

**Reed College  
Student  
Health Plan  
A Health Care Team**



Reed College Health Services  
*with*  
Fairmont Premier Insurance Company  
Student Health Insurance Plan  
*for*  
**M.A.L.S. Students**  
*of*  
Reed College  
2005 - 2006  
Policy No. 18023

RCOR05MP

***Dear Students,***

Maintaining your health is an important factor in performing well in a college environment. Reed College and USI are pleased to offer a health care plan designed specifically for the unique needs of Reed College students. This plan provides you with affordable, convenient and accessible health care. ***Regardless of any other health plan you may have, we recommend that Reed students consider this coverage.***

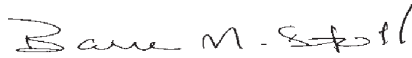
The Reed College Health Services serves as the primary care provider for all students enrolled in the Reed College Health Plan. Care is provided by a team of health care providers including physicians, nurse practitioners, nurses and therapists, with access to specialty providers throughout the metropolitan area.

The Reed College Health Services staff wish you the best of health and good luck during the coming year.

Sincerely,



Mary Leineweber  
Medical Services Manager



Barre Stoll  
Interim Director of Health & Counseling Services



***The Glenn Chesney Quiett Infirmary, Johnson, Wallwork & Dukehart, architects, 1936. Sketch by Elizabeth Pennock (Kinne).***

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## PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy by calling PIA toll-free at 1-800-468-4343.

### ***A Team Approach To Health Care***

Reed College Health Services joins with Fairmont Premier Insurance Company to offer a service that assures comprehensive care.

The Reed College Health Services provides care on the Reed campus when you need it, and Fairmont Premier provides the comprehensive coverage you need when you require care outside of the Reed Health Services.

***OUR GOAL IS TO KEEP YOU HEALTHY!***

### ***Convenience***

Any student wishing to be seen for health care or counseling needs can come to Health Services or call to arrange an appointment. When coming to the Health Services without an appointment, a student will be seen as quickly as possible by the nurse, and the Nurse Practitioner or MD if necessary. If an outside referral to an area specialist is needed, we will arrange this for you.

### ***Affordability***

All visits to Health Services health care providers are free of charge. There is a fee for labwork, x-rays, prescriptions and certain medical supplies.

### ***Access***

Convenience, affordability and access! Our team approach to health care gives you all three. Convenience means having your primary care provider right on campus or insurance coverage if you have to see a physician when the Reed Health Services is closed.

Affordability means a health plan that's been designed based on students' needs and budgets.

Access to care means you can get help when you need it, thanks to the facilities of the Reed College Health Services and Fairmont Premier Insurance Company.

### ***Who Should Have This Coverage? Everyone!***

Health care coverage has changed dramatically in recent years. While many students may be covered under their family health care coverage, there may be limitations and barriers that should be considered, particularly if the plan is a managed care plan. A few factors to evaluate regarding authorization for treatment include:

- Whether the service is allowed beyond emergency coverage when the insured is outside of a defined geographic region;
- Whether service can be provided by professionals not on an established provider list;
- Whether and to what extent mental health coverage is included.

**Who Should Purchase This Coverage?**

**Who's Eligible?**

All degree-seeking MALS students taking a half unit or more of Reed classes each semester in the MALS program, including summers, are eligible to enroll in the Reed College Student Health Plan. Students are allowed one semester of health coverage while not actively attending classes, if the student was insured the previous semester. A second semester of not attending classes will result in termination of health coverage.

A student who is unable to return to school because of sickness or injury may qualify to purchase coverage for an additional period of time. Anyone who wishes more information on this should contact USI at 1-800-251-4246.

**What's The Cost? Very Affordable!**

**Effective Dates and**

**Premium rates per MALS student per semester:**

	STUDENT	/	SPOUSE	/	CHILD(REN)
8/24/05 through 1/12/06	\$682	/	\$1,247	/	\$924
1/12/06 through 5/31/06	\$682	/	\$1,247	/	\$924
6/01/06 through 8/22/06	\$434	/	\$ 830	/	\$621

**Premiums will not be pro-rated. Refunds of premiums are allowed only upon entry into the Armed Forces.**

**Can I Insure My Dependents?**

Eligible students who are enrolled in the student medical plan may also insure their Dependents.

Eligible Dependents are the spouse and unmarried children under 19 years of age, or 25 years of age, if a full-time student at an accredited institution of higher learning and are fully dependent on the insured student.

**"Newborn Child"** means: 1) a newly born child of the Insured 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; 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.

To enroll your dependents for coverage on the Reed College student medical plan, call USI at 1-800-251-4246 for premium and enrollment information. You must purchase coverage for your eligible dependents within 31 days of the start of each semester. A newborn child may be added within 31 days of birth and premium will be pro-rated for the balance of that semester.

### PRE-EXISTING CONDITIONS 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. The student is permitted to have a one term or semester break without restarting the pre-existing condition period. "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.

### PREFERRED PROVIDERS

"Preferred Providers" are the doctors, hospitals and other health care providers who have contracted with a Network to provide specific medical care at negotiated prices.

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

By enrolling in this insurance program you have access to the HC Direct Network for Preferred Providers in Oregon.

This enhancement to your program does not require you to use a 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 Preferred Provider, you will lower your out-of-pocket expense.

To find preferred providers on the HC Direct Participating network, go to [www.hcdirect.net](http://www.hcdirect.net) or call 503-786-4697.

## PREFERRED PROVIDERS, CONT'D.

**Outside Oregon:** When you are traveling outside of Oregon you will have access to the CCN preferred provider organization. Participating providers can be found at [www.ccnusa.com](http://www.ccnusa.com) or 1-800-226-5116.

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 and by asking the provider when you make an appointment for services.

**"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.

**"Allowable Charges"** means Fairmont Premier's allowance for specified Covered Medical Expense or the Provider's charge for the service, whichever is less.

## ADDITIONAL BENEFITS

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. physician 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.

### ***Are Prescriptions Covered?***

In order to access the prescription benefit, prescriptions must be purchased through a participating EBRx Member pharmacy. Our interactive site allows easy internet web searches by students to access the closest member pharmacy - whether at school or at home.

EBRx WEBSITE

[www.ebrx.com](http://www.ebrx.com)

1-800-800-7153 (Toll Free)

Prescription Benefit is \$10.00 copay for generic, \$20.00 copay for brand name on the Preferred list, or \$35 copay for brand non-preferred. The amount of drug that is to be dispensed per prescription or refill will be in quantities prescribed up to a 30 day supply. Prescription charges (not copay) are applied toward your \$25,000 lifetime maximum benefit.

Please see the back of your identification card for EBRx information. Present this card to your pharmacist when filling a prescription.

**THERE IS NO BENEFIT FOR PRESCRIPTIONS IF NOT FILLED AT PARTICIPATING EBRx MEMBER PHARMACY, EXCEPT PRESCRIPTIONS DISPENSED BY THE REED HEALTH CENTER WILL BE CONSIDERED ELIGIBLE FOR REIMBURSEMENT.**

***What About Mental Health and Chemical Dependency?***

Mental health services are offered to Reed college students within our Reed Health Services. Professional staff members are available to provide medically necessary mental health services for a broad range of problems from stress to interpersonal problems, to those of a more serious nature. While there is an emphasis on brief treatment, when longer term treatment is required, this is also available. Assessment and referral will be provided for chemical dependency and other conditions if necessary.

***What Are The Benefits For Mental And Nervous Conditions Under The Fairmont Premier Plan?***

Benefits for professional outpatient treatment of mental and nervous conditions are limited to 80% of covered expenses when provided by an in network participating provider or 60% of covered expenses when provided by an out of network provider up to a maximum of \$5,000 per policy year.

Inpatient coverage for mental and nervous conditions is covered the same as any illness (See Schedule of Benefits on page 7).

***What About Treatment For Drug Addiction Or Alcoholism On The Fairmont Premier Plan?***

Benefits for treatment of drug addiction or alcoholism are limited to a maximum of \$4,500 in any 24 consecutive month period (See Schedule of Benefits).

## 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 for a period of six months prior to the Term of Coverage for a Covered Person, 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. Services covered or provided by the student health fee.
3. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
4. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
5. 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.
6. Dental treatment, except as specifically provided for in the Schedule.
7. War or any act of war, declared or undeclared, or while in the armed forces of any country.
8. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
9. Intentionally self inflicted injury, suicide or any attempt thereat.
10. 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.
11. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
12. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:

Exclusions Continued on page 9

## SCHEDULE OF BENEFITS

The Policy provides for the medically necessary Usual, Customary and Reasonable Charges (UCR) incurred by a Covered Person for loss due to a covered Injury or Sickness. If a Covered Person receives care from a Preferred Provider, any 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 for Oregon are part of the HC Direct Network. To find participating providers, search [www.hcdirect.net](http://www.hcdirect.net) or call 1-877-287-2922.

Lifetime Maximum . . . . . \$25,000\* (Up to \$1,000 of used benefits automatically renews each year.)  
 Policy Year Deductible . . . . . \$100 Deductible per policy year (School year) for each covered person

**\*Limited benefits for Inpatient and Outpatient treatment of Mental or Nervous Disorders.**

**THEREAFTER THE PLAN PAYS:**

<b>INPATIENT EXPENSES</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hospital Expenses</b> , daily semi-private room rate; . . . . . <i>general nursing care provided by Hospital;</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<i>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>		
<b>Intensive Care/Hospital Expenses</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Mental and Nervous Disorders</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges

<b>INPATIENT / OUTPATIENT EXPENSES</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Surgeon /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>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Anesthetist</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Registered Nurse's Services</b> <i>Private duty nursing care</i> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Doctor's Visits</b> , <i>Benefits are limited to one visit per day.</i> . . . . . <i>Benefits for Doctor's visits do not apply when related to surgery or Physiotherapy.</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Consultant Physician Fees</b> , . . . . . <i>when requested and approved by the attending Physician</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Physiotherapy</b> <i>benefits are limited to one visit per day.</i> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Chiropractic Care</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Pre-admission Testing</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Chemical Dependency</b> , <i>alcohol and drug addiction</i> . . . . . <i>Limited to \$4,500 in any 24 month period for Inpatient and/or Outpatient treatment</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Dental Treatment</b> , <i>made necessary by Injury to Sound, Natural Teeth</i> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Radiation Therapy and Chemotherapy</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges

<b>OUTPATIENT EXPENSES</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<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.</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<i>Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</i>		
<b>Emergency Room Expenses</b> , <i>attending doctor's charges, x-rays, . . . . .</i> <i>laboratory procedures, injections, use of the emergency room and supplies.</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Diagnostic X-Ray</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Laboratory Services</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Mental and Nervous Disorders</b> , <i>\$5,000.00 maximum (Per Policy Year)</i> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Injections</b> , . . . . . <i>When administered in the Doctor's office and charged on Doctor's statement</i>	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Out-Patient Prescription Drugs</b> . . . . .	\$10 Copay generic / \$20 Copay brand Preferred	\$35 Copay brand non-preferred
<i>Must be filled at a participating EBRX Network Pharmacy.</i>		

<b>OTHER</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Ambulance Service</b> . . . . .	80% of Usual and Customary Charges	
<b>Hospice Care</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Home Health</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Durable Medical Equipment</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Routine Newborn Baby Care</b> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges
<b>Maternity</b> <i>Same as any other sickness</i> . . . . .	80% of Preferred Allowance . . . .	60% of Usual and Customary Charges

## EXCLUSIONS, CONT'D

- 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.
13. Injury caused by, or resulting from, the use of alcohol, 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.
  14. 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; family planning; birth control drugs, procedures, supplies or devices, including oral contraceptives, hair growth, replacement or removal, alopecia; impotence, organic or otherwise; learning disabilities, except for testing; non-malignant 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.
  15. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
  16. Braces and appliances, except as specifically provided for in the Schedule.
  17. Replacement braces and appliances.
  18. That part of medical expense payable by any auto mobile insurance policy without regard to fault.
  19. 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.
  20. Preventive medicines, serums, vaccines.
  21. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
  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 expense 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. Non elective Caesarean 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:

    - 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. Lives within the United States;
  - b. Chiefly relies on you for support and maintenance; 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 25 years of age and enrolled in a

## DEFINITIONS, CONT'D.

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 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 does not include a clinic or facility for:

    - Convalescent, custodial, educational or nursing care;
    - The aged, drug addicts or alcoholics; or
    - Rehabilitation.

Hospital includes a hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.
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

## DEFINITIONS, CONT'D.

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. 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 reasonably 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.).

## DEFINITIONS, CONT'D.

16. **Participating institution** means Reed College.
17. **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a doctor.
18. **Policyholder** means the entity to which the policy is issued. The policyholder is shown on the first page of the policy.
19. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
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.
22. **Sickness** means illness or disease diagnosed during the term of coverage under the Policy for the covered person. Sickness includes pregnancy, complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
23. **Spouse** means your lawful spouse.
24. **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.
25. **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
      - a. 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 80th percentile

### ***Who's My Health Care Provider If I'm A Student?***

The Reed Health Services is your primary health care provider. Whenever you have a health care need while school is in session, always call or see the Reed Health Services first, between the hours of 9 a.m. to 5 p.m.,

Monday through Friday. You'll either receive your care at the Reed Health Services or be referred to a physician in the community.

***What Services Are Available At The Health Services?***

The Reed Health Services offers a full range of clinical services. They include the following:

- Treatment of acute injury or illness
- Management of chronic illness
- Women's health care: exercise and nutrition guidance, contraceptive counseling, Pap smears, breast exams
- Sexually transmitted disease treatment and counseling, and HIV testing
- Laboratory testing
- Physical exams/healthcare counseling
- Prescriptions and over-the-counter meds
- Referrals to specialists
- Self-care specialists
- Immunizations
- Psychological evaluation and counseling

***What Do I Do When I Get Sick?***

All visits with a physician or nurse practitioner can be scheduled Monday through Friday. Daily walk-in times, with no appointment needed, are available for RN consultation on a first-come, first-served basis. Students can be seen by a provider Monday through Friday, 9 a.m. to 5 p.m., during the academic year with limited hours during Fall, Winter and Spring breaks.

***What If The Reed Health Services Is Closed?***

When Reed Health Services is closed, or during vacation breaks or summer months, Reed College has joined with Harborview Medical Center to direct your care. You may call the Community Careline Triage Nurse for help with medical advice and if necessary to connect you with medical resources in the community. The number is 1-800-607-5501.

***What If I Am Traveling Out Of The Portland Metropolitan Area?***

With Fairmont Premier Insurance Company you have worldwide coverage. When out of the Oregon area, students have access to the CCN Preferred Provider Network at [www.ccnusa.com](http://www.ccnusa.com).

***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. Upon enrollment in the Reed College Student Health plan, you will be sent a packet from USI which will include a brochure from MedEx regarding this benefit.

A toll-free or collect call immediately links you to

MedEx highly trained, multilingual assistance coordinators, 24 hours a day, 365 days a year.

[www.medexassist.com](http://www.medexassist.com)

**1-800-537-2029 or 1-410-453-6330**

**Group # 7274**

The Student Assistance Plan is provided by MEDEX Assistance Corporation.

***What Happens When I Graduate?***

Before your coverage under the comprehensive medical plan with Fairmont Premier terminates, you may want to see what options are available to you for medical coverage after this plan terminates.

Please call USI at 1-800-251-4246 and they will help you determine what kind of coverage you may need after graduating.

**CERTIFICATE OF CREDITABLE COVERAGE**

When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this policy. You may need such a certificate if you become covered under a group policy or other health plan within 63 days after your coverage under this policy terminates. If the subsequent policy excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. To obtain a Certificate of Creditable Coverage please contact USI NW at 1-800-251-4246.

***Will I get an Identification Card?***

Upon initial enrollment for the school year, you will be issued a permanent identification card which will be distributed to your box at school. Your permanent identification card will be issued approximately 3-4 weeks from the start of the first semester you are enrolled in the coverage for the current school year. You may obtain an identification card at the Student Health Center, by calling USI at 800-251-4246, or printing from [www.piaclaims.com](http://www.piaclaims.com).

**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 printing from [www.piaclaims.com](http://www.piaclaims.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:

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**  
**1-800-468-4343**

***What If I Have Other Medical Insurance?***

Your Reed College student medical plan is considered primary coverage. Any charges you incur while insured under this plan should be submitted first to PIA to be processed. Any other insurance you have would be considered secondary under this plan.

***Still Have Questions?***

Call the Reed Health Services at 503-777-7281. If you're new to campus we suggest you come in to the Reed Health Services to get information on what's covered and find out more about how to use this plan as well as visit the Reed Health Services staff. We'll be happy to assist you with enrollment or answer any questions you may have.

***Important Telephone Numbers:***

Reed College:

Health Services	503-777-7281
Counseling Center	503-517-7349
Community Safety	503-777-7533
Community Careline	1-800-607-5501

Insurance Agency: USI 503-224-8390

Claims Administrators: PIA 1-800-468-4343

***Please be sure to retain this brochure as it outlines the provisions of the master policy which is on file at the Business Office. No individual policies or certificates are issued. Any discrepancies between this brochure and the master policy, the master policy will prevail.***

Underwritten and insured by:

FAIRMONT PREMIER INSURANCE COMPANY  
TINTON FALLS, NJ

**For Benefits, Eligibility or Claim  
Inquiries Contact:**



PERSONAL INSURANCE ADMINISTRATORS, INC.  
P.O. Box 6040  
AGOURA HILLS, CA 91376-6040  
**1-800-468-4343**

**For Inquiries Call:**

Agents:  
USI Northwest  
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. 18023. 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 Dean of Students. No individual policies or certificates are issued. Any discrepancy between this brochure and the Master Policy, the Master Policy will prevail.

Revised 7/05

your group number as 7274  
1-410-453-6330 collect from outside the USA and identify  
these *travel services* please call 1-800-537-2029 or  
offered through **MEDEX Assistance Corporation**. To utilize  
Your plan contains the student travel assistance program

**OTHER SERVICES**  
Pharmacy Helpline: 1-800-406-0015  
MedCarrier #: 95  
EBRX Bin#: 610560  
Group No. PIA RD05  
**FOR PHARMACY USE ONLY:**  
**EBRX, Inc.**

=====  
REED COLLEGE  
STUDENT HEALTH INSURANCE PLAN  
INSURED BY: FAIRMONT PREMIER INSURANCE COMPANY  
POLICY #: 18023

INSURED STUDENT \_\_\_\_\_

**2005-2006**  
**SEND MEDICAL CLAIMS TO:**  
PERSONAL INSURANCE ADMINISTRATORS, INC.  
P.O BOX 6040 AGOURA HILLS, CA 91376-6040  
1-800-468-4343

*NOTE: Benefits are subject to payment of appropriate  
premium and verification of eligibility.*

**Oregon Preferred Providers** are part of HC Direct   
please visit: [www.hcdirect.net](http://www.hcdirect.net)

**For Preferred Providers Outside of Oregon** use   
[www.ccnusa.com](http://www.ccnusa.com)