Lewis & Clark

2011-2012 Graduate Student Health Insurance Plan

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?

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

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®.
- Benefit Maximum of $25,000 per Covered Person per Policy Year or $100,000 per Covered Person per Policy Year for the Optional Supplemental Plan.
- Informed Health® Line – Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.

How much does it cost?

	Fall	Spring	Summer	Summer Group A	Summer Group B	Summer Group C
	9/1/11 - 12/31/11	1/1/12- 6/3/12	6/4/12 - 8/31/12	5/7/12 - 8/31/12	6/15/12 - 8/31/12	7/23/12 - 8/31/12
Enrollment Deadline	10/1/11	2/1/12	7/4/12	6/7/12	7/15/12	8/23/12
Graduate Student Rate	$794*	$794*	$708	$695	$441	$272
Optional Supplemental Plan Rate	$160	$160	$160	$160	$160	$160

**The rate above includes both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as Lewis & Clark's administrative fee.*

Visit www.aetnastudenthealth.com for dependent rate information.

Who is Eligible?

Graduate Students: All Graduate students are strongly encouraged, but not required, to purchase coverage in the Student Health Insurance Plan. Coverage may be purchased online at www.aetnastudenthealth.com.
Please Note: Graduate Students must enroll each semester - Fall/Spring/Summer and must enroll/purchase directly with Aetna Student Health online by the enrollment deadline dates. The premiums are NOT charged to their accounts with the school and Aetna does not bill.

An Optional Supplemental Plan is available to all students enrolled in the Basic Plan as well.

A Dental Insurance Plan is also available to all students. Visit www.aetnastudenthealth.com for more details.

Learn More!

1-877-375-7911

www.aetnastudenthealth.com

Lewis & Clark

Brokered by:
USI Northwest (800) 251-4246

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. Discount programs provide access to discounted rates and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Discounts are subject to change without notice. Discount programs may not be available in all states. Discount programs and travel assistance services may be offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates.

The 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.
Policy forms issued in OK include GR-96134.
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LEWIS & CLARK 2011-2012 GRADUATE STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

Basic Plan Maximum	$25,000 per Policy Year
Optional Supplemental 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	PREFERRED CARE	NON-PREFERRED CARE
INPATIENT EXPENSES		
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 Charge
Intensive Care Hospital Expenses	80% of Negotiated Charge	70% of Recognized Charge
Physician Hospital Visit Expenses	80% of Negotiated Charge	70% of Recognized Charge
SURGICAL EXPENSES		
Inpatient/Outpatient Surgical Expenses, no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of Negotiated Charge	70% of Recognized Charge
Inpatient/Outpatient Anesthetist Expenses	80% of Negotiated Charge	70% of Recognized Charge
Inpatient/Outpatient Assistant Surgeon Expenses, no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of Negotiated Charge	70% of Recognized Charge
OUTPATIENT EXPENSES		
Physician's Office Visit Expenses, benefits are limited to one visit per day	80% of Negotiated Charge	70% of Recognized Charge
Emergency Expenses, use of the emergency room and supplies. Copay/Deductible waived if admitted.	80% of Negotiated Charge after a $150 Copay	80% of Recognized Charge after a $150 Deductible
Urgent Care Expenses, for use of the Urgent Care Clinic.	80% of Negotiated Charge after a $35 Copay	70% of Recognized Charge after a $35 Deductible
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES		
Inpatient Mental Health	80% of Negotiated Charge	70% of Recognized Charge
Outpatient Mental Health Expenses	80% of Negotiated Charge	80% of Recognized Charge
Inpatient/Outpatient Substance Abuse	80% of Negotiated Charge	70% of Recognized Charge
ADDITIONAL EXPENSES		
Women's Health Care Expenses, includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	80% of Negotiated Charge	70% of Recognized Charge
Diagnostic X-Ray and Laboratory Expenses	80% of Negotiated Charge	70% of Recognized Charge
Radiation Therapy/Chemotherapy Expenses	80% of Negotiated Charge	70% of Recognized Charge
Consultant Physician Expenses, when requested/approved by attending Physician	80% of Negotiated Charge	70% of Recognized Charge
Dental Expenses, made necessary by Injury to Sound, Natural Teeth	80% of Recognized Charge	
Ambulance Expenses	70% of Recognized Charge	
Maternity Expenses	80% of Negotiated Charge	70% of Recognized Charge
Physical Therapy Expenses, benefits are limited to one visit per day.	80% of Negotiated Charge	70% of Recognized Charge
Durable Medical Equipment Expenses	80% of Negotiated Charge	70% of Recognized Charge
Non-prescription Enteral Formula Expenses, for home use	80% of Negotiated Charge	70% of Recognized Charge
Routine HIV Testing	80% of Negotiated Charge	70% of Recognized Charge
Routine STD Testing, including testing for Chlamydia, Gonorrhea, Herpes I and II and Syphilis	80% of Negotiated Charge	70% of Recognized Charge
PRESCRIPTION DRUG EXPENSES Basic Plan benefits limited to $3,500 maximum per Policy Year. Optional Major Medical 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.	Tier 1-Generic Drugs: 100% of Negotiated Charge after $15 Copay Tier 2-Preferred Brand Name Drugs: 100% of Negotiated Charge after $30 Copay Tier-3-Nonpreferred Brand Name Drugs: 100% of Negotiated Charge after $50 Copay	Tier 1-Genric Drugs: 50% of Recognized Charge after $15 Copay Tier 2-Preferred Brand Name Drugs: 50% of Recognized Charge after $30 Copay Tier-3-Nonpreferred Brand Name Drugs: 50% of Recognized Charge after $50 Copay

The Lewis & Clark Student Health Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Lewis & Clark brochure carefully before deciding whether this plan is right for you. While this document and the Lewis & Clark brochure tell you about some of the important features of the plan, other features may be important to you and some further limit what the plan will pay. If you want to look at the full plan description, which is contained in the Master Policy issued to Lewis & Clark, you may view it at the Office of Business and Finance or you may contact us at (877) 375-7911.

This plan will never pay more than $25,000 in a coverage year or more than $100,000 in a coverage year for the Optional Supplemental Plan. Additional plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the plan does not cover.

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