

# George Fox University

## 2008-2009 Student Health Insurance Plan

Your school-endorsed Plan offers you these benefits, services and programs.



## Learn More

Visit your one-stop website [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to learn more details about Plan benefits and other Plan features. For questions, call (866) 574-8287.

**Brokered by:**  
**USI Northwest (800) 251-4246**

**Aetna Student Health, in partnership with George Fox University and USI Northwest, offers a student-focused health insurance plan that protects students at school, at home, and while traveling or studying abroad.**

### What is the Plan All About?

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

### Your school-endorsed Student Health Insurance Plan offers you:

- Tools to help you make health insurance choices
- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country
- An award-winning online secure member website, Aetna Navigator®
- Aetna Vision<sup>SM</sup> Discount Program – a discount program on eyewear.<sup>1</sup>
- Fitness Program – a discount program that offers discounts on health club memberships and home exercise equipment.<sup>1</sup>
- Informed Health<sup>®</sup> Line – talk to a registered nurse about health issues, toll free, any time.<sup>2</sup>
- Emergency Travel Assistance Services and Medical Evacuation<sup>3</sup>

### Who is eligible?

All full-time undergraduate and graduate students are required to carry medical insurance coverage and will be billed for premiums. Any student with existing health insurance coverage may be exempted from participation by completing a waiver form with the University. For more information, contact Enrollment Services at (503) 554-2250 or the Health & Counseling Center at (503) 554-2340.

### How much does it cost?

	<b>Annual</b> 8/16/08-8/15/09	<b>Spring/Summer</b> 1/12/09-8/15/09
<b>Student</b>	\$1,130	\$676

	<b>Annual</b> 6/16/08-6/15/09
<b>M.A.T. Student</b>	\$1,130

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



This flyer is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. If any discrepancy exists between this pamphlet and the Policy, the Master Policy will govern and control the payment of Benefits.

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

This Plan is endorsed by George Fox University. Benefits are paid in accordance with applicable state mandates.

## GEORGE FOX UNIVERSITY 2008-2009 STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

The Plan provides for the Medically Necessary Reasonable Charge (RC) incurred by a Covered Person for loss due to a covered Injury or Sickness. If a Covered Person receives care from a Preferred Provider\*, any eligible expenses will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Preferred Providers are part of the Aetna Preferred Provider Network at [www.aetna.com/docfind/custom/chickering](http://www.aetna.com/docfind/custom/chickering). Subject to Plan limitations and exclusions (as outlined in Policy).

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

\*Preferred providers are independent contractors and are neither employees nor agents of George Fox University, USI Northwest, Aetna Student Health, Inc., or Aetna

<b>Plan Maximum</b>	\$50,000 per Condition, per Policy Year
<b>Out-of-Pocket Maximum</b>	\$2,000 per Individual, per Policy Year

### ELIGIBLE EXPENSES ARE COVERED AT:

#### **INPATIENT EXPENSES**

**Hospital Expenses**, daily semi-private room rate; general nursing care provided by Hospital.  
**Intensive Care Hospital Expenses**  
**Miscellaneous Hospital Expenses**, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services & supplies.  
**Physician Hospital Visit Expenses**

### PREFERRED CARE

### NON-PREFERRED CARE

90% of Negotiated Charge after \$50 Copay  
 90% of Negotiated Charge  
 90% of Negotiated Charge

70% of RC after \$50 Deductible  
 70% of RC  
 70% of RC

90% of Negotiated Charge after \$20 Copay per visit

70% of RC after \$20 Deductible per visit

#### **SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)**

**Surgical Expenses**  
**Anesthetist Expense & Assistant Surgeon Expenses**

90% of Negotiated Charge  
 90% of Negotiated Charge

70% of RC  
 70% of RC

#### **OUTPATIENT EXPENSES**

**Physician's Office Visit Expenses**, benefits are limited to one visit per day  
**Emergency Expenses**, use of the emergency room and supplies  
**Durable Medical Equipment and Prosthetic Device Expenses**

90% of Negotiated Charge after \$20 Copay per visit  
 90% of Negotiated Charge after \$100 Copay per visit  
 90% of Negotiated Charge

70% of RC after \$20 Deductible per visit  
 90% of RC after \$100 Deductible per visit  
 70% of RC

#### **MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES**

**Inpatient Mental Health and Substance Abuse Expenses**, benefits limited to a maximum of 3 days per related condition per Policy Year  
**Outpatient Mental Health\***, referral required by George Fox University Health and Counseling Center (HCC)  
**Outpatient Substance Abuse Expenses\***, alcohol and drug addiction

90% of Negotiated Charge  
 90% of Negotiated Charge with referral only  
 90% of Negotiated Charge

70% of RC  
 70% of RC with referral only  
 70% of RC

\* Outpatient Mental Health and Substance Abuse limited to maximum benefit of 10 visits per Policy Year (excludes Pharmacology visits)

#### **ADDITIONAL EXPENSES**

**Women's Health Care Expense**, includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.  
**Diagnostic X-Ray and Laboratory Expenses**  
**Chiropractic Care Expenses**, benefits are limited to one visit per day, \$50 maximum benefit per visit, \$1,000 maximum benefit per Policy Year  
**Physical Therapy Expenses**, benefits are limited to one visit per day, \$50 maximum benefit per visit, \$1,000 maximum benefit per Policy Year  
**Immunizations**, limited to maximum of \$250 per Policy Year  
**Routine STD Testing, only when performed at University HCC**  
**Learning Disability Testing, referral required from University HCC**  
**Diabetes Self-Management and Education Expenses**, limited to a maximum of \$120 per Policy Year  
**Consultant Physician Expenses**, when requested/ approved by attending Physician  
**Maternity Expenses**, Hospital expenses covered under Inpatient Expenses benefits  
**Ambulance Expenses**  
**Home Health Care Expense**, limited to maximum of 90 visits per Policy Year

90% of Negotiated Charge after \$20 Copay per visit  
 90% of Negotiated Charge  
 90% of Negotiated Charge  
 90% of Negotiated Charge  
 100% of Negotiated Charge  
 90% when performed at the HCC Only  
 90% of Negotiated Charge  
 75% of Negotiated Charge  
 90% of Negotiated Charge  
 90% of Negotiated Charge  
 80% of Reasonable Charge  
 90% of Negotiated Charge

70% of RC after \$20 Deductible per visit  
 70% of RC  
 70% of RC  
 70% of RC  
 100% of RC  
 70% of RC  
 75% of RC  
 70% of RC  
 70% of RC  
 70% of RC  
 70% of RC

#### **PRESCRIPTION DRUG EXPENSES\*\***

**Brand Name or Generic Drugs**, limited to Policy Year maximum benefit of \$2,500  
 Expenses for prescription drugs dispensed from Non-Preferred Pharmacies must be paid in full at time of service

80% of Negotiated Charge

80% of RC

\*\* Coinsurance for Prescription Drug Expenses **DOES NOT** apply towards the Policy Year Out-of-Pocket Maximum