

Cornish College of Arts 2009-2010 Student Health Insurance Plan

Your school-endorsed Plan offers you these benefits, services and programs.



Aetna Student Health, working with Cornish College of the Arts, offers a student-focused health insurance plan that protects students at school, at home, and while traveling or studying abroad.

New for 2009-2010:

\$250 Preventative Care Benefit

Routine Physical Examination

Immunizations (Flu Shot, Hepatitis A and B, Lymerix)

Diagnostic Tests (HIV, Lead Screening, Serum Cholesterol/HDL)

Your school-endorsed Student Health Insurance Plan offers you:

- Access to Aetna's nationwide network of health care professionals, including primary care and specialist doctors
- Travel Assistance Services and Worldwide Medical coverage while traveling or studying abroad
- Vision, Fitness and Aetna Natural Products and ServicesSM Discount Programs
- Access to the Student Connection at www.aetnastudenthealth.com. Click on "Find Your School" to read your health insurance brochure, find out how to fill a prescription and e-mail customer service
- Once you're a member of the Plan, you have access to Aetna Navigator[®], your secure member website packed with personalized benefits and health information.

Learn More

Access to the Student Connection at www.aetnastudenthealth.com. Search for your school to read your health insurance brochure, find out how to fill a prescription and e-mail customer service. Also you can call 800-853-5899.

Brokered by:

Wells Fargo of California Insurance Services, Inc. Student Health Insurance Division

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

The Cornish College of the Arts Student Health Insurance Plan is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.

Policy forms issued in OK include GR-96134.
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Who is eligible?

All matriculated students are automatically enrolled in the Cornish College of the Arts Student Health Insurance Basic Plan at registration and the premium for coverage is added to the tuition billing. The insurance charge can be waived if proof of valid and comparable private insurance is furnished by submitting an online waiver at the time of registration. Students are also eligible to purchase the Optional Supplemental Plan after they are assessed the Basic Plan premium. **To enroll in the Optional Supplemental Plan, please call Wells Fargo Insurance Services at (800) 853-5899.**

How much does it cost?

	Annual	Fall	Spring/Summer
	08/28/09-08/27/10	08/28/09-01/18/10	01/19/10-08/27/10
Basic Plan	\$727	\$363	\$363
Optional Supplemental Plan	\$542	\$209	\$333

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



CORNISH COLLEGE OF THE ARTS 2009-2010 STUDENT HEALTH INSURANCE PLAN SCHEDULE OF BENEFITS

The Cornish College of Arts Student Health Insurance Plan may not cover all your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Cornish College of the Arts brochure carefully before deciding whether this plan is right for you. While this document and the Cornish College of the Arts brochure tell you about some of the important features of the plan, other features may be important to you and some further limit what the plan will pay. If you want to look at the full plan description, which is contained in the Master Policy issued to Cornish College of the Arts, you may contact us at (877) 850-6037.

This plan will never pay more than \$10,000 per Covered Accident or Illness for the Basic Plan. If the Optional Supplemental Plan is purchased, the \$40,000 is in addition to the Basic Plan \$10,000 plan maximum for a total of \$50,000 per Policy Year. There is a Prescription maximum of \$2,500 Per Policy Year. Outpatient Mental Health benefits are limited to 20 visits per Policy Year. Additional plan maximums may also apply. Some illnesses may cost more to treat and health care providers may bill you for what the plan does not cover.

Basic Plan Maximum	\$10,000 per Condition, per Policy Year
Optional Supplemental Plan Maximum	\$40,000 per Condition, per Policy Year in addition to the Basic Plan Maximum
Basic Plan Deductible	\$100 per Policy Year for each Covered Person
Optional Supplement Plan Deductible	\$0 after the \$100 Basic Plan deductible has been satisfied

INPATIENT EXPENSES

Hospital Expenses , daily semi-private room rate; general nursing care 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	80% of Negotiated Charge	60% of RC
Intensive Care Hospital Expenses	80% of Negotiated Charge	60% of RC
Physician Hospital Visit Expenses	80% of Negotiated Charge	60% of RC

SURGICAL EXPENSES

Inpatient/Outpatient Surgical Expenses	80% of Negotiated Charge	60% of RC
Inpatient/Outpatient Anesthetist Expenses	80% of Negotiated Charge	60% of RC
Inpatient Assistant Surgeon Expenses	80% of Negotiated Charge	60% of RC
Outpatient Assistant Surgeon Expenses	Not Covered	

OUTPATIENT EXPENSES

Physician's Office Visit Expenses , benefits are limited to one visit per day, includes chiropractor and acupuncturist Benefits are limited to one visit per day	80% of Negotiated Charge after a \$15 Copay	60% of RC
Emergency Expenses , use of the emergency room and supplies after a \$100 Copay.deductible per visit (waived if admitted).	80% of Negotiated Charge after a \$100 Copay	80% of RC after a \$100 Deductible

MENTAL HEALTH AND SUBSTANCE ABUSE EXPENSES

Inpatient Mental Health , psychiatric hospitals are not covered	80% of Negotiated Charge	60% of RC
Outpatient Mental Health , benefits limited to 20 visits per Policy Year	80% of Negotiated Charge	60% of RC
Inpatient and Outpatient Substance Abuse Expenses , benefits limited to \$13,500 maximum per Policy Year	80% of Negotiated Charge	60% of RC

ADDITIONAL EXPENSES

Women's Health Care Expenses , includes one baseline mammogram for women Mammogram 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older.	80% of Negotiated Charge after a \$15 Copay	60% of RC
Diagnostic X-Ray and Laboratory Expenses	80% of Negotiated Charge	60% of RC
Ambulance Expenses	80% of Reasonable Charge	
Maternity Expenses	80% of Negotiated Charge	60% of RC
Physical Therapy Expenses , benefits are limited one visit per day	80% of Negotiated Charge	60% of RC
Chiropractic/Acupuncture Expenses	80% of Negotiated Charge after a \$15 Copay	60% of RC
Radiation Therapy and Chemotherapy Expenses	80% of Negotiated Charge	60% of RC
Durable Medical Equipment Expenses	80% of Negotiated Charge	60% of RC

PRESCRIPTION DRUG EXPENSES

Benefits limited to \$2,500 maximum per Policy Year. Includes coverage for coverage for oral contraceptives and contraceptive devices.	\$15 Copay for Generic Drugs	\$15 Deductible for Generic Drugs
	\$30 Copay for Preferred Brand Drugs	\$30 Deductible for Preferred Brand Drugs
	\$50 Copay for Non- Preferred Brand Drugs	\$50 Deductible for Non- Preferred Brand Drugs