>	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
Women's Health Benefit <i>Covered Medical Expenses will include one baseline mammogram for women between the ages of 35 and 40. Women age 40 and older have coverage for an annual mammogram per Policy Year. Covered Medical Expenses include one annual Pap Smear screening for women age 18 and older. Benefits not subject to Policy Year Deductible.</i>	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
Ambulance Expense, <i>limited to medically necessary transportation to or from a hospital when required due to the emergency nature of a covered accident or illness.</i>	75% of the Reasonable Charge	
Dental Expense, <i>limited to treatment of an Injury to sound, natural teeth. Benefits limited to maximum of \$100 per tooth, maximum of \$500 per Policy Year.</i>	100% of the Reasonable Charge.	
Diabetes Self-Management & Education	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.

Diagnostic X-Ray and Laboratory Expense	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Consultant Physician Expense <i>When requested and approved by attending physician.</i>	100% of the Negotiated Charge after a \$20 Copay per visit.	75% of the Reasonable Charge after a \$20 Deductible per visit.
Durable Medical Equipment <i>Benefits limited to \$250 maximum per Policy Year.</i>	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Non-Prescription Elemental Enteral Formula for home use if: <i>a. formula is medically necessary for treatment of severe intestinal malabsorption</i> <i>b. physician wrote an order for the formula</i> <i>c. formula comprises the sole source (essential) of nutrition</i>	100% of the Negotiated Charge.	75% of the Reasonable Charge.
Contraceptive Drugs and Devices Expense	Expenses for outpatient contraceptive drugs and devices; and outpatient contraceptive services. Covered Medical Expenses include: <ul style="list-style-type: none"> • Charges incurred for contraceptive drugs and devices that by law need a physician's prescription; and that have been approved by the FDA; • Related outpatient contraceptive services such as: Consultations; Exams; Procedures; and Other medical services and supplies. Benefits are payable as any other Condition.	

Definitions

This section includes some of the definitions applicable to the Plan. Please refer to the Master Policy on file with the College for a complete list of 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 Actual Charge made for a covered service by the provider that furnishes it.

Aggregate Maximum: The maximum benefit that will be paid under the Policy for all Covered Medical Expenses incurred by a Covered Person that accumulate during the Policy Year.

Brand Name Prescription Drug or Medicine: A prescription drug which is protected by trademark registration.

Copay: The amount that must be paid by the Covered Person at the time services are rendered by a Preferred Provider. Copay amounts are the responsibility of the Covered Person.

Covered Medical Expenses: Those charges for any treatment, service, or supplies covered by the Policy which are: (a) not in excess of the Reasonable Charges, or (b) not in excess of the charges that would have been made in the absence of this coverage, and (c) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits provision.

Covered Person: A covered student or dependent whose coverage is in effect under the Policy. See the Eligibility section of this Brochure for additional information.

Deductible: A specific amount of Covered Medical Expenses that must be incurred and paid for by the Covered Person before benefits are payable under the Plan. Deductible amounts are the responsibility of the Covered Person.

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 (TMJ) dysfunction; immunization; vaccines; and routine physical examinations.

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.

It does include an Accident or serious illness such as heart attack, stroke, poisoning, loss of consciousness or respiration, and convulsions. It does not include elective care, routine care, or care for non-emergency illness.

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.

Injury: Bodily Injury caused by an Accident; this includes related conditions and recurrent symptoms of such Injury.

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; mental health; or 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 has agreed to make as to any service or supply for the purpose of the benefits under the Plan.

Non-Preferred Care: A health care service or supply furnished by a health care provider that is not a Preferred Care Provider.

Non-Preferred Care Provider (or Non-Preferred 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.

Pharmacy: An establishment where Prescription Drugs are legally dispensed.

Physician: A legally qualified Physician licensed by the state in which they practice and any other practitioner who must, by law, be recognized as a doctor legally qualified to render treatment.

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 Preferred Care Provider; or any health care provider for an emergency condition when travel to a Preferred Care Provider is not feasible.

Preferred Pharmacy: a pharmacy; which is party to a contract with Aetna to dispense drugs to persons covered under this Policy; 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.

Preferred Care Provider (or Preferred 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 which the Covered Person is a member.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The Reasonable 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 prevailing charge level made for it in the geographic area where it is furnished.

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 Reasonable Charge is the rate established in such agreement.

In determining the Reasonable 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 prevailing charge in other areas.

Sickness: A disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy.

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.

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.

Exclusions

This list is only a partial list. Please refer to the School's Master Policy on file at the school for a complete list of exclusions. The Plan neither covers nor provides benefits for the following:

1. Expenses incurred for services normally provided without charge by the Student Health Services.
2. Expenses 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.
3. Expenses incurred as a result of commission of a felony.
4. Expenses 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.
5. Expenses incurred as a result of dental treatment except for Injury to sound, natural teeth as provided elsewhere in the Policy.
6. Expenses incurred for Injury resulting from the play or practice of intercollegiate sports. Expenses incurred for Injury resulting from the play of club sports are excluded in excess of \$10,000 per Policy Year.
7. 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:
 - 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;

- 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
- 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; mental health; or 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 persons 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.

8. Expenses incurred as a result of an Injury or Sickness for which benefits are payable under a Workers' Compensation or Occupational Disease Law.
9. Expenses incurred as a result of preventive medicines, serums, or vaccines unless otherwise provided in the Policy.
10. Expenses 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.
11. Expenses incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
12. Expenses incurred for plastic surgery, cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons. This exclusion will not apply 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 from surgery performed to treat a Sickness or Injury.

- b) Repair an Injury (including reconstructive surgery for a prosthetic device for a Covered Person who has undergone a mastectomy) which occurs while the Covered Person is covered under the Plan. Surgery must be performed in the Policy Year of the Accident, which causes the Injury, or in the next Policy Year.
13. Expenses incurred for which no member of the Covered Person's immediate family has any legal obligation for payment.
 14. Expenses for artificial or related to artificial insemination, in vitro fertilization, or embryo transfer procedures; elective sterilization or its reversal, unless otherwise provided in the Policy.
 15. Expenses 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.
 16. Expenses for treatment for Injury to the extent benefits are payable under any state no-fault automobile coverage, or any first party medical benefits payable under any other mandatory no-fault law.
 17. Expenses 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.
 18. Expenses incurred by a Covered Person who is not a United States citizen for services performed within the Covered Person's home country if the Covered Person's home country provides national health insurance.
 19. Expenses for Injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
 20. Expenses incurred for treatment of temporomandibular joint (TMJ) dysfunction and associated myofascial pain unless otherwise provided in the Policy.
 21. Expenses incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.
 22. Expenses for treatment of Injury or Sickness to the extent that payment is made, as judgment or settlement, by any person deemed responsible for the Injury or Sickness (or their insurers).
 23. Expenses 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.
 24. 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:

- 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
- If required by the FDA; approval has not been granted for marketing; or
- A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or
- 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:

- The disease can be expected to cause death within one year; in the absence of effective treatment; and
- 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:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;

If Aetna determines that available, scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.

25. Expenses incurred for blood or blood plasma, except charges by a hospital for the processing or administration of blood.
26. Expenses incurred for, or related to, sex change surgery or to any treatment of gender identity disorders.
27. Those for routine physical exams, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage for such exams, immunizations, services, or supplies is specifically provided in the Policy.
28. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
29. Expenses incurred for breast reduction/mammoplasty.
30. Expenses incurred for gynecomastia (male breasts).
31. Expenses incurred for sinus surgery, except for acute purulent sinusitis.

32. Expenses for charges that are not Reasonable Charges, as determined by Aetna.
33. Expenses for treatment of covered students who specialize in the mental health care field, and who receive treatment as part of their training in that field.
34. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
35. Expenses arising from a Pre-Existing Condition.

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

Claims Submission 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 15708
Boston, MA 02215-0014
Telephone: **(866) 574-8289**
www.aetnastudenthealth.com

Subsequent itemized medical bills should also be mailed promptly to the same address. Bills must be submitted within 15 months from the date of treatment.

Payment for Covered Medical Expenses will be made directly to the hospital or Physician unless you submit paid receipts attached to the itemized bills.

For assistance in filing a claim, or to inquire about the status of a claim, please contact the Customer Service Department at Aetna Student Health, directly at **(866) 574-8289** between the hours of 8:30 a.m. and 5:30 p.m. (PT), Monday through Friday.

You will receive an “Explanation of Benefits” form after your claim is processed. The Explanation of Benefits will explain how your claim was processed according to the benefits of your Student Accident and Sickness Insurance Plan. If you have any questions regarding the Explanation of Benefits, please contact Aetna Student Health.

Prescription Drug Claim Procedure

Preferred Care

When obtaining a covered Prescription, please present your Aetna Student Health ID card to an Aetna Preferred Pharmacy along with your applicable Copay. The Pharmacy will submit a claim to Aetna for the drug.

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. A claim form is available at Student Health Services or by calling **(800) 238-6279**. You will be reimbursed for covered medications directly by Aetna. Please note, in addition to your Copay, you may be required to pay the difference between the retail price you paid for the prescription drug and the amount Aetna would have paid if you had presented your ID card and the Pharmacy had billed Aetna directly.

Information regarding Preferred Care Pharmacy locations is available by accessing the Internet at: **www.aetnastudenthealth.com**. Click on “**Find Your School**” enter **697431** as your Policy Number.

Non-Preferred Care

You may obtain your Prescription from a Non-Preferred Pharmacy and be reimbursed by submitting a completed Aetna Prescription Drug claim form. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable Deductible, directly by Aetna. You will be responsible for any amount in excess of the Reasonable Charge.

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

Claim forms, Pharmacy locations, and claims status information can be obtained by contacting Aetna Pharmacy Management at **(800) 238-6279**.

When submitting a claim, please include all Prescription receipts; indicate that you attend Reed College; and include your name, address, and student identification number.

Complaint and Appeals Procedure

Our complaints and appeals process is designed to address Covered Person coverage issues, complaints, and problems. If you have a coverage issue or other problem, call the Customer Services toll-free number on your ID card. You may request a summary of the policies on enrollee’s rights and responsibilities regarding the complaints and appeals procedure if you don’t have one already.

A representative will address your concern. If you are dissatisfied with the outcome of your initial contact, you may file a complaint with our Complaint and Appeals Unit. If you are not satisfied after filing a formal complaint, you may appeal the decision. Your appeal will be decided in accordance with the procedures applicable to your Plan.

You may also submit your request in writing, along with all pertinent correspondence, to:

Aetna Student Health
P.O. Box 15717
Boston, MA 02215-0014

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**.

Member Web: Aetna Navigator™

As a Aetna Student Health insurance member, you have access to Aetna Navigator™, your secure member website, packed with personalized benefits 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**
- Click on “**Find Your School.**”
- Enter your school name and then click on “Search.”
- Click on Aetna Navigator™ and then the “Access Navigator™” link.
- Follow the instructions for First Time User by clicking on the “Register Now” link.
- Select 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 **1-866-574-8289**.

Additional Discounts and Services

As a member of the Plan, you can also take advantage of the following services, discounts, and programs. These are not underwritten by Aetna. To learn more about these additional services and search for providers visit, **www.aetnastudenthealth.com**.

Aetna VisionSM Discount Program¹: The Aetna Vision discount program helps you save on many eye care products, including sunglasses, contact lenses, non-prescription sunglasses, contact lens solutions and other eye care accessories. Plus, you can receive up to a 15% discount on LASIK surgery (the laser vision correction procedure).

Fitness Program¹: Aetna's Fitness Program provides members with access to services provided by GlobalFit™, the nation's most comprehensive provider of fitness clubs and programs supporting members' healthy lifestyles. Members can access GlobalFit's national network of nearly 10,000 fitness clubs at preferred rates* or GlobalFit's other programs and services, such as at-home weight loss programs, home fitness options and even one-on-one health coaching services.

**At some clubs, participation may be restricted to new club members.*

Weight Management Discount Program¹: Helps you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership* then choose either a 6* -or 12* -month program** that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

** Offers good at participating centers in the United States, Canada and Puerto Rico and through Jenny Direct at-home. Additional cost for all food purchases and shipping were applicable.*

***Additional weekly food discounts will grow throughout the year, based on active participation.*

eDiets^{®1}: 25% discount on weekly dues for an eDiet membership.

Zagat Survey[®] Healthy Dining¹: 30% discounts on online subscriptions to restaurant and lifestyle guides.

SpaWish[®] Gift Certificate¹: Spa gift certificates redeemable at a national network of 1,300 day spas.

Mayo Clinic Bookstore.com¹: Discounts for books on health and wellness.

Aetna's Informed Health[®] Line²: Get credible health information 24 hours a day from Informed Health Line. Call us toll-free, anytime day or night, 365 days a year.

You never know when a health question might come up. Informed Health Line connects you to a team of registered nurses experienced in providing information on a variety of health topics – 24 hours a day, 7 days a week.

You also have access to our Audio Health Library, a recorded collection of thousands of health topics that's available in English or Spanish. Transfer easily to an Informed Health Line registered nurse at any time during your call.

Or, to get credible health information online, register for Aetna Navigator™ (visit **www.aetnastudenthealth.com** to register), our password-protected member website. After logging in, click on *Take Action on Your Health, Treating Illness* and then *Health A-Z*.

To reach an Informed Health Line Nurse, please call **(800) 556-1555**.

For TDD (hearing and speech impaired only), please call **(800) 270-2386**.

**Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Also, the topics discussed by the nurses, on the audio tapes or online may not necessarily be covered by your health Plan.*

Health and Wellness Portal²: This dynamic, interactive website will give you health care and assessment tools to calculate body mass index, financial health, risk activities and health and wellness indicators. The site provides resources for wellness programs and activities.

Beginning RightSM Maternity Program²: Offers members the resources and tools to help give babies a healthy start. You will have a one-on-one relationship with an obstetrics-trained nurse and a physician – in person or by phone – throughout your pregnancy and up to four months after delivery. Support will be available for depression, pre-term labor, and healthy initiatives, such as dental screening.

Aetna Natural Products and ServicesSM Program^{1,2,3}: Save on acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, save on over-the-counter vitamins, herbal and nutritional supplements and other health-related products. All products and services are delivered through American Specialty Health Networks, Inc. and Healthyroads, Inc.

Quit & FitTM Tobacco Cessation Program^{2,3}: This tobacco cessation program provides support and collaboration as you quit smoking. A coaching program can be combined with counseling, interactive web tools and education. You will also be eligible for awards and rewards.

1. *Discount programs provide access to discounted prices and are NOT insured benefits.*
2. *Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.*
3. *These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.*

Optional Discounts and Services

Vital SavingsSM on Dental is a dental discount program helping you and your dependents save an average of 30- to 50-percent on a wide array of dental services – with one low annual fee of **\$25** per person. Enroll online at **www.aetnastudenthealth.com**.

Student	\$25
Student + 1 Dependent	\$44
Student + 2 or more Dependents	\$63

The Vital Savings by Aetna[®] program (the “Program”) is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna[®] discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to 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, 1-877-698-4825, is the Discount Medical Plan Organization.

Accidental Death and Dismemberment Benefit³

This insurance coverage provides Accidental Death and Dismemberment coverage underwritten by United States Fire Insurance Company. Benefits are payable for the Accidental Death and Dismemberment of the eligible insureds of up to a maximum of \$10,000. (Exclusions and limitations may apply.)

To file a claim for Accidental Death and Dismemberment, please contact Aetna Student Health at **(800) 966-7772** for the appropriate claim forms.

On Call International 24/7 Emergency Travel Assistance Services³

These services are provided by On Call International and designed to protect Reed College students and/or eligible dependents when traveling more than 100 miles from home, anywhere in the world. Medical Repatriation and Return of Mortal Remains services are also available at the participant's campus location.

If you experience a medical emergency while traveling more than 100 miles from your home or campus, you have access to a comprehensive group of emergency assistance services provided by On Call International. Eligible participants have immediate access to doctors, hospitals, pharmacies and other services when faced with an emergency while traveling. The On Call International Operations Center can be reached 24 hours a day, 365 days a year to provide services including: medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, prescription assistance, lost luggage assistance, legal and interpreter assistance, and travel information such as Visa and passport requirements, travel advisories, etc.

Medical Evacuation and Return of Mortal Remains Services³

In the event that a participant becomes injured and adequate medical facilities are not available locally, On Call International will use whatever mode of transport, equipment and personnel necessary to evacuate you to the nearest facility capable of providing required care. In the event of death of a participant, On Call International will render every possible assistance in return of mortal remains including locating a sending funeral home, preparing the deceased for transport, procuring required documentation, providing necessary shipping container as well as paying for transport.

Please note: Any third party expenses incurred are the responsibility of the Participant. An On Call International ID card will be supplied to you once you enroll in the Aetna Student Health Insurance Plan. Please remember to carry your On Call card and call toll-free within the U.S. at **(866) 525-1956** or outside the U.S. call collect (dial U.S. access code) plus **(603) 328-1956** in the event of an emergency when you are traveling. With one phone call, you will be connected to a global network of over 600,000 pre-qualified medical providers. On Call Operations Centers have worldwide assistance capabilities and are known throughout the world as a premier Emergency Assistance Services provider.

NOTE: On Call International pays for all Assistance Services it provides. All Assistance Services must be arranged and provided by On Call. On Call does not reimburse for services not provided by On Call.

The On Call International program meets and exceeds the requirements of USIA for International Students & Scholars.

Emergency Travel Assistance Services are administered by On Call International.

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

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. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

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.

Administered by:

Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(866) 574-8289 (toll-free)
www.aetnastudenthealth.com

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 (the “Plan”) is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. **Aetna Student Health is the brand name for products and services provided by these companies.**

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 Aetna Student Health’s Student Connection Link on the internet at **www.aetnastudenthealth.com**.