

2011 - 2012

Domestic Student Health
Insurance Plan Brochure

Oregon State University

Underwritten by:
Aetna Life Insurance Company
(ALIC)

Policy Number 100100



WHERE TO FIND HELP

In case of an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.
For non-emergency situations please visit or call Student Health Services at **(541) 737-WELL (9355)**.

For questions about:

- * Insurance Benefits
- * Enrollment
- * Claims Processing

Please contact:

Aetna
P.O. Box 981106
El Paso, TX 79998
(800) 683-7299

For questions about:

- * ID Cards

For lost ID cards or questions, contact:

Aetna Student Health
(800) 683-7299

For questions about:

- * On Campus Health Service

Please contact:

Student Health Services
201 Plageman Building
Corvallis, OR 97331-5801
(541) 737-WELL (9355)
(877) 824-9355 (Toll Free)

For questions about:

- * Provider Listings

Please contact:

Aetna Student Health
(800) 683-7299

A complete list of providers can be found on Aetna's **DocFind®** Service at either:
www.aetna.com/docfind/custom/studenthealth/index.html or: **www.aetnastudenthealth.com**

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.

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 issued to Oregon State University. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits. The Master Policy may be viewed at Student Health Services during business hours.

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.

TABLE OF CONTENTS

Student Health Services.....	5
Policy Period	7
Rates	7
Student Coverage – Eligibility	8
Dependent Coverage – Eligibility	8
Premium Refund Policy.....	9
Continuously Insured	9
Pre-Existing Conditions.....	9
Preferred Provider Network	10
In-Patient Hospitalization Benefits.....	11
Surgical Benefits	12
Outpatient Benefits.....	12
Mental Health Benefits.....	16
Substance Abuse Benefits	16
Maternity Benefits	17
Additional Benefits.....	17
Optional Supplemental Medical Coverage.....	22
Additional Available Benefits	24
General Provisions	26
Extension of Benefits	26
Termination of Insurance	26
Exclusions	28
Definitions	33
Claim Procedure	43
Worldwide Travel Assistance Services	44
Accidental Death & Dismemberment	44

OREGON STATE UNIVERSITY STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

This is a brief description of the Accident and Sickness Medical Expense benefits available for Oregon State University students and their eligible dependents. The plan is underwritten by Aetna Life Insurance Company (called Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be viewed at the Student Health Services office during business hours.

ON-CAMPUS PERSONAL ASSISTANCE:

Telephone:

(541) 737-WELL (9355)

(877) 824-9355 (Toll Free)

An Oregon State University Representative has an office in Student Health Services to assist students with enrollments in the Student Health Insurance Plan, filing claims, and general correspondence to Aetna Student Health.

Please Note: Neither this Representative nor any person may provide verbal guarantees of benefits.

STUDENT HEALTH SERVICES AND COUNSELING AND PSYCHOLOGICAL SERVICES INFORMATION

COUNSELING AND PSYCHOLOGICAL SERVICES:

Location:

500 Snell Hall

Telephone:

(541) 737-2131

STUDENT HEALTH SERVICES:

Location:

201 Plageman Building
Corvallis, OR 97331-5801

Telephone:

(541) 737-WELL (9355)

(877) 824-9355 (Toll Free)

STUDENT HEALTH SERVICES ELIGIBILITY:

You are eligible to use the Student Health Services each term you are a registered student. You can use Student Health Services during summer term if you pay Student Health Fees and are going to be a returning student fall term.

Dependents are not eligible for treatment at Student Health Services during any term.

MEDICAL CARE WHEN THE STUDENT HEALTH SERVICES IS CLOSED:

1. Emergency Care: See Definitions.
2. Urgent Care: You are expected to return to the UHC when it opens for any remaining follow-up care. The Deductible and Preferred Provider Organization provisions apply.

MEDICAL CARE OUTSIDE THE CORVALLIS AREA:

1. Emergency Care: See Definitions.
2. Urgent Care: The Deductibles and Preferred Provider Organization provisions apply.
3. Physicians: When you are outside the Corvallis area, you may receive care from ANY licensed practitioner. Covered Medical Expenses will be payable at 80% of the Negotiated Charge if a Preferred Provider is utilized or at 80% of the Recognized Charge if a Non-Preferred Provider is utilized. Deductibles apply.
4. Hospitals/Surgery/Lab/X-Rays/MRIs, etc.: If you are going to have a non-emergency hospital stay, an elective surgery, outpatient labs, etc., you are required to determine which providers in your area are Preferred Providers. Benefits will be reduced to 60% if you do not use a Preferred Provider Facility. Deductibles apply.

Urgent Care shall mean Eligible Expenses incurred in a Physician's office within 48 hours of the date of an Accident (or onset of symptoms for a Sickness) because further delay in seeking treatment would not be prudent according to medical practice standards for the diagnosis. Urgent Care does not include Emergency Room Care of routine/elective treatment.

OTHER SERVICES AND DEPARTMENTS AVAILABLE AT STUDENT HEALTH SERVICES INCLUDE:

- Diagnosis and treatment of illnesses and injuries
- Urgent Care
- Physical Therapy/Sports Medicine
- X-Ray
- Laboratory
- Pharmacy
 - 70% coverage
 - Retin A and Accutane are covered if prescribed and filled at the University Health Center only
- Dental Clinics
- Women's Health
- Allergy Clinic
- International Travel
- Medical Information
- Health Education
- Immunizations
 - Covered Medical Expenses are payable at 80% of the Actual Charge when they are received at the University Health Center.

Sample of Benefits for Services rendered at SHS*

Physical Therapy

- 80% coverage per visit;
- \$1,000 maximum, per Condition, per Policy Year.
- \$7,000 maximum for post-surgical treatment.

Prescriptions

Covered Medical Expenses are payable at **70%** of the Recognized Charge. Retin A and Accutane are covered if prescribed and filled at the Student Health Services only (applies to Students only).

*These benefits are not part of the Student Health Insurance policy underwritten by ALIC

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS):

Location:

5th Floor, Snell Hall
Oregon State University
Corvallis, OR 97331-1644

Counseling Telephone:

(541) 737-2131

The Counseling and Psychological Services offers individual and group mental health counseling, developmental programs and workshops, and testing to students at Oregon State University. Some fees are charges for testing. Counseling services are offered without charge or with minimal charge to students currently enrolled at Oregon State University.

The Center offers confidential individual and group counseling on such topics as substance abuse, eating disorders, relationship difficulties, stress, depression, sexual identity, and cultural issues. Staff members provide consultation and outreach services to various student groups at the university and, upon request, consult with faculty members, students and others on behavioral and mental health issues.

Crisis Hotline:

(888) 232-7192

800-SUICIDE (800-784-2433)

POLICY PERIOD

- 1.) **Annual Policy:**
September 21, 2011 – September 20, 2012
- 2.) **Fall Term:**
September 21, 2011 – January 1, 2012
- 3.) **Winter Term:**
January 2, 2012 – April 1, 2012
- 4.) **Spring Term:**
April 2, 2012 – September 20, 2012
- 5.) **Summer Term Only:**
June 25, 2012 – September 20, 2012

RATES

	Annual	Fall, Winter, Spring/Summer	Summer Only
Student Only	\$2,421	\$807	\$613
Student and Partner	\$7,164	\$2,388	\$1,799
Student and 1 Child	\$5,550	\$1,850	\$1,395
Student and 2 or more Children	\$7,056	\$2,352	\$1,772
Student, Partner, and 1 Child	\$10,296	\$3,432	\$2,582
Student, Partner, and Children	\$11,799	\$3,933	\$2,958

OPTIONAL SUPPLEMENTAL COVERAGE – ALL STUDENTS:

	Annual
Student Only	\$615
Student and Partner	\$1,608
Student and 1 Child	\$1,087
Student, Partner, and 1 Child	\$2,080
Each Additional Child	\$472

The rates above include both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as Oregon State University's administrative fee.

STUDENT COVERAGE

ELIGIBILITY

Students are eligible for the Student Accident and Sickness Insurance Plan if you are an enrolled student of at least half-time status at the Oregon State University (6 credit hours for Undergraduate Students; 3 credit hours for Graduate Students).

Students participating in an internship/externship that is both approved and required by the University for graduation may also be eligible. Proof of such an internship/externship may be required.

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

ENROLLMENT

The Domestic Health Insurance open enrollment period is the first three weeks of each term. Enrollment forms and payments must be received by the third Friday of the term. Students may submit the enrollment form and premium payment prior to the stated enrollment periods, but coverage will not begin before the beginning date of the term.

Information and Enrollment forms are available in the Student Health Insurance Office or on-line at:

<http://studenthealth.oregonstate.edu/insurance>.

ENROLLMENT DEADLINES

The Enrollment Deadline is the third Friday of each term.

Eligible students will not be allowed to enroll in the Student Health Insurance Plan after the applicable enrollment period unless: 1.) financial aid is arriving late; or 2.) proof is furnished that the eligible student became ineligible for coverage under another group insurance plan during the 63 days immediately preceding the date of the request for late enrollment in the Student Health Insurance Plan. In such cases, the cost will be the same as it would have been at the beginning of that period but the effective date will be the date the student enrolls and makes the required payment.

Withdrawal From School:

- 1.) In the event the covered student is forced to seek a medical withdrawal from the Oregon State University due to a covered Accident or Sickness during the first 31 days of the coverage period for which premium was paid, coverage will continue in force for the remainder of the premium payment period (*applicable to the insured students and any eligible dependents for which premium was paid*). The decision on whether a medical withdrawal is valid will be made by the Director of Student Health Services.
- 2.) Students who withdraw completely from classes for non-medical reasons during the first 31 days of each coverage period are not eligible for the Student Health Insurance Plan for that semester/term. Students must notify the Student Insurance Office of such withdrawal and the entire cost of the coverage for that semester/term will be refunded (*including dependent coverage*). Such a student will not be entitled to any benefits during the days described above and no claims received will be honored.

DEPENDENT COVERAGE

ELIGIBILITY

If you are covered by the Oregon State University Student Accident and Sickness Insurance Plan, you may enroll your dependents. Eligible dependents are:

- 1.) Your spouse (except in the event of a divorce or annulment).
- 2.) Your dependent children between the ages of 31 days and 26 years. (Stepchildren, foster children, and legally adopted child may be included).
- 3.) Your domestic partner (provided the legal "Domestic Partnership Agreement" has been filed with the state of Oregon).

No one will be eligible as a dependent while covered as student or while in active military service.

NEWBORN INFANT AND ADOPTED CHILD 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 Oregon State University Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Student for 31 days from the moment of placement provided the child lives in the household of the Covered Student, and is dependent upon the Covered Student for support. To extend coverage for an adopted child past the 31 days, the Covered Student must 1) enroll the child within 31 days of placement of such child, and 2) pay any additional premium, if necessary, starting from the date of placement.

For information or general questions on dependent enrollment, contact Aetna Student Health at, **(800) 683-7299**.

PREMIUM REFUND POLICY

If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Policy and the full premium will be refunded, less any claims paid. After 31 days, you will be covered for the full period that you have paid the premium for, and no refund will be allowed. (This refund policy will not apply if you withdraw due to a covered Accident or Sickness).

Exception: A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. In this case, a pro-rata refund of premium will be made for any such person and any covered dependents upon written request received by Aetna Student Health within 90 days of withdrawal from school.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this Plan or other policies will be covered for any Pre-Existing Condition, which manifests itself while continuously insured, except for expenses payable under prior policies in the absence of this Plan. Previously Covered Persons must re-enroll for coverage, including dependent coverage, by the enrollment deadline, which is three weeks after classes commence in each semester/term in order to avoid a break in coverage for conditions which existed in prior policy years. Once a break in continuous coverage occurs, the Pre-Existing Conditions Limitation will apply.

**PRE-EXISTING CONDITIONS/
CONTINUOUSLY INSURED PROVISIONS**

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.

Limitation

If a Covered Person does have a Pre-existing condition under this Plan, which is not waived according to the above guidelines, coverage for that condition will be excluded for a period of **six months** following the effective date of the Covered Person’s coverage under this Plan. Pre-Existing Condition exclusions are not restarted once completed as long as the student does not have more than one term or semester break.

Continuously Insured

You have been continuously insured if you (i) had “creditable health insurance coverage” (such as COBRA, HMO, another group or individual policy, Medicare or Medicaid) prior to enrolling in this plan; **and** (ii) the creditable coverage ended within **63 days** of the date you enrolled under this plan. If both of these tests are met, then the pre-existing limitation period under this plan will be reduced (and possibly eliminated altogether) by the number of days of your prior creditable coverage. You will be asked to provide evidence of your prior creditable coverage.

Once a break (of more than 63 days) in your continuous coverage occurs, the definition of Pre-Existing Conditions will apply. As a student you are permitted to have one term or semester break without restarting the pre-existing period.

Enteral Formulas and Physical or mental injuries sustained as a result of domestic violence or sexual violence or treatment received for such injuries will not be considered a pre-existing condition.

PREFERRED PROVIDER NETWORK

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. Acute care facilities and mental health networks are available nationally if you require hospitalization outside the immediate area of the Oregon State University campus.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors, and are neither employees nor agents of Oregon State University, Aetna Student Health, or Aetna.

You may also obtain information regarding Preferred Providers by contacting Aetna Student Health at **(800) 683-7299**, or through the Internet by accessing DocFind at www.aetna.com/docfind/custom/studenthealth/index.html

1. Click on “Enter DocFind”
2. Select zip code, city, or county
3. Enter criteria
4. Select Provider Category
5. Select Provider Type
6. Select Plan Type – Student Health Plans
7. Select “Start Search” or “More Options”
8. “More Options” enter criteria and “Search”

Preferred providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company, Chickering Claims Administrators, Inc. or their affiliates. Neither Aetna Life Insurance Company, Chickering Claims Administrators, Inc. nor their affiliates provide medical care or treatment and they are not responsible for outcomes. The availability of a particular provider(s) cannot be guaranteed and network composition is subject to change.

DESCRIPTION OF BENEFITS

Please Note:

The Oregon State University Student Health Insurance Plan may not cover all of your health care expenses. The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Oregon State University Plan Brochure carefully before deciding whether this Plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may 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 the Oregon State University, you may view it at the Student Health Services or you may contact Aetna Student Health at (800) 683-7299.

This Plan will never pay more than \$50,000 per Condition per Policy Year for the Basic Student Health Insurance Plan. If the Supplemental Plan is purchased, the lifetime Aggregate Maximum for Covered Students is \$100,000 and the lifetime Aggregate Maximum for Covered Dependents is \$100,000. 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.

Subject to the terms of the Policy, benefits are available for you and your eligible dependents only for the coverages listed below, and only up to the maximum amounts shown. Please refer to the Policy for a complete description of the benefits available.

SUMMARY OF BENEFITS CHART

AGGREGATE MAXIMUM	
Student:	\$50,000 per Condition per Policy Year
Dependent:	\$50,000 per Condition per Policy Year
DEDUCTIBLES*	
The following Deductibles are applied before Covered Medical Expenses are payable:	
Student:	\$300 per Policy Year.
Dependent:	\$300 per Policy Year.
*Per visit/admission Deductibles do not apply towards satisfying the annual Deductible.	
Deductible Carryover Provision	
Although a new Deductible will apply each Policy Year, expenses incurred and applied toward the Deductible are applied toward the Deductible for the next Policy Year and thus reduce or eliminate that Policy Year’s deductible. This provision applies to Eligible Expenses incurred from June 1 through the earlier of	
<ul style="list-style-type: none"> a) End of your Policy Year, or b) August 31. 	

All coverage is based on Recognized Charges unless otherwise specified.

Inpatient Hospitalization Benefits	
Hospital Room and Board Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge for a semi-private room.
Intensive Care Unit Expense	Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge for the Intensive Care Room Rate for an overnight stay.
Miscellaneous Hospital Expense	Covered Medical Expenses include, but are not limited to: laboratory tests, x-rays, surgical dressings, anesthesia, supplies and equipment use, and medicines. Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.
Physician Hospital Visit/ Consultation Expenses	Covered Medical Expenses for charges for the non-surgical services of the attending Physician, or a consulting Physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.

Surgical Benefits (Inpatient and Outpatient)	
Surgical Expense	<p>Covered Medical Expenses for charges for surgical services, performed by a Physician, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Anesthesia Expense	<p>Covered Medical Expenses for the charges of Anesthesia, during a surgical procedure, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Assistant Surgeon Expense	<p>Covered Medical Expenses for the charges of an assistant surgeon, during a surgical procedure, are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Ambulatory Surgical Expense	<p>Benefits are payable for Covered Medical Expenses incurred by a covered person for expenses incurred for outpatient surgery performed in a hospital outpatient surgery department or in an ambulatory surgical center. Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>Covered Medical Expenses must be incurred on the day of the surgery or within 48 hours after the surgery.</p>
Outpatient Benefits	
<p>Covered Medical Expenses include but are not limited to: Physician's office visits, hospital or outpatient department or emergency room visits, durable medical equipment, clinical lab, or radiological facility.</p>	
Hospital Outpatient Department Expense	<p>Covered Medical Expenses includes treatment rendered in a Hospital Outpatient Department. Covered Medical Expenses do not include Emergency Room/Urgent Care Treatment, Walk-in Clinic, Therapy Expenses, Chemotherapy and Radiation, and outpatient surgical services, including physician, anesthesia and facility charges, which are covered as outlined under the individual benefit types listed in this schedule of benefits.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Walk-In Clinic Visit Expense	<p>Covered Medical Expenses includes treatment rendered in a Walk-in Clinic.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Emergency Room Expense	<p>Covered Medical Expenses incurred for treatment of an Emergency Medical Condition are payable as follows: <u>Preferred Care: After a \$50 Copay (waived if admitted), 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: After a \$50 Deductible (waived if admitted), 80%</u> of the Recognized Charge.</p>

Urgent Care Expense	<p><i>Benefits include charges for treatment by an urgent care provider.</i></p> <p>Please note: A covered person <u>should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition, is an emergency condition.</u> The covered person should go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.</p> <p><u>Urgent Care</u> Benefits include charges for an urgent care provider to evaluate and treat an urgent condition.</p> <p>Covered Medical Expenses for urgent care treatment are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p> <p><i>No benefit will be paid under any other part of this Plan for charges made by an urgent care provider to treat a non-urgent condition.</i></p>
Ambulance Expense	<p>Covered Medical Expenses are payable as follows: 80% of the Actual Charge for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.</p>
Pre-Admission Testing Expense	<p>Covered Medical Expenses for Pre-Admission testing charges while an outpatient before scheduled surgery are payable as any other condition.</p>
Physician's Office Visits (including specialists)	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
Laboratory and X-Ray Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
High Cost Procedures Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care:</u> Payable as any other condition. <u>Non-Preferred Care:</u> Payable as any other condition.</p> <p>For purposes of this benefit, "High Cost Procedure" means any outpatient procedure costing over \$200.</p>

Therapy Expense	<p>Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Speech Therapy, • Inhalation Therapy, or • Occupational Therapy. <p>Expenses for Speech and Occupational Therapies are Covered Medical Expenses, only if such therapies are a result of injury or sickness.</p> <p>Covered Medical Expenses also include charges incurred by a covered person for the following types of therapy provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Radiation therapy, • Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, • Dialysis, and • Respiratory therapy. <p>Benefits for these types of therapies are payable for Covered Medical Expenses on the same basis as any other sickness:</p> <p><u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Durable Medical Equipment Expense	<p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Prosthetic Devices Expense	<p>Covered Medical Expenses include charges for prosthetic and orthotic devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.</p> <p>Covered Medical expenses will include all services and supplies medically necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device.</p> <p>As used in this section: Orthotic device means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck. Prosthetic device means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.</p> <p>Covered Medical expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>
Outpatient Physical Therapy Expense	<p>Covered Medical Expenses for physical therapy are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 80% of the Recognized Charge.</p> <ul style="list-style-type: none"> • Benefits are limited to \$35 per visit, 3 visit per week, \$1,000, per Condition, per Policy Year, \$7,000 maximum for post-surgical treatment.

<p>Dental Injury Expense</p>	<p>Covered Medical Expenses include dental work, surgery, and orthodontic treatment needed to remove, repair, replace, restore, or reposition:</p> <ul style="list-style-type: none"> • Natural teeth damaged, lost, or removed, or • Other body tissues of the mouth fractured or cut due to injury. The accident causing the injury must occur while the person is covered under this Plan. <p>Any such teeth must have been:</p> <ul style="list-style-type: none"> • Free from decay, or • In good repair, and • Firmly attached to the jawbone at the time of the injury. <p>If:</p> <ul style="list-style-type: none"> • Crowns (caps), or • Dentures (false teeth), or • Bridgework, or • In-mouth appliances, <p>are installed due to such injury, Covered Medical Expenses include only charges for:</p> <ul style="list-style-type: none"> • The first denture or fixed bridgework to replace lost teeth, • The first crown needed to repair each damaged tooth, and • An in-mouth appliance used in the first course of orthodontic treatment after the injury. <p>Surgery needed to:</p> <ul style="list-style-type: none"> • Treat a fracture, dislocation, or wound. • Cut out cysts, tumors, or other diseased tissues. • Alter the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement. <p>Non-surgical treatment of infections or diseases. This does not include those of, or related to, the teeth.</p> <p>Covered Medical Expenses are payable as follows: Maximum benefit of \$150 per tooth payable at 80% of Actual Charge.</p>
<p>Impacted Wisdom Teeth Expense</p>	<p>Covered Medical Expenses for removal of one or more impacted wisdom teeth are payable as follows: Maximum benefit of \$50 per tooth per policy year payable at 80% of the actual charge.</p>
<p>Allergy Testing and Treatment Expense</p>	<p>Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services.</p> <p>Covered Medical Expenses include, but are not limited to, charges for the following:</p> <ul style="list-style-type: none"> • laboratory tests, • physician office visits, including visits to administer injections, • prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication, and • other medically necessary supplies and services, <p>Covered Medical Expenses are payable as follows: <u>Preferred Care</u>: 80% of the Negotiated Charge. <u>Non-Preferred Care</u>: 60% of the Recognized Charge.</p>

<p>Diagnostic Testing for Attention Disorders and Learning Disabilities Expense</p>	<p>Covered Medical Expenses for diagnostic testing for:</p> <ul style="list-style-type: none"> • attention deficit disorder, or • attention deficit hyperactive disorder <p>are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge <u>Non-Preferred Care 60%</u> of the Recognized charge.</p> <p>Treatment not covered.</p>
<p>Immunizations Expense</p>	<p>Covered Medical Expenses include: Benefits are limited to immunizations for HPV for men and woman. This benefit is payable as any other condition.</p>
<p>Consultant Expense</p>	<p>Covered Medical Expenses include the expenses for the services of a consultant. The services must be requested by the attending physician for the purpose of confirming or determining to confirm or determine a diagnosis.</p> <p>Benefits are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
<p>Mental Health Benefits</p>	
<p>Mental and Nervous Disorder Inpatient Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
<p>Mental and Nervous Disorder Outpatient Expense</p>	<p>Covered Medical Expenses include charges for treatment of mental and nervous disorders while the covered person is not confined as an inpatient in a hospital. Charges for marriage and family therapies are not Covered Medical Expenses.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
<p>Substance Abuse Benefits</p>	
<p>Inpatient Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person during partial hospitalization or while the covered person is confined as a full-time inpatient in a hospital or facility licensed for such treatment are payable on the same basis as any other sickness.</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
<p>Outpatient Expense</p>	<p>Covered Medical Expenses for outpatient treatment of a substance abuse condition are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>

Maternity Benefits	
Maternity Expense	<p>Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.</p> <p>Any decision to shorten such minimum coverages shall be made by the attending Physician in consultation with the mother. In such cases, covered services may include: home visits, parent education, and assistance and training in breast or bottle-feeding.</p> <p>Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness.</p>
Well Newborn Nursery Care Expense	<p>Benefits include charges for routine care of a covered person's newborn child as follows:</p> <ul style="list-style-type: none"> • Hospital charges for routine nursery care during the mother's confinement, but for not more than four days, • Physician's charges for circumcision, and • Physician's charges for visits to the newborn child in the hospital and consultations, but for not more than 1 visit per day. <p>Covered Medical Expenses are payable as any other condition.</p>
Additional Benefits	
Prescription Drug Benefit (<i>Coverage is provided under the Medical Plan</i>)	<p>Covered Medical Expenses are payable at 50% of the Recognized Charge.</p> <p>No coverage is provided for Retin A and Accutane.</p> <p>Covered Prescription Drug expenses also include charges for diabetic supplies and medications.</p> <p>If a plan covers prescription drugs it must cover off label drugs that are medically necessary and meet the criteria for use as an off label drug as stated in Oregon law.</p> <p>If an urgent condition exists, the plan must cover prescription drugs rendered in or provided by a rural clinic.</p>
Diabetic Supplies and Equipment Expense	<p>Covered Medical Expenses include charges for testing material used to detect the presence of sugar in the person's urine or blood for monitoring glycemic control.</p> <p>Diabetic Supplies are limited to: test strips, diabetic test agents, glucose tablets, lancets, lancet devices, alcohol swabs, insulin, oral hypoglycemics and blood glucose monitors.</p> <p>Benefits are payable as any other accident or sickness.</p>
Hypodermic Needles Expense	<p>Covered Medical Expenses for hypodermic needles and syringes used in the treatment of diabetes are payable as any other Accident or Sickness.</p>
Outpatient Diabetic Self-management Education Programs Expense	<p>Covered Medical Expenses for outpatient diabetic self-management education programs are payable as any other Accident or Sickness.</p>

<p>Non Prescription Enteral Formula Expense</p>	<p>Covered Medical Expenses include expenses for Prescription and Non-Prescription enteral formulas for home use which are physician prescribed as medically necessary for the treatment of inherited diseases of amino acid, organic acid, carbohydrate, or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during the neonatal period.</p> <p>Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein, in an amount not to exceed \$2,500 annually for any insured individual, through the age of 24. For purposes of this benefit, preexisting condition limitations do not apply.</p> <p>Covered Medical Expenses are payable as follows: 80% of Actual Charge.</p>
<p>Prescription Contraceptive Drugs and Devices Expense</p>	<p>Covered Medical Expenses include charges incurred for contraceptive drugs, devices and services that by law need a physician's prescription and that have been approved by the FDA. Related outpatient contraceptive services such as:</p> <ul style="list-style-type: none"> • Consultations, • Exams, • Procedures, and • Other medical services and supplies <p>Benefits for contraceptive drugs are payable as any other condition.</p> <p>Benefits for contraceptive devices and outpatient contraceptive services are payable as any other Condition.</p>
<p>Pap Smear Expense</p>	<p>Covered Medical Expenses include a pap smear and a pelvic examination annually for women age 18 to 64 and any time upon referral from the woman's health care provider.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Mammography Expense</p>	<p>Covered Medical Expenses include:</p> <ul style="list-style-type: none"> • Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman's health care provider; and • An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider. <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>

<p>Breast Exam Expense</p>	<p>Covered Medical Expenses include breast exams, including a clinical breast exam performed by a health care provider to check for lumps and other changes for the purpose of breast cancer detection and prevention.</p> <p>This expense will be paid annually for women 18 and older, and at any time as recommended by woman’s health care provider. This benefit is payable even if the provider performs other preventive services or makes referrals for other exams at the same appointment.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>
<p>Mastectomy and Breast Reconstruction Expense Benefit</p>	<p>Coverage will be provided to a covered person who is receiving benefits for a necessary mastectomy and who elects breast reconstruction after the mastectomy for:</p> <ul style="list-style-type: none"> • All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola; • Surgery and reconstruction of the other breast to produce a symmetrical appearance; • Prostheses; • Treatment of physical complications of the mastectomy, including lymphedemas; and • Inpatient care related to the mastectomy and post-mastectomy services. <p>Covered Medical Expenses are payable on the same basis as any other condition.</p> <p>This coverage will be provided in consultation with the attending physician and the patient. It will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.</p>
<p>Routine Colorectal Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges for colorectal cancer examination and laboratory tests:</p> <p>For any person age 50 or more:</p> <ul style="list-style-type: none"> • One fecal occult blood test every year plus one flexible sigmoidoscopy every five years; • One colonoscopy every 10 years; or • One double contrast barium enema every five years. <p>For any person who is at high risk for colorectal cancer:</p> <ul style="list-style-type: none"> • Colorectal screening examinations and laboratory tests as recommended by the treating physician. <p>Benefits are payable as any other Accident or Sickness for insured individuals who are at high risk and with recommendation from the Physician or on schedule for insured individuals age 50 and older.</p> <p>Covered Medical Expenses are payable on the same basis as any other condition.</p>
<p>Routine Prostate Cancer Screening Expense</p>	<p>Covered Medical Expenses include charges incurred by a covered person for the screening of cancer as follows:</p> <ul style="list-style-type: none"> • For a male age 50 or over, one digital rectal exam and one prostate specific antigen test every two years, or as recommended by their Physician. • For men younger than 50 who are at high risk for prostate cancer, as determined by their Physician. <p>Benefits are payable as any other Accident or Sickness.</p>

<p>Routine Screening for Sexually Transmitted Disease Expense</p>	<p>Covered Medical Expenses include charges for covered persons who are at least 18 years old and who are sexually active for annual routine screening for sexually transmitted diseases.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized charge.</p>
<p>Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Elective Surgical Second Opinion Expense</p>	<p>Covered Medical Expenses will include expenses incurred for a second opinion consultation by a specialist on the need for non-emergency elective surgery which has been recommended by the covered person's physician. The specialist must be board certified in the medical field relating to the surgical procedure being proposed. Coverage will also be provided for any expenses incurred for required X-rays and diagnostic tests done in connection with that consultation. Aetna must receive a written report on the second opinion consultation.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Acupuncture in Lieu of Anesthesia Expense</p>	<p>Covered Medical Expenses include acupuncture therapy, when acupuncture is used in lieu of other anesthesia, for a surgical or dental procedure covered under this Plan.</p> <p>The acupuncture must be administered by a health care provider who is a legally qualified physician, practicing within the scope of their license.</p> <p>Benefits are payable as follows: <u>Preferred Care:</u> 80% of the Negotiated Charge. <u>Non-Preferred Care:</u> 60% of the Recognized Charge.</p>
<p>Dermatological Expense</p>	<p>Covered Medical Expenses include charges for the diagnosis and treatment of skin disorders, excluding laboratory fees. Related laboratory expenses are covered under the Outpatient Expense Benefit.</p> <p>Benefits are payable on the same basis as any other condition.</p> <p><i>Covered Medical Expenses do not include treatment cosmetic treatment and procedures.</i></p>

Podiatric Expense	<p>Covered Medical Expenses include charges for podiatric services, provided on an outpatient basis following an injury.</p> <p>Benefits are payable on the same basis as any other condition.</p> <p>Expenses for routine foot care, such as trimming of corns, calluses, and nails, are not Covered Medical Expenses.</p>
Home Health Care Expenses	<p>Covered Medical Expenses include charges incurred by a covered person for home health care services made by a home health agency pursuant to a home health care plan, but only if:</p> <ul style="list-style-type: none"> (a) The services are furnished by, or under arrangements made by, a licensed home health agency (b) The services are given under a home care plan. This plan must be established pursuant to the written order of a physician, and the physician must renew that plan every 60 days. Such physician must certify that the proper treatment of the condition would require inpatient confinement in a hospital [or skilled nursing facility] if the services and supplies were not provided under the home health care plan. The physician must examine the covered person at least once a month (c) Except as specifically provided in the home health care services, the services are delivered in the patient's place of residence on a part-time, intermittent visiting basis while the patient is confined (d) The care starts within 7 days after discharge from a hospital as an inpatient, and (e) The care is for the same condition that caused the hospital confinement, or one related to it. <p>Home Health Care Services</p> <ul style="list-style-type: none"> (1) Part-time or intermittent nursing care by: a registered nurse (R. N.), a licensed Practical nurse (L.P.N.), or under the supervision on an R.N. if the services of an R. N. are not available, (2) Part time or intermittent home health aide services, that consist primarily of care of a medical or therapeutic nature by other than an R.N., (3) Physical, occupational. speech therapy, or respiratory therapy, (4) Medical supplies, drugs and medicines, and laboratory services. However, these items are covered only to the extent they would be covered if the patient was confined to a hospital, (5) Medical social services by licensed or trained social workers, (6) Nutritional counseling. <p>Home Health Care Expense benefits are payable at 100% of the Actual Charge.</p> <p>Benefits are limited to \$100 per visit and to 100 visits per Policy Year.</p>
Transfusion or Dialysis of Blood Expense	<p>Covered Medical Expenses include charges for the transfusion or dialysis of blood, including the cost of: whole blood, blood components, and the administration thereof.</p> <p>Benefits are payable on the same basis as any other condition.</p>

Hospice Benefit	<p>Covered Medical Expenses include charges for hospice care provided for a terminally ill covered person during a hospice benefit period.</p> <p>Benefits are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p> <p>The maximum number of inpatient confinement is 5 days during any 30 day period.</p> <p>The maximum benefit for Bereavement Counseling is \$200.</p> <p>Benefits are limited to a maximum of \$10,000.</p> <p><i>Please see definition on page 35 for more information on Hospice Care Expenses.</i></p>
Licensed Nurse Expenses	<p>Benefits include charges incurred by a covered person who is confined in a hospital as a resident bed-patient, and requires the services of a registered nurse or licensed practical nurse.</p> <p>Covered Expenses for a Licensed Nurse are covered as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge. <u>Non-Preferred Care: 60%</u> of the Recognized Charge.</p>
Skilled Nursing Facility Expense	<p>Covered Medical Expenses include charges incurred by a covered person for confinement in a skilled nursing facility for treatment rendered:</p> <ul style="list-style-type: none"> • in lieu of confinement in a hospital as a full time inpatient, or • within 24 hours following a hospital confinement and for the same or related cause(s) as such hospital confinement. <p>Covered Medical Expenses are payable as follows: <u>Preferred Care: 80%</u> of the Negotiated Charge for the semi-private room rate. <u>Non-Preferred Care: 60%</u> of the Recognized Charge for the semi-private room rate.</p>
Rehabilitation Facility Expense	<p>Covered Medical Expenses include charges incurred by a covered person for confinement as a full time inpatient in a rehabilitation facility. Confinement in the rehabilitation facility must follow within 24 hours of, and be for the same or related cause(s) as, a period of hospital or skilled nursing facility confinement.</p> <p>Covered Medical Expenses for Rehabilitation Facility Expense are covered as follows:</p> <p><u>Preferred Care: 80%</u> of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations <u>Non-Preferred Care: 60%</u> of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations.</p>
<p>Optional Supplemental Medical Plan The Aggregate Maximum benefit under the Student Accident and Sickness Insurance described above is \$50,000 per condition per policy year. If you have purchased the Basic Student Health Insurance Plan at Oregon State University, you are eligible to purchase this Supplemental Plan to extend a combined lifetime Aggregate Maximum of \$1,000,000 for Covered Students and a lifetime Aggregate Maximum of \$100,000 for their Covered Dependents.</p>	

Covered Medical Expenses on the Supplemental Plan mirror benefits outlined in the Basic Plan summary of benefits above with the following exceptions:

1. Benefits are reimbursed at the coinsurance levels below.
2. No coverage for Mental Health or Substance Abuse treatment.
2. No benefit level maximums for: Physical Therapy, Wisdom Teeth removal, Accidental Injury to Sound Natural Teeth and Home Health Care Expenses.

Coinsurance Reimbursement Levels – Students

Preferred Care: **80%** of the Negotiated Charge until **\$75,000** has been paid, and then **100%** of the Negotiated Charge thereafter, not to exceed the Supplemental Aggregate Maximum of **\$950,000**.

Non-Preferred Care: **60%** of the Recognized Charge until **\$75,000** has been paid, and then **80%** of the Recognized Charge thereafter not to exceed the Supplemental Aggregate Maximum of **\$950,000**.

Coinsurance Reimbursement Levels – Dependents

Preferred Care: **80%** of the Negotiated Charge not to exceed the Supplemental Aggregate Maximum of **\$50,000**.

Non-Preferred Care: **60%** of the Recognized Charge not to exceed the Supplemental Aggregate Maximum of **\$50,000**.

Eligibility

A student eligible for the Basic Plan may only purchase this Optional Supplemental Medical Plan at the beginning of the Fall semester or quarter for the 2011-2012 Student Health Insurance Plan. (Coverage must be the same for student and eligible dependents.)

In no event will the total combined benefits for a single Covered Accident exceed the Aggregate Maximum Benefit, nor will a Covered Person receive a gain by purchasing this Optional Plan. This Optional Supplemental Medical Plan may only be purchased in addition to the Basic Medical Plan.

Please contact the Student Health Insurance Liaison, Student Health Services Building, Room 110 for more information.

ADDITIONAL SERVICES AND DISCOUNTS

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

Aetna BookSM discount program: Access to discounts on books and other items from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.

Aetna FitnessSM discount program: Access to preferred rates on gym memberships and discounts on at-home weight loss programs, home fitness options and one-on-one health coaching services through GlobalFitTM.

Aetna HearingSM discount program: Access to discounts on hearing aids and hearing tests from HearPO. Guaranteed lowest pricing* on over 1000 models from seven leading manufacturers.

**Competitor copy required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local provider quotes only will be matched, no internet quotes*

Aetna Natural Products and ServicesSM discount program: Access to reduced ratesSM on services from participating providers for acupuncture, chiropractic care, massage therapy and dietetic counseling. Also, access to discounts on over-the-counter vitamins, herbal and nutritional supplements and natural products. All products and services are provided through American Specialty Health Incorporated (ASH) and its subsidiaries.

Aetna VisionSM discount program: Access to discounts on vision exams, lenses and frames when a member utilizes a provider participating in the EyeMed Select Network.

Aetna Weight ManagementSM discount program: Access to discounts on eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and products, and Nutrisystem[®] weight loss meal plans.

Oral Health Care discount program: Access to discounts on oral health care products. Save on xylitol mints, mouth rinses, gum, candies and toothpaste from Epic. Additionally, receive exclusive savings on Waterpik[®] dental water jets and sonic toothbrushes.

Zagat discounts: Discount off a one-year online membership to ZAGAT.com, with access to ratings and reviews of over 40,000 restaurants, hotels and more in hundreds of cities worldwide.

At Home Products discount program: Access to discounts on health care products that members can use in the privacy and comfort of their home.

Aetna Specialty Pharmacy: provides specialty medications and support to members living with chronic conditions and illnesses. These medications are usually injected or infused, or some may be taken by mouth. Custom compounded doses and forms are also available. For additional information please go to www.AetnaSpecialtyRx.com.

Quit Tobacco Cessation Program: Say good-bye to tobacco and hello to a healthier future! The one-year Quit Tobacco program is provided by Healthyroads, a leading provider of tobacco cessation programs. You'll get personal attention from health professionals that can help find what works for you.

Beginning Right[®] Maternity Program: Make healthy choices for you and your baby. Learn what decisions are good ones for you and your baby. Our Beginning Right maternity program helps prepare you for the exciting changes pregnancy brings.

Vital Savings by Aetna® on Dental* is a dental discount program helping you and your dependents save with one low annual fee. In most instances, savings range from 15-50 percent on services from general dentistry and cleanings to root canals, crowns, and orthodontia (braces) No claims to file. Enroll online at www.aetnastudenthealth.com.

Cost:

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

The rate above includes both fees for Vital Savings by Aetna®, as well as Oregon State University's administrative fee.

**Actual costs and savings vary by provider and geographic area.*

The Vital Savings by Aetna® program (the “Program”) is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers. Each Member must 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, 1-888-BeVital, is the Discount Medical Plan Organization.

Health programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health/dental care professional. The availability and terms of specific discount programs and wellness services are subject to change without notice. Not all programs are available in all states.

Aetna's Informed Health® Line*:

Call toll free **1 (800) 556-1555** 24 hours a day, 7 days a week.

Get health answers 24/7. When you have an Aetna health benefits and health insurance plan, you have instant access to the information you need. Our tools and resources can help you:

- Make more informed decisions about your care
- Communicate better with your doctors
- Save time and money, by showing you how to get the right care at the right time

When you call our Informed Health Line, you can talk directly to a registered nurse. Our nurses can discuss a wide variety of health and wellness topics.

** While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.*

Listen to the **Audio Health Library**:*It explains thousands of health conditions in English and Spanish. Transfer easily to a registered nurse at any time during the call.

** Not all topics in the audio health service are covered expenses under your plan.*

Use the **Healthwise® Knowledgebase** to find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Get to it through your secure Aetna Navigator® member website, at www.aetnastudenthealth.com.

GENERAL PROVISIONS

STATE MANDATED BENEFITS

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

REIMBURSEMENT AND SUBROGATION

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

Coordination of Benefits

If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers' Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

EXTENSION OF BENEFITS

If a Covered Person has a covered Accident or Sickness which is first diagnosed within the 60-day period prior to their expiration date of coverage, coverage for Eligible Expenses will continue as long as the condition continues not to exceed either:

- (a) A period of 90 days from the expiration date, or if hospitalized beyond the 90-day period, until discharged from the hospital; or
- (b) The Maximum Policy Benefit for that Accident or Sickness, whichever comes first.

TERMINATION OF INSURANCE

Benefits are payable under this Plan only for those Covered 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.

TERMINATION OF STUDENT COVERAGE

Insurance for a covered student will end on the first of these to occur:

- (a) the date this Plan terminates,
- (b) the last day for which any required premium has been paid,
- (c) the date on which the covered student withdraws from the school because of entering the armed forces of any country. Premiums will be refunded on a pro-rata basis when application is made within 90 days from withdrawal,
- (d) the date the covered student is no longer in an eligible class,
- (e) the date the Continuation of Coverage terminates.

If withdrawal from school is for other than entering the armed forces, no premium refund will be made. Students will be covered for the Policy term for which they are enrolled, and for which premium has been paid. In the case of the Continuation of Coverage, no premium refunds will be made.

TERMINATION OF DEPENDENT COVERAGE

Insurance for a covered student's dependent will end when insurance for the covered student ends. Before then, coverage will end:

- (a) For a child, on the first premium due date following the child's 26th birthday,
- (b) The date the covered student fails to pay any required premium.
- (c) For the spouse, the date the marriage ends in divorce or annulment.
- (d) The date dependent coverage is deleted from this Plan.
- (e) For a domestic partner, the earlier to occur of:
 - 1) the date this Plan no longer allows coverage for domestic partners, and
 - 2) the date of termination of the domestic partnership. In that event, a completed and signed declaration of Termination of Domestic Partnership must be provided to the Policyholder.
- (f) The date the dependent ceases to be in an eligible class.
- (g) The date the Continuation of Coverage terminates.

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

INCAPACITATED DEPENDENT CHILDREN

Insurance may be continued for incapacitated dependent children who reach the age at which insurance would otherwise cease. The dependent child must be chiefly dependent for support upon the covered student and be incapable of self-sustaining employment because of mental or physical handicap.

Due proof of the child's incapacity and dependency must be furnished to Aetna by the covered student within 31 after the date insurance would otherwise cease. Such child will be considered a covered dependent, so long as the covered student submits proof to Aetna at reasonable intervals during the two (2) years following the child's attainment of the limiting age and each year thereafter, that the child remains physically or mentally unable to earn his own living. The premium due for the child's insurance will be the same as for a child who is not so incapacitated.

The child's insurance under this provision will end on the earlier of:

- (a) the date specified under the provision entitled Termination of Dependent Coverage, or
- (a) the date the child is no longer incapacitated and dependent on the covered student for support.

Continuation of Coverage

A covered student who has graduated or is otherwise ineligible for coverage under this Plan, and has been continuously insured under the plan offered by the Policyholder (regular student plan), may be covered for up to 3 or 6 months provided that: (1) a written request for continuation has been forwarded to Aetna 31 days prior to the termination of coverage, and (2) premium payment has been made. Coverage under this provision ceases on the date this Plan terminates. This period of time is referred to in the Policy as the Continuation Period.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from **injury** to **sound, natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Plan.
2. Expense incurred for services normally provided without charge by the University Health Center.
3. Expense 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**.
4. Expense 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.
5. Expense 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.
6. Expense incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
7. Expense incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **covered person** entering the Armed Forces of any country, the unearned pro-rata premium will be refunded to the Policyholder.
8. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion will not apply where prohibited by law. It does not apply to services rendered at any **hospital** owned or operated by the state of Oregon or any state approved community mental health and developmental disabilities program.
9. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Plan and performed while this Plan is in effect.
10. Expense incurred for cosmetic surgery, reconstructive surgery, or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:

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
- surgery performed to treat a disease or **injury**.

Repair an **injury** (including reconstructive surgery for prosthetic device for a **covered person** who has undergone a mastectomy) which occurs while the **covered person** is covered under this Plan. Surgery must be performed:

- in the calendar year of the accident which causes the **injury**, or
- in the next calendar year.

11. Expense incurred as a result of preventive medicines, serums, vaccines or oral contraceptive unless otherwise provided in this Plan.

12. Expense incurred as a result of commission of a felony.
13. Expense incurred for voluntary or elective abortions unless otherwise provided in this Plan.
14. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
15. Expense 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.
16. Expense incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports;(participating in sports clubs; or intramural athletic activities; is not excluded)
17. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
18. Treatment for **injury** to the extent benefits are payable under any state no-fault automobile coverage, first party medical benefits payable under any other mandatory No-fault law.
19. Expense incurred for which no member of the **covered person's** immediate family has any legal obligation for payment.
20. Expense 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.
21. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
22. 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 in conjunction with the Oregon Health Resources Commission determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.

23. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
24. Expenses incurred for breast reduction/mamoplasty.
25. Expenses incurred for gynecomastia (male breasts).
26. Expenses incurred for any sinus surgery, except for acute purulent sinusitis.
27. Expense incurred by a **covered person**, not a United States citizen, for services performed within the **covered person's** home country, if the **covered person's** home country has a socialized medicine program.
28. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
29. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
30. Expense for: (a) care of flat feet, (b) supportive devices for the foot, (c) care of corns, bunions, or calluses, (d) care of toenails, and (e) care of fallen arches, weak feet, or chronic foot strain, except that (c) and (d) are not excluded when **medically necessary**, because the **covered person** is diabetic, or suffers from circulatory problems.
31. Expense 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 claim is made for such benefits. The Policy will only pay for those losses, which are not payable under the automobile medical payment insurance Policy.
32. Expense incurred for **custodial care**; private duty nursing services and supplies; provided by a sanitarium; or rest cures. **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.
33. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
34. Expense incurred for hearing aids, the fitting, or prescription of hearing aids.
35. Expenses incurred for hearing exams.

36. Expense for transplants, other than cornea and kidney.
37. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B, even though the **covered person** is eligible, but did not enroll in Part B.
38. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
39. Expense for personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if such items are prescribed by a **physician**.
40. Expense for services or supplies provided for the treatment of obesity and/or weight control.
41. Expense for incidental surgeries, and standby charges of a **physician**.
42. Expense for treatment and supplies for programs involving cessation of tobacco use.
43. Expense incurred for the use of orthotics, unless used exclusively to promote healing.
44. Expense for contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law), or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this Plan.
45. Expenses incurred for massage therapy.
46. Expense for charges that are not **Recognized charges**, as determined by Aetna, except that this will not apply if the charge for a service, or supply, does not exceed the **Recognized charge** for that service or supply, by more than the amount or percentage, specified as the Allowable Variation.
47. Expense for treatment of **covered students** who specialize in the mental health care field, and who receive treatment as a part of their training in that field.
48. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
49. Expenses for routine physical exams, including expenses in connection with well newborn care, routine vision exams, routine dental exams, routine hearing exams, immunizations, or other preventive services and supplies, except to the extent coverage of such exams, immunizations, services, or supplies is specifically provided in this Plan.

50. 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, a mental health, or a 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 healthcare provider, or healthcare 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.

51. Expenses incurred for chiropractic care.
52. Expense covered by any other valid and collectible medical, health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.

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 charge made for a covered service by the provider who furnishes it.

Aggregate Maximum

The maximum benefit that will be paid under this Plan for all **Covered Medical Expenses** incurred by a covered person that accumulate **in one Policy Year**.

Ambulatory Surgical Center

A freestanding ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - Physicians who practice surgery in an area **hospital**, and
 - **Dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a R.N.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - A physician trained in cardiopulmonary resuscitation, and
 - A defibrillator, and
 - A tracheotomy set, and
 - A blood volume expander.
- Has a written agreement with a **hospital** in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

Birthing Center

A freestanding facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide prenatal care, delivery and immediate postpartum care.
- Makes charges.
- Is directed by at least one physician who is a specialist in obstetrics and gynecology.
- Has a **physician** or certified nurse midwife present at all births and during the immediate postpartum period.
- Extends staff privileges to physicians who practice obstetrics and gynecology in an area **hospital**.
- Has at least 2 beds or 2 birthing rooms for use by patients while in labor and during delivery.
- Provides, during labor, delivery and the immediate postpartum period, full-time skilled nursing services directed by a R.N. or certified nurse midwife.
- Provides, or arranges with a facility in the area for, diagnostic X-ray and lab services for the mother and child.

- Has the capacity to administer a local anesthetic and to perform minor surgery. This includes episiotomy and repair of perineal tear.
- Is equipped and has trained staff to handle medical emergencies and provide immediate support measures to sustain life if complications arise during labor and if a child is born with an abnormality which impairs function or threatens life.
- Accepts only patients with low risk pregnancies.
- Has a written agreement with a hospital in the area for emergency transfer of a patient or a child. Written procedures for such a transfer must be displayed and the staff must be aware of them.
- Provides an ongoing quality assurance program. This includes reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient and child.

Coinsurance

The percentage of Covered Medical Expenses payable by Aetna under this Accident and Sickness Insurance Plan.

Complications of Pregnancy

Conditions which require **hospital** stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

- Acute nephritis or nephrosis, or
- Cardiac decompensation or missed abortion, or
- Similar conditions as severe as these.

Not included are (a) false labor, occasional spotting or **physician** prescribed rest during the period of pregnancy, (b) morning **sickness**, (c) hyperemesis gravidarum and preclampsia, and (d) similar conditions not medically distinct from a difficult pregnancy.

Complications of Pregnancy also include:

- Non-elective cesarean section, and
- Termination of an ectopic pregnancy, and
- Spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Copay

This is a fee charged to a person for **Covered Medical Expenses**.

Covered dependent

A **covered student's dependent** who is insured under this Plan.

Covered Medical Expense

Those charges for any treatment, service or supplies covered by this Plan which are:

- Not in excess of the **Recognized Charges**, or
- Not in excess of the charges that would have been made in the absence of this coverage, and
- Incurred while this Plan is in force as to the **covered person** except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered person

A **covered student** and any **covered dependent** while coverage under this Plan is in effect.

Covered student

A student of the Policyholder who is insured under this Plan.

Deductible

The 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.

Dependent

(a) the **covered student's** spouse residing with the **covered student**, or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**, and (c) the **covered student's** child under the 26 years. The child must reside with, and be fully supported by, the **covered student**.

The term "child" includes a **covered student's** step-child, adopted child whose coverage is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption and who is residing with the covered student, and who is chiefly dependent on the **covered student** for his or her full support.

The term **dependent** does not include a person who is: (a) an eligible student, or (b) a member of the armed forces.

Diabetic Self-Management Education Course

A scheduled program on a regular basis which is designed to instruct a covered person in the self-management of diabetes. It is a day care program of educational services and self-care training, including medical nutritional therapy. The program must be under the supervision of an appropriately licensed, registered, or certified health care professional whose scope of practice includes diabetic education or management.

The following are not considered Diabetic Self-Management Education Courses for the purposes of this Plan:

- A Diabetic Education program whose only purpose is weight control, or which is available to the public at no cost; or
- A general program not just for diabetics; or
- A program made up of services not generally accepted as necessary for the management of diabetes.

Durable Medical and Surgical Equipment

No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- Made to withstand prolonged use,
- Made for and mainly used in the treatment of a disease or **injury**,
- Suited for use in the home,
- Not normally of use to person's who do not have a disease or **injury**,
- Not for use in altering air quality or temperature,
- Not for exercise or training.

Not included is equipment such as: whirlpools, portable whirlpool pumps, sauna baths, massage devices, overbed tables, elevators, communication aids, vision aids, and telephone alert systems.

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,
- 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 dysfunction (TMJ),
- Immunization,
- Treatment of infertility, and
- Routine physical examinations.

Emergency Admission

One where the **physician** admits the person to the **hospital** or **residential treatment facility** right after the sudden and at that time, unexpected onset of a change in a person's physical or mental condition which:

- Requires confinement right away as a full-time inpatient, and
- If immediate inpatient care was not given could, as determined by Aetna, reasonably be expected to result in:
 - Loss of life or limb, or
 - Significant impairment to bodily function, or
 - Permanent dysfunction of a body part.

Emergency Condition

This is any traumatic injury or condition which:

- Occurs unexpectedly,
- Requires immediate diagnosis and treatment, in order to stabilize the condition, and
- Is characterized by symptoms such as severe pain and bleeding.

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.

High Cost Procedure

High Cost Procedures include the following procedures and services:

- C.A.T. Scan,
- Magnetic Resonance Imaging,
- Laser treatment, which must be provided on an outpatient basis, and may be incurred in the following:
 - (a) A **physician's** office, or
 - (b) **Hospital** outpatient department, or emergency room, or
 - (c) Clinical laboratory, or
 - (d) Radiological facility, or other similar facility, licensed by the applicable state, or the state in which the facility is located.

Home Health Agency

- An agency licensed as a **home health agency** by the state in which **home health care** services are provided, or
- An agency certified as such under Medicare, or
- An agency approved as such by Aetna.

Home health aide

A certified or trained professional who provides services through a **home health agency** which are not required to be performed by an RN, LPN, or LVN, primarily aid the **covered person** in performing the normal activities of daily living while recovering from an **injury** or **sickness**, and are described under the written **Home Health Care Plan**.

Home Health Care

Health services and supplies provided to a **covered person** on a part-time, intermittent, visiting basis. Such services and supplies must be provided in such person's place of residence, while the person is confined as a result of **injury** or **sickness**. Also, a **physician** must certify that the use of such services and supplies is to treat a condition as an alternative to confinement in a **hospital** or **skilled nursing facility**.

Home Health Care Plan

A written plan of care established and approved in writing by a **physician**, for continued health care and treatment in a **covered person's** home. It must either follow within 24 hours of and be for the same or related cause(s) as a period of **hospital** or skilled nursing confinement, or be in lieu of **hospital** or skilled nursing confinement.

Hospice

A facility or program providing a coordinated program of home and inpatient care which treats terminally ill patients. The program provides care to meet the special needs of the patient during the final stages of a terminal illness. Care is provided by a team made up of trained medical personnel, counselors, and volunteers. The team acts under an independent **hospice** administration and it helps the patient cope with physical, psychological, spiritual, social, and economic stresses. The hospital administration must meet the standards of the National Hospice Organization and any licensing requirements.

Hospice benefit period

A period that begins on the date the attending **physician** certifies that the **covered person** is a terminally ill patient who has less than 6 months to live. It ends on the death of the patient.

Hospice Care Expenses

The Recognized Charges made by a hospice for the following services or supplies: charges for inpatient care, charges for drugs and medicines, charges for part-time nursing by an RN, LPN, or LVN, charges for physical and respiratory therapy in the home, charges for the use of medical equipment, charges for visits by licensed or trained social workers, psychologists or counselors, charges for bereavement counseling of the covered person's immediate family prior to, and within 3 months after, the covered person's death, and charges for respite care for up to 5 days in any 30 day period.

Hospital

A facility which meets all of these tests:

- It provides in-patient services for the care and treatment of injured and sick people, and
- It provides room and board services and nursing services 24 hours a day, and
- It has established facilities for diagnosis and major surgery, and
- It is run as a **hospital** under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts, (b) as a convalescent home, or (c) as a nursing or rest home. The term "**hospital**" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the **covered person**.

Hospital Confinement

A stay of 18 or more hours in a row as a resident bed patient in a **hospital**.

Injury

Bodily **injury** caused by an **accident**. This includes related conditions and recurrent symptoms of such **injury**.

Intensive Care Unit

A designated ward, unit, or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services, not regularly provided within such **hospital**.

Jaw Joint Disorder

This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint, and the muscles, and nerves.

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, a mental health, or a 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 healthcare provider, or healthcare 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** or **Designated Provider** has agreed to make as to any service or supply for the purpose of the benefits under this Plan.

Non-Occupational Disease

A **non-occupational disease** is a disease that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the **covered student**:

- Is covered under any type of workers' compensation law, and
- Is not covered for that disease under such law.

Non-Occupational Injury

A non-occupational injury is an accidental bodily **injury** that does not:

- Arise out of (or in the course of) any work for pay or profit, or
- Result in any way from an **injury** which does.

Non-Preferred Care

A health care service or supply furnished by a health care provider that is not a **Designated Care Provider**, or that is not a **Preferred Care Provider**, if, as determined by Aetna:

- The service or supply could have been provided by a Preferred Care Provider, and
- The provider is of a type that falls into one or more of the categories of providers listed in the directory.

Non-Preferred Care Provider

- A health care provider that has not contracted to furnish services or supplies at a **negotiated charge**, or

One Sickness

A **sickness** and all recurrences and related conditions which are sustained by a **covered person**.

Partial hospitalization

Continuous treatment consisting of not less than four hours and not more than twelve hours in any twenty-four hour period under a program based in a **hospital**.

Physician

(a) legally qualified **physician** licensed by the state in which he or she practices, and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

Pre-Admission Testing:

Tests done by a hospital, surgery center, licensed diagnostic lab facility, or physician, in its own behalf, to test a person while an outpatient before scheduled surgery if:

- The tests are related to the scheduled surgery,
- The tests are done within the 7 days prior to the scheduled surgery,
- The person undergoes the scheduled surgery in a **hospital** or **surgery center**, this does not apply if the tests show that surgery should not be done because of his physical condition,
- The charge for the surgery is a **Covered Medical Expense** under this Plan,
- The tests are done while the person is not confined as an inpatient in a **hospital**,
- The charges for the tests would have been covered if the person was confined as an inpatient in a **hospital**,
- The test results appear in the person's medical record kept by the **hospital** or **surgery center** where the surgery is to be done, and
- The tests are not repeated in or by the **hospital** or **surgery center** where the surgery is done.

If the person cancels the scheduled surgery, benefits are paid at the Covered Percentage that would have applied in the absence of this benefit.

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 **covered person's primary care physician**, or a **preferred care provider**, or
- A health care provider that is not a **Preferred Care Provider** for an **emergency medical condition** when travel to a **Preferred Care Provider**, is not feasible, or
- A **Non-Preferred Urgent Care Provider** when travel to a **Preferred Urgent Care Provider** for treatment is not feasible, and if authorized by Aetna.

Preferred Care 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 **covered persons** of which you are member.

Residential treatment facility

A treatment center for children and adolescents, which provides residential care and treatment for emotionally disturbed individuals, and is licensed by the department of children and youth services, and is accredited as a residential treatment center by the council on accreditation or the joint commission on accreditation of health organizations.

Respite care

Care provided to give temporary relief to the family or other care givers in emergencies and from the daily demands for caring for a terminally ill **covered person**.

Room and Board

Charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

Semi-private Rate

The charge for **room and board** which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms, Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Sickness

Disease or illness including related conditions and recurrent symptoms of the **sickness**. **Sickness** also includes pregnancy, and **complications** of **pregnancy**. All **injuries** or **sickness** due to the same or a related cause are considered one **injury** or **sickness**.

Skilled Nursing Facility

A lawfully operating institution engaged mainly in providing treatment for people convalescing from **injury** or **sickness**. It must have:

- Organized facilities for medical services,
- 24 hours nursing service by RNs,
- A capacity of six or more beds,
- A daily medical records for each patient, and
- A **physician** available at all times.

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.

Surgery Center

A free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of **physicians**. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - **Physicians** who practice surgery in an area **hospital**, and
 - **Dentists** who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.

- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - A **physician** trained in cardiopulmonary resuscitation, and
 - A defibrillator, and
 - A tracheotomy set, and
 - A blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed, and the staff must be aware of them.
- Provides an ongoing quality assurance program. The program must include reviews by **physicians** who do not own or direct the facility.
- Keeps a medical record on each patient.

Surgical assistant

A medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a **physician**.

Surgical expense

Charges by a **physician** for,

- A surgical procedure,
- A necessary preoperative treatment during a **hospital** stay in connection with such procedure, and
- Usual postoperative treatment.

Surgical procedure

- A cutting procedure,
- Suturing of a wound,
- Treatment of a fracture,
- Reduction of a dislocation,
- Radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor,
- Electrocauterization,
- Diagnostic and therapeutic endoscopic procedures,
- Injection treatment of hemorrhoids and varicose veins,
- An operation by means of laser beam,
- Cryosurgery.

Totally Disabled

Due to disease or **injury**, the **covered person** is not able to engage in most of the normal activities of a person of like age and sex in good health.

Urgent Admission

One where the **physician** admits the person to the **hospital** due to:

- The onset of or change in a disease, or
- The diagnosis of a disease, or
- An **injury** caused by an **accident**,

which, while not needing an **emergency admission**, is severe enough to require confinement as an inpatient in a **hospital** within 2 weeks from the date the need for the confinement becomes apparent.

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.

Urgent Care Provider

This is:

- A freestanding medical facility which:
 - Provides unscheduled medical services to treat an **urgent condition** if the **covered person's physician** is not reasonably available.
 - Routinely provides ongoing unscheduled medical services for more than 8 consecutive hours.
 - Makes charges.
 - Is licensed and certified as required by any state or federal law or regulation.
 - Keeps a medical record on each patient.
 - Provides an ongoing quality assurance program. This includes reviews by **physicians** other than those who own or direct the facility.
 - Is run by a staff of **physicians**. At least one such **physician** must be on call at all times.
 - Has a full-time administrator who is a licensed **physician**.
- A **physician's** office, but only one that:
 - Has contracted with Aetna to provide urgent care, and
 - Is, with Aetna's consent, included in the Provider **Directory** as a Preferred Urgent Care Provider.

It is not the emergency room or outpatient department of a hospital.

Walk-in Clinic

A clinic with a group of **physicians**, which is not affiliated with a **hospital**, that provides: diagnostic services, observation, treatment, and rehabilitation on an outpatient basis.

CLAIM PROCEDURE

On occasion, the claims investigation process will require additional information in order to properly adjudicate the claim. This investigation will be handled directly by Aetna

Customer Service Representatives are available 8:30 a.m. to 5:30 p.m., Monday through Friday, PT for any questions.

1. Bills must be submitted within 90 days from the date of treatment.
2. Payment for **Covered Medical Expenses** will be made directly to the hospital or physician concerned, unless bill receipts and proof of payment are submitted.
3. If itemized medical bills are available at the time the claim form is submitted, attach them to the claim form. Subsequent medical bills should be mailed promptly.
4. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student Accident and Sickness Insurance Plan.

For assistance in filing a claims, or to inquire about the status of a claim, please contact the Insurance Coordinator on Campus at **(541) 737-7568**, **(877) 824-9355 (Toll Free)** or the Customer Service Department at Aetna Student Health, directly at **(800) 683-7299**.

HOW TO APPEAL A CLAIM

In the event a Covered Person disagrees with how a claim was processed, he/she may request a review of the decision. The Covered Person's requests must be made in writing within one hundred eighty (180) days of receipt of the Explanation of Benefits (EOB). The Covered Person's request must include why he/she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, Physician's office notes, operative reports, Physician's letter of medical necessity, etc.). Please submit all requests to:

Aetna Student Health
P.O. Box 14464
Lexington, KY 40512

ASSISTANCE FROM DIRECTOR OF DEPARTMENT OF CONSUMER AND BUSINESS SERVICES

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**.

WORLDWIDE TRAVEL ASSISTANCE SERVICES

On Call International

Chickering Claims Administrators, Inc. (CCA) has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (ADD) Benefits¹

These benefits are underwritten by United States Fire Insurance Company (USFIC) and include the following:

Benefits are payable for the Accidental Death and Dismemberment of **Covered Persons**, up to a maximum of **\$10,000**.

Medical Evacuation and Repatriation (MER) Benefits. The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist **Covered Persons** when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation
- Unlimited Return of Mortal Remains
- Return of Traveling Companion
- **\$2,500** Emergency Return Home in the event of death or life-threatening illness of a parent or sibling

Natural Disaster and Political Evacuation Services (NDPE)

The following benefits are underwritten by an insurer contracted with On Call, with medical and travel assistance services provided by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then to the his/her home country. If a **Covered Person** requires emergency evacuation due to a natural disaster, which makes his/her location uninhabitable, On Call will arrange and pay for his/her evacuation from a safe departure point. Benefits are payable up to \$100,000 per event per person.

Worldwide Emergency Travel Assistance (WETA) Services. On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of **Physician**
- Emergency Medical Record Assistance
- Legal Referral
- Bail Bonds Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year.

The information contained above is a just summary of the ADD, MER, WETA, and NDPE benefits and services available through On Call, USFIC, VSC and CV. For a copy of the plan documents applicable to the ADD, MER, WETA and NDPE coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at www.aetnastudenthealth.com or (800) 966-7772.

NOTE: In order to obtain coverage, all MER, WETA and NDPE services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the Covered Person's student health insurance plan (the "Plan"), neither OnCall, USFIC, VSC nor CV provide coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions, limitations and benefit maximums may apply. Neither CCA, nor Aetna Life Insurance Company, nor their affiliates provide medical care or treatment and they are not responsible for outcomes.

To file a claim for ADD benefits, or to obtain MER, WETA or NDPE benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed on the On Call ID card provided to Covered Persons when they enroll in the Plan: Toll Free at (866) 525-1956 or Collect at (603) 328-1956.

All Covered Persons should carry their On Call ID card when traveling.

CCA and On Call are independent contractors and not employees or agents of the other. CCA provides access to ADD, MER, WETA and NDPE benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers ADD, MER, WETA or NDPE benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC, VSC or CV. Premiums/fees for benefits/services provided through On Call, USFIC, VSC and CV are included in the Rates outlined in this brochure.

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

Got Questions? Get Answers with Aetna's Navigator[®]

As an Aetna Student Health insurance member, you have access to Aetna Navigator[®], your secure member website, packed with personalized claims 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
- Find your school in the School Directory
- Click on Aetna Navigator[®] Member Website and then the "Register for Aetna Navigator" link.
- Follow the instructions for the registration process, including selecting 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 (800) 225-3375.

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 www.aetnastudenthealth.com.

Administered by:

Aetna
P.O. Box 981106
El Paso, TX 79998
(800) 683-7299
www.aetnastudenthealth.com

Underwritten by:

Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
(860) 273-0123

Policy No. 100100

The Oregon State University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC) and administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.