



George Fox University

2011-2012 Student Health Insurance Plan

Aetna Student Health, working with George Fox University offers a student-focused health insurance plan that helps protect students at school, at home, and while traveling or studying abroad.

What is the Plan All About?

Your Student Health Insurance Plan offers you access to:

- Aetna's nationwide network of doctors, hospitals, pharmacies and specialists throughout the country.
- An award-winning online secure member website, Aetna Navigator[®].
- Aggregate Benefit Maximum of \$50,000 per Illness or Injury, per policy year.
- Informed Health[®] Line – Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.
- Savings on vision, fitness, alternative health care, weight management, books and many more!
- Travel Assistance Services and Worldwide Medical Coverage while traveling or studying abroad.
- Co-pay for pharmacy at in-network pharmacies; subject to an annual maximum of \$2,500 (combined In or Out-of-Network).

How much does it cost?

	Early Start Summer 6/15/11-8/15/11	Annual 8/16/11-8/15/12	Fall 8/16/11-12/31/11	Spring/Summer 1/1/12-8/15/12
Enrollment Deadline Date	7/15/11	9/16/12	9/16/11	2/1/12
Student Plan	\$277	\$1,653	\$629	\$1,024

The rate above includes both premium for the student health plan underwritten by Aetna Life Insurance Company, as well as George Fox University's administrative fee.

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.



Learn More!

1-866-574-8287

www.aetnastudenthealth.com

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

The George Fox University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company 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.

Policy forms issued in OK include GR-96134.

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GEORGE FOX UNIVERSITY 2011-2012 STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

Plan Maximum Annual Deductible	\$50,000 per Condition, per Policy Year \$50 per Policy Year	
AFTER DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT	PREFERRED CARE	NON-PREFERRED CARE
INPATIENT EXPENSES		
Hospital Expenses , daily semi-private room rate; general nursing care provided by Hospital.	80% of Negotiated Charge after \$150 Copay	60% of Recognized Charge after \$150 Deductible
Intensive Care Hospital Expenses	80% of Negotiated Charge after \$150 Copay	60% of Recognized Charge after \$150 Deductible
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.	80% of Negotiated Charge	60% of Recognized Charge
Physician Hospital Visit Expenses	80% of Negotiated Charge after \$20 Copay per visit	60% of Recognized Charge after \$20 Deductible per visit
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)		
Surgical Expenses	80% of Negotiated Charge	60% of Recognized Charge
Anesthetist Expense & Assistant Surgeon Expenses	80% of Negotiated Charge	60% of Recognized Charge
OUTPATIENT EXPENSES		
Physician's Office Visit Expenses , benefits are limited to one visit per day.	80% of Negotiated Charge after \$20 Copay per visit	60% of Recognized Charge after \$20 Deductible per visit
Emergency Expenses , use of the emergency room and supplies.	80% of Negotiated Charge after \$100 Copay per visit	80% of Recognized Charge after \$100 Deductible per visit
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES		
Inpatient Mental Health and Substance Abuse	80% of Negotiated Charge after \$50 Copay	60% of Recognized Charge after \$50 Deductible
Outpatient Mental Health and Substance Abuse	80% of Negotiated Charge after \$20 Copay per visit	60% of Recognized Charge \$20 Deductible per visit
ADDITIONAL EXPENSES		
Women's Health Care Expenses , includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	80% of Negotiated Charge after \$20 Copay per visit	60% of Recognized Charge after \$20 Deductible per visit
Diagnostic X-Ray and Laboratory Expenses	80% of Negotiated Charge	60% of Recognized Charge
Physical Therapy/Chiropractic Expenses , benefits are limited to one visit per day, \$50 maximum benefit per visit, \$1,000 maximum benefit per Policy Year.	80% of Negotiated Charge	60% of Recognized Charge
Durable Medical Equipment Expenses	80% of Negotiated Charge	60% of Recognized Charge
Diabetes Self-Management and Education Expenses	80% of Negotiated Charge	60% of Recognized Charge
Dental Expenses , made necessary by Injury to Sound, Natural Teeth.	80% of Recognized Charge	
Maternity Expenses , hospital expenses covered under Inpatient Expenses benefit.	80% of Negotiated Charge	60% of Recognized Charge
Ambulance Expenses	80% of Recognized Charge	
Immunizations , limited to maximum of \$250 per Policy Year.	100% of Negotiated Charge 80% at (HCC) only	100% of Recognized Charge 80% at (HCC) only
Routine STD Testing, only when performed at University (HCC)		
PRESCRIPTION DRUG EXPENSES		
Benefits limited to \$2,500 maximum per Policy Year. You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.	100% of Negotiated Charge after a \$15 Copay for Generic Drugs, or \$30 Copay for Brand Name Drugs.	100% of Recognized Charge after a \$15 Deductible for Generic Drugs, or \$30 Deductible for Brand Name Drugs.

The George Fox University Student Health Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the George Fox University brochure carefully before deciding whether this plan is right for you. While this document and the George Fox University brochure tell you about some of the important features of the plan, other features may be important to you and some further limit what the plan will pay. If you want to look at the full plan description, which is contained in the Master Policy issued to George Fox University, you may view it University Health and Counseling Center or you may contact us at (866) 574-8287. This plan will never pay more than \$50,000 per Injury or Illness in a coverage year or more than \$2,500 in Prescription Drug Expenses in a coverage year. 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.