

Aetna Student Health

Plan Design and Benefits Summary Oregon Health & Science University Student Plan

Policy Year: 2014 - 2015

Policy Number: 474951



aetna[®]

www.aetnastudenthealth.com

(877)261-8409

The university has contracted with Aetna Student Health in order to offer enhanced services that are easy to use, affordable and adaptable to your health care needs. The exact provisions governing this insurance are contained in the Master Policy for Oregon Health & Science University plan participants and may be viewed at www.ohsu.edu/jbt-health.

OHSU JBT HEALTH & WELLNESS CENTER

JBT Health & Wellness Center – Portland Area Campuses

The JBT Health & Wellness Center serves all OREGON HEALTH & SCIENCE UNIVERSITY students enrolled in classes at the Marquam Hill, South Waterfront and West Campuses. Your health fee covers ambulatory care services here, including treatment of major and minor illnesses, minor injury care, women's health care (gynecology, contraception, IUDs and pap smears), as well as basic dermatology and orthopedics. Counseling and behavioral health services are also an integral part of our services including counseling for depression, anxiety, grief and crisis intervention. Diagnosis and treatment of a wide range of behavioral health conditions is also offered.

LOCATION

Primary Care, Baird Hall, Room 18 and Behavioral Health and Wellness, Room 6, Marquam Hill Campus

HOURS

Monday-Friday, 8:00 a.m. – 5:00 p.m., Thursday until 5:30 p.m.
Extended hours available for counseling.

APPOINTMENT

(503)494-8665 or via My CHART

24 HOUR ON-CALL PROVIDER: **(503)494-8311**: ask for the JBT provider on call.

INFORMATION

Website: www.ohsu.edu/jbt-health

Email: askjbthealth@ohsu.edu

Fax: **(503)494-2958**

Contact Information for Student Health Centers at Distance Campuses

Monmouth Campus:

345 N. Monmouth Ave.

Monmouth, OR 97361

Student Health Center: **(503)838-8313**

Ashland Campus:

1250 Siskiyou Blvd.

Ashland, OR 97520

Student Health Center: **(541)552-6136**

Corvallis Campus

201 Plageman Bldg.

Corvallis, OR 97331

Student Health Center: **(541)737-9355**

Klamath Falls Campus:

3201 Campus Drive

Klamath Falls, OR 97601

Student Health & Wellness Center Semon Hall: **(541)885-1800**

La Grande Campus:
 One University Blvd.
 La Grande, OR 97850
 Student Health & Counseling Center: **(541)962-3524**

For more information, call the OHSU JBT Health & Wellness Center at **(503)494-8665**.
 In the event of an emergency, call **911**.

Coverage Periods

New Students: Coverage for eligible students will become effective at or after 12:00 a.m. on August 01, 2014, and will terminate at or before 11:59 p.m. on August 31, 2015. Student specific coverage periods are determined based upon their academic programs and the status of any approved waivers on file for that current academic year. Please refer to the eligibility and waiver application sections for further details.

Returning Students: Coverage for eligible students will become effective at or after 12:00 a.m. on September 01, 2014, and will terminate at or before 11:59 p.m. on August 31, 2015. Student specific coverage periods are determined based upon their academic programs and the status of any approved waivers on file for that current academic year. Please refer to the eligibility and waiver application sections for further details.

Insured Dependents: Coverage will become effective on the same date the insured student's coverage is effective. Coverage for insured dependents terminates in accordance with the Termination Provisions that have been defined by Oregon Health Sciences University. Examples include, but are not limited to: the date the student's coverage terminates (graduation, withdrawal, leave of absence), and/or the date the dependent no longer meets the definition of an eligible dependent.

Rates

2014 - 2015 Medical Plan Rates		
	Portland Campus Monthly	Non-Portland Area Campuses Monthly
Student Only	\$295.09	\$295.09
Add Spouse/Domestic Partner	\$474.26*	\$387.37
Add Child(ren)	\$223.71	\$223.71
Add Family	\$697.38*	\$610.40

*Includes fee for adult access to JBT Health & Wellness Center

2014 - 2015 Dental Plan Rates	
	All Students Monthly
Student Only	\$22.90
Add Spouse/Domestic Partner	\$23.51
Add Child(ren)	\$19.71
Add Family	\$43.22

Student Coverage

Eligibility

Oregon Health & Science University requires students enrolled in one of the programs listed below to have health insurance. Students enrolled in the eligible programs will be charged premiums for the University sponsored health insurance plan. An initial list of programs that are eligible for the University sponsored health insurance plan has been provided below, and is subject to change. Please check with your program for any changes made after spring 2014. You may also reference the OHSU Fee Book

(<http://www.ohsu.edu/xd/education/student-services/registrar/>) to determine if your program is eligible, in which case you will be billed directly via your student account for the University sponsored health insurance.

1. “New students who begin programs in June, July or August, must contact the JBT Health & Wellness Center for a paper dependent enrollment application. JBT Health can be reached at **(503)494-8665** or by email at askjbthealth@ohsu.edu”

Major Medical & Dental Insurance

Assessed at 1 Credit and Above:

- Dietetic Internship
- M.S. in Clinical Nutrition or Master of Clinical Dietetics
- Physician Assistant
- Radiation Therapy
- Dental (DMD)
- Dental Graduate (Advanced Specialty)
- Medicine (MD)
- Graduate Medicine - Portland (Cert., Masters and PhD)
- Pharmacy (Pharm.D)
- Graduate Nursing - Portland (Cert., Masters, PhD and DNP)
- Graduate Nursing - Nurse Anesthesia
- Undergraduate Nursing - Accelerated Baccalaureate
- Undergraduate Nursing – Ashland
- Undergraduate Nursing - Klamath Falls
- Undergraduate Nursing – La Grande
- Undergraduate Nursing – Monmouth
- Undergraduate Nursing - Portland

Online Programs Not Assessed

Major Medical & Dental:

- Distance Learning Biomedical Informatics
- M.S./Certificate in Healthcare Management
- Master of Business Administration
- Master of Clinical Research, Certificate in Human Investigations or Health Sciences Technology Entrepreneurship Certificate
- R.N. to B.S.
- Nursing Education (Cert. And Masters)
- SoN Master/Certificate in Public Health
- Advanced Practice Gerontological Nursing Certificate
- Health Systems and Organizational Leadership
- G.R. Nursing outside of Oregon

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

Eligible students will be automatically enrolled in this plan, unless they have completed the Waiver Application, it has been received, **and** approved by the University before their respective program/school deadlines, based on the OHSU 2014 - 2015 Academic Calendar.

Waiver Process

Oregon law provides that an educational institution may approve a student's request to decline coverage from the approved health insurance plan if the student provides evidence that they have health coverage comparable to the University sponsored plan. If you elect to waive the Student Health Insurance Plan, you will not be covered for any medical services normally covered under the OHSU Student Health Plan for academic terms in which you waive, and you can only reenroll during the open enrollment period or with a qualifying life event, including loss of other coverage. Enrollment must be backdated to the date of prior coverage termination.

Annual Waiver Applications: Returning students insurance waiver applications must be applied for annually, **before** the student's fall term begins. **New students** have **30 days** to submit an application after their initial classes begin. Waiver applications received and approved at any other time during the year will become effective on the first of the month of the students next academic term.

Waiver applications can be completed online by visiting www.aetnastudenthealth.com and selecting "Oregon Health & Science University Student Plan" from the school drop-down list. Further details are available on the school specific website. It is important to provide accurate and complete information in your online application in order for your application to be reviewed. Inaccurate and incomplete applications will not be approved.

Waiver Evaluation Criteria:

Oregon Health & Science University's mandatory student group health insurance policy requires that insurance meet the following criteria:

- Coverage is in effect from the first of the month in which classes begin.
- Available to all students and their dependents with no exclusions and/or pre-existing clause.
- No lifetime or annual policy maximum.
- The plan must include prescription coverage, without lifetime or annual maximums.
- The plan must provide in-patient and out-patient care in the State of Oregon (including office visits, behavioral healthcare and ancillary procedures).
- The plan must have a national network that provides in-patient and out-patient care on an in-network or out-of network basis beyond urgent/emergency benefits without limits.
- The plan must have an annual out of pocket maximum of no more than **\$6,000** per person.
- The plan must not include internal benefit limits on treatment of specific illnesses or injuries.

**Please note that most exchange plans and state Medicaid (OHP) do not provide nationwide care beyond urgent/emergency benefits and will not qualify to waive the OHSU Student Health Insurance.*

Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse or domestic partner and/or dependent children up to the age of **26**.

Enrollment

Online dependent enrollment can be done by visiting www.aetnastudenthealth.com and selecting "Oregon Health & Science University Student Plan" from the school drop-down list. Next select the link to enroll your dependents. You may also call customer service at **1-877-261-8409** to request that an Enrollment Form be sent in the mail. Please refer to the Coverage Periods section of this document for coverage dates and deadline dates. Dependent enrollment is for the policy year and cannot be rescinded. Dependent enrollment applications will not be accepted after October 31, 2014, unless there is a significant life change that directly affects their insurance coverage (examples:

- Loss of health coverage under another health plan, marriage, divorce, birth or adoption of a child.)
Dependent premiums are submitted directly to AETNA student health via electronic payment.

*Please note, new students who are enrolled in programs that start outside the Fall Academic Term have 30 days from the date classes begin to enroll dependents.

Previously Enrolled Dependents: must reenroll for coverage by October 31, 2014 for the 2014-2015 Academic Year, in order to avoid a break in coverage. For information or general questions, contact Aetna Student Health at **1-877-261-8409**.

Preferred Provider Network

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community, as well as a nationwide network.

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.

Pre-certification Program

Your Plan requires pre-certification for a hospital stay. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Call to get information on certification at **(877)261-8409**.

You'll need pre-certification for the following inpatient and outpatient services or supplies:

- All inpatient admissions, including length of stay, to a hospital, skilled nursing facility, a facility established primarily for the treatment of substance abuse, or a residential treatment facility
- All inpatient maternity care, after the initial **48 hours** for a vaginal delivery or **96 hours** for a cesarean section.

Pre-certification DOES NOT guarantee the payment of benefits for your inpatient admission

Each claim is subject to medical policy review, in accordance with the exclusions and limitations contained in the Master Policy. Also you can view eligibility, notification guidelines, and benefit coverage.

Pre-certification of non-emergency inpatient admissions and partial hospitalization

Non-emergency admissions must be requested at least **three (3) business days** prior to the planned admission or prior to the date the services are scheduled to begin.

Pre-certification of emergency inpatient admissions

Emergency admissions must be requested within **one (1) business day** after the admission.

Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary 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. All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	Unlimited	
	Preferred Care	Non-Preferred Care
DEDUCTIBLE	Individual	Individual
<i>Unless otherwise indicated, the Policy Year Deductible must be met prior to benefits being payable</i>	Students: \$750 per Policy Year	Students: \$1,000 per Policy Year
<i>In compliance with Oregon State Mandate(s) the Policy Year Deductible is waived for:</i>	Spouse/Domestic Partner: \$750 per Policy Year	Spouse/Domestic Partner: \$1,000 per Policy Year
<i>Maternal Diabetic Services from conception to 6 weeks post-partum</i>	Child: \$750 per Policy Year	Child: \$1,000 per Policy Year
<i>In addition to state and federal requirements for waiver of the Policy Year Deductible, this Plan will waive the Deductible for:</i>	Family: \$2,250 per Policy Year	Family: \$3,000 per Policy Year
<i>Pap Smears, Routine Vision, and Preferred Care and Non Preferred care Deductible-waived for Pediatric Vision Services, Preferred Care Deductible (only) is Waived for Pediatric Preventive Dental</i>		
<i>*Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible</i>		
COINSURANCE	Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable Deductible	
OUT OF POCKET MAXIMUMS	Preferred Care	Non-Preferred Care
<i>Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year</i>	Individual Out-of-Pocket: \$5,000	Individual Out-of-Pocket: \$5,000
<i>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</i>	Family Out-of-Pocket: \$10,000	Family Out-of-Pocket: \$10,000
<ul style="list-style-type: none"> Expenses that are not covered medical Expenses, penalties 		
<i>Other expenses not covered by this policy disallowed charges, and out of pocket expenses for transplants performed at out-of-network transplant facilities</i>		
<i>The Preferred and Non-Preferred Out-of-Pocket limits accrue separately and do not help satisfy each other</i>		

Referral Requirements

If you do not obtain a referral from Oregon Health & Science University's JBT Health & Wellness Center, your benefits may be reduced and payable at the non-preferred level of benefits for covered services

A referral is not required in the following circumstances:

- Treatment is for an Emergency Medical Condition
- Obstetric and Gynecological Treatment
- Pediatric Care
- Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnose or treat an Accident or Sickness)
- Services rendered 25 miles or more from the Portland Campus
- The Student Health Center is closed
- Maternity Care
- Urgent Care Visits
- Vision Care
- Laboratory and X-ray Expenses initiated at the JBT Health & Wellness Center

*Juvenile dependents are not eligible to use the services of the OHSU JBT clinic and are therefore not subject to the referral requirements and penalties

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care
Room and Board Expense	80% of the Negotiated Charge	60% of the Recognized Charge for a semi-private room
Miscellaneous Hospital Expense <i>Includes, but not limited to: operating room, laboratory tests/X rays, oxygen tent, and drugs, medicines, dressings</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Non-Surgical Physicians Expense <i>Non-surgical services of the attending Physician, or a consulting Physician</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Surgical Expenses	Preferred Care	Non-Preferred Care
Surgical Expense(Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Anesthesia Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Assistant Surgeon Expense (Inpatient and Outpatient)	80% of the Negotiated Charge	60% of the Recognized Charge
Ambulatory Surgical Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	Preferred Care	Non-Preferred Care
Hospital Outpatient Department Expense	80% of the Negotiated Charge	60% of the Negotiated Charge
Walk-in Clinic Visit Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Emergency Room Expense <i>Important Note: Please note that Non-Preferred Care Providers do not have a contract with Aetna; the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may</i>	After a \$200 Copay per visit, 80% (Copay waived when admitted) of the Negotiated Charge	After a \$200 Copay per visit, 80% (Copay waived when admitted) of the Recognized Charge

receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on the back of your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill

The Plan must cover emergency services without a referral for: **Emergency** screening exams, stabilization of an emergency medical condition, and services of a non-par provider if a prudent layperson would reasonably believe that the time to reach a par provider would jeopardize their health or the health of an unborn child

Urgent Care Expense	After a \$25 Copay per visit, 80% of the Negotiated Charge	After a \$25 Deductible per visit, 60% of the Recognized Charge
Ambulance Expense	80% of the Negotiated Charge	80% of the Recognized Charge
Physician's Office Visit Expense <i>This benefit includes visits to specialists and Telemedical Services</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Laboratory and X-ray Expense	80% of the Negotiated Charge	60% of the Recognized Charge
High Cost Procedures Expense <i>Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense <i>Includes Physical, Speech, Occupational, Inhalation, hearing, and Cardiac Therapy</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Therapy Expense <i>Includes charges incurred by a covered person for the following types of therapy provided on an outpatient basis: Radiation therapy, Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, Dialysis, and Respiratory therapy</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Chiropractic Therapy Expense <i>Benefits are limited to 20 visits per Policy Year</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Durable Medical and Surgical Equipment Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Prosthetic & Orthotic Devices Expense <i>Includes 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: Includes all services and supplies medically necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication,</i>	80% of the Negotiated Charge	60% of the Recognized Charge

material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device. The coverage shall include any repair or replacement of a prosthetic or orthotic device.

Dental Injury Expense **100%** of the Actual Charge

Allergy Testing and Treatment Expense Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered

Diagnostic Testing For Learning Disabilities Expense Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered
Once a covered person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan

Dental Expense for Impacted Wisdom Teeth **100%** of the Actual Charge

Preventive Care	Preferred Care	Non-Preferred Care
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Pap Smear Screening Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Mammogram Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Includes: 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

Also includes 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. 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.

Immunizations Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Includes travel immunizations and flu shots

Routine Physical Exam Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Includes routine tests and related lab fees

Routine Screening for Sexually Transmitted Disease Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Routine Colorectal Cancer Screening Expense	100% of the Negotiated Charge*	100% of the Recognized Charge
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Includes charges for colorectal cancer examination and laboratory tests:

- For any person age **50** or more:
 - 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

- *For any person who is at high risk for colorectal cancer:*
 - *Colorectal screening examinations and laboratory tests as recommended by the treating physician*

Routine Prostate Cancer Screening	100% of the Negotiated Charge*	100% of the Recognized Charge
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Includes charges incurred by a covered person for the screening of cancer as follows: 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

Vision Care Exam Expense	100% of the Negotiated Charge	100% of the Recognized Charge
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Benefits are limited to 1 exam per policy year, Subject to vision care and supply maximum of \$300 per policy year for Adults

Vision Care Supply Expense	100% of the Negotiated Charge	100% of the Recognized Charge
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Subject to vision care and supply maximum of \$300 per policy year for Adults

Pediatric Vision Care Exam Expense	100% of the Negotiated Charge*	60% of the Recognized Charge
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Benefits can be limited to 1 pair of glasses per Policy Year Covered Medical Expenses include routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both)

*Benefits are provided to covered persons through **age 18***

Pediatric Routine Dental Exam Expense	100% of the Negotiated Charge*	70% of the Recognized Charge
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Benefits are limited to 1 exam every 6 months Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Oregon Health & Science University page on the Aetna Student Health website, www.aetnastudenthealth.com

*Benefits are provided to covered persons through **age 18***

Pediatric Basic Dental Care Expense	70% of the Negotiated Charge	50% of the Recognized Charge
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Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Oregon Health & Science University page on the Aetna Student Health website, www.aetnastudenthealth.com

*Benefits are provided to covered persons through **age 18***

Pediatric Major Dental Care Expense <i>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the Oregon Health & Science University page on the Aetna Student Health website, www.aetnastudenthealth.com</i> <i>Benefits are provided to covered persons through age 18</i>	50% of the Negotiated Charge	50% of the Recognized Charge
Pediatric Orthodontia Expense <i>Medically necessary comprehensive treatment Replacement of retainer (limit one per lifetime)</i> <i>Benefits are provided to covered persons through age 18</i>	50% of the Negotiated Charge	50% of the Recognized Charge
Routine Foot Care Expense <i>Covered only for patients with diabetes mellitus and circulatory issues. Routine foot care includes services and supplies for corns and calluses, toenail conditions other than infection, and hypertrophy or hyperplasia of the skin of the feet.</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care
Mental and Nervous Disorders Inpatient Expense <i>Includes treatment for ADD, ADHD, and Dyslexia</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Mental and Nervous Disorders Outpatient Expense <i>Includes treatment for ADD, ADHD, and Dyslexia</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care
Inpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Outpatient Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Maternity Benefits	Preferred Care	Non-Preferred Care
Maternity Expense	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Prenatal Care/Comprehensive Lactation Support and Counseling Services	100% of the Negotiated Charge*	60% of the Recognized Charge
Breast Feeding Durable Medical Equipment	100% of the Negotiated Charge*	60% of the Recognized Charge
Well Newborn Nursery Care Expense	80% of the Negotiated Charge	60% of the Recognized Charge

Family Planning Expense

Unless specified below, not covered under this benefit are charges for:

- Services which are covered to any extent under any other part of this Plan;
- Services and supplies incurred for an abortion;
- Services provided as a result of complications resulting from a voluntary sterilization
- Procedure and related follow-up care;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only "reviewed" by the **FDA** and not "approved" by the **FDA**; Male contraceptive methods, or devices;
- The reversal of voluntary sterilization procedures, including any related follow-up care

Voluntary Sterilization Coverage for tubal ligation for voluntary sterilization	100% of the Negotiated Charge*	60% of the Recognized Charge
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Voluntary Sterilization Coverage for vasectomy for voluntary sterilization	80% of the Negotiated Charge	60% of the Recognized Charge
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Contraceptives <i>Important note: Brand-Name Prescription Drug or Devices for a Preferred Provider will be covered at 100% of the Negotiated Charge, including waiver of per Policy Year Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written</i> <i>If a contraceptive is not on the preferred ASH formulary, it is payable at the \$15 Copay under Prescribed Medicines Expense</i>	100% of the Negotiated Charge*	60% of the Recognized Charge
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Prescription Drug Coverage	Preferred Care	Non-Preferred Care
Prescribed Medicines Expense <i>Prior Authorization may be required for certain Prescription Drugs and some medications may not be covered under this Plan. For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at 888 RX-AETNA (available 24 hours). Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. The medications offered may be injected, infused or taken by mouth. For additional information please go to www.AetnaSpecialtyRx.com</i> <i>Copays listed are for a 30 day supply. Mail order for a 90 day supply is available for the cost of two copays, if a contraceptive is not on the preferred ASH formulary, it is payable at the \$15 Copay</i>	100% of the Negotiated Charge, following a \$15 Copay for each Generic Prescription Drug, \$25 Copay for each Preferred Brand Prescription Drug, \$75 Copay for each Non-Preferred Brand Prescription Drug, and \$100 Copay for each Specialty Prescription Drug	100% of the Recognized Charge, following a \$15 Copay for each Generic Prescription Drug, \$25 Copay for each Preferred Brand Prescription Drug, \$75 Copay for each Non-Preferred Brand Prescription Drug, and \$100 Copay for each Specialty Prescription Drug

Additional Benefits	Preferred Care	Non-Preferred Care
Diabetic Testing Supplies Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Outpatient Diabetic Self-management Education Program Expense	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Temporomandibular Joint Dysfunction Expense <i>Benefits are limited to \$3,000 per Policy Year</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Elective Abortion Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Hospice Benefit	80% of the Negotiated Charge	60% of the Recognized Charge
Respite Care Expenses	100% of the Negotiated Charge	100% of the Recognized Charge
Home Health Care Expense	100% of the Negotiated Charge	100% of the Recognized Charge
Licensed Nurse Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Skilled Nursing Facility Expense	80% of the Negotiated Charge for the semi-private room rate	60% of the Recognized Charge for the semi-private room rate
Rehabilitation Facility Expense	80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	60% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations
Cochlear Implant Expense	80% of the Negotiated Charge	60% of the Recognized Charge
Hearing Aid Expenses <i>Hearing aids are covered for members 18 years of age and younger, or 25 years of age and younger if the member is enrolled in a secondary school or an accredited educational institution</i>	80% of the Negotiated Charge	60% of the Recognized Charge
Cosmetic Surgery Expense <i>Includes one attempt at cosmetic or reconstructive surgery in the following situations: When necessary to correct a functional disorder; or When necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery. Cosmetic or reconstructive surgery must take place within 18 months after the injury, surgery, scar, or defect first occurred</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	
Human Organ Transplant Expense <i>The organ or tissue donation is covered up to \$8,000 per transplant. Travel and housing expenses for the recipient and one caregiver are limited to \$5,000 per transplant. Facility benefits are limited to \$100,000 per transplant</i>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	

<p>Biofeedback Expense <i>Benefit is limited for treatment of migraine headaches or urinary incontinence when provided by an otherwise eligible practitioner.</i> <i>Benefits are limited to a maximum of 10 treatments per lifetime.</i></p>	<p>80% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>
<p>Hospitalization for Dental Procedures Expense <i>Includes coverage when the patient has another serious medical condition that may complicate the dental procedure, such as serious blood disease, unstable diabetes, or severe cardiovascular disease, or the patient is physically or developmentally disabled with a dental condition that cannot be safely and effectively treated in a dental office. Includes charges for the facility, anesthesiologist, and assistant physician are covered</i></p>	<p>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</p>	
<p>Pediatric Dental Care Expense <i>Limited to services requiring general anesthesia, this Plan covers the facility charges of a hospital or ambulatory surgery center</i></p>	<p>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</p>	
<p>Cardiac Rehabilitation Expense <i>Includes outpatient - short term treatment</i> <i>Benefits are limited to 36 Visits per Policy Year</i></p>	<p>80% of the Negotiated Charge</p>	<p>60% of the Recognized Charge</p>
<p>Transgender Related Expense <i>Covered Medical Expenses include charges incurred by a covered student for mental health, prescription drugs and other related services that are Covered Medical Expenses under this plan. There is no coverage for any surgical expenses related to gender reassignment</i></p>	<p>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</p>	
<p>Needle Stick Coverage Expense <i>Covered Medical Expenses for the covered person are limited to those charges related to a Clinical Related Injury. Benefits for the covered person include Medically Necessary prophylactic medications, physician office visits, outpatient hospital visits, walk-in clinic visits, urgent care facility visits, emergency room visits, laboratory tests, and other expenses involved in the immediate treatment of a wound, and diagnosis of any sickness resulting from the Clinical Related Injury.</i> <i>Any expense related to the treatment of any sickness resulting from a Clinical Related Injury is not covered under this benefit.</i> <i>Covered Medical Expenses for the donor who is the source of the Clinical Related Injury are limited to those charges related to laboratory tests to assist with the diagnosis of the covered person.</i> <i>A referral from the JBT Health & Wellness Center is required.</i></p>	<p>Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered</p>	

****Annual Deductible does not apply to these services.***

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 Policy.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
9. 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: a) 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. b) 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 Policy, unless otherwise provided in this policy. Surgery must be performed in the calendar year of the accident which causes the injury, or in the next calendar year, unless otherwise provided in this Policy.
10. Expense incurred as a result of commission of a felony. This exclusion does not apply towards Mental Health or Substance Abuse treatment resulting from a conviction for a charge of driving under the influence or intoxicated.
11. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.

12. 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.
13. Expense incurred for injury resulting from the play or practice of intercollegiate sports.
14. 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.
15. Expense for the charges for or related to artificial insemination, in-vitro fertilization, or embryo transfer procedures, elective sterilization or its reversal unless specifically provided for in this Policy.
16. 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).
17. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
18. 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.
19. 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: a) 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 b) If required by the FDA, approval has not been granted for marketing, or c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes, or d) 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: a) The disease can be expected to cause death within one year, in the absence of effective treatment, and b) 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: a) Have been granted treatment investigational new drug (IND), or b) Group c/treatment IND status, or c) Are being studied at the Phase III level in a national clinical trial, sponsored by the National Cancer Institute, d) If Aetna determines that available, scientific evidence demonstrates that the drug is effective, or shows promise of being effective, for the disease.
20. Expenses incurred for gastric bypass, and any restrictive procedures, for weight loss.
21. Expenses incurred for gynecomastia (male breasts).
22. 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.

23. Expense incurred for acupuncture, unless services are rendered for anesthetic purposes.
24. Expense incurred for alternative, holistic medicine, and/or therapy, including but not limited to, yoga and hypnotherapy.
25. Expense for: (a) care of corns, bunions, or calluses, (b) care of toenails, except that (a) and (b) are not excluded when medically necessary, because the covered person is diabetic, or suffers from circulatory problems.
26. Expense incurred for custodial care. 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.
27. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
28. Expense incurred for hearing aids, the fitting, or prescription of hearing aids, except as otherwise provided in the policy.
29. Expenses incurred for hearing exams not performed in conjunction with a routine physical exam.
30. Expense for services or supplies used to treat conditions related to autism; hyperkinetic syndromes; learning disabilities; behavioral problems; mental retardation; or senile deterioration; beyond the period necessary to diagnose the condition, unless otherwise provided in the Policy.
31. 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.
32. Expense for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form.
33. 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.
34. Expense for services or supplies provided for the treatment of obesity and/or weight control.
35. Expense for incidental surgeries, and standby charges of a physician.
36. Expenses incurred for massage therapy.
37. Expense incurred for, or related to, sex change surgery.
38. 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.
39. 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: a) 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, b) 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 c) 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: a) those that do not require the technical skills of a medical, a mental health, or a dental professional, or b) 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 c) 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.

40. 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.

This self-insured plan is funded by Oregon Health & Science University, with claims administration services provided by Chickering Claims Administrators, Inc. (CCA). Aetna Student Health is the brand name for products and services provided by Aetna and CCA and their applicable affiliated companies. Oregon Health & Science University has sole responsibility for the accuracy of the information contained in this Plan Document.