



2010-2011 GSHIP

Graduate Student Health Insurance Plan

Underwritten by:
Nationwide Life Insurance Company
Policy Number:
302-106-0408

ATTENTION

Your temporary ID card is located on the back of this brochure. Please detach and retain it for proof of coverage. You can download a permanent ID card from:

www.renstudent.com/idcards

Note: You can have the permanent card laminated at the UC Riverside Health Center



University of California, Riverside
Riverside, CA 92521
(951) 827-3031

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ID CARD

A temporary ID card is included on the back cover of this brochure. Please detach and retain for proof of coverage. Covered Students can download a permanent ID card from: www.renstudent.com/idcards

Covered Persons can also use this card to have prescriptions filled at an Express Scripts pharmacy.

Note: Students can have the permanent card laminated at the UC Riverside Campus Health Center.

A QUICK GUIDE TO USING YOUR GSHIP

Below is a quick guide to using your health care benefits and information about the plan. Tear it out and keep it with you, along with your insurance ID card. This is not a complete reference; please keep this brochure for more detailed information.

1. Where do I go for medical care?

The UCR Campus Health Center (CHC) is your primary care facility. If you do not make use of CHC first, **you may have to pay the entire bill.**

2. What if I am not in Riverside when I need medical care?

A referral from CHC is not needed in an emergency or when you are outside the 50-mile radius of CHC. In California, please call **800-334-7341** or visit www.cfmnet.org for the nearest provider in our Preferred Provider Organization (PPO). Outside of California, please call First Health Network at **800-226-5116** or visit www.myfirstthealth.com.

3. What if I have an Emergency?

Go to the nearest urgent care facility or emergency room, and present your GSHIP card. **Please see a CHC doctor before making any follow-up appointments.**

Important: Many E.R. Doctors are not providers for CFMC and are covered at the lower reimbursement rate.

4. What is the off-campus provider coverage in California and how much will I pay out-of pocket?

You must pay a copay of \$10 for office visits, and \$150 for any hospitalizations or any outpatient surgical procedures. Use PPO providers & facilities, which are contracted with California Foundation for Medical Care and First Health Network to maximize your insurance benefits. If a non-PPO provider or facility is used, only 65% of Reasonable and Customary charges for Riverside, California will be paid. **You will have to pay the balance out of pocket. Use PPO network providers and facilities to maximize your benefits. (See #2)**

5. How do my pharmacy benefits work?

All eligible prescriptions filled at CHC will have a \$10 copay per 30-day supply. Prescriptions filled at participating Express Scripts contracted pharmacies **off-campus** will have a \$15 copay per 30 day supply due from the student. Prescriptions filled outside of CHC and at a non-Express Scripts provider pharmacy will only be paid at 50%. Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates **DO NOT SUBSTITUTE** on the prescription.

To locate an Express Scripts pharmacy, visit www.Express-Scripts.com, or call **800-447-9638**.

6. What is not covered by this plan?

EXCLUSIONS, or expenses not covered, are listed in this brochure on pages 18-19. It is important to note that expenses for **Pre-Existing Conditions** may not be covered for the first six (6) months you are on the plan.

7. What if I have a problem with my card or insurance?

For ANY questions or problems, please call our Insurance office at **951-827-5683**. We are open Monday through Friday, 8:00 a.m.–4:30 p.m. (except for Thursdays when we open at 9:00 a.m.).

Also, the phone number for Personal Insurance Administrators (PIA), our claims processing office, is **800-468-4343**. They can be contacted Monday through Friday, 8:30 a.m.–4:30 p.m. (PST) to verify eligibility and benefits.

UC RIVERSIDE CAMPUS HEALTH CENTER (CHC)

The Campus Health Center is the primary care facility for your medical needs. If necessary, specialty services not provided at the Campus Health Center may be obtained off campus upon referral from CHC.

Where are we located?

The Campus Health Center is conveniently located west of parking lot 15 between the residence halls, in the Veitch Student Center.

What are the hours?

We are open Monday through Friday from 8:00 a.m. to 4:30 p.m., except on Thursdays when we open at 9:00 a.m.

What services do we provide?

The Campus Health Center provides comprehensive outpatient care, including the following:

- Laboratory Services
- X-Ray
- Women's Health Clinic
- Health Promotion
- Referral for Specialty Care
- Mental Health
- Pharmacy
- Dental Clinic
- Vision Services at affiliated clinics
- Insurance Services

Please view our website at www.campushealth.ucr.edu or call 951-827-3031 for further information.

Who is eligible to use the services of the Campus Health Center?

Services are available to all registered UCR students.

What forms of payment are accepted?

If you enroll in GSHIP, the Campus Health Center will be billing your insurance for you. However, some costs for health care are not currently covered under this plan. For payment of these fees, CHC accepts cash, checks, Visa and MasterCard, or you may have it applied to your student account. Payment is due on the day of service unless other arrangements are made. Missed appointments will result in a \$10.00 charge for routine appointments and higher charges for specialty clinics and special procedures. **CHC does not directly bill insurance plans other than USHIP. Patients who waive out of the University-sponsored plan are personally responsible for medical payment.**

What if I have an Emergency and the Campus Health Center is closed?

If you have an Emergency when the Campus Health Center is closed (at night or on weekends or holidays) and you cannot wait for the Campus Health Center to open, call 911 or go to the nearest emergency room or urgent care facility.

Remember, you must contact the Campus Health Center for all follow-up care.

What if I'm not close to CHC and need medical care?

If you are outside of a 50-mile radius of CHC you do not need a referral from a CHC provider. However, remember that if you do not use a PPO provider you will be responsible for 35% of the bill. For a complete listing of network providers in California, access the Foundation website at www.cfmcnet.org. For providers outside of California, call First Health Network at 800-226-5116 or visit www.myfirstthealth.com

Patient Confidentiality

Confidentiality and rights to privacy are strictly maintained according to the HIPAA guidelines.

Students With Disabilities

Campus Health facilities are accessible to those in wheelchairs or with other special needs. Academic support is available to students with disabilities from Special Services at 951-827-4538.

UNIVERSITY OF CALIFORNIA, RIVERSIDE

Student Health Insurance

Riverside, CA 92521

Phone: 951-827-5683

Fax: 951-827-7171

www.campushealth.ucr.edu



Dear GSHIP Participant:

Welcome to the University of California, Riverside's Graduate Student Health Insurance Plan (GSHIP).

Here at UCR we realize the importance of your health and strive to help you attain your educational and physical goals. That is why we believe that this insurance is one of the best gifts that you could give to yourself.

GSHIP is very comprehensive, yet affordable insurance for primary care and major medical expenses. The Campus Health Center serves as your primary care provider and coordinates any specialty care that may be required. You are automatically enrolled in the Graduate Student Health Insurance Plan as a UCR student. You will, however, have the option of waiving out of the plan if you can show proof of comparable coverage that meets the campus's minimum guidelines for insurance. The petition to waive the Student Health Insurance may be obtained on the Campus Health web site at: **www.campushealth.ucr.edu**.

Access to health care is limited for many Americans due to the high cost of health insurance and medical care. We hope that in making this affordable insurance available, it will enable you to be healthy and to achieve your academic goals.

Sincerely,

Carla Short
Insurance Coordinator

U.C. RIVERSIDE CAMPUS HEALTH CENTER DIRECTORY LISTING

Clinic Hours Mon.–Wed., Fri. 8:00 a.m.– 4:30 p.m.
Thursday 9:00 a.m.– 4:30 p.m.

Appointments 951-827-3031
Fax (Clinic) 951-827-3133
Dental Clinic (by appt.) 951-827-3039 or 951-827-3031
Vision Clinic see page 30
Laboratory 951-827-3040
X-Ray 951-827-3038
Preventative Care 951-827-4187
Pharmacy 951-827-3926
Insurance Office 951-827-5683
Fax (Insurance Office) 951-827-7171
Website www.campushealth.ucr.edu

2010-2011 UC RIVERSIDE GRADUATE STUDENT HEALTH INSURANCE PLAN

The Graduate Student Health Insurance Plan (GSHIP) is designed to supplement the services offered at the Campus Health Center (CHC).

CHC (located in the Veitch Student Center) provides primary care services to all registered students, with fees ranging from no charge to minimal charges. The insurance is used to pay for eligible medical services that CHC does not provide free of charge.

Services at the Campus Health Center are provided for students only. Spouses, Domestic Partners and children must receive services from off-campus providers. The Student Health Insurance Office (also located in Veitch Student Center) is open year round to serve you. If you need benefit information, or assistance in obtaining services, please call CHC at 951-827-5683.

You are welcome to read the Master Policy which is the complete legal document that describes the rights and obligations of the insurance company, the University, and the Covered Person. This document is available for review at the Student Health Insurance Office.

CHANGES TO GSHIP FROM 2009-2010

- All Mental Conditions, including severe mental illness and treatment for alcoholism and substance abuse, are now covered the same as any other Sickness.
- Outpatient treatment for Mental Conditions is limited to two (2) visits per day.
- The Repatriation benefit has increased from \$10,000 to \$15,000; the Medical Evacuation benefit has increased from \$10,000 to \$50,000.
- Up to three additional months of coverage now offered to graduating students.

ELIGIBILITY

Students

All graduate and professional students (hereinafter designated “students”) who pay full registration fees and attend the University of California, Riverside are automatically eligible for and are enrolled in GSHIP for the Fall, Winter, Spring and Summer Quarters of the 2010–2011 school year.

Graduating Students

Students who graduate during the policy year are eligible to enroll in the GSHIP Continuation Plan once per lifetime for up to three (3) additional consecutive months after the termination date of their final term of coverage in GSHIP. Students enrolling in the GSHIP Continuation Plan must have been covered under the GSHIP plan as a registered graduate student in the immediately preceding term. **Graduates enrolled in the GSHIP Continuation Plan are still subject to the CHC Referral Requirement and the CHC Pre-Certification Requirement.**

Dependents

Insured Students may also enroll their eligible dependents in the plan by completing the attached enrollment form and remitting the appropriate premium by the Enrollment Deadline Date. Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents.

An eligible dependent is the Covered Student's: 1) spouse residing with the Covered Student; 2) Domestic Partner residing with the Covered Student; or 3) unmarried children under the age of 19 years (23 if a full-time student at an accredited school).

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ELIGIBILITY (continued from page 4)

Newly Acquired Dependent Children

For a newly acquired dependent child, that child will be covered under the Policy for the first 31 days after: 1) birth of a newly born child; the earlier of 2) the effective date of adoption of the child; or 3) the date of placement of the child with the Covered Person for adoption. Coverage for such child will be for Sickness or Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and Medically Necessary nursery care. Benefits will be the same as any other Covered Person who is the child's parent. This plan does not cover well-baby care (including Hospital stays), other than as mandated for maternity by California state law (see pages 14 and 15).

The Covered Person will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Covered Person must, within 31 days after the birth, adoption or placement for adoption: 1) enroll with the Company; and 2) pay the required additional premium for the continued coverage.

If the Covered Person 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.

ENROLLMENT

Enrollment in GSHIP for graduate students is automatic and will be made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University, by the Waiver Deadline listed, will be waived from coverage.

Students have until the Enrollment Deadline Date to cancel a waiver through the University and be enrolled under the plan for the current quarter. In addition, students who waive out of GSHIP may elect to enroll later, at any time during the quarter, if they involuntarily lose their prior coverage of insurance, due to no fault of their own (please see the Involuntary Loss of Coverage definition on page 21). These students must submit to the University notification of interest to enroll in GSHIP within 31 days of termination of the prior coverage and pay the premium for the term in which they are electing to enroll. Otherwise, students who have submitted a waiver for one quarter must wait until the following quarter to enroll.

Students new for the Summer quarter can enroll by completing an enrollment form and submitting payment during the 30 days immediately following the beginning of the quarter.

Post-Doctoral Fellows, students on approved leave of absence and students on filing fee status, as well as eligible dependents, may enroll by completing the attached enrollment form and submitting payment during the 30 days immediately following the beginning of each quarter (see Enrollment Deadline Dates).

Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents. Failure of the student to enroll for dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. **Please find the dependent enrollment form in the back of the policy brochure.**

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SHIP Continuation

Graduating students who wish to enroll in the GSHIP Continuation Plan must complete an enrollment form and remit the appropriate premium by the Enrollment Deadline Date. Eligible dependents of enrolled students may also be enrolled under the Continuation Plan, provided they were also covered under GSHIP in the immediately preceding term. Please see the Continuation Plan enrollment form for costs of coverage, available at www.renstudent.com/ucrg.

Students (or dependents) who apply for coverage and who are ineligible by virtue of the eligibility requirements stipulated in the Policy will, upon determination that they were ineligible at the time of enrollment, receive a full refund of premium submitted, less any claims paid, irrespective of premiums having been collected and deposited by the Company and it will be as if the coverage had never been in effect.

WAIVER PROCEDURE

Students are required to have a qualifying health insurance policy in effect at all times while enrolled at UC Riverside. Students are automatically enrolled under this insurance plan when they register unless the student submits a completed and approved waiver application demonstrating other comparable coverage meeting all campus requirements by the Waiver Deadline Date.

Term	Fall	Winter	Spring	Summer
Waiver Deadline	09/12/10	12/12/10	03/12/11	N/A

For the purpose of exemption from the University's mandatory Graduate Student Health Insurance Plan, comparable coverage will be defined as follows:

- Must include outpatient benefits;
- Deductible and coinsurance/copayment maximum is no more than \$3,000 for combined deductible and copayment/coinsurance maximum for in-network, non-capped benefits;
- Maximum lifetime benefit must be at least \$250,000;
- Waiting period for covering pre-existing conditions must be no more than two (2) years, if pre-existing conditions are not currently covered; and
- The insurance company must have a claims-processing office located in the United States.

Additional Requirements for J1 Visa Holder:

- Benefit for medical evacuation to home country must be at least \$10,000; and
- Benefit for repatriation of remains must be at least \$7,500.

For further information and to access the online waiver application visit www.campushealth.ucr.edu. The waiver application and all required supporting documentation must be submitted by midnight on the Waiver Deadline Date. **Only one waiver application must be submitted per school year, but a new waiver application must be submitted each new academic year.**

TERMS OF COVERAGE

Students

Coverage for Eligible Students under GSHIP becomes effective at 12:01 a.m. on the first date of the applicable school quarter for which the Eligible Student is enrolled if the premium for GSHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, but on or before the enrollment deadline, enrollment in GSHIP will become effective at 12:01 a.m. on the date following the date of receipt by the University.

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For students who enroll by completing an enrollment form, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are received by the Campus Health Center before this date. If the enrollment form and premium are received on or after the first date of the applicable plan term, but on or before the enrollment deadline, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at the Campus Health Center, said effective date not to be earlier than 12:01 a.m. of the effective date of the Term for which the student enrolls.

For students who previously waived coverage, but elect to enroll later due to an Involuntary Loss of Coverage, coverage under GSHIP will become effective at 12:01 a.m. on:

1. The beginning date of the current term if proof of the Involuntary Loss of Coverage and payment of premium is received by the Enrollment Deadline Date; or
2. The day following the date proof of the Involuntary Loss of Coverage and payment of premium is received.

Coverage under GSHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid. Insurance under GSHIP for Eligible Students enrolled for the Spring quarter will extend through to 12:01 a.m. on 09/19/11.

Dependents

When an Eligible Dependent enrolls by using the Enrollment Form, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are received by the Campus Health Center before this date. If the enrollment form and premium are received on or after the first date of the applicable plan term, but on or before the enrollment deadline, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at the Campus Health Center, said effective date not to be earlier than 12:01 a.m. of the effective date of the Term for which the Eligible Dependent enrolls.

Coverage under GSHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid.

Please note Eligible Dependents must purchase summer coverage in order to maintain Continuous Coverage through to the 2011-2012 year. Dependent coverage for the Summer Term will terminate at 12:01 a.m. on 09/19/11.

Dependent coverage can only be purchased for the same term for which student coverage has been purchased. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. Because a separate Enrollment Form is required for students applying for dependent coverage, it is possible that the student and the student's dependent(s) may have varying effective dates of coverage, depending on when the Enrollment Form is received. However, a dependent's coverage cannot be in effect at any time the insured student's coverage is not in effect.

Premiums and enrollment forms for Eligible Dependents who have not been insured under this plan or whose coverage has lapsed, or renewal premiums for Continuous Coverage for Eligible Dependents currently enrolled under this plan, cannot be accepted after the Enrollment Deadline Date listed.

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Term	Effective Date	Termination Date	Waiver Deadline	Enrollment Deadline
Fall	09/20/10	01/03/11	09/12/10	10/20/10
Winter	01/03/11	03/28/11	12/12/10	02/03/11
Spring	03/28/11	06/13/11	03/12/11	04/28/11
Summer	06/13/11	09/19/11	N/A	07/13/11

Students enrolled in the UCR/UCLA Thomas Haider program in Biomedical Sciences will have separate terms of coverage, effective 08/04/10 and terminating on 08/04/11.

Effective and termination dates for the applicable school year shall comply with the calendar announcements of the Regents of the University of California. There is no continuation coverage for this plan for students and/or dependents who are no longer eligible.

We do not send termination or renewal notices. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility.

COSTS OF COVERAGE

	Fall 09/20/10 to 01/03/11	Winter 01/03/11 to 03/28/11	Spring 03/28/11 to 06/13/11 ¹	Summer 06/13/11 to 09/19/11
Student	\$ 641.00	\$ 641.00	\$ 641.00	\$ 641.00 ²
Post Doctoral	\$ 1,955.00	\$ 1,955.00	\$ 1,955.00	\$ 1,955.00
Student on Leave or Filing Fee Student ³	\$ 641.00	\$ 641.00	\$ 641.00	\$ 641.00
Spouse/ DP	\$ 811.00	\$ 811.00	\$ 811.00	\$ 811.00
Child(ren)	\$ 696.00	\$ 696.00	\$ 696.00	\$ 696.00
Spouse/DP and Child(ren)	\$ 1,507.00	\$ 1,507.00	\$ 1,507.00	\$ 1,507.00

¹ Students enrolled for the Spring term will have coverage extended to 12: 01 a.m. on 09/19/11.

² New Summer enrollees only.

³ Except for Summer, students not regularly enrolled must also pay a mandatory CHC user fee of \$75 per quarter (since no registration fee is charged in these categories).

Please find the dependent enrollment form in the back of this brochure.

PREMIUM REFUNDS

Refunds of premium will be granted only when:

1. The Covered Person enters full-time active military service, at which time a pro rata refund of premium will be issued upon request; or
2. If the student is dismissed or withdraws from the University, a pro rata refund of premium will be made upon notification from the University of the change in student status. If a claim has been filed to receive benefits under the coverage provided by the Policy, the premium is fully earned, in which case there will be no refund of premium. By accepting any such refund of premium the insured agrees to provide indemnification and absolve the Company from any liability to pay for medical expenses either before or after the coverage has been terminated during the term for which the pro rata refund of premium has been issued.

HOW TO OBTAIN SERVICES

Riverside Area: Whenever you are seeking treatment within a 50-mile radius of the Campus Health Center (CHC), go to CHC for primary care. **The Pre-Existing Condition Limitation is waived for services received at CHC.**

When Covered Charges are incurred within a 50-mile radius of CHC, benefits are available only upon treatment and referral from CHC or in the event of an Emergency. *In the absence of a CHC referral or Emergency, when Covered Charges are incurred within a 50-mile radius of the University of California, Riverside CHC, no benefits are payable.*

When treatment for a condition is required from a provider other than the provider to whom CHC originally referred the insured student, a new referral must be obtained from CHC. A written referral from CHC is required for any follow-up care after Emergency services. A referral from an emergency room Doctor is not a valid referral. Further, each written referral for a condition is valid for 90 days unless a greater time period is indicated on the referral form.

In the event that the University of California Riverside CHC is closed for four (4) or more consecutive days, the requirement that students first utilize CHC when seeking treatment for an Accident or Sickness when within the 50-mile radius or when seeking treatment for a non-Emergency is waived.

Elsewhere: Outside a 50-mile radius of CHC benefits are available when necessary medical treatment is required. If you are in the state of California, contact the California Foundation for Medical Care at **800-334-7341** or visit www.cfmnet.org to get a list of the PPO hospital and Doctor facilities in your area. For providers outside of California, call First Health Network at 800-226-5116 or visit www.myfirsthealth.com.

You must notify CHC no later than 72 hours from the time of treatment that does not commence at CHC.

Benefits are available when Covered Charges are incurred outside a 50-mile radius of the University of California, Riverside CHC. *Notification to CHC should be not later than 72 hours from the time of treatment that does not commence at CHC (including Emergencies and/or when within the 50-mile radius).*

Benefits for Covered Charges incurred for hospitalization, inpatient surgery, and outpatient surgery are available only upon authorization from CHC and require pre-certification. Please see the Pre-Certification Requirement section below.

CHC referral requirement is waived for insured Eligible Dependents.

PRE-CERTIFICATION REQUIREMENT

CHC authorization and pre-certification* are required for Hospitalization, Inpatient Surgery, or Outpatient Surgery. It is the Covered Person's responsibility to fulfill this requirement. The patient, treating Doctor, or Hospital should contact the Campus Health Center and the Utilization Review Organization* prior to any such treatment. In the case of such treatment due to an Emergency, (including Medically Necessary treatment provided outside of the Utilization Review Organization's operating business hours) the Covered Person or the Covered Person's representative should contact the Utilization Review Organization as soon as reasonably possible.

When Hospital Confinement occurs, the Covered Person's Doctor must consult with the Utilization Review Organization within 24 hours of hospitalization for a review of the medical information to determine the need for continued Hospital Confinement. Further Hospital Confinement will be certified if the days are determined to be necessary.

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PRE-CERTIFICATION REQUIREMENT (continued from page 9)

When Hospital Confinement results from admission to a non-PPO facility due to an Emergency, the provider must contact the Utilization Review Organization within 48 hours to determine when it is medically appropriate for the Covered Person to be transferred to a PPO facility.

* **For CHC authorization, call 951-827-5683. For pre-certification or to certify continued Hospital Confinement in California, contact the California Foundation for Medical Care (CFMC) at 800-345-8643 and select option 2. Outside of California call First Health Network at 800-572-5508.**

PREFERRED PROVIDER ORGANIZATION

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

Access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care, has been incorporated into this plan. Access to the First Health Network PPO is available for medical care nationwide, when seeking treatment outside of California.



The coverage provides benefits nationwide for Covered Charges incurred at 95% of the Preferred Allowance when treated by network providers and provides benefits worldwide for Covered Charges incurred at 65% of Reasonable and Customary charges when treated by non-network providers. If a non-PPO provider or facility is utilized, there is a 35% coinsurance factor for which the Covered Person is responsible. However, if such treatment is received in a non-PPO facility due to an Emergency, benefits for Covered Charges are payable at the PPO level.

In California

A complete listing of the PPO hospital and Doctor facilities in California is available by calling **800-334-7341** or by visiting **www.cfmnet.org**.

Outside of California

For a complete listing of the PPO Hospital and Doctor facilities outside of California, call 800-226-5116 or visit **www.myfirsthealth.com**.

If a Covered Person is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, or a terminal illness, and the Provider's contract terminates with the PPO, the Covered Person may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. Also, if you have surgery, make sure the anesthetist is a network provider or you will be required to pay the higher coinsurance. This information can be found on the network websites listed above.

MEDICAL BENEFITS

When, as the result of an Accident or a Sickness, the Covered Person incurs Covered Charges, the Company will pay the expenses incurred for the following medical services up to 65% of R&C, or 95% of Preferred Allowance if a PPO is utilized or if treatment received is due to an Emergency, of the applicable limits stated below, up to the lifetime aggregate maximum of \$250,000 per Sickness or Injury, except treatment of an Injury resulting from a motor vehicle Accident is limited to a maximum of \$50,000 per Accident.

All out-of-network benefits are payable at the Reasonable and Customary levels for Riverside, California.

Inpatient (Hospital Confined)

Available only upon authorization from CHC.

Requires Pre-Certification and Continued Stay Review (see page 9)

Room & Board	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of semi-private room rate; each admission has a \$150 Copayment, but not to exceed \$500 per plan year, per Covered Person. This is in addition to any out-of-pocket payment required of the Covered Person.
Miscellaneous Expense	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized (exclusive of personal items)
Maternity and Newborn	Same as any other Sickness; up to 48 hours after birth (96 hours for cesarean delivery)
Alcoholism and Substance Abuse Detoxification	Maximum of 3 days per plan year; 65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Treatment of Mental Conditions including treatment of alcoholism or substance abuse (except detoxification) Only upon referral from CHC or the UCR Counseling Center. See Definition on page 21.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of semi-private room rate; each admission has a \$150 Copayment, but not to exceed \$500 per plan year, per Covered Person. This is in addition to any out-of-pocket payment required of the Covered Person.

Outpatient

Treatment of Mental Conditions including treatment of alcoholism and substance abuse Only upon referral from CHC or the UCR Counseling Center See Definition on page 21.	After a \$10 copay, 65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred; paid the same as any other Sickness; limited to two (2) visits per day
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(continued on page 12)

Outpatient (continued)	
Outpatient Surgery Facility Only upon authorization from CHC. See Pre-Certification Requirement on page 9.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized; each outpatient surgical center/facility charge has a \$150 Copayment, but not to exceed \$500 per plan year. This is in addition to any out-of-pocket payment required of the Covered Person.
Chemotherapy and Radiation Therapy	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Laboratory	After a \$75 deductible per condition, 65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized (100% at CHC)
Radiology	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Emergency Care	
	95% for Covered Charges due to an Emergency
Surgery	
Only upon authorization from CHC See Pre-Certification Requirement on page 9.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized; Assistant surgeon is paid at 20% of the surgeon's allowance.
Anesthesia	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred
Physiotherapy (post-surgical only)	
For non-post-surgical coverage, see page 31.	65% of R&C if non-PPO is utilized, or 95% of if PPO is utilized, up to a maximum of \$500 per condition
Accidental Injury to Sound Natural Teeth	
For additional coverage, see page 30.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred up to \$300 per Injury for dental services resulting from accidental Injury to sound natural teeth within 90 days of the Injury. Accident must occur while covered under this program.
Dental Admissions	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of semi-private room and services

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Doctor	
Doctor Visits	After a \$10 copay, 65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred; this is in addition to any out-of-pocket payment required of the Covered Person
Acupuncture For additional coverage, see page 31.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred, up to a maximum of \$100 per plan year
Chiropractic For additional coverage, see page 31.	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, to a maximum of \$25 per visit, up to one (1) visit per day, to a maximum of \$100 per plan year
Podiatry	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of Covered Charges incurred up to a maximum of \$100 per plan year
Prescription Drugs	
(including prescription contraceptives)* Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates DO NOT SUBSTITUTE on the prescription.	100% after a \$10 Copay if filled at the UC Riverside CHC or a \$15 Copay if filled by an Express Scripts provider. Prescriptions filled outside of CHC and by a non-Express Scripts provider are payable at 50%. The copay applies to each 30-day supply. Benefit is payable up to a maximum of \$7,500 per plan year. Prescriptions for Lamisil, Sporanox and Accutane are NOT covered.
To locate an Express Scripts pharmacy, visit www.Express-Scripts.com , call 800-447-9638 , or ask CHC. Express Scripts offers a 90-day supply through their mail-in program. A copay applies to each 30-day supply. Call the Student Health Insurance Office for details 951-827-5683.	
* If a provider determines that a prescription oral contraceptive is not medically appropriate for a Covered Person, coverage will be provided for an alternative FDA-approved prescription contraceptive method as prescribed by the provider.	
Ambulance	
NOTE: For emergency transportation only	95% local ground when eligible for hospital benefit or Emergency. Air transportation, if necessary, from where first disabled to nearest hospital is limited to \$1,000.
STD Screening	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized; Up to a maximum of \$150 per Plan Year

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HIV Testing	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Pregnancy (including complications of pregnancy)	
	Paid as any other Sickness
Termination of Pregnancy	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Hospice Care	
	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, up to \$5,000 during a person's lifetime
Other Medical Expenses*	
Contact Lenses and Eyeglasses	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized, of charges for the first pair of contact lenses and the first pair of glasses when required as a result of eye surgery due to a covered Sickness or Injury
Surgical Implants and Artificial Limbs or Eyes	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Unreplaced Blood or Blood Products	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized
Organ or Tissue Transplant	65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized in connection with non-investigative organ or tissue transplant for: 1. A Covered Person who receives the organ or tissue; and 2. A Covered Person who donates the organ or tissue; and 3. An organ or tissue donor who is not a Covered Person, if the organ or tissue recipient is a Covered Person. Benefits are reduced by any amounts paid or payable by that donor's own coverage.
* Benefit does not include hearing aids, orthopedic shoes, air purifiers or humidifiers	

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Other Medical Expenses* (continued)	
Dialysis Equipment and Supplies; Durable Medical Equipment and Supplies	Pays 65% of R&C if non-PPO is utilized, or 95% of Preferred Allowance if PPO is utilized of charges for rental or purchase of equipment and supplies which are: 1. Ordered by a Doctor; 2. Of no further use when medical need ends; 3. Usable only by the patient; 4. Not primarily for the Covered Person's comfort or hygiene; 5. Not for exercise; and 6. Manufactured specifically for medical use. Rental charges that exceed the reasonable purchase price of the equipment are not covered. The Company determines which items meet the above conditions.
* Benefit does not include hearing aids, orthopedic shoes, air purifiers or humidifiers	
Renewal	
	On each anniversary date of the plan year, the lifetime aggregate maximum will renew for up to \$1,000, provided the Covered Student has exhausted his or her lifetime aggregate maximum of \$250,000 and is continuing coverage under the plan for the Fall Quarter of the new year. The plan year anniversary date conforms with the calendar announcements of the University for the applicable Fall Quarter.

STATE MANDATED BENEFITS

The State of California mandates coverage for the following: 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) treatment of severe mental illness; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) mammograms; 6) prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests; 7) breast cancer screening, diagnosis, and treatment; 8) a second opinion requested by a Covered Person or Doctor; 9) participation in the Expanded Alpha Feto Protein (AFP) Program; 10) prosthetic devices to restore a method of speaking incidental to laryngectomy; 11) diagnosis, treatment and management of osteoporosis; 12) clinical trials for cancer; 13) HIV testing; 14) AIDS vaccine; 15) reconstructive surgery under certain circumstances; 16) telemedicine medical services; 17) prescription contraceptive drugs or devices (if there is a prescription drug benefit); and 18) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.

ACCIDENTAL DEATH BENEFIT

When, as the result of accidental death occurring within 180 days immediately following the date of the Accident, the Company will pay the applicable benefit of \$5,000 for the Loss. This benefit is paid in addition to all other benefits provided in the Policy.

When a Covered Person incurs Loss of life during the policy term, up to the payable principal sum (\$5,000) may be used as indemnification against cost of repatriation to the Covered Person's country of origin.

MEDICAL EVACUATION BENEFIT

When as a result of an Injury or Sickness, the Covered Person is hospitalized for at least five (5) consecutive days, the Company will pay for evacuation to the Covered Person's home country or to a facility operated pursuant to the law of the Covered Person's home country for the care and treatment of injured or ill persons, or to another medical facility in the United States. Such action must be Medically Necessary and upon the recommendation of the attending Doctor and approval by the Claims Administrator of the Policy. The Company will pay the actual expense incurred, but not to exceed a maximum aggregate benefit of \$50,000. All transportation must be arranged in advance by the Claims Administrator.

REPATRIATION BENEFIT

In the event of a Covered Person's death while insured under the Policy, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the Covered Person's home country or country of regular domicile. If applicable, such action will be in accordance with any international requirements. The Company will pay the actual expenses but not to exceed a maximum aggregate benefit of \$15,000. All expenses must be approved by the Claims Administrator of the Policy before the remains are prepared for transportation.

EXTENSION OF BENEFITS

A maximum six (6) month extension of benefit period from the termination date of coverage will apply in the event a Covered Person is Hospital Confined or Totally Disabled due to Sickness or Injury. Such period shall not extend beyond the date of discharge from the hospital due to such Sickness or Injury, the date Total Disability due to such Sickness or Injury ends, or the date the six-month extension of benefit period ends, whichever is earliest. This benefit is applicable only to the extent the Covered Person is not enrolled in the ensuing Term of coverage. Dependents that are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision or any other provision of the Policy. This Extension of Benefits provision does not apply to prescription drug coverage.

Totally disabled/total disability means Injury or Sickness which wholly and continuously keeps the Covered Person: 1) from attending classes at the location where he or she is enrolled; and 2) if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

EXCESS COVERAGE

This Plan of insurance is secondary to any other benefits receivable under any insurance, health maintenance, prepaid or any other health care delivery plan, except for charges for services received at the Campus Health Center. Benefits receivable under any other plan include benefits that would have been received had a claim for benefits been duly made therefore, except for automobile insurance.

PRE-EXISTING CONDITION LIMITATION

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Covered Charges for a period of six (6) months while covered under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. This waiver of the Pre-Existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage.

Pre-Existing Conditions do not apply to

1. A newborn Dependent child; or
2. A child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under the Policy;
3. Pregnancy or complications of pregnancy; or
4. Treatment received at CHC.

CREDIT FOR PRIOR COVERAGE: A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

1. Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
2. The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
3. The Medicaid program pursuant to Title XIX of the Social Security Act;
4. Any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;
5. Title 10 U.S.C.A. Chapter 55 (commencing with Section 1071) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under 5 U.S.C.A., Chapter 89 (commencing with Section 8901) Federal Employees Health Benefits Program (FEHBP);
9. A public health plan as defined by federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;
10. A health benefit plan under Section 5(e) of the Peace Corps Act 22 U.S.C.A. Sec. 2504(e); or
11. Any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act 42 U.S.C. Sec.300gg(c).

EXCLUSIONS AND LIMITATIONS

Unless specifically included, no benefits will be paid for loss or expense caused by, contributed to, or resulting from or treatment, services, or supplies for, at, or related to:

1. Treatment on or to the teeth or gums (except as provided herein);
2. Services provided normally without charge by the Campus Health Center, or services covered or provided by a student health fee;
3. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams, radial keratotomy or similar surgical procedures to correct vision, except in the case of an Injury or as specified herein;
4. Hearing aids and the fitting or repairing of hearing aids, or the screening or examinations for such, except in the case of injury;
5. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
6. War or any act of war, declared or undeclared; or while in the armed forces of any country;
7. Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
8. Cosmetic treatment or surgery, except as provided herein or for treatment of an Injury that is covered under the Policy. Cosmetic treatment includes, but is not limited to: correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomies or lymph node dissections); or correction of a deviated septum, including submucous resection and/or other surgical correction thereof, except Medically Necessary treatment of purulent sinusitis. This exclusion shall not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
9. Vaccinations, immunizations, or preventive medicines, except as required for an Injury; preventive testing or treatment, except as provided herein;
10. Services received after the Covered Person's coverage ends, except as specifically provided under the Extension of Benefits Provision;
11. Any services of a Doctor, nurse, or health care practitioner who lives with the Covered Person or who is related to the Covered Person by blood or marriage;
12. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved;
13. Charges for or in relation to orthopedic appliances, shoes or devices, except for podiatric devices to prevent or treat diabetes-related complications;
14. Sexual reassignment surgery in excess of \$15,000 per lifetime;
15. Reproductive/infertility services including but not limited to: family planning; fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception; sterilization or sterilization reversal; vasectomy or vasectomy reversal;
16. Routine physical examinations, except as specifically provided for herein;
17. Injury sustained while a) participating in any intercollegiate sport, contest, or competition; b) traveling to or from such sport, contest, or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest, or competition;
18. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change; custodial care or rest cures;

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EXCLUSIONS (continued from page 18)

19. Treatments which are considered to be unsafe, experimental, or investigational by the American Medical Association (AMA);
20. Occupational therapy and any related diagnostic testing, except as provided by a Hospital or rehabilitation facility as part of a covered inpatient stay;
21. Hospital Confinement or any other services or treatment for which the Covered Person is not legally obligated to pay, or for which no charge is made, or would not routinely be paid in the absence of insurance;
22. Weight reduction or obesity treatment, except for surgical treatment of morbid obesity;
23. Inpatient room and board charges in connection with a Hospital stay primarily for x-ray, laboratory or other diagnostic tests which could have been performed safely on an outpatient basis;
24. Outpatient speech therapy, except following surgery, Injury or non-congenital organic disease;
25. Exercise machinery or equipment; air purifiers, air conditioners, humidifiers, and supplies for comfort and beautification; and
26. Learning disabilities.

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in the brochure.

Accident means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

Covered Charge means those charges for any Medically Necessary treatment, services or supplies: 1) for Network Providers not in excess of the Preferred Allowance; and 2) for Non-Network Providers not in excess of the charges of the Reasonable and Customary Expense therefore; and 3) not in excess of the charges that would have been made in the absence of this insurance; and 4) incurred while this Policy is in force as to the Covered Person, except with respect to any covered expense payable under the Extension of Benefits Provision. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Copay/Copayment means a fixed dollar amount which is paid by the Covered Person for certain Covered Charges.

Covered Person means a person: 1) who is eligible for coverage; and 2) who has been accepted for coverage; and 3) who has paid the required premium; and 4) whose coverage has become effective and has not terminated.

Doctor means: 1) a legally qualified physician licensed by the state in which he or she practices; and 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and 3) certified nurse midwives and licensed midwives while acting within the scope of that certification.

Domestic Partner (DP) means the insured student and the insured student's opposite or same sex partner who both meet the qualifications stated below. They must: 1) be at the age of consent to marry or, alternatively, at the age to enter into a contract, whichever is the older in the state in which they reside; 2) not be related by blood closer than would bar marriage in the state in which they reside (first cousins or nearer); 3) not be legally married to any other person; 4) be the sole opposite or same sex partner of each other and have no other opposite or same sex partner; 5) be mutually financially responsible for their basic living expenses; 6) agree to immediately notify the Company of any change/termination in the status of the

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DEFINITIONS (continued from page 19)

domestic partnership; and 7) both sign and have notarized an Affidavit of Domestic Partners in order for the opposite or same sex partner of the insured student to be eligible for coverage under the Policy.

Durable Medical Equipment means a device which:

1. Is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of Sickness or Injury and is able to withstand repeated use;
2. Is used exclusively by the patient;
3. Is routinely used in a Hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating the patient's Sickness or Injury; and
5. Is prescribed by a Doctor and the device is Medically Necessary for rehabilitation.

Durable Medical Equipment does not include: 1) comfort and convenience items; 2) equipment that can be used by family members other than the patient; 3) health exercise equipment; and 4) equipment that may increase the value of the patient's residence. Such items that do not qualify as Durable Medical Equipment include, but are not limited to: modifications to the patient's residence, property or automobiles, such as ramps, elevators, spas, air conditioners and vehicle hand controls; or corrective shoes, exercise and sports equipment.

Rental charges that exceed the reasonable purchase price of the equipment are not covered.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Hospital means a facility which provides diagnosis, treatment, and care of persons who need acute inpatient hospital care under the supervision of Doctors. It must be licensed as a general acute care hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition. Hospital does not include an institution, or part thereof, which is other than incidentally a nursing home, a convalescent hospital, a place for rest or the aged, or a place for custodial or educational care.

The term Hospital also includes an ambulatory surgical center or ambulatory medical center, and a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital Confinement/Hospital Confined means confinement in a Hospital for at least 18 hours or greater for which a room and board charge is made by reason of Sickness or Injury for which benefits are payable.

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DEFINITIONS (continued from page 20)

Injury means bodily injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Involuntary Loss of Coverage means that prior coverage has been involuntarily terminated due to no fault of the covered student, which includes coverage that terminates due to a loss of employment by the student or the student's spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated. Students who have waived enrollment in the plan and later wish to enroll in GSHIP, but who have not had an Involuntary Loss of Coverage, may elect to enroll in coverage the next ensuing term, provided they maintain eligibility status.

Medical Necessity/Medically Necessary means a treatment, drug, device, procedure, supply or service is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. Is experimental/investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other provider;
3. Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care; Could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
4. Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the medical literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, coverage will be provided, subject to the exclusions and limitations of the Policy.

Mental Condition means nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor, as a Mental Condition on the date medical care or treatment is rendered to a Covered Person.

Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice, including use of prescription drugs, was received or recommended within the six (6) consecutive months prior to the Covered Person's effective date of coverage under the Policy.

Pregnancy and complications of pregnancy are not considered Pre-Existing Conditions.

Preferred Allowance means the amount a Network Provider has agreed to accept as payment in full for Covered Charges.

Reasonable and Customary Expenses (R&C) means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made

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DEFINITIONS (continued from page 21)

by other providers in the same geographic area, as reasonably determined by the Company for the same service or supply. Reasonable charges, fees or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date.

Sickness means illness, disease, pregnancy and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

HOW TO FILE A CLAIM

In the event of Injury or Sickness, the Covered Person should file claims within 30 days of Injury or first treatment for a Sickness. The completed claim form must be submitted online at www.piaclaims.com and all hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

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.

Send all claims information to:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Toll Free: 800-468-4343

Always keep a copy of all documents submitted for claims.

Please keep this brochure as a general summary of the insurance. This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-106-0408) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, he or she should request a Certification of Qualifying Health Plan Coverage from Renaissance Insurance Agency, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If the Covered Person would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Insurance Agency, Inc. at the address below or complete a form via the Internet at: www.renstudent.com.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered Person's personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Covered Persons from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Covered Persons have the right to access, review and correct all personal information collected. Covered Persons may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Covered Persons may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager
Renaissance Insurance Agency, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: 800-537-1777
Facsimile: 310-394-0142
Website: www.renstudent.com
CA License No. 0655426

IMPORTANT NOTICE

The Policy is Non-Renewable One-Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Persons who have not received information regarding a subsequent program prior to the Policy's Termination Date should inquire regarding such coverage with the University or Renaissance Insurance Agency, Inc.

NATIONWIDE LIFE HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Nationwide; for purposes of this policy, “Nationwide” or “We” means the health plan components of Nationwide Life Insurance Company (“Nationwide Life”), which is a hybrid covered entity and for which Nationwide Health Plans (“NHP”), which is a business associate of Nationwide Life Insurance Company, performs certain administrative services relating to the Nationwide Life health insurance products. As permitted by law, Nationwide will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members’ protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be available online or may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 23.

Protected health information that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased.

The following components of a member’s information also are considered protected health information:

1. Names;
2. Street address, city, county, precinct, zip code;
3. Dates directly related to a member, including birth date, admission date, discharge date, and date of death;
4. Telephone numbers, fax numbers, and electronic mail addresses;
5. Social Security numbers;
6. Medical record numbers;
7. Health plan beneficiary numbers;
8. Account numbers;
9. Certificate/license numbers;
10. Vehicle identifiers and serial numbers, including license plate numbers;
11. Device identifiers and serial numbers;
12. Web Universal Resource Locators (URL’S);
13. Biometric identifiers, including finger and voice prints;
14. Full face photographic images and any comparable images; and
15. Any other unique identifying number, characteristic, or code.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your authorization. Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Disclosures for Treatment. We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may

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HIPAA NOTICE (continued from page 24)

use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplemental policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

Communications With You. We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

Other Health-Related Products or Services. We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-Enrollment. We may request and receive from you and your health care providers protected health information either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll either in the health plan or for a policy, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you either do not enroll in the health plan or if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose without your authorization.

MEDEX PROGRAM

The following description of the MEDEX Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Undergraduate Student Health Insurance Plan described herein.

MEDEX MEMBERSHIP SERVICES

As a student participating in this Student Health Insurance Plan, you are automatically enrolled as a Member in the MEDEX Program.

As a participant, MEDEX will provide the assistance services which are reasonably required by a Member residing as an expatriate and/or traveling outside their home country of residence as a direct result of the Member's requiring Emergency Medical Services or suffering death during the period of membership. All evacuations, returns to residence after stabilization and/or repatriation of mortal remains are coordinated by and subject to the prior approval of MEDEX and/or its Regional Medical Advisor. Assistance Services include:

Worldwide 24-Hour Assistance

MEDEX is available at any time to provide assistance with any medical and travel problem. Call toll-free in the United States or Canada: 1-800-527-0218, or call collect worldwide: 1-410-453-6330.

Emergency Medical Evacuation

In the event a Member is involved in an Accident or suffers a sudden, unforeseen illness requiring Emergency Medical Services and adequate medical facilities are not available, MEDEX will coordinate a medically supervised evacuation to the nearest facility determined by MEDEX to be capable of providing appropriate care.

Repatriation of Mortal Remains

MEDEX will assist in obtaining the necessary clearances for cremation or preparation for the return of a Member's mortal remains.

Emergency Medications, Vaccine, and Blood Transfers

If legally permissible, MEDEX will coordinate the transfer of medications, vaccines or blood upon the prescribing physician's authorization. The Member will be responsible for the cost of any medication, vaccine or blood and the transportation costs.

Legal Referral Assistance

Should a Member require legal assistance, MEDEX will direct the Member to an attorney as well as render assistance in securing bail bonds or other legal instruments. The Member will be responsible for any contracted legal fees.

Translation Services

MEDEX Multilingual Assistance Coordinators are available to provide immediate translation assistance or can provide referrals to local interpreter services.

Hospital Deposit & Emergency Cash Advance

Upon securing payment from the Member or obtaining the Member's guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency hospital admittance deposits, or will assist in arranging cash transfers of the Member's funds. MEDEX will not be responsible for the payment of the cost of Emergency Medical Services.

Transportation to Join Disabled Member

After emergency evacuation coordinated by MEDEX, and if a Member is alone and is hospitalized at the evacuation destination for more than seven (7) days, MEDEX can arrange transportation to the evacuation destination for a single person designated by the Member.

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MEDEX (continued from page 26)

24-Hour Worldwide Medical Referrals

MEDEX provides 24-hour assistance in finding appropriate medical care. Medical referrals are tailored based on the specialty required, the Member's location, language preference, time, etc.

Evaluation and Monitoring of Treatment

MEDEX services include access to Regional Medical Advisors who continually consult with the treating physicians and assess the quality of care and treatment plans for enrolled Members. The evaluation and monitoring begins with the first call to MEDEX and continues through the recovery period.

Assistance with the Coordination of Rehabilitation After an Evacuation

MEDEX helps Members coordinate any ongoing rehabilitation needs following an evacuation.

Emergency Message Transmittals to Family Members

MEDEX can receive and transmit emergency messages between the Member or their family and other involved persons.

Arrangement for the Replacement of Medications and Eyeglasses

MEDEX helps get a Member's lost, stolen, forgotten or depleted prescriptions and eyeglasses replaced quickly.

A toll-free or collect call immediately links you to MEDEX's highly trained, multilingual assistance coordinators, 24 hours a day, every day of the year. Call:

Call toll-free from the U.S. or Canada: 1-800-527-0218

Call collect worldwide: 1-410-453-6330

Program Number: 995

**UNIVERSITY OF CALIFORNIA, RIVERSIDE
STUDENT DENTAL, VISION, ACUPUNCTURE,
PHYSICAL/CHIROPRACTIC THERAPY
AND LEARNING DISABILITY TESTING SERVICES**

Sponsored by:

UC Riverside
Campus Health Center
Veitch Student Center
951-827-3031

Health Insurance Office

If you have questions about these supplemental services,
please contact the UC Riverside Student Health Insurance Office.

Phone: 951-827-5683

Fax: 951-827-7171

The following pages provide a description of the Outpatient Dental, Vision, Acupuncture, Physical/Chiropractic Therapy and Learning Disability Testing Services, and have been included in this brochure for the convenience of the student and are separate from, and in no way affect, the coverage provided by the Graduate Student Health Insurance Plan (GSHIP) described herein.

IMPORTANT NOTICES

- The UC Riverside Outpatient Dental, Vision, Acupuncture, Physical/Chiropractic Therapy and Learning Disability Testing Services are provided to all students insured by the Graduate Student Health Insurance Plan (GSHIP) and cannot be purchased separately.
- These Services have the same effective dates as your GSHIP plan.
- These are separate services provided for you in addition to (but not included in) the GSHIP policy benefits.
- You must utilize only the providers retained by UC Riverside, who are listed on page 29. These providers, services, and fees are subject to change.
- These services are not administered by Personal Insurance Administrators. Contact UC Riverside CHC for details.

**PROVIDERS FOR UCR OUTPATIENT DENTAL,
VISION, ACUPUNCTURE, AND PHYSICAL/
CHIROPRACTIC THERAPY SERVICES**

Please check with the Student Health Insurance Office, as providers are subject to change.

Dental & Dental Hygienist

Campus Health Center
951-827-3039 or 951-827-3031

Physical Therapy*

Orthopedic Physical Therapy Institute
5225 Canyon Crest Dr., Ste. 205
Riverside, CA 92507
951-683-3309

Acupuncture*

Center for Acupuncture
4045 Brockton Ave.
Riverside, CA 92501
951-683-1694

Harmony Clinic Acupuncture
and Herbs
6800 Indiana Ave., #100
Riverside, CA 92506
951-784-0089

Vision

For a list of providers and additional
information, contact the Student Health
Insurance Office at 951-827-5683 or
visit www.campushealth.ucr.edu.

Chiropractic Therapy*

Dr. David G. Madison
3768 Jurupa Ave.
Riverside, CA 92506
951-784-7800

Dr. Ryan Wong
Chiropractic Health Club
6700 Indiana Ave., Ste. 165
Riverside, CA 92506
951-341-6565

Dr. Ben Moshrefi
1450 University Ave., Ste. E
Riverside, CA 92507
951-222-2002

*** Before receiving any treatment, a separate Acupuncture and Physical/Chiropractic Therapy Services card must be obtained from the UCR Health Insurance Office.**

DENTAL SERVICES

Services are provided at the Campus Health Center Dental Clinic only. For a list of fees and services, please contact the Dental Clinic at 951-827-3039.

VISION SERVICES

BENEFIT	STUDENT PAYS
Examination and Prescription For Glasses	\$8.00
Contact Lenses Plan provides \$125.00 for contact lens exam, fitting, and lenses	
Glasses Includes S.V. plastic lenses	\$20.00
For a list of providers and additional information, contact the Student Health Insurance Office at 951-827-5683 or visit www.campushealth.ucr.edu .	
Eye Examination: Once every school year Glasses or Contact Lenses: Once every school year	
Vision services apply to either contact lenses or glasses, but not both, within the same academic year.	

ACUPUNCTURE AND PHYSICAL/CHIROPRACTIC THERAPY SERVICES

Upon referral from CHC, services will be paid up to a maximum of \$1,070.00 per plan year for nonsurgical outpatient acupuncture and physical/chiropractic therapy.

In order to obtain services, Physical Therapy must be provided by the Riverside Orthopedic Physical Therapy Institute (OPTI). Chiropractic Therapy must be provided by Dr. Ryan Wong, Dr. David G. Madison, or Dr. Ben Moshefrie.*

Acupuncture services must be provided by either The Center for Acupuncture or the Harmony Clinic.*

BENEFIT STUDENT PAYS

Visits 1-15 \$15.00 per visit

Additional visits beyond 15 require the full payment.

*** Before receiving any treatment, a separate Acupuncture and Physical/Chiropractic Therapy Services card must be obtained from the UCR Health Insurance Office.**

STUDENT LEARNING DISABILITY TESTING SERVICES

- Outpatient Learning Disability Testing services are provided to all graduate students insured by the Graduate Student Health Insurance Plan (GSHIP) and cannot be purchased separately.
- These services have the same effective dates as GSHIP.
- All referrals must be from Special Services: 951-827-4538.
- Testing to include an aptitude and achievement assessment required for certification.
- Note: If required testing is non-conclusive and further testing is indicated, those tests are the responsibility of the student.
- The student must pay a \$100 deductible. If testing is required for ADD and Learning Disability there will be an additional \$100 deductible.
- Please contact Special Services for provider information: 951-827-4538.

ENROLLMENT TERMS AND DEADLINE DATES

Term	Effective Date	Termination Date	Waiver Deadline	Enrollment Deadline
Fall	09/20/10	01/03/11	09/12/10	10/20/10
Winter	01/03/11	03/28/11	12/12/10	02/03/11
Spring	03/28/11	06/13/11	03/12/11	04/28/11
Summer	06/13/11	09/19/11	N/A	07/13/11

THIS FORM IS TO BE USED BY STUDENTS ON LEAVE OR FILING FEE OR BY POST-DOCTORAL FELLOWS.

2010-2011 UNIVERSITY OF CALIFORNIA, RIVERSIDE GSHIP ENROLLMENT FORM

1. PLEASE PRINT CLEARLY

STUDENT'S LAST NAME		
STUDENT'S FIRST NAME		INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET		APT/BOX #
CITY	STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S DEPARTMENT	
STUDENT'S EMAIL ADDRESS		

STUDENTS WHO APPLY FOR COVERAGE AND WHO ARE INELIGIBLE BY VIRTUE OF THE REQUIREMENTS STIPULATED IN THE BOOKLET WILL, UPON DETERMINATION THAT THEY WERE INELIGIBLE AT THE TIME OF ENROLLMENT, RECEIVE A FULL REFUND OF PREMIUM SUBMITTED LESS ANY CLAIMS PAID IRRESPECTIVE OF PREMIUMS HAVING BEEN COLLECTED AND DEPOSITED BY THE COMPANY.

2. CHECK ONE BOX FOR APPLICABLE TERM:

(SEE DEADLINE DATES LISTED IN BROCHURE)

- ☐ FALL09/20/10 to 01/03/11 ☐ SPRING ... 03/28/11 to 06/13/11
☐ WINTER...01/03/11 to 03/28/11 ☐ SUMMER.. 06/13/11 to 09/19/11

3. CHECK ONE BOX FOR APPLICABLE CATEGORY:

- ☐ POST DOCTORAL FELLOW\$1,955.00
☐ STUDENT (SUMMER ONLY).....\$ 641.00
☐ STUDENT ON LEAVE OR FILING FEE STUDENT*\$ 641.00

4. MAKE CHECK OR MONEY ORDER PAYABLE TO:

UC REGENTS

5. STUDENT ON LEAVE OR FILING FEE STUDENT:

RETURN FORM AND CHECK OR MONEY ORDER FOR \$75 USER FEE
TO: CAMPUS HEALTH CENTER, UNIVERSITY OF CALIFORNIA,
RIVERSIDE, CA 92521-0308

6. ALL OTHERS RETURN PAYMENT WITH ENROLLMENT FORM TO:

UNIVERSITY OF CALIFORNIA, RIVERSIDE
VEITCH STUDENT HEALTH SERVICE - 089
STUDENT HEALTH INSURANCE OFFICE
RIVERSIDE, CA 92521-0308

BY SIGNING THIS ENROLLMENT FORM, I HEREBY AUTHORIZE CHC TO RELEASE TO NATIONWIDE LIFE INSURANCE COMPANY AND/OR ITS REPRESENTATIVES, ANY INFORMATION REGARDING MY MEDICAL HISTORY AND TREATMENT NECESSARY TO PROCESS ANY INSURANCE CLAIMS.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THIS BROCHURE.

STUDENT'S SIGNATURE _____ DATE _____
CA LICENSE NO. 0655426, RENAISSANCE INSURANCE AGENCY, INC.

NATIONWIDE LIFE INSURANCE
COMPANY

POLICY NO.
302-106-0408

FOR DEPENDENT ENROLLMENT ONLY

**2010–2011 UC RIVERSIDE
GRADUATE STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM**

1. PLEASE PRINT CLEARLY

STUDENT'S LAST NAME		
STUDENT'S FIRST NAME		INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET		APT/BOX #
CITY	STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S E-MAIL ADDRESS	

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 LESS ANY CLAIMS PAID IRRESPECTIVE OF PREMIUMS HAVING BEEN COLLECTED AND DEPOSITED BY THE COMPANY.

2. CHECK ONE BOX FOR APPLICABLE TERM:

(SEE DEADLINE DATES LISTED IN BROCHURE)

- ☐ FALL09/20/10 to 01/03/11 ☐ SPRING... 03/28/11 to 06/13/11
☐ WINTER...01/03/11 to 03/28/11 ☐ SUMMER.. 06/13/11 to 09/19/11

3. CHECK ONE BOX FOR APPLICABLE CATEGORY:

- ☐ SPOUSE/DOMESTIC PARTNER.....\$ 811.00
☐ CHILD(REN).....\$ 696.00
☐ SPOUSE/DOMESTIC PARTNER AND CHILD(REN)\$ 1,507.00

4. COMPLETE THE REVERSE SIDE OF THIS FORM.

5. MAKE CHECK OR MONEY ORDER PAYABLE TO:
UC REGENTS

6. RETURN PAYMENT WITH ENROLLMENT FORM TO:

UNIVERSITY OF CALIFORNIA, RIVERSIDE
VEITCH STUDENT HEALTH SERVICE - 089
STUDENT HEALTH INSURANCE OFFICE
RIVERSIDE, CA 92521-0308

7. STUDENT MUST SIGN FORM BELOW.

I AM ENROLLED IN THE GRADUATE STUDENT HEALTH INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE ENROLLING. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THIS BROCHURE.

STUDENT'S SIGNATURE _____ DATE SIGNED _____

CA License No. 0655426, Renaissance Insurance Agency, Inc.

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ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

PROVIDERS MAY SUBMIT CLAIMS ELECTRONICALLY TO:
PAYER ID 95397

SUBMIT CLAIMS BY MAIL TO:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
For questions about claims, benefits, or for language assistance:
call 800-468-4343 or visit www.piaclaims.com

PROVIDERS PLEASE NOTE: Hospitalization, Inpatient Surgery and Outpatient Surgery require CHC authorization, Pre-Certification and/or Continued Stay Review. For pre-certification or to certify continued Hospital Confinement in California, contact the California Foundation for Medical Care (CFMC) at 800-345-8643 and select option 2. Outside of California call First Health Network at 800-572-5508. For further details, call the Campus Health Center at 951-827-5683.

Benefits are subject to payment of appropriate premium and verification of eligibility. Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the Company.

LIST DEPENDENTS TO BE INSURED BELOW.

DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
DOMESTIC PARTNER*	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S SIGNATURE	_____					DATE SIGNED _____

*In order for coverage to be valid, an Affidavit of Domestic Partnership must be signed, notarized and attached. Please call CHC at (915) 787-5683 for further information.

ATTENTION

Your temporary ID card is below. Please detach and retain for proof of coverage. You can download a permanent ID card from:

www.renstudent.com/idcards

You can also use this card to fill prescriptions at an Express Scripts pharmacy.

Note: You can have the permanent card laminated at the UC Riverside Campus Health Center.

Underwritten by: Nationwide Life Insurance Company
Policy Number: 302-106-0408

For questions regarding benefits, or claims, or for language assistance

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

800-468-4343

www.piaclaims.com

For questions regarding eligibility or enrollment:

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

800-537-1777

To download an ID card or a copy of this brochure, please visit:

www.renstudent.com/ucrg

UNIVERSITY OF CALIFORNIA, RIVERSIDE 2010–2011 GRADUATE STUDENT HEALTH INSURANCE PLAN

Student:

Underwritten by: **NATIONWIDE LIFE INSURANCE COMPANY**
Policy Number: **302-106-0408**

PPO NETWORK

In California: California Foundation for Medical Care
www.cfmcnet.org or call 800-334-7341

Outside California: First Health Network
www.myfirsthealth.com or call 800-226-5116



Express Scripts

Prescription Copays: \$10 at CHC/\$15 at an Express Scripts pharmacy

Group #RQSR; RxBin# 003858; Rx PCN# A4

www.express-scripts.com; ID#: Student ID

MEDEX Program No. 995; Call 800-527-0218