



**Campus Health Center**

UNIVERSITY OF CALIFORNIA, RIVERSIDE

**2009–2010**

**Undergraduate  
Student  
Health  
Insurance  
Plan**

Underwritten by:  
**Nationwide Life Insurance Company**  
Policy Number:  
**302-107-0407**

**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](http://www.renstudent.com/idcards)

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

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## U.C. RIVERSIDE CAMPUS HEALTH CENTER DIRECTORY LISTING

|                                |   |
|--------------------------------|---|
| <b>Clinic Hours</b> .....      | <b>Mon.–Wed., Fri. 8:00 a.m.–4:30 p.m.</b><br><b>Thursday 9:00 a.m.–4:30 p.m.</b> |
| Appointments .....             | (951) 827-3031  |
| Fax (Clinic) .....             | (951) 827-3133  |
| Dental Clinic (by appt.) ..... | (951) 827-3039 or (951) 827-3031  |
| Vision Clinic.....             | see page 24   |
| Laboratory .....               | (951) 827-3040  |
| X-Ray .....                    | (951) 827-3038  |
| Wellness Center .....          | (951) 827-4187  |
| Pharmacy .....                 | (951) 827-3926  |
| Insurance Office .....         | (951) 827-5683  |
| Fax (Insurance Office).....    | (951) 827-7171  |
| Website .....                  | www.campushealth.ucr.edu  |

## A QUICK GUIDE TO USING YOUR USHIP

*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.myfirsthealth.com**.

### 3. What if I have an Emergency?

Go to the nearest urgent care facility or emergency room, and present your USHIP 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 will be responsible for 10% to 40% of the charges, depending on whether or not a PPO provider was utilized. When a Covered Person has incurred \$3,000 of out-of-pocket Covered Charges per plan year (including pharmacy copays), the Company payment will increase to 100% subject to the plan maximums. Use PPO providers and 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 60% 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 \$15 copay per 30-day supply. Prescriptions filled off campus at an Express Scripts pharmacy require a \$25 copay per 30-day supply. Prescriptions filled at non-participating Express Scripts pharmacies are not covered. Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates on the prescription DO NOT SUBSTITUTE.

### 6. What is not covered by this plan?

EXCLUSIONS, or expenses not covered, are listed in this brochure on pages 12-13. 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 (CHC) 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 a CHC provider.

### 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](http://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 USHIP, the Campus Health Center will bill 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 CHC 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 CHC 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, note that if you do not use a California Foundation Network provider you will be responsible for 40% of the bill. For a complete listing of these providers in California, access the Foundation website at [www.cfmnet.org](http://www.cfmnet.org). For providers outside of California, call First Health Network at (800) 226-5116 or visit [www.myfirsthealth.com](http://www.myfirsthealth.com).

### Patient Confidentiality

Confidentiality and rights to privacy are strictly maintained according to the HIPAA guidelines and other applicable federal and state laws.

### 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](http://www.campushealth.ucr.edu)



Dear USHIP Participant:

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

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.

USHIP 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 Undergraduate 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' 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](http://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 stay healthy and successfully meet your academic goals.

Sincerely,

A handwritten signature in cursive script that reads "Carla Short".

Carla Short  
Insurance Coordinator

## CHANGES TO USHIP FROM 2008-2009

- Injuries due to riding in an off-road motor vehicle now covered up to a maximum benefit of \$25,000 per condition.
- HIV testing, regardless of diagnosis, is now covered.
- Transgender surgery will be covered up to a maximum lifetime benefit of \$25,000.
- Injury resulting from use of alcohol or controlled substances no longer excluded.

## 2009-2010 UC RIVERSIDE UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN

The Undergraduate Student Health Insurance Plan (USHIP) is designed to coordinate with the services offered at the Campus Health Center (CHC).

CHC (located in the Veitch Student Center) provides primary care services to all registered students. The insurance is used to pay for eligible medical services that CHC does not provide free of charge.

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.

## ELIGIBILITY

All registered undergraduate students attending regular session of the University, hereinafter designated STUDENTS, who pay registration fees and attend the University of California, Riverside, are automatically eligible for and are enrolled in the Undergraduate Student Health Insurance Plan (USHIP) for the Fall, Winter, and Spring Terms of the 2009–2010 school year. If the student is enrolled in USHIP for the Spring Term, he/she is automatically covered for the Summer Term. New students registered for Summer are eligible to enroll in USHIP by submitting an enrollment form along with the required payment by the Deadline Date (page 5).

**Coverage for dependents, including newborn children, is not available under this plan.**

## ENROLLMENT

Enrollment for students in USHIP 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 on page 5 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 USHIP 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 16). These students must submit to the University notification of interest to enroll in USHIP 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 Session and accepted at the University for the Fall 2009–2010 school year can enroll by completing the attached Enrollment Form (page 31) and remitting the appropriate premium by July 13, 2010.

## TERMS OF COVERAGE

Insurance for eligible students under USHIP becomes effective at 12:01 a.m. on the first date of the applicable school quarter for which the eligible student is enrolled if premium for USHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, enrollment in USHIP will become effective at 12:01 a.m. on the date following the date of receipt by the University. If the student is enrolled in USHIP for the Spring Term, he/she is automatically covered for the Summer Term.

For students who previously waived coverage, but elect to enroll later due to an Involuntary Loss of Coverage, coverage under USHIP 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 that proof of the Involuntary Loss of Coverage and payment of the premium is received.

For students new for the Summer Session who enroll by completing an enrollment form (page 31), coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked **before** this date. If the enrollment form and premium are postmarked **on or after** the first date of the applicable plan term, 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.

Coverage under USHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid. Insurance under USHIP for eligible students enrolled for the Spring quarter will extend through to 12:01 a.m. on the first day of the Fall Quarter of the 2010–2011 school year (09/20/10).

| Term    | Effective Date | Termination Date | Waiver Deadline Date | Enrollment Deadline Date |
|---------|----------------|------------------|----------------------|--------------------------|
| Fall    | 09/21/09       | 01/04/10         | 09/12/09             | 10/21/09                 |
| Winter  | 01/04/10       | 03/29/10         | 12/12/09             | 02/04/10                 |
| Spring  | 03/29/10       | 06/13/10         | 03/12/10             | 04/29/10                 |
| Summer* | 06/13/10       | 09/20/10         | N/A                  | 07/13/10                 |

\* Coverage for students enrolled in the Spring quarter will terminate at 12:01 a.m. on 09/20/10.

**\*\*Only new students first entering the University in Summer or students who have involuntarily lost their coverage during Spring quarter may enroll in the Summer Term.**

## COSTS OF COVERAGE

|         | Fall     | Winter   | Spring/<br>Summer | Summer   |
|---------|----------|----------|-------------------|----------|
| Student | \$211.00 | \$211.00 | \$211.00          | \$211.00 |

## 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. 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. By accepting any such refund of premium the Covered Person 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. 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.

## CAMPUS HEALTH CENTER REFERRAL REQUIREMENT

For insured students who are seeking treatment and are within 50 miles of the University of California, Riverside (UCR), all medical care, except Emergencies, must begin with a visit to the Campus Health Center (CHC). Using this system is what helps keep costs low and can help provide coordinated care.

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.

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.

**Benefits for Covered Charges incurred for non-Emergency hospitalization and non-Emergency surgery are available only upon authorization from CHC and require pre-certification.**

Benefits are available when Medically Necessary Covered Charges are incurred outside a 50-mile radius of CHC. However, notification to CHC should be made no 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. Students must return to CHC for all follow-up treatment.

**When treatment is received at CHC, the coinsurance and Pre-Existing Conditions Exclusion are waived.**

CHC hours may be found in the Directory Listing on the inside front cover.

**Remember all non-Emergency services provided within a 50-mile radius of CHC must receive prior authorization or your claim (bill) will not be paid by USHIP.**

## 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 treatment. In the case of 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 thereafter.

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.

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 90% of the Preferred Allowance when treated by network providers and provides benefits worldwide for Covered Charges incurred at 60% of Reasonable and Customary charges when treated by non-network providers. If a non-PPO provider or facility is utilized, there is a 40% 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.myfirstthehealth.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 anesthesiologist 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.**

## 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.

## MEDICAL BENEFITS

When, as the result of a Sickness or Injury, the Covered Person incurs Covered Charges, the Company will pay 60%, or 90% if a PPO is utilized, of the applicable limits, if any, stated below, of the incurred Covered Charges, unless indicated otherwise, up to the lifetime aggregate maximum of \$200,000 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.

When a Covered Person has incurred \$3,000 of out-of-pocket Covered Charges for all conditions per plan year (including pharmacy copays), the Company payment will increase to 100%, up to the lifetime aggregate maximum of \$200,000 per Sickness or Injury.

**All out-of-network benefits are payable at the Reasonable and Customary (R&C) levels for the area in which services are rendered.**

### Hospital Inpatient

**Only upon authorization from CHC**

**Requires Pre-Certification and/or Continued Stay Review (see page 7)**

|   |  |
|---|--|
| Room & Board  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized, of semi-private room rate; includes general nursing charges                           |
| Miscellaneous Expense   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized, exclusive of personal items   |
| Alcohol & Drug  | 3 days per plan year; 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized  |
| Mental Disorders<br><b>Only upon referral from CHC or the UCR Counseling Center.</b><br><b>See Definition on page 17.</b> | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized<br><b>Severe Mental Illness paid as any other Sickness. See Definition on page 17.</b> |
| Maternity and Newborn   | Same as any other Sickness; up to 48 hours after birth (96 hours for cesarean delivery)  |

### Outpatient

|  |   |
|--|---|
| Emergency Care<br>(Deductible waived if admitted to Hospital)  | After a \$50 deductible per visit (for treatment received at a Hospital emergency room), 90% of Preferred Allowance |
| Outpatient Surgery Facility<br><b>Only upon authorization from CHC.</b><br><b>See Pre-Certification Requirement on page 7.</b> | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized                                 |
| Chemotherapy   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized                                 |
| Laboratory and Radiology   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized                                 |

**\* Covered Charges for treatment received in a non-PPO facility due to an Emergency are payable at the PPO level.**

(continued on page 10)

| <b>Outpatient (continued)</b>   |  |
|---|--|
| <b>Mental Disorders</b><br><b>Only upon referral from CHC or the UCR Counseling Center</b><br><b>See Mental Disorder Definition on page 17.</b> | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized, up to one (1) visit per day, to a maximum of 40 visits per plan year<br><b>Severe Mental Illness paid as any other Sickness. See Definition on page 17.</b> |
| <b>Surgery</b>  |  |
| <b>Only upon authorization from CHC.</b><br><b>See Pre-Certification Requirement on page 7.</b>   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; includes surgeon and assistant surgeon  |
| <b>Anesthesia</b>   |  |
|   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized  |
| <b>Durable Medical Equipment</b>  |  |
|   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized  |
| <b>Physiotherapy (post-surgical only)</b>   |  |
| <b>For non-post-surgical coverage, see page 27.</b>   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; up to a \$1,000 maximum per Sickness or Injury; limited to one (1) visit per day  |
| <b>Radiation Therapy</b>  |  |
|   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized  |
| <b>Doctor</b>   |  |
| Doctor Visits   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day  |
| Acupuncture<br>For additional coverage, see page 27.  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day; up to a maximum of \$25 per visit; up to a maximum of \$100 per plan year   |
| Chiropractic<br>For additional coverage, see page 27.   | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day, up to a maximum of \$25 per visit, up to a maximum of \$100 per plan year   |
| Podiatry  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day, up to a maximum of \$25 per visit, up to a maximum of \$100 per plan year   |
| <b>* Covered Charges for treatment received in a non-PPO facility due to an Emergency are payable at the PPO level.</b>                         |  |

(continued on page 10)

| <b>HIV Testing</b>   |   |
|--|---|
|  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized   |
| <b>Prescription Drugs</b>  |   |
| (including prescription contraceptives)*<br>Students will be charged for the difference between Brand name and Generic prescriptions unless DO NOT SUBSTITUTE is indicated on the prescription<br><b>Prescriptions for Lamisil, Sporanox and Accutane are NOT covered.</b> | 100% after a \$15 copay at CHC, or \$25 copay if filled off campus at an Express Scripts pharmacy, up to a maximum of \$3,000 per Plan Year.<br><b>The copay applies to each 30-day supply.</b><br>Prescriptions are available through the Express Scripts prescription drug card program. Benefits are not available from pharmacies that are not members of the Express Scripts pharmacy network. To locate an Express Scripts pharmacy, visit <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> , call <b>(800) 447-9638</b> or ask CHC.<br>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.<br><br>*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. |
| <b>Accidental Injury to Natural Teeth</b>  |   |
|  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized, up to \$1,000 per Injury for dental services resulting from accidental Injury to natural teeth within 90 days of the Injury. Accident must occur while covered under this plan.  |
| <b>Ambulance</b>   |   |
| <b>NOTE:</b> For Emergency transportation only   | 90% of Preferred Allowance; for ground and air  |
| <b>Pregnancy (including complications of pregnancy)</b>  |   |
|  | Paid as any other Sickness  |
| <b>Termination of Pregnancy</b>  |   |
|  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized   |
| <b>STD Screening</b>   |   |
|  | 90% of Preferred Allowance if PPO is utilized or 60%* of R&C if non-PPO is utilized; Up to a maximum of \$150 per plan year   |
| <b>* Covered Charges for treatment received in a non-PPO facility due to an Emergency are payable at the PPO level.</b>  |   |

## MEDICAL EVACUATION BENEFIT

When, as a result of a Sickness or Injury, 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. Such action must be Medically Necessary and upon the recommendation of the attending Doctor and approved by the Claims Administrator. The Company will pay the actual Expense incurred, but not to exceed the maximum aggregate benefit of \$10,000. 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 the maximum aggregate benefit of \$7,500. All Expenses must be approved by the Claims Administrator 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 is 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. 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.

## EXCLUSIONS

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;
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;

(continued on page 13)

## EXCLUSIONS (continued from page 12)

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. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment in the absence of insurance;
9. 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 reconstructive surgery to correct or repair abnormal structures of the body caused by trauma, infection, tumors or disease
10. Preventive medicines, immunizations, except as provided herein;
11. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense;
12. 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;
13. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved;
14. Sexual reassignment surgery in excess of \$25,000 per lifetime;
15. Allergy testing and allergy treatment;
16. Reproductive/infertility services including but not limited to: 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;
17. For Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two- or three-wheeled vehicle, and/or off-road four-wheeled motorized vehicles) in excess of \$25,000 per condition;
18. 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;
19. Treatments which are considered to be unsafe, experimental, or investigational by the American Medical Association (AMA);
20. Treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment, or subluxation of or in the vertebral column except as specifically provided;
21. Alternative health care, including acupuncture, and chiropractic-type care not related to the treatment of Sickness or Injury, except as provided herein;
22. Routine physical examinations, except as specifically provided for herein;
23. Weight reduction or obesity treatment, except for surgical treatment of morbid obesity; and
24. Learning disabilities.

## 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.

**The Pre-Existing Condition Limitation does not apply to pregnancy, complications of pregnancy or 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).

## EXCESS COVERAGE

This Plan of insurance is primary for Campus Health Center charges only. Otherwise 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.

## 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.

**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.

**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.

(continued on page 16)

**DEFINITIONS** (continued from page 15)

**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.

**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 USHIP, 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.

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**DEFINITIONS** (continued from page 16)

**Medical Necessity/Medically Necessary** means a treatment, drug, device, procedure, supply or service that 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;
4. Could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
5. 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 Disorder** 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 Disorder (other than those conditions defined as Severe Mental Illness) 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 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.

**Severe Mental Illness** means any of the following: schizophrenia; schizo-affective disorder; bipolar disorder (manic-depressive illness); major depressive disorder; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa.

**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.

## CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, the Covered Person should request a Certification of Qualifying Health Plan Coverage from Renaissance Agencies, 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 Agencies, Inc. at the address below or complete a form via the Internet at [www.renstudent.com](http://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 Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
Phone: (800) 537-1777  
Facsimile: (310) 394-0142  
Website: [www.renstudent.com](http://www.renstudent.com)

## 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 Agencies, 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 18.

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.

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## **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 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.

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**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.

## CLAIM PROCEDURE

**In the event of a Sickness or Injury, students should report at once to the Campus Health Center (CHC) for treatment or referral.**

1. If a referral is given, submit the referral form to the Student Insurance Office for signature authorization. The Student Insurance Office will submit the referral form to **Personal Insurance Administrators, Inc.**
2. In the case of an Emergency, call 911 or go to the nearest emergency room. Students must notify the Student Insurance Office no later than 72 hours from the time of treatment, if treatment is not received at CHC. Students must return to CHC for all follow-up treatment.
3. Obtain prior authorization from CHC for non-emergency Hospitalization, Inpatient Surgery or Outpatient Surgery. Call (951) 827-5683.
4. Obtain prior authorization from PPO for Hospitalization, Inpatient Surgery or Outpatient Surgery. See the Pre-Certification Requirement on page 7 for more details. In California, call 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.

5. Complete and submit a claim form online at **www.piaclaims.com**.

**Providers may submit claims electronically: PAYER ID 95397.**

6. Mail itemized medical and Hospital bills within 90 days of the date of Injury or first treatment for Sickness to:

**Personal Insurance Administrators, Inc.**

P.O. Box 6040

Agoura Hills, CA 91376-6040

**For quicker claims payment, be sure the bills submitted include the following:**

- Student's name and address
- Policy Number: 302-107-0407
- Name and address of the doctor or Hospital
- Doctor's diagnosis
- Itemization of charges (**attach bills!**)
- Date Sickness or Injury occurred
- Pharmacy bills (not cash register receipts) showing prescription number, name of drug, date prescribed, issuing Doctor, and name of person for whom drug was prescribed
- A copy of the Medical Authorization from the UCR Campus Health Center

These items are required in order to accurately pay your claims. Certain claims may require additional information before being processed.

All payments will be issued directly to the provider of service unless you submit receipted bills showing personal payment has been made.

**Always keep a copy of all documents submitted for claims.**

7. For all claims questions, please contact **Personal Insurance Administrators, Inc.** at the address above or call toll-free **(800) 468-4343**.
8. If you are having problems resolving a claim, please contact the Student Insurance Office at (951) 827-5683.

**The completed claim form submitted online at [www.piaclaims.com](http://www.piaclaims.com) and all hospital and medical bills must be submitted 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 review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

## UNIVERSITY OF CALIFORNIA, RIVERSIDE STUDENT DENTAL, VISION, ACUPUNCTURE, PHYSICAL/CHIROPRACTIC THERAPY AND LEARNING DISABILITY PLAN

**Sponsored by:** UC Riverside

Campus Health Center

Veitch Student Center

(951) 827-3031

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

### IMPORTANT NOTICES:

- The UC Riverside Outpatient Dental, Vision, Acupuncture, Physical/Chiropractic Therapy and Learning Disability Plan is part of the benefits provided to all students insured by the Undergraduate Student Health Insurance Plan (USHIP) and cannot be purchased separately.
- This plan has the same effective dates as your USHIP plan.
- These are separate benefits provided for you in addition to (but not included in) the USHIP policy benefits.
- You must utilize only the providers retained by UC Riverside, who are listed on page 24. These providers, benefits, and fees may be subject to change.
- **This plan is not administered by Personal Insurance Administrators, Inc. Contact UC Riverside CHC for details.**

### Health Insurance Office

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

**Phone:** (951) 827-5683

**Fax:** (951) 827-7171

## SERVICE PROVIDERS

### For the UCR Outpatient Dental, Vision, Acupuncture, and Physical/Chiropractic Therapy Plan

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](http://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

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

## DENTAL PLAN

| BENEFIT  | USHIP COPAY |
|--|-------------|
| <b>Visits</b>  |             |
| Dental Examination   | \$30.00     |
| Third Molar Consultation   | \$10.00     |
| Teeth Cleaning   | \$35.00     |
| <b>Diagnostic</b>  |             |
| Complete Full-Mouth X-Ray  | \$45.00     |
| Panoramic X-Ray  | \$35.00     |
| <b>Oral Surgery</b>  |             |
| Tooth Extraction (simple)  | \$70.00     |
| <b>Crowns and Fillings</b>   |             |
| Porcelain/Metal Crown  | \$350.00    |
| Ceramic Crown  | \$400.00    |
| <b>Additional Procedures</b>   |             |
| Teeth Bleaching (per arch)   | \$130.00    |
| <b>Broken Appointments</b><br>(less than 24 hrs. notice)   | \$40.00     |
| <b>Exclusions and Limitations:</b><br>Full mouth x-rays: once every two years.<br>This plan does not cover dependent children. |             |
| <b>Dental Services are only available at the UCR Campus Health Center Dental Clinic.</b>                                       |             |
| For a list of additional fees and services, please contact the UCR Dental Clinic at (951) 827-3039.                            |             |

| VISION PLAN   |              |
|---|--------------|
| BENEFIT   | STUDENT PAYS |
| <b>Examination and Prescription For Glasses</b>   | \$8.00       |
| <b>Contact Lenses</b><br>Plan provides \$125.00 for contact lens exam, fitting, and lenses  |              |
| <b>Glasses</b> 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 <a href="http://www.campushealth.ucr.edu">www.campushealth.ucr.edu</a> . |              |
| <b>Eye Examination:</b> Once every school year<br><b>Glasses or Contact Lenses:</b> Once every school year  |              |
| <b>The vision benefit applies to either contact lenses or glasses, but not both, within the same plan year.</b>   |              |

## ACUPUNCTURE AND PHYSICAL/CHIROPRACTIC THERAPY PLAN

Upon referral from CHC, the plan will pay up to a maximum of \$1,070 per plan year for nonsurgical outpatient acupuncture and physical/chiropractic therapy.

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

A 25% discount applies to all orthopedic supports and supplies at Dr. Madison's office.

**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 Plan card must be obtained from the UCR Health Insurance Office.**

## STUDENT LEARNING DISABILITY TESTING PLAN

- The Outpatient Learning Disability Plan is part of the benefits provided to all undergraduate students insured by the Undergraduate Student Health Insurance Plan (USHIP) and cannot be purchased separately.
- This plan has the same effective dates as USHIP.
- 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.

## 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 Toll-Free Assistance (or collect calls)

MEDEX is available at any time to provide assistance with any medical and travel problem. Call (800) 527-0218 or (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.

(continued on page 29)

MEDEX PROGRAM (continued from page 28)

### 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.

### 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:

(800) 527-0218 or (410) 453-6330  
Program Number: 995

**UC RIVERSIDE UNDERGRADUATE  
2009-2010 STUDENT HEALTH INSURANCE PLAN  
SUMMER 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<br>(MM/DD/YY) |           |
| STUDENT'S SOCIAL SECURITY NO.                                    |                          |  | STUDENT ID NUMBER                     |           |
| <input type="checkbox"/> MALE<br><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 IRRESPECTIVE OF PREMIUMS HAVING BEEN COLLECTED AND DEPOSITED BY THE COMPANY.

**2. NOTE THE TERM DATES AND COST**

ONLY NEW STUDENTS FIRST ENTERING THE UNIVERSITY IN SUMMER MAY ENROLL IN THE SUMMER TERM.

| TERM   | EFFECTIVE<br>DATE | TERMINATION<br>DATE | DEADLINE<br>DATE | COST     |
|--------|-------------------|---------------------|------------------|----------|
| SUMMER | 06/13/10          | 09/20/10            | 07/13/10         | \$211.00 |

**3. MAKE CHECK OR MONEY ORDER PAYABLE TO:**

UC REGENTS

YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.

**4. RETURN PAYMENT WITH ENROLLMENT FORM TO:**

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

PAYMENT MUST BE POSTMARKED BY THE DEADLINE DATE LISTED ABOVE

**5. STUDENT MUST SIGN BELOW.**

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. 0697235, Renaissance Agencies, Inc.

## SUMMER TERM ENROLLMENT FORM

PLEASE COMPLETE FRONT SIDE IF YOU ARE  
A NEW STUDENT ENROLLING FOR SUMMER  
TERM.

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ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

2009-2010 UNIVERSITY OF CALIFORNIA, RIVERSIDE  
UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN

Covered Person: \_\_\_\_\_

Underwritten by: **Nationwide Life Insurance Company**

Policy Number: 302-107-0407



### PPO PROVIDER INFORMATION

#### In California:

California Foundation for Medical Care  
www.cfmnet.org or call (800) 334-7341

#### Outside of California:

First Health Network  
www.myfirsthealth.com or call (800) 226-5116

Both the effective and termination dates of coverage are subject to verification by the Company.

**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](http://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.

Nationwide Life Insurance Company  
Policy Number: 302-107-0407

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
(800) 468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

**For questions regarding eligibility or enrollment:**

Renaissance Agencies, 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/ucru](http://www.renstudent.com/ucru)

**SUBMIT CLAIMS ELECTRONICALLY: PAYER ID 95397**

**SUBMIT CLAIMS BY MAIL TO:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll-Free (800) 468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

**Express Scripts**

Group: RQSR  
RxBIN: 003858  
RxPCN: A4  
ID: Student ID #

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

**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.