

**Eastern Oregon
University
2009-2010
Domestic 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 to learn more details about Plan benefits and other Plan features. Call (866) 746-6586.

**Brokered by:
Wells Fargo Insurance Services, Inc.
Student Health Division**

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. This material is for information only.

The Eastern Oregon University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC). The Plan is 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.
15.03.318.1 A (03/09)

Aetna Student Health, working with Eastern Oregon University, 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.

This plan may not cover all your health care expenses. The Eastern Oregon University Basic Plan has a limited medical maximum of \$2,500 per condition per policy year. Also offered is an optional Supplemental Plan (major medical) that provides additional coverage once the Basic Plan benefits have been paid. The Supplemental Plan maximum is \$50,000, which gives a combined total of \$52,500 per condition per policy year.

Your school-endorsed Student Health Insurance Plan offers you:

- Access to Aetna's nationwide network of health care professionals, including primary care and specialist doctors
- Travel Assistance Services and Worldwide Medical coverage while traveling or studying abroad
- Vision, Fitness and Aetna Natural Products and ServicesSM Discount Programs
- Weight Management Discount Program – access to discounts on Jenny Craig[®] weight loss programs and products
- Once you're a member of the Plan, you have access to Aetna Navigator[®], your secure member website packed with personalized benefits and health information. Access discounts on health and wellness services, such as SpaWish[®] and MayoClinic.com bookstore.

Who is eligible?

All domestic students taking six (6) or more credit hours during the Fall, Winter, and Spring terms are automatically enrolled in the Basic Plan. Summer coverage is available to all students on a voluntary basis. Students are also eligible to purchase the Optional Supplemental Plan. **To enroll in the Optional Supplemental Plan**, please contact the Student Accounts Office at (541) 962-3590. The student insurance premium and the administrative service fee may not be waived. To find out more information about these fees please visit: <http://www.eou.edu/saffairs/handbook/health.html>.

How much does it cost?

BASIC PLAN	PER TERM
Student Only	\$39
SUPPLEMENTAL PLAN	PER TERM
Student Only	\$558
Add Spouse	\$1,437
Per Child	\$798

PER TERM COVERAGE DATES	
Fall	9/1/09-1/3/10
Winter	1/4/10-3/28/10
Spring	3/29/10-6/20/10
Summer	6/21/10-8/31/10

Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to other third parties. Rates also include premiums and fees for Accidental Death and Dismemberment, Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through OnCall International and its contracted underwriting companies.



The Eastern Oregon 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 Eastern Oregon State University Student Health Insurance brochure carefully before deciding whether this plan is right for you. While this document and the Eastern Oregon State 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 Eastern Oregon University, you may view it at Student Affairs or you may contact us at (866) 746-6586. This plan will never pay more than \$2,500 per Condition for the Basic Plan and \$50,000 per Condition for the Supplemental plan, which gives a combined total for the Supplemental plan of \$52,500 per condition 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. Please Note: The first \$250 of claims on the Basic Plan are considered as primary insurance.

BASIC PLAN POLICY YEAR MAXIMUM	\$2,500 per Condition	BASIC PLAN ANNUAL DEDUCTIBLE	Not Applicable
SUPPLEMENTAL PLAN POLICY YEAR MAXIMUM	\$50,000 per Condition	SUPPLEMENTAL PLAN ANNUAL DEDUCTIBLE	\$250 per Individual

****AFTER THE SUPPLEMENTAL PLAN DEDUCTIBLE HAS BEEN MET, ELIGIBLE EXPENSES ARE COVERED AT:**

	BASIC PLAN		SUPPLEMENTAL PLAN**	
	PREFERRED CARE	NON-PREFERRED CARE	PREFERRED CARE	NON-PREFERRED CARE
INPATIENT EXPENSES				
Hospital Expenses , daily semi-private room rate; general nursing care provided by Hospital.	75% of Negotiated Charge	75% of RC	75% of Negotiated Charge	75% of RC
Intensive Care Hospital Expenses	75% of Negotiated Charge	75% of RC	75% of Negotiated Charge	75% of RC
Miscellaneous Hospital Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, therapeutic services & supplies.	75% of Negotiated Charge	75% of RC	75% of Negotiated Charge	75% of RC
Physician Hospital Visit Expenses , benefits are limited to one visit per day	100% of Negotiated Charge after a \$20 Copay	100% of RC after a \$20 Deductible	75% of Negotiated Charge	75% of RC
SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)				
Surgical Expenses	75% of Negotiated Charge	75% of RC	75% of Negotiated Charge	75% of RC
Anesthetist Expense & Assistant Surgeon Expenses	20% of Surgical Allowance	20% of Surgical Allowance	75% of Negotiated Charge	75% of Negotiated Charge
OUTPATIENT EXPENSES				
Physician's Office Visit Expenses , benefits are limited to one visit per day. <i>SHC services are covered at 100% of Actual Charge, with no Copay.</i>	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Emergency Expenses , use of the emergency room and supplies. <i>Copay/ Per Visit Deductible waived if admitted. *** \$1,000 maximum benefit per Condition, per Policy Year.</i>	100% of Negotiated Charge after a \$150 Copay per visit***	100% of RC after a \$150 Deductible per visit***	75% of Negotiated Charge	75% of RC
MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES				
Inpatient Mental Health and Substance Abuse Expenses	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Outpatient Mental Health Expenses <i>SHC services are covered at 100% of Actual Charge, with no Copay.</i>	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Outpatient Substance Abuse Expenses	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
ADDITIONAL EXPENSES				
Diagnostic X-Ray and Laboratory Expenses <i>SHC services are covered at 100% of Actual Charge, with no Copay.</i>	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Chiropractic Expenses , benefits limited to 10 visits maximum per Policy Year for Basic Plan, and \$300 maximum per Policy Year for Supplemental Plan.	75% of Negotiated Charge after a \$20 Copay per visit	75% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Women's Health Care Expenses , includes an annual Pap Smear screening for women 18 and older. <i>SHC services are covered at 100% of Actual Charge, with no Copay.</i>	100% of Negotiated Charge after a \$20 Copay per visit	100% of RC after a \$20 Deductible per visit	75% of Negotiated Charge	75% of RC
Prescription Drug Expenses , benefits include coverage for Prescription Contraceptives. Benefits limited to \$500 maximum per Policy Year for the Basic Plan, and an additional \$1,200 maximum per Policy Year for the Supplemental Plan.	\$15 Copay for Generic Drugs \$25 Copay for Preferred Brand Drugs \$40 Copay for Non-Preferred Brand Drugs	\$15 Deductible for Generic Drugs \$25 Deductible for Preferred Brand Drugs \$40 Deductible for Non-Preferred Brand Drugs	\$15 Copay for Generic Drugs \$25 Copay for Preferred Brand Drugs \$40 Copay for Non-Preferred Brand Drugs	\$15 Deductible for Generic Drugs \$25 Deductible for Preferred Brand Drugs \$40 Deductible for Non-Preferred Brand Drugs