

# STUDENT HEALTH INSURANCE PLAN 2004–2005

Lewis & Clark  
College



Designed especially for  
Students of  
**LEWIS & CLARK COLLEGE**  
Portland, Oregon  
[www.lclark.edu](http://www.lclark.edu)

*Policy No. 18006*  
*Group No. TP SI0005*

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## ELIGIBILITY

**ALL ADMITTED (DEGREE SEEKING) UNDERGRADUATE AND LAW STUDENTS** are automatically covered under the Policy. The premium is included in the fee schedule for each semester.

Any student with existing health insurance coverage may be exempted from participation in the Policy by completing and filing a waiver form upon initial enrollment at Lewis & Clark College. This form will remain in force for the student's consecutive enrollment at Lewis & Clark College. Waiver forms and rescind waiver forms are available in the Cashier & Credit Office and on the Health Center website: [www.lclark.edu/dept/health/insurance.htm](http://www.lclark.edu/dept/health/insurance.htm)

**OVERSEAS & OFF-CAMPUS PROGRAMS PARTICIPANTS** are charged a comprehensive fee, which includes mandatory health coverage. All participants are provided the Student Assistance Plan. However, please check the specific program information sheet to determine which insurance is used for your program. Health coverage may be provided in the form of program specific insurance coverage, national health coverage or insurance provided under this Lewis & Clark College sponsored policy. The Lewis & Clark College Health Insurance Plan & Student Assistance Plan will begin on the program departure date; all other health coverage will begin upon arrival in host country. For semester termination dates please see page 2.

**GRADUATE STUDENTS** may enroll for coverage under the Policy on a voluntary basis at registration if they so desire. The premium is payable to Lewis & Clark College each semester during the academic year. You must let the Cashier & Credit office know each semester that you want the coverage. **No billings will be sent for insurance premiums.**

Insured Students may also enroll their eligible dependents in the plan by completing the enrollment form, Domestic Partner Affidavit (if applicable) and remitting the appropriate premium.

An eligible dependent is: 1) an Insured Student's spouse, who is not legally separated from the Insured Student; or 2) an Insured Student's Domestic Partner; or 3) the unmarried child or children under age 19, or up to age 25 if a full-time student, who are not self-supporting. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

Dependent coverage will not be automatically charged or billings sent, from one semester to the next. You must enroll them each semester within 31 days of the effective date.

A child of an Insured Student or an Insured spouse will be covered under the Policy for the first 31 days after: 1) birth of a Newborn Child; 2) the effective date of adoption of the child; or 3) the date placement of the child for adoption.

The Insured Student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Insured must, within 31 days after the birth, adoption or placement for adoption: 1) apply for coverage; and 2) pay the required additional premium.

## ELIGIBILITY, CONT'D

If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

**"Newborn Child"** means: 1) a newly born child of the Insured Student from the moment of birth provided that the Insured Student is insured under the Policy; 2) a child to whom a decree of adoption by the Insured Student has been entered within thirty-one days after the date of the child's birth and the Insured Student has temporary custody of the child provided the person adopting the child is Insured under the Policy on the date the child is placed with the Insured Student; and 3) a child adopted by the Insured Student whose adoption proceedings have been completed and a decree of adoption entered within one year from the institution of proceedings, unless extended by order of the court by reason of the special needs of the child provided the person adopting the child is Insured under the Policy on the date the adoption becomes effective.

Dependent eligibility expires concurrently with that of the insured student.

**SUMMER COVERAGE** is voluntary for all students (unless participating in an Off Campus Program, where it is required) and dependents who were enrolled in the plan for the spring semester. Payments must be made within 31 days from the end of spring semester coverage (see page 2 for dates). Students are eligible for this coverage whether attending classes or not during the summer as long as they were enrolled in the plan spring semester.

Admitted students just starting classes during summer semester are also eligible for the coverage.

To enroll, a student must complete the enrollment form on page 16 and mail along with payment to USI. Payments for summer coverage must be received within 31 days from the end of spring semester coverage. Please note your eligibility for summer coverage will not be updated in the system until premium and the summer enrollment form is received.

Persons who enroll for coverage and who are ineligible by virtue of the eligibility requirements stipulated in the booklet will, upon determination that they were ineligible at the time of enrollment, receive a full refund of premium submitted irrespective of premiums having been collected and deposited by the Company.

## COVERAGE DATES

	FALL SEMESTER	SPRING SEMESTER	SUMMER
LAW STUDENTS	8/30/04-1/16/05	1/17/05-5/30/05	5 / 3 / 0 5-
8/29/05		GRADUATE STUDENTS	
9/7/04-1/9/05	1/10/05-5/1/05	5/2/05-9/6/05	
UNDER GRADS	8/25/04-1/16/05	1/17/05-5/8/05	5 / 2 / 0 5-
9/6/05			
<b>COST</b>	<b>FALL SEMESTER</b>	<b>SPRING SEMESTER</b>	<b>SUMMER</b>
Student Only	\$486.00	\$486.00	\$406.00

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for a period of six months after the Effective Date of coverage. Pre-existing conditions means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the Effective Date of coverage. Genetic information does not constitute a pre-existing condition in the absence of a diagnosis of the condition related to such information. This pre-existing condition limitation does not apply to a newborn child or adopted child. Credit will be given for the time an insured is covered under a Qualifying Prior Coverage if the coverage was in force within 63 days prior to the effective date of this coverage in force with the school.

“**Qualifying Prior Coverage**” means any individual or group policy, contract, or program that is underwritten or administered by an insurer, nonprofit hospital service plan, care service plan, fraternal society, self-insured employer plan, or other type of entity that provides or arranges medical, hospital and surgical coverage, which does not supplement other private or governmental plans. This includes continuation or conversion coverage, but does not include accident-only, credit, disability income, Medicare Supplement, long term care, dental, vision, worker’s compensation or similar law, or any other publicly sponsored health program. The student is permitted to have a one term or semester break without restarting the pre-existing condition period.

## PREFERRED PROVIDER INFORMATION

Please read the following information so you will know from whom or what group of providers health care may be obtained.

“**Preferred Providers**” are the Doctors, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

By enrolling in this insurance program you have access to the Community Care Network (CCN) Preferred Provider Network.

This enhancement to your program does not require you to use a CCN Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to the plan design and the exclusions and limitations as specified in the policy), but if you incur any expenses using a CCN Preferred Provider, you will lower your out-of-pocket expense.



“**Preferred Allowances**” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“**Out of Network**” providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

## PREFERRED PROVIDER INFORMATION, CONT'D

“**Allowable Charges**” means TIG Premier’s allowance for a specified Covered Medical Expense or the Provider’s charge for the service, whichever is less.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking the CCN website at [www.ccnusa.com](http://www.ccnusa.com), calling 1-800-226-5116 or by asking the provider when you make an appointment for services.

## ADDITIONAL BENEFITS

The following additional benefits are covered subject to policy benefits and limitations:

1. Mammograms: 1 between the ages of 35-40; annually age 40 and over or more frequently if designated as high risk.
2. Pap, Pelvic & Breast exams: annually for women age 18 to 64 and at any time upon referral of a health care provider.
3. Non-prescription elemental enteral formula for home use if:
  - a. formula is medically necessary for treatment of severe intestinal malabsorption
  - b. doctor wrote an order for the formula
  - c. formula comprises the sole source (essential) of nutrition.
4. Diabetes Self-Management and Education as specified in the Policy.

## EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from:

1. Any Sickness, as defined, that was initially diagnosed, treated or recommended for treatment prior to the Term of Coverage for a Covered Person for a period of six months, unless Qualifying Prior Coverage is applied.
2. Services and supplies furnished normally without charge by the participating institution’s infirmary, its employees, or doctors who work for the participating institution
3. Services covered or provided by the student health fee.
4. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
5. Eye examinations, prescriptions or fitting of eye glasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or

## EXCLUSIONS, CONT'D

- injury covered by the policy.
6. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
  7. Dental treatment, except as specifically provided for in the Schedule.
  8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
  9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
  10. Intentionally self inflicted injury, suicide or any attempt thereat.
  11. Injury of any covered person sustained while:
    - a. Participating in any school, professional or organized sports contest or competition, unless specifically list in the Schedule;
    - b. Traveling to or from such sport, contest or competition as a participant; or
    - c. During participation in any practice or conditioning program for such sport, contest or competition.
  12. Flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
  13. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
    - a. The services are rendered on an medical emergency basis; and
    - b. A legal liability exists for the charges made on behalf of a covered person for the services given in the absence of insurance.
  14. Injury caused by, or resulting from, being legally intoxicated or to the blood alcohol level which is not less than the intoxication level under state law, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
  15. Elective surgery and elective treatment, including but not limited to; acupuncture; biofeedback-type services; breast implants; breast reduction; circumcision; cosmetic treatment or cosmetic surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; expenses incurred in connection with sterilization or sterilization reversal or vasectomy or vasectomy reversal; family planning, infertility diagnosis or treatment; birth control drugs, procedures, supplies or devices, **unless specifically provided for**; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; learning disabilities, except for testing;

## EXCLUSIONS, CONT'D

- nonmalignant warts, moles and lesions unless for diagnostic purposes; obesity and any condition resulting therefrom (including hernia of any kind), except for Treatment of an underlying Covered Sickness; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia and temporomandibular joint dysfunction (TMJ); sleep disorders, including testing thereof; smoking cessation; vitamins; antitoxins; and weight increase or reduction, except as required to correct an injury for which benefits are otherwise payable under the policy.
16. Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or act.
  17. Braces and appliances, except as specifically provided for in the Schedule.
  18. Replacement braces and appliances.
  19. That part of medical expense payable by any automobile insurance policy without regard to fault.
  20. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
  21. Preventive medicines, serums, vaccines.
  22. Rest cures or custodial care.
  23. Personal services such as television and telephone or transportation.

## DEFINITIONS

1. **Coinsurance** means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.
2. **Complications of pregnancy** means:
  - a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a hospital stay (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
  - b. Cesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible. Complications of pregnancy do not include:

## DEFINITIONS, CONT'D

- False labor;
  - Occasional spotting;
  - Doctor-prescribed rest during pregnancy;
  - Morning sickness; or
  - Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
3. **Covered expenses** means charges:
- a. Not in excess of usual, reasonable and customary charge;
  - b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
  - c. Made for medical services and supplies not excluded under the policy;
  - d. Made for services and supplies which are medically necessary; and
  - e. Made for medical services specifically included in the Schedule.
4. **Covered person** means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.
5. **Deductible** means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the policy. The deductible amount is shown in the Schedule.
6. **Dependent** means your unmarried child who:
- a. Chiefly relies on you for support and maintenance; and
  - b. Lives within the United States; and
  - c. Is within the following age groups unless otherwise shown in the Schedule:
    - 1) Under 19 years of age;
    - 2) 19 but less than 23 years of age and enrolled in a School as a full time student; or
    - 3) 19 or more years of age, and primarily supported by you and incapable of self sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a dependent under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.  
"Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.
7. **Doctor** means a licensed practitioner of the healing arts acting within the scope of his license, including a certified nurse practitioner performing services within the lawful scope of nurse practitioner practice. Doctor includes a physician assistant licensed

## DEFINITIONS, CONT'D

- under ORS 655.515(4) when acting with the scope of his license. Doctor shall include a Clinical Social Worker licensed under ORS 675.510 to 675.600. **Doctor** does not include:
- a. You;
  - b. Your spouse, dependent, parent, brother, or sister; or
  - c. A person who ordinarily resides with you.
8. **Hospital** means an institution:
- a. Operated pursuant to law;
  - b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
  - c. Under the supervision of a staff of doctors;
  - d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
  - e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
    - 1) On its premises; or
    - 2) Available on a prearranged basis; and
  - f. Charging for its services.
- Hospital** includes a hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.  
**Hospital** does not include a clinic or facility for:
- Convalescent, custodial, educational or nursing care;
  - The aged, drug addicts or alcoholics; or
  - Rehabilitation.
9. **Hospital stay** means a medically necessary overnight confinement in a hospital when room and board and general nursing care are provided and a per diem charge is made by the hospital.
10. **Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.
11. **Intensive care** means:
- a. A specifically designated facility of the hospital that provides the highest level of medical care; and
  - b. Restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:
    - (i) Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
    - (ii) Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.

## DEFINITIONS, CONT'D

- Intensive care** does not mean any of these step-down units:
- Progressive care;
  - Sub-acute intensive care;
  - Intermediate care units;
  - Private monitored rooms;
  - Observation units; or
  - Other facilities not meeting the standards for intensive care.
12. **Emergency Medical Conditions** means a medical condition that manifests itself by symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonable expect that failure to receive immediate medical attention would place the health of a person or fetus in the case of a pregnant woman, in serious jeopardy; Expenses incurred for hospital emergency room will be paid only for a sickness or injury fulfilling the above conditions. These expenses will not be paid for minor sickness or minor injuries.
13. **Medically necessary** means those services or supplies provided or prescribed by a hospital or doctor:
- a. Essential for the symptoms and diagnosis or treatment of the sickness or injury;
  - b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury;
  - c. In accordance with the standards of good medical practice;
  - d. Not primarily for your convenience or that of your doctor; and
  - e. That are the most appropriate supply or level of service that can safely be provided.
14. **Natural teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.
15. **Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).
16. **Participating institution** means Lewis & Clark College.
17. **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.
18. **Policyholder** means Lewis & Clark College.
19. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.

## DEFINITIONS, CONT'D

20. **Prescription drug** means:
- a. A legend drug;
  - b. A compound medication when at least one ingredient is a prescription legend drug;
  - c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
  - d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.
21. **Primary insured** means you.
20. **Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
21. **Spouse** means your lawful spouse.
22. **Term of coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the participating institution.
23. **Usual, reasonable and customary** means:
- a. Charges and fees for medical services or supplies that are the lesser of:
    1. The usual charge by the provider for the service or supply given; or
    2. The average charged for the service or supply in the area where service or supply is received; and
  - b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition. Usual, reasonable and customary charges are calculated using the national database of Ingenix, Inc., at the 90th percentile.

## SCHEDULE OF BENEFITS

The Policy provides for the Usual, Customary and Reasonable Charges (UCR) incurred by an Insured Person for loss due to a medically necessary covered Injury or Sickness. If you receive care from a Preferred Provider, any Covered Medical 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 Community Care Network (CCN) Preferred Provider Network at [www.ccnusa.com](http://www.ccnusa.com) or 1-800-226-5116 (24 hours a day.)

Basic Lifetime Maximum .....	\$25,000 (Up to \$1,000 of used benefits automatically renews each year)
Optional Major Medical Lifetime Maximum .....	\$100,000 (Additional premium required for this benefit; see page 14 for more details)
Policy Year Deductible.....	\$50 Deductible per policy year (School year) for each covered person

### THEREAFTER THE PLAN PAYS:

INPATIENT EXPENSES	In-Network	Out-of-Network
<b>Hospital Expenses</b> , daily semi-private room rate; general nursing care . . . . . <i>provided by Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and supplies</i>	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Intensive Care/Hospital Expenses</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Mental and Nervous Disorders</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Physiotherapy</b> <i>benefits are limited to one visit per day.</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges

INPATIENT / OUTPATIENT EXPENSES	In-Network	Out-of-Network
<b>Surgeon's/Asst Surgeon's Fees</b> . . . . . <i>No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</i>	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Anesthetist</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Registered Nurse's Services</b> , private duty nursing care. . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Doctor's Visits</b> , <i>benefits are limited to one visit per day</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Consultant Physician Fees</b> , <i>when requested and approved by attending Physician</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Chiropractic Care</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Pre-admission Testing</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Chemical Dependency</b> <i>Inpatient or Outpatient treatment \$4,500 in any 24 month period</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Diagnostic X-Ray</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Laboratory Services</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Emergency Services</b> <i>Use of the emergency room &amp; supplies. Copay will be waived if admitted as an inpatient (If an emergency medical condition benefits will be paid at the in-network benefit level, subject to UCR, even if services are provided by an out-of-network provider).</i> . . . . .	after \$100 copay . . . . .	after \$100 copay
<b>Urgent Care</b> <i>For services provided at an Urgent Care Clinic</i> . . . . .	90% of Preferred Allowance . . . . after \$35 copay . . . . .	80% of UCR Charges after \$35 copay
<b>Dental Treatment</b> , <i>made necessary by Injury to Sound, Natural Teeth</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Radiation Therapy and Chemotherapy</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges

OUTPATIENT EXPENSES	In-Network	Out-of-Network
<b>Day Surgery Miscellaneous</b> , <i>related to scheduled surgery performed in a Hospital; including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Physiotherapy</b> <i>benefits are limited to one visit per day.</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Mental and Nervous Disorders</b> , \$1,000 maximum (Per Policy Year) . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Injections</b> , <i>when administered in the Doctor's office and charged on the Doctor's statement</i> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Prescription Drugs</b> <i>must be filled at an EBRx network pharmacy.</i> . . . . .	Refer to page 13	
<i>Maximum \$2,500 per school year.</i>		

OTHER	In-Network	Out-of-Network
<b>Ambulance Service</b> . . . . .	N/A . . . . .	80% of UCR Charges
<b>Durable Medical Equipment</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>External Prosthetic Appliances</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Hospice Care</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Home Health Services</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges
<b>Maternity/Nursery Care</b> . . . . .	90% of Preferred Allowance . . . .	80% of UCR Charges

## PRESCRIPTION DRUG BENEFIT

Prescription Benefit is \$15.00 copay for generic and \$30.00 copay for brand name. Prescription charges (not copay) are applied toward a \$2,500 maximum\* pharmacy benefit per school year. (By purchasing the Optional Major Medical each semester, pharmacy benefits will be applied to the lifetime maximum benefit of \$100,000 for this plan, and the \$2,500 maximum pharmacy benefit will no longer apply.) Please see the back of your identification card for EBRx information. Present this card to your pharmacist when filling a prescription. **Oral contraceptives are covered.**

**THERE IS NO BENEFIT FOR PRESCRIPTIONS IF NOT FILLED AT PARTICIPATING EBRx MEMBER PHARMACY.**

Prescriptions dispensed by the Lewis & Clark Health Center will be considered eligible for reimbursement.

Prescriptions must be filled at "EBRx" Participating Pharmacies for in-network benefit coverage. Insured Persons will be given a combined medical and prescription ID Card to show to the pharmacy as proof of coverage. No claim forms need to be signed once you receive this ID Card. Until such card is received, you may fill your prescriptions at a participating pharmacy and obtain an itemized receipt. Once you receive your ID Card, if it is within 7-14 days from the time of purchase, you may take your card and receipt back to the pharmacy and they will reimburse you the full amount paid minus your applicable copay. If it is past your pharmacy return policy (usually 7-14 days), you will need to file a claim form, available at your Student Health Center or at [www.aai-tpa.com](http://www.aai-tpa.com).

**TO FIND A PARTICIPATING PHARMACY PLEASE CALL 1-800-800-7153 OR VISIT THE WEB SITE AT [WWW.EBRX.COM](http://WWW.EBRX.COM).**

Not all medications are payable. The following drugs will be considered for coverage subject to the exclusions: Federal Legend Drugs, State Restricted Drugs and Compounded Medications. The amount of drug that is to be dispensed per prescription or refill will be in quantities prescribed up to a 30 day supply.

The following drugs are excluded from coverage under this benefit: diaphragms, contraceptive jellies, creams, foams or devices, legend vitamins or food supplements, fertility medications, non-federal legend drugs, smoking deterrents, immunization agents, biological sera, therapeutic devices or appliances, drugs for hair growth (Rogaine) or for cosmetic purposes only (Renova), drugs labeled "Caution-limited by Federal Law to investigational use", experimental drugs, drugs for which no charge is made or drugs received as a patient in a licensed hospital or similar institution.

## OPTIONAL MAJOR MEDICAL COVERAGE

You may increase the lifetime maximum of \$25,000 (including the \$2,500 maximum pharmacy benefit) under the Basic Plan to a lifetime maximum of \$100,000, by purchasing the Optional Major Medical Coverage. This benefit is subject to payment of additional premium each semester, as specified on the enrollment form.

Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment. Dependents are eligible to purchase only those optional coverages purchased by the Eligible Student. Coverage must be the same for all family members. No benefits will be paid under the Major Medical coverage unless the Injury or Sickness occurred while the Major Medical coverage is in force.

Amounts paid to a Covered Person under the Policy and under all prior years' Policies with TIG Premier, will be considered payments accrued under the Major Medical Lifetime Maximum Benefit and will not exceed an amount determined by subtracting from \$100,000 all amounts paid to the Covered Person, under any student Injury and Sickness Policies, issued to the college, by the Company.

Once the Lifetime Maximum of \$25,000 has been paid under the Basic Plan, the Policy will pay additional Eligible Expenses incurred, while the policy is in force, up to a Lifetime Maximum of \$100,000. Subject to the Deductible, Co-payment and Coinsurance provisions, as stated in the Schedule of Benefits and all other terms, maximums and conditions of the Policy.

Please refer to page 16 for rates and enrollment form for this optional benefit.

## STUDENT ASSISTANCE PLAN

Your policy contains the Student Assistance Plan, a comprehensive range of local and worldwide travel assistance that provides emergency medical assistance and non-medical travel assistance. Some of the services provided to you under the Student Assistance Plan include emergency medical evacuation repatriation, transportation arrangements, prescription drug assistance, translator services, bail-bond and baggage assistance. These services are available 24 hours a day, anywhere in the world, even at your school, if you are more than 100 miles away from your place of permanent residence. The Student Assistance Plan is provided by Medex Assistance Corporation.

Upon enrollment in the Lewis & Clark College Student Health Insurance Plan, you will be sent a packet from USI that will include a Medex brochure and identification card.

A toll-free or collect call immediately links you to Medex's highly trained multilingual assistance coordinators, 24 hours a day, 365 days a year.

**1-800-537-2029 or 1-410-453-6330**  
**[www.medexassist.com](http://www.medexassist.com)**  
**Group # 7274**

## CARE COUNSELOR INFORMATION HELPLINE

As part of the Lewis & Clark College Student Health Plan, you have access to the Care Counselor Medical Information HELPLine 24 hours a day, 7 days a week. This benefit provides toll-free access to valuable health care information. All calls are answered by a Registered Nurse who will be able to respond to your questions and offer medical information on a variety of health topics. If you need details on a particular diagnosis or procedure, have questions about a medication or are not sure if you need to seek immediate medical treatment, the nurses at HealthCare Strategies will help you find an answer.

### **Medical Information HELPLine 1-800-582-1535.**

Press 9 to transfer directly to HELPLine nurses.

Please note: For specific information regarding your Lewis & Clark Student Health Plan, call AAI at 1-800-770-6672.

## HOW TO FILE A CLAIM

In the event of Injury or Sickness, the student should:

**IF A MEDICAL EMERGENCY, CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM**

- 1) Report to the Student Health Center for treatment, or when not in school, to a Physician or Hospital.
- 2) Obtain a claim form from the Student Health Center, by calling USI at 1-800-251-4246 or you may print a form from [www.aai-tpa.com](http://www.aai-tpa.com).
- 3) The completed claim form and all hospital and medical bills must be submitted within 30 days of Injury or First Treatment for a Sickness. The Company should receive bills within 90 days of service. In no event; except in the absence of legal capacity, will a claim be honored later than fifteen months from the date when the proof was originally required. A completed Claim Form must accompany each Injury or Sickness. You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.
- 4) Send claim forms along with itemized hospital and medical bills to:

**Associated Administrators, Inc.  
P.O. Box 5096 Portland, OR 97208  
1-800-770-6672**

The Company shall be fully and completely subrogated, unless otherwise prohibited by law, to the rights of the Covered Person's against parties who may be liable to provide indemnity or make a contribution in respect to any matter that is the subject of a claim under this Policy.

**2004-2005 Lewis & Clark College Insurance Enrollment Form**

TIG Premier Insurance Co. Policy # 18006 Group# TP S10005

For Basic Coverage Fall or Spring Semester, please fill out the Enrollment Form and submit this form and your payment to the Cashier & Credit Office. Please make all checks payable to Lewis & Clark College.

For Major Medical Fall or Spring Semester or for any Summer coverages (including summer major medical), please make checks payable to USI and send to:  
 USI, Attn. Brysis Boyd, 700 NE Multnomah, #1300, Portland, OR 97232

**PLEASE PRINT CLEARLY**

**LAST NAME (STUDENT)      FIRST      MIDDLE      SOCIAL SECURITY NUMBER      DOB      GENDER**

**STUDENT'S MAILING ADDRESS-STREET      CITY      STATE      ZIP      PHONE NUMBER**

CHECK BOX(ES) FOR APPLICABLE CATEGORY OF INSURED(S) TO BE COVERED.

	Fall Semester	Spring Semester	Summer	Optional Major Medical (per semester)
Student Only	<input type="checkbox"/> \$ 486.00	<input type="checkbox"/> \$ 486.00	<input type="checkbox"/> \$ 406.00	<input type="checkbox"/> \$ 81.00
Student & One Dependent	<input type="checkbox"/> \$1,280.00	<input type="checkbox"/> \$1,280.00	<input type="checkbox"/> \$1,067.00	<input type="checkbox"/> \$162.00
Student & Two or More Dependents	<input type="checkbox"/> \$1,961.00	<input type="checkbox"/> \$1,961.00	<input type="checkbox"/> \$1,788.00	<input type="checkbox"/> \$243.00

**NOTE: The rate for the Optional Medical is in addition to the Basic Rate.**

**PLEASE LIST DEPENDENTS TO BE ENROLLED ON THE REVERSE SIDE OF THIS FORM.**

I understand the policy does not pay for expenses for injuries or illnesses, which were treated within six months prior to the effective date of my coverage. And I also understand that no billings will be mailed for insurance premiums.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Application for insurance coverage during the academic year must be submitted within 31 days following registration. Application for summer coverage must be submitted within 31 days following graduation date. Application for coverage of a newborn must be submitted within 31 days of the baby's date of birth. "Dependents" are defined as a Student's spouse or domestic partner, if living with the Student, and the Student's unmarried children to 19 years of age, provided they are not eligible as Students under this policy and are not on active duty in the Armed Forces.

Dependents also include the Student's unmarried dependent children who are 19 to 25 years old and attending school full-time, if they are not eligible as Students under this policy. In addition to the Student's natural born children, the word children shall also include any legally adopted children or stepchildren who live with the Student.

I wish to extend my own coverage to include my Eligible Dependents which are listed below:

Last Name	First Name	Mi	Date of Birth	Gender	Relationship

Student's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Underwritten and Insured by:  
TIG PREMIER INSURANCE COMPANY  
Tinton Falls, NJ

For Benefits, Eligibility or Claim Inquiries  
Contact:

ASSOCIATED ADMINISTRATORS, INC.  
P.O. Box 5096  
PORTLAND, OR 97208  
503-228-9689  
Toll Free: 1-800-770-6672

You may also download forms at [www.aai-tpa.com](http://www.aai-tpa.com)

Agents:  
**USI NW**  
Rico Bocala  
Patricia Wylie  
Brysis Boyd  
Portland, Oregon  
1-800-251-4246

A Partner Company  Insurance Services Corp.

**Important Notice:**

This brochure describes the important features of Student Health Policy No. 18006. Please be sure to retain this brochure, as it outlines the provisions of the master policy which is on file at the Office of the Provost. No individual policies or certificates are issued. Any discrepancy between this brochure and the Master Policy, the Master Policy will prevail.

Revised 7/04

BELOW IS YOUR PERMANENT ID CARD.  
CUT OUT AND CARRY WITH YOU AS PROOF OF COV-  
ERAGE.

INSURED STUDENT

LEWIS & CLARK COLLEGE  
STUDENT HEALTH INSURANCE COMPANY  
INSURED BY: TIG PREMIER INSURANCE COMPANY  
POLICY #: 18006 GROUP #: TP S1005

**SEND MEDICAL CLAIMS TO:**  
ASSOCIATED ADMINISTRATORS, INC.  
P.O. BOX 5096 PORTLAND, OR 97208  
1-800-770-6672

NOTE: Benefits are subject to payment of appropriate premium  
and verification of eligibility.  
**Preferred Providers** are part of the CCN Network.  
1-800-226-5116 or [www.ccnusa.com](http://www.ccnusa.com)

**EBRx, Inc.**  
FOR PHARMACY USE ONLY:  
Group No. AAILC04  
EBRx Bin#: 610560  
MedECarrier #: 95  
Pharmacy Helpline: 1-800-406-0015

**OTHER SERVICES**  
Your plan contains the student travel assistance program  
offered through **MEDEX Assistance Corporation**. To utilize  
these **travel services** please call 1-800-527-0218 or  
1-410-453-4330 collect from outside the USA and identify  
your group number as 7274.

Care Counselor Nurse HELpline, 1-800-582-1535, press 9 to  
transfer directly to HELpline nurses.