Quality health plans & benefits
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aetna℠

Lewis & Clark
2012-2013
Undergraduate Student Health Insurance Plan

Visit **www.aetnastudenthealth.com**

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

WHAT IS THE PLAN ALL ABOUT?

Your Student Health Insurance Plan offers you access to:

- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator®.
- Aggregate Benefit Maximum of $100,000 per policy year.
- Informed Health® Line – Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics*.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.

HOW MUCH DOES IT COST?

	Fall Rate 8/15/12-12/31/12	Spring Rate 1/1/13 - 5/18/13	Summer Rate 5/19/13 - 8/14/13
Student Rate	$934	$934	$841

Visit **www.aetnastudenthealth.com** for dependent rate information.

WHO IS ELIGIBLE?

All degree seeking and visiting undergraduate students are required to carry medical insurance comparable to that offered under the school's 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, and the premiums charged to their account for the fall and spring semesters (summer enrollment is completely voluntary). Coverage may be waived online through www.aetnastudenthealth.com.

***For waiver deadlines check the plan brochure or contact the Student and Departmental Account Services at Lewis & Clark.**

Learn More!
1-877-375-7911
www.aetnastudenthealth.com

Brokered by:
USI Northwest 800-251-4246

* Not all topics may be covered expenses under your plan. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurse can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

The Lewis & Clark Student Health Insurance Plan is underwritten by Aetna Life Insurance Company and administered by Chickering Claims Administrators, Inc. Aetna Student Health℠ is the brand name for products and services provided by these companies and their applicable affiliated companies.

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LEWIS & CLARK UNDERGRADUATE 2012-2013 STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

Basic Plan Maximum	$100,000 per Policy Year	
Annual Deductible	$50 per Policy Year for each Covered Person	
AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT		
INPATIENT EXPENSES	PREFERRED CARE	NON-PREFERRED CARE
Hospital Expenses, daily semi-private room rate; general nursing care provided by Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies.	80% of Negotiated Charge	70% of Recognized Care
Intensive Care Hospital Expenses	80% of Negotiated Charge	70% of Recognized Care
Physician Hospital Visit Expenses	80% of Negotiated Charge	70% of Recognized Care
SURGICAL EXPENSES		
Inpatient/Outpatient Surgical Expenses	80% of Negotiated Charge	70% of Recognized Care
Inpatient/Outpatient Anesthetist Expenses	80% of Negotiated Charge	70% of Recognized Care
Inpatient/Outpatient Assistant Surgeon Expenses	80% of Negotiated Charge	70% of Recognized Care
OUTPATIENT EXPENSES		
Physician's Office Visit Expenses, benefits are limited to one visit per day.	80% of Negotiated Charge	70% of Recognized Care
Emergency Expenses, use of the emergency room and supplies.	80% of Negotiated Charge After a $150 Copay	80% of Recognized Care After a $150 Copay
Urgent Care Expenses, for use of the Urgent Care Clinic.	80% of Negotiated Charge After a $35 Copay	70% of Recognized Care After a $35 Copay
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES		
Inpatient Mental Health	80% of Negotiated Charge	70% of Recognized Care
Outpatient Mental Health Expenses	80% of Negotiated Charge	80% of Recognized Care
Inpatient/Outpatient Substance Abuse	80% of Negotiated Charge	70% of Recognized Care
ADDITIONAL EXPENSES		
Women's Health Care Expenses, includes one baseline mammogram for women 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible Will Apply)
Diagnostic X-Ray and Laboratory Expenses	80% of Negotiated Charge	70% of Recognized Care
Radiation Therapy/Chemotherapy Expenses	80% of Negotiated Charge	70% of Recognized Care
Consultant Physician Expenses, when requested/approved by attending Physician.	80% of Negotiated Charge	70% of Recognized Care
Routine Immunizations	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible Will Apply)
Ambulance Expenses	80% of Actual Charge	
Maternity Expenses	80% of Negotiated Charge	70% of Recognized Care
Physical Therapy Expenses	80% of Negotiated Charge	70% of Recognized Care
Durable Medical Equipment Expenses	80% of Negotiated Charge	70% of Recognized Care
Contraceptive Drugs and Devices	100% of Negotiated Charge (Annual Deductible Waived)	80% of Recognized Care (Annual Deductible Will Apply)
PRESCRIPTION DRUG EXPENSES Plan benefits limited to $100,000 maximum per Policy Year. Includes coverage for oral contraceptives and contraceptive devices. You are required to pay in full for all prescriptions dispensed at a Non-Preferred Pharmacy.	100% of Negotiated Charge after $15 Copay for Generic Drugs 100% of Negotiated Charge after $30 Copay for Brand Name Drugs 100% of Negotiated Charge after $50 Copay for Non-preferred Brand Name Drugs	80% of Recognized Care after $15 Copay for Generic Drugs 80% of Recognized Care after $30 Copay for Brand Name Drugs 80% of Negotiated Charge after $50 Copay for Non-preferred Brand Name Drugs

Your student health insurance coverage, offered by Aetna Student Health, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012, and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: $100,000 on Aggregate Benefit Max and Prescription Drug Expenses. If you have any questions or concerns about this notice, contact Aetna Student Health at 1-877-375-7911. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

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

- This plan will not pay more than $100,000 during the plan year.
- Once any of these limits have been reached, the plan will not pay any more towards the cost of the applicable services, and your health provider can bill you for what the plan does not pay. Some illnesses cost more to treat than this plan will cover.
- Please read the Lewis & Clark brochure located online at www.aetnastudenthealth.com carefully before enrolling. While this document and the Lewis & Clark brochure describe important features of the plan, there may be other specifics of the plan that are important to you and some limit what the plan will pay.

If you want to look at the full plan description, which is contained in the Master Policy issued to the school, you may view it at the Office of Business and Finance or contact us at (877) 375-7911.

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

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