

Domestic Student Health Insurance Plan

2011-2012



What does it cost?

Yearly premium.....	\$2,421
Fall term.....	\$807
Winter term.....	\$807
Spring/summer term.....	\$807
<i>(Purchase of spring covers through summer at no additional cost)</i>	
Summer term only.....	\$613
<i>(For students attending only summer term)</i>	
Additional Catastrophic Coverage 1 year.....	\$615
<i>(Only available fall term)</i>	

When do I pay?

Payments for insurance coverage must be made by the third Friday of each term at the Insurance Office in Student Health Services.

When can I enroll?

The open enrollment period officially ends the third Friday of each term. The open enrollment periods for each term of the 2011–12 academic year are printed below. Students should submit a completed enrollment form and make payment to the insurance office no later than the last published date of open enrollment in order to complete their enrollment.

Term	Open Enrollment Period
Fall	September 15 – October 14, 2011
Winter	January 2 – January 20, 2012
Spring/summer	April 2 – April 20, 2012
Summer	June 25 – July 13, 2012

What are the periods of coverage?

Coverage begins the first day of the term and continues through term breaks to end on the last day of the term. The begin and end dates for coverage in the 2011–12 academic year are:

Term	Coverage Begin Date – End Date
Annual	September 21, 2011 – September 20, 2012
Fall	September 21, 2011 – January 1, 2012
Winter	January 2 – April 1, 2012
Spring/summer	April 2 – September 20, 2012
Summer only	June 25 – September 20, 2012

How do I enroll?

Students enrolling for the first time at Fall term must submit an enrollment form to the Student Insurance Office, along with their check/cash, no later than the last published date of open enrollment. At that point, students can elect to have premiums for subsequent terms billed to their student account. If students elect not to have automatic billing, they must visit the insurance office each term to re-enroll. Enrollment forms are available at the Student Insurance Office or online at studenthealth.oregonstate.edu/insurance.

How can I find a preferred provider?

As with any insurance plan, it is important to use preferred providers whenever possible in order to get the best coverage on your plan. Even if you are referred by your primary doctor, the OSU Insurance Office still recommends you confirm the doctor you are scheduled to see is a preferred provider for your insurance plan.

Dependents should use a preferred provider in the community, since they are not eligible to be seen at Student Health Services.

Preferred Providers on the web:

- > Go to www.aetnastudenthealth.com.
- > Click “Find Your School.”
- > Type in “Oregon State University” or use school group # 100100.
- > Chose “DocFind” from the menu on the left.

Preferred Providers on the phone:

- > Call the number on your Aetna insurance card 1-800-683-7299.

Preferred providers in the case of emergency more than 100 miles from home:

- > Call On Call International at 1-866-525-1956 for assistance while traveling. When calling for services, identify yourself as an Aetna/On Call International member.

Questions?

OSU Student Insurance Office
 110 Plageman Building
 Corvallis, OR 97331
 Phone: 541-737-7600
 Fax: 541-737-7914
 Email: osustudent.insurance@oregonstate.edu
 Web site: studenthealth.oregonstate.edu/insurance

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Why do I need insurance?

Many students depend on their campus student health services for all their medical care. In the case of an accident or serious illness, however, students can be left unprotected against the expense of treatment. Other students may have coverage through a parent's insurance, but are left with little or no coverage if they travel out of their home network.

OSU offers a comprehensive insurance plan to all students that will help cover costs for care at OSU Student Health Services (SHS) on campus, as well as at preferred provider facilities off campus. In addition to coverage for accidents and illness, the plan also includes mental health, pregnancy, and prescription drug coverage. Coverage also includes emergency evacuation and repatriation benefits required by some educational exchange programs.

Who provides the plan?

The OSU Student Insurance plans are provided by Aetna Student Health. Aetna is one of the nation's leading providers of health care benefits, and has been serving students' insurance needs for 25 years. Their extensive nationwide network includes more than 590,000 providers. Aetna has grown over the past five years to become the largest provider of college student health insurance in the country. Refer to the back of this brochure for instructions on how to check the preferred provider network near you.

Travel benefits are provided at no additional charge by On Call International. Although best known for intervening in medical emergencies in foreign countries, On Call International's programs are designed to respond when any covered student or dependent becomes ill or injured while traveling as close as 100 miles from home.

Who is eligible to enroll?

Any OSU student enrolled for the minimum number of credits on campus (undergrad – 6 credits/grad – 3 credits) and who pays student fees is eligible to enroll during the published open enrollment period. During summer, that minimum is waived for graduate students doing research on campus. NOTE: Students with only E-Campus classes are not eligible to purchase insurance.

The Student Health Insurance program is managed by the OSU Student Health Services in conjunction with the Student Health Advisory Board. The plan is administered by Aetna Student Health of Boston, MA.

What is covered? *

The following information is provided by the OSU Insurance office to give you a brief overview of the insurance plan. In the event of any discrepancy between this summary and the policy brochure, the terms and conditions of the master policy shall apply. You may view a complete policy online at www.aetnastudenthealth.com. Choose "Find your school."

Deductible	On campus: waived Off campus: \$300 per academic year Dependent: \$50 per condition per year, off campus
Benefit Maximum	\$50,000 per condition per policy year
Aggregate Benefit Max.	\$50,000 per policy year

Office Visits	On campus: 80% no deductible Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers
Office Visits, Lab work, X-ray	On campus: 80% no deductible Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers
Emergency Room, Hospital, Room and Board, Surgeon, Anesthesia	80% after deductible and \$50 co-pay at Preferred Providers; 60% at Non-Preferred Providers
Physical Therapy	On campus: 80% no deductible Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers
Mental Health and Substance Abuse	Outpatient: 80% of negotiated charge at Preferred Providers; 60% of recognized charge at Non-Preferred Providers Inpatient (In Hospital): 80% of negotiated charge at Preferred Providers; 60% of recognized charge at Non-Preferred Provider
Prescription Drugs	On campus: 70% Off campus: 50% — <u>You must pay the full amount for your prescription, then send receipt and claim form to Aetna to be reimbursed.</u> Accutane and Retin-A covered only if prescribed by SHS practitioner and filled at the OSU Pharmacy.
Ambulance	Covered at 80% of reasonable charge when medically necessary for travel to the closest medical facility, which can provide required medical treatment
Pregnancy	Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers.

Well Newborn Nursery Care Expense	Benefits include charges for routine care of a covered person's newborn child as follows: > Hospital charges for routine nursery care during the mother's confinement, but for not more than four days for a normal delivery; > 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. Covered Medical Expenses are payable as any other condition.
Women's Preventative Care	Annual Pap Smears On campus: 80% no deductible Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers Mammograms for screening or diagnostic purposes On campus: 80% no deductible Off campus: 80% after deductible at Preferred Providers; 60% at Non-Preferred Providers. Ages 35-40: 1 baseline mammogram; ages 40+: 1 annual mammogram
Travel Assistance	Coverage provided by On Call International includes unlimited medical evacuation and repatriation coverage as well as traveler's assistance services, medical assistance, information services, legal assistance, and accidental death and dismemberment insurance.
Contraceptives	Expenses for outpatient contraceptive drugs and devices, and outpatient services. Medical expenses: 80% > Charges incurred for contraceptive drugs and devices that by law need a physician's prescription, and that have been approved by the FDA; > Related outpatient contraceptive services such as consultations, exams, procedures, and other medical services and supplies. Pharmacy: 70%
Dental and Vision Care	Vital Savings is a discount program which offers students access to savings on preventive, major and basic dental services as well as vision services through Vision One. Visit aetnastudenthealth.com for program details.

**This plan does not include coverage for routine preventative care such as immunizations; STD screenings; school, sports or travel physicals, travel immunizations, etc. For a complete list of exclusions and limitations please refer to the master policy online at www.aetnastudenthealth.com. Choose "Find your school."*