



STUDENT SELECT

Affordable Health Insurance For College Students

OREGON

Tuition, books, rent, food, fun . . . health insurance?

With all the things you have to pay for in college, paying for health insurance is probably last on your list. But what's last on your list could be the first thing to put you at serious financial risk. Think about this – if you're currently without health insurance, just one knee injury could cost you up to \$12,000*.

That's why Fortis Insurance Company created Student Select – renewable, individual health insurance for college students.

Student Select is ideal if you find yourself in one of the following situations:

- **Are you no longer eligible for coverage under your parents' health plan?** Many health plans only cover you up to age 19-23, or they require you to have more college credit hours than Student Select.
- **Does your college or university require coverage but you find the college-sponsored plan inadequate?** Many college or university plans offer "bare bones" benefits that may not be enough to give you financial security against large, unexpected expenses.
- **Do you attend school outside an HMO or PPO region?** Restrictions on coverage outside HMO or PPO service areas may leave you with inadequate protection.
- **Is your current health coverage too expensive?** Traditionally, individual major medical plans cost two to three times as much as Student Select. The cost to include a student on an employer's health plan as a dependent can also be very expensive.

*Based on an average 2001 Fortis Health Student Select claim.

Who's Eligible for Student Select?

To be eligible for Student Select coverage, you must be:

- A healthy full-time* college student under the age of 30.
- A student attending a state-accredited college or university. (The college or university must be listed in the Higher Education Directory.)
- A student who maintains full-time status for a minimum of 31 days following the effective date of the policy.

*Full-time is defined as an undergraduate student taking nine or more college credits or a full-time graduate student.

Here's How Student Select Works

- You choose the deductible that best meets your needs and budget: \$250, \$500, \$1000, \$2500
- Since this plan is not an HMO or PPO, you pick your doctors and hospitals.
- For additional savings, you can use the doctors and hospitals participating in PHCS Healthy Directions. Simply call PHCS at **1-800-357-6847** or visit them on the web at **www.phcs.com** to verify that your doctor or hospital is part of the PHCS Network. When using the web, click on "Find a Provider," then "Start New Search." Under Step #2, choose "Healthy Directions/Access Advantage" from the drop down menu. At the time of service, present your medical identification card with the PHCS logo on it and your provider will bill you at the reduced network rate for services.
- If you change schools, take a semester off or have to leave school, Student Select travels with you. And, because Student Select is renewable, you can keep your coverage for as long as it's needed.

Benefits are paid as follows:

First: You pay your calendar year deductible.

Then: Once your deductible is satisfied, Fortis Health pays 80% of the next \$10,000 of covered expenses.

Thereafter: Fortis Health pays 100% of your remaining covered expenses up to \$100,000 for each illness or injury. Your total plan maximum is \$1 million.

Plan Highlights

- Up to \$1 million protection; \$100,000 per illness or injury
- Freedom to choose your own doctors and hospitals
- Semi-private room and board
- Office visits
- Emergency care
- Surgery
- In-hospital and outpatient services
- X-ray and laboratory services
- Home health care
- Ground or air ambulance service
- Medical equipment and supplies
- Intensive care
- Medical evacuation benefit

Plan Exclusions

It is important to understand that Student Select is not designed to pay for injuries and illnesses that existed prior to your policy effective date. Expenses for these pre-existing conditions incurred during the first 12 months of the policy are not covered in most states. Student Select also does not cover normal pregnancy or childbirth; sterilization, treatment for infertility, genetic testing or counseling; weight reduction or weight control programs and related surgery; medication to stimulate growth; dental treatment; routine physical exams and

Application For Student Select Medical Plan

OREGON

REQUESTED EFFECTIVE DATE Note: Effective Dates of the 29th, 30th and 31st of the month are not available. <input type="checkbox"/> Day following postmark <input type="checkbox"/> Later effective date: _____ / _____ / _____ Mo. / Day / Yr.
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COVERAGE WILL NOT BE ISSUED TO ANY PERSON WHO IS ELIGIBLE FOR MEDICARE.



Student Name (Print Last, First, Middle)		Birthdate (M-D-Y) - -	Soc. Sec. # - -
Indicate the state where the student will live while attending school:		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Daytime Phone # () -
Send all correspondence to: (Print Name, Street Address, City, State, ZIP)		Billing Address: (Print Name, Street Address, City, State, ZIP)	
School Attending		Location of school (Print City, State, ZIP)	
Student Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate		Anticipated Graduation Date (Month, Year)	Type of Degree

Answer the following questions completely and accurately.

- Are you enrolled in a state accredited college or university as: a) an undergraduate student taking 9 or more credit hours; or b) a full-time graduate student? Yes No
(Credit hours earned through home study, correspondence and television courses do not apply.)
- Have you been declined for insurance due to health reasons?..... Yes No
- In the past 12 months, have you either been recommended to have or been scheduled for diagnostic testing, treatment, or surgery that has not been completed? Yes No
- Within the last five 5 years, have you received any tests or medical treatment, or surgical treatment, or consulted a physician, or taken medication for: Yes No
 - heart disorder including heart attack or chest pain
 - stroke
 - diabetes
 - stomach or duodenal ulcer or ulcer symptoms or colitis or Crohn's disease
 - uncorrected gall bladder disease or gallstones
 - kidney disease
 - cancer, tumor or internal cyst
 - immune system disorder including acquired immune deficiency syndrome (AIDS) or tested positive for HIV
 - alcoholism or alcohol abuse
 - chemical dependency or drug abuse

Note: If NO is answered to question 1, or if YES is answered on questions 2-4, coverage cannot be issued.

Deductible Amount	Per Illness/Injury Maximum	Payment Mode	Lifetime Maximum	Total Premium
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000	\$100,000	<input type="checkbox"/> Semi-Annual	\$1,000,000	
<input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500		<input type="checkbox"/> Annual		

I have read or have had read to me the completed application and declare that the information shown on it is true and complete. I understand that if any information stated in this application is incorrect, coverage can be voided. I further understand that the plan applied for will not provide benefits on account of any pre-existing condition until one year after the Effective Date, unless provided under state mandate.

Applicant's Signature (if over 18 years old). If under 18, parent or legal guardian's signature _____ Date Signed _____
FORM 25678

TO BE COMPLETED BY AGENT:

Agent's Name _____ Agent Number _____ Date Completed _____

Agent's Signature _____ Form 25678

THE BENEFITS PAYABLE UNDER THIS POLICY MAY BE REDUCED
BY THE AMOUNT OF BENEFITS PROVIDED BY OTHER HEALTH
INSURANCE POLICIES YOU MAY HAVE.

If student is 18 years of age or older, student must sign the application.
NOTE TO AGENT: Indicate the state of permanent residence if different than the state where the student will live while attending school. _____

For Credit Card Payment: Credit Card No. _____ Expiration Date ____/____
I authorize Fortis Insurance Company to charge the above credit card account for the premium listed above.
Signature _____ Date _____

A Powerful Force Working For You

Fortis Health provides solutions for customers' health care needs by offering a wide array of individual, small group and specialty health insurance products. Specialty products include college student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products issued and underwritten by Fortis Benefits Insurance Company, Fortis Insurance Company and John Alden Life Insurance Company. Fortis Health is based in Milwaukee, WI.

Fortis Health is part of Fortis, Inc., a financial services company that, through its operating companies and affiliates, provides specialty insurance and investment products to businesses, associations, financial service organizations and individuals in the U.S.

About This Brochure:

This brochure provides a brief description of the important features of this plan. This is not the insurance contract. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated through a rider attached to your plan.