Please Note: This brochure has been updated since its original publication

Underwritten by:
Nationwide Life Insurance Company

Policy Number:
302-135-0413

INSURANCE ID CARD
If you are enrolled in the plan, download your insurance ID card at www.4studenthealth.com/uci. No other ID card will be mailed to you. If you go to a Doctor’s office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. Carry your insurance identification card with you at all times.
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For an ID card or additional information on this plan, visit: www.4studenthealth.com/uci
CONTACT INFORMATION FOR THE 2015–2016 UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN (USHIP)

Insurance Company
Nationwide Life Insurance Company

Policy Number
302-135-0413

Benefit Questions
For questions regarding eligibility, benefits, or claims status, contact:
Personal Insurance Administrators, Inc.
(855) 515-2423
Monday–Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT

Claims Submission
For submitting claims by mail, complete a claim form or make a copy of your insurance ID card and the bill(s) and send to:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

PPO Network
To locate PPO Doctors and facilities, contact:
First Health Network
(800) 226-5116
www.myfirsthealth.com

Pre-Certification for Hospitalization
Pre-Certification is required for all inpatient hospitalization. Prior to scheduled hospitalization, or after an emergency admission, call:
American Health Holding
(888) 638-5706

Prescription Drugs
To locate a network pharmacy and to manage your medications (including refills and home delivery), contact:
Express Scripts
(800) 447-9638
www.express-scripts.com

Travel Assistance Services
When you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions, contact:
UnitedHealthcare Global
Call (410) 453-6330 collect from anywhere in the world or dial the country number on your UnitedHealthcare Global ID card
Available 24/7/365

After-hours Nurse Advice Line
In partnership with SironaHealth®, UCI Student Health Center offers an after-hours nurse advice line to all UCI students. The Advice Line is a great source of reliable and caring health information, education and support. If quick, sound medical advice is necessary when the UCI Student Health Center is closed, simply call the UCI Student Health Center at (949) 824-5301 and follow the menu prompts to be connected to specially trained Registered Nurses (RN’s) at SironaHealth® Nurse Advice Line.
Available 24/7/365

Plan Administrator
For questions about eligibility or enrollment, contact:
Ascension
P.O. Box 240042
Los Angeles, CA 90024
(800) 537-1777
Monday–Friday, 8:00 a.m. to 5:00 p.m. PT
Dear USHIP Participant:

It is with great pleasure that we welcome you to the University of California, Irvine’s Undergraduate Student Health Insurance Plan (USHIP). This plan represents an investment in you, and is one of the most important gifts you can give to yourself.

Here at UC Irvine, we strive to create an environment that is intellectually stimulating, emotionally satisfying, and personally enriching. Yet, we understand that the opportunity to fully avail yourself of the academic resources of this institution, in some respects, will depend on your ability to maintain your health, and also address any health-related concerns that may arise. This USHIP plan is intended to help you do just that.

The plan provides very comprehensive coverage for primary care and major medical expenses, with the UC Irvine Student Health Center serving as the primary care provider and coordinator of specialty care. You are automatically enrolled in the plan as a UC Irvine student. You will, however, have the option of waiving out of the plan if you can demonstrate verifiable, comparable coverage that meets the University’s minimum guidelines for insurance.

Again, welcome to the USHIP program, and we look forward to supporting your academic endeavors by serving your healthcare needs.

Sincerely,

Marcelle Holmes, Ph.D.  
Associate Vice Chancellor  
Wellness, Health & Counseling Services

J. Patrick Haines, MBA, CMPE  
Executive Director  
Student Health Center

WELLNESS IS A WAY OF LIFE AT UC IRVINE

We at UC Irvine believe that academic excellence is facilitated and strengthened when students have a strong mind, healthy body, enlivened spirit, and clear aspirations, nurtured in a supportive environment. At UC Irvine, we strive to create an academic ambiance that reflects the building blocks to Wellness. Through instructional and co-curricular experiences, students learn to master the building blocks to a healthy academic experience, and a brighter future ripe with possibilities.

INFORMATION ABOUT HEALTHCARE COVERAGE

The Necessity of Healthcare Coverage

• The physical and mental health of students impacts their ability to take advantage of the University’s educational resources.
• Approximately 20% of students who withdraw from school do so for health reasons.
• Historically, a large number of college students in the U.S. have had no health insurance.
• Experiences of the uninsured students negatively impact their ability to seek treatment for medical ailments in a timely fashion, and create a financial burden that is difficult to manage.
• Undergraduates in the Biological and Physical Sciences who work in hospitals and some labs are required to have health insurance as a condition of placement in that site.
• Students participating in recreational sports may sustain injuries that require extensive medical attention.

The Affordability of Healthcare

• Health insurance provides necessary coverage for the high cost of medical care.
• Hospitals charge approximately $3,000 (minimum) per day. Emergency Room visits begin at $350 (minimum).
• The UC Irvine Plan provides comprehensive coverage for the entire academic year, with Summer coverage included. The cost is $499 per quarter ($1,497 per year), including dental and vision.
HEALTH REQUIREMENTS FOR ALL STUDENTS

The health of the individual can affect the health of the campus community. To protect the campus from outbreaks of vaccine-preventable diseases, all students entering UC Irvine are required to provide proof of compliance with specific immunizations, and tuberculosis screening if indicated. Admission health requirement forms are available online and, in addition, will be included in SHC’s “Welcome Packet” that is mailed to students approximately two months prior to commencement of the academic quarter. Students must complete and return the 2015–2016 Incoming Student Health Form to the Student Health Center prior to the start of the quarter. (Visit the SHC website at www.shc.uci.edu to download an Incoming Student Health Form.)

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS, INCLUDING INTERNATIONAL STUDENTS, FOR ADMISSION TO UC IRVINE:

1. **Measles, Mumps, Rubella (MMR) Vaccine** – *Two doses* for all those born after 1957 (dose #1 should be given at 12 months after birth or later, and dose #2 must be at least one month after dose #1 and after 1980) - or proof of immunity by serologic titers.

2. **Hepatitis B Vaccine for students 18 years of age or younger** – The California State Health and Safety Code mandates that all individuals below 19 years of age, when first entering a California State University or the University of California, be immunized against or provide proof of immunity from the hepatitis B virus prior to enrollment. Since the hepatitis B vaccine program requires a series of three (3) injections given over six (6) months, undergraduate students may have a full compliance period extended to six months after entry to UCI. However, they must have received at least their first hepatitis B vaccine prior to enrolling at UCI.

3. **Varicella (Chicken Pox) Vaccine** – *Two doses*

4. **Tetanus-diphtheria-pertussis (Tdap) booster (e.g., Adacel/Boostrix)** – *One dose* within the last 10 years prior to entry to UCI.

5. **Meningococcal Vaccine** – *One dose* (one booster dose is also recommended after age 16), Menactra®, MenHibrix®, or Menevo® vaccines are preferred.

Waiver of Immunization Requirements

If the immunizations are contrary to your personal or religious beliefs, you will need to sign a waiver in order to be considered for exemption (contact Student Health for a waiver form). Please note that the personal belief exemption of waiver requirements is subject to change without notice pending changes to CA state law.

If the immunizations are not advisable because of a medical condition, an official statement from a licensed medical Doctor must be sent to Student Health for review.

UC IRVINE STUDENT HEALTH CENTER (SHC)

The staff at the Student Health Center strongly encourage UC Irvine students to seek timely health care. Since health care is one of the most costly items in anyone’s budget, we constantly strive to provide quality health services at affordable cost. While health care is expensive, illness and its potential consequence can be far more costly. While you are busily occupied with your life as a university student, health problems require prompt, courteous, and highly professional attention. That’s where we come in. Remember us when you need health care.

**Our Mission**

The fundamental purpose of the Student Health Center is to enable students to maximize the academic experience by supporting them in maintaining the best possible physical and mental health in a confidential, safe and nurturing environment. To that end, we provide:

- Comprehensive primary and mental health care for health and wellness with an emphasis on personal sensitivity and attention to individual patient needs.
- Convenient consultation and treatment in selected health specialties.
- Medical surveillance and recommendations for the campus on a range of health promotion and disease prevention initiatives.
- Crisis consultation and outreach services to the campus community.

**Our Location**

The Student Health Center is located at the corner of Pereira and East Peltason Drives (building 5 on the campus map).

**Our Hours**

We are open year-round from 8:00 a.m. to 5:00 p.m., Monday through Friday. During the academic year (start of Fall Quarter through end of Spring Quarter), we offer extended hours on certain weeknights and on Saturday from 9:00 a.m. to 1:00 p.m. All hours of operation, regular and extended, are subject to change without prior notice. Check the SHC website at www.shc.uci.edu for current hours of operation. We are closed on weekends during the summer months; Sundays year-round; all UC Irvine holidays; and during the Winter Recess when the campus is officially closed.
Services We Provide
The Student Health Center (SHC) is a comprehensive outpatient clinic staffed with licensed primary care physicians, dentists, nurses certified in college health, mental health professionals, a certified Physician Assistant, and registered Nurse Practitioners. Medical specialists from various disciplines including Dermatology, Orthopedics/Sports Medicine, Gynecology, Internal Medicine, Ear, Nose & Throat, Gastroenterology, Psychiatry, Nutritional Services, and Chiropractic Services are also provided on-site by appointment. Student Health offers basic radiology, clinical laboratory services, insurance consultation, and an on-site pharmacy to make this a comprehensive and convenient service to students.

Who is eligible to use the services at the Student Health Center?
Services are available to all registered UC Irvine students.

Patient Confidentiality
Confidentiality and rights to privacy are strictly maintained in all services offered to patients. Without prior written consent, medical records are available to no one except the patient.

Students with Disabilities
Student Health’s services are accessible to those in wheelchairs or with other special needs. Academic support is available to students with disabilities from the Disability Services Center, at (949) 824-7494.

Costs of Services
For information on the most frequently utilized services at the SHC and related fees, please visit the SHC website at www.shc.uci.edu.

What forms of payment are accepted?
If you enroll in USHIP, the SHC will be billing your insurance for you. By enrolling in USHIP, you are authorizing benefits to be paid directly to Regents UC on your behalf. Any unpaid balances will be your responsibility, including those balances that may be called into dispute. Certain health care costs are your responsibility such as dental, pharmacy and office visit copays and co-insurance in accordance with your plan benefits. For payment of these fees, the SHC accepts cash, checks, VISA, MASTERCARD and DISCOVER. (Dental Clinic accepts AMERICAN EXPRESS in addition to the credit cards above.) Payment is due on the day of service unless other arrangements are made. If necessary, we will work with you to arrange a payment plan. Bills not paid (or arrangements made) within the next billing cycle are subject to a billing fee. Missed appointments will result in a charge unless you cancel or advise us of changes at least 24 hours in advance. The SHC does not directly bill insurance plans other than USHIP. Patients who waive out of the University-sponsored plans are personally responsible for payment for services.

Wellness & Health Promotion
Wellness and Health Promotion programs and services are provided through the Center for Student Wellness & Health Promotion which is a separate department located on the third floor of Student Center. For more information, visit or contact the center at (949) 824-9355 (UCI-WELL), or visit their website www.StudentWellness.uci.edu. The Center for Student Wellness & Health Promotion provides a number of opportunities for students to get training and experience in health promotion efforts. These opportunities include student staff positions, peer educators, practicum and field placement internships, or event volunteers. Other services include consultation on stress management, nutrition and diet, sexual health, healthy relationships, alcohol and other drugs, and other health promotion topics. The Center features a Wellness Room where students can drop in to learn and practice stress management and relaxation techniques, offers free anonymous HIV testing, has a Condom Co-Op to sell condoms at a minimal cost, and has a private Lactation Station room for nursing mothers.

SHC (continued)
MEDICAL CLINICS
The Medical Clinics offer primary healthcare and specialty consultation services to all registered UC Irvine students.

There are three (3) ways to make an appointment:
1. By telephone at (949) 824-5304.
2. In person at the SHC Front Office.

GENERAL MEDICINE CLINIC
Appointments: (949) 824-5304

MEDICAL SPECIALTY CLINICS
A number of Medical Specialty services are available at the Student Health Center by appointment. Some require referral while others do not. You can talk with the staff in the General Clinic to determine if you need a referral to see these specialists.

- Gynecology
- Internal Medicine
- Dermatology
- Gastroenterology
- Ear, Nose, and Throat
- Minor Surgery
- Orthopedics/Sports Medicine
- Chiropractic Services
- Nutritional Services

NURSE CLINIC
- Patient Education
- Immunizations
- Tuberculosis Screening
- Travel Medicine Advice

PHARMACY
The Student Health Center Pharmacy provides individualized, comprehensive, accurate, convenient, and professional pharmacy services with competitive University pricing. Note: Since prescription renewals (birth control pills, antihistamines, etc.) may require medical review, an appointment with the Medical Clinic may be necessary; please plan ahead so that you will not run out of your medications prior to obtaining a prescription or refill.

How To Get Your Prescriptions Filled
Although we do carry a comprehensive inventory of pharmaceuticals, there may be times when a prescribed item will not be on our shelves. In most of these instances, we can procure the item the very next morning. If you are on routine medications, you may contact us to stock the item for your next purchase. We can transfer most prescriptions from any other pharmacy in the country. Simply provide SHC’s pharmacy with your pharmacy’s telephone number and the prescription number. Typically, at the bottom of your prescription label, the pharmacy will indicate the number of refills remaining. If the label indicates that you have “0” or “N” refills, and you know that your Doctor wants you to continue with the medication, we can call your Doctor’s office to verify additional refills. Please give us a few days to accomplish this as many Doctor’s offices have a 24- to 48-hour response time to pull your chart and to verify refills with your Doctor.

Pharmacy: (949) 824-5923

RADIOLOGY
The radiology department provides general diagnostic exams to assist physicians in the diagnosis of medical conditions.

CLINICAL LABORATORY
A variety of tests are performed at the Student Health Lab, including pregnancy test, infection screen, blood chemistry, cholesterol and diabetes screening. More complex tests are sent out to UCI Medical Center’s Lab or other reference labs. The Student Health Lab collaborates with UC Irvine’s Center for Student Wellness & Health Promotion in the Free Anonymous HIV Testing Program.

(CONTINUED)
MENTAL HEALTH AND COUNSELING

There are two centers on the UC Irvine campus for accessing mental health services:

1. Student Health Center - Psychiatry Clinic.
2. Counseling Center (located in Student Services building, 2nd floor, Room 203 on Ring Road across from the Campus Bookstore)

The psychiatrists at Student Health Center will assess, diagnose, and treat a variety of mental or emotional illnesses and/or learning disorders on an ongoing, longer term basis including medication management. Other disorders that are treated include depression, eating disorders, bipolar disorder, panic disorder, generalized anxiety disorder, social phobia, obsessive-compulsive disorder, schizophrenia, post-traumatic stress disorder, attention-deficit/hyperactivity disorder, and personality disorders. The Student Health Center Psychiatry Clinic provides services for a fee that is billable to the UC Student Health Insurance Plan. Students pay a modest copay and/or coinsurance. Students who are not enrolled in USHIP and have other health insurance coverage would pay at the time of service.

The Counseling Center provides short term time limited individual, couples, group and family counseling. The Center also assists students with urgent mental health care and some psychological testing. Psychiatric evaluation and intervention are available on a limited basis for students concurrently seen in therapy. A wide range of workshops and courses related to interpersonal and developmental issues including cross-cultural interaction, intimacy and friendships, interpersonal communication, and coping and resiliency are offered annually. Students with chronic and severe mental health issues needing long term and extensive services are referred to the Psychiatry Clinic at Student Health Center or other appropriate community providers. The Counseling Center is supported by registration fees, and its services are free.

Appointments

To make an appointment at Student Health Center, please call (949) 824-5304; or come to the Reception windows in the lobby of the Student Health Center located at the corner of East Peltason and Pereira Drives; or go online at www.shc.uci.edu.

To make an appointment at the Counseling Center, you may call (949) 824-6457. The Counseling Center is open from 8:00 a.m. to 4:30 p.m. Monday through Friday, and is closed on weekends and University holidays.

Emergencies

In an emergency, please call 911 for assistance, or the UC Irvine Campus Police at (949) 824-5222.

DENTAL CLINIC

The SHC Dental Clinic prides itself on providing high quality dental care to the student community in a professional, friendly, and caring environment. Our services include general and cosmetic dentistry procedures, as well as some specialty care. The Dental Clinic is located in a separate building (Student Health Center II – building 6 on the campus map) located on East Peltason Drive directly across from the main Student Health Center.

Dental Appointments: (949) 824-5307
STUDENT HEALTH CENTER PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments – Medical Clinics</td>
<td>(949) 824-5304</td>
</tr>
<tr>
<td>Appointments – Psychiatry</td>
<td>(949) 824-5304</td>
</tr>
<tr>
<td>Appointments – Dental Clinic</td>
<td>(949) 824-5307</td>
</tr>
<tr>
<td>Administration</td>
<td>(949) 824-7010</td>
</tr>
<tr>
<td>General Information</td>
<td>(949) 824-5301</td>
</tr>
<tr>
<td>Insurance Services</td>
<td>(949) 824-2388</td>
</tr>
<tr>
<td>Insurance Services Fax</td>
<td>(949) 824-5062</td>
</tr>
<tr>
<td>Medical Records</td>
<td>(949) 824-5302</td>
</tr>
<tr>
<td>Medical Records Fax</td>
<td>(949) 824-3033</td>
</tr>
<tr>
<td>Patient Billing Services</td>
<td>(949) 824-7084</td>
</tr>
<tr>
<td></td>
<td>(949) 824-5305</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>(949) 824-5923</td>
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OTHER CAMPUS RESOURCES:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Center</td>
<td>(949) 824-6457</td>
</tr>
<tr>
<td>Center for Student Wellness and Health Promotion</td>
<td>(949) 824-9355</td>
</tr>
<tr>
<td>Student Volunteer and Internship Opportunities</td>
<td>(949) 824-5011</td>
</tr>
<tr>
<td>Campus Assault Resources and Education (CARE)</td>
<td>(949) 824-7273</td>
</tr>
</tbody>
</table>

MEDICAL EMERGENCY

If you suddenly become ill or have a medical Emergency when the Student Health Center is closed (at night or on weekends, University closures, and holidays) and you cannot wait for the Student Health regular hours of operation, please call 911, or the UC Irvine Police at (949) 824-5222, or go to the nearest urgent care center or emergency room. Be sure to contact Student Health for follow-up care.

Some PPO medical facilities located in the UC Irvine campus vicinity are:

<table>
<thead>
<tr>
<th>Urgent Care Facilities</th>
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</thead>
<tbody>
<tr>
<td>US Healthworks Medical Group</td>
<td>Marque Urgent Care</td>
<td>Xpress Urgent Care</td>
</tr>
<tr>
<td>2362 Morse Ave., Irvine</td>
<td>2075 San Joaquin Hills Rd., Newport Beach</td>
<td>131 East 17th St., Costa Mesa</td>
</tr>
<tr>
<td>(949) 863-9101</td>
<td>(949) 760-9222</td>
<td>(949) 548-8400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Departments/Hospitals</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UCIIMC (Level 1 Trauma Center)</td>
<td>Hoag Memorial Hospital Presbyterian</td>
<td>Hoag Hospital Irvine</td>
</tr>
<tr>
<td>101 City Drive South, Orange</td>
<td>1 Hoag Drive, Newport Beach</td>
<td>16200 Sand Canyon Avenue, Irvine</td>
</tr>
<tr>
<td>(877) 824-3627</td>
<td>(949) 764-4624</td>
<td>(949) 764-4624</td>
</tr>
<tr>
<td>Western Medical Center</td>
<td>Fountain Valley Regional Hospital</td>
<td>Orange Coast Memorial Medical Center</td>
</tr>
<tr>
<td>1001 North Tustin Ave., Santa Ana</td>
<td>Corner of Euclid and Warner, Fountain Valley</td>
<td>9920 Talbert Ave., Fountain Valley</td>
</tr>
<tr>
<td>(714) 953-3500</td>
<td>(714) 966-7200</td>
<td>(714) 378-7000</td>
</tr>
</tbody>
</table>

Please visit the PPO website at [www.myfirsthealth.com](http://www.myfirsthealth.com) for complete listings of in-network Urgent Care Facilities and Hospital Emergency Departments. If reasonably possible, it is a good idea to contact the provider or clinic to make sure they are still participating in the network.

It is important to have a copy of your USHIP insurance ID card with you in case of an Emergency. The ID card is available online after the quarter begins at [www.4studenthealth.com/uci](http://www.4studenthealth.com/uci) or [www.shc.uci.edu](http://www.shc.uci.edu). Please see the instructions at [www.4studenthealth.com/uci](http://www.4studenthealth.com/uci) or [www.shc.uci.edu](http://www.shc.uci.edu) for reporting Emergencies to the Student Health Insurance Office.
ELIGIBILITY

All registered undergraduate students attending regular session (regardless of the number of units) of the University, hereinafter designated STUDENTS, who pay registration fees and attend the University of California, Irvine, are eligible for and are automatically enrolled in the Undergraduate Student Health Insurance Plan (USHIP) for the Fall, Winter, and Spring/Summer terms of the 2015–2016 school year, unless proof of comparable coverage is provided and a waiver is completed and submitted to the school by the Waiver Deadline Date.

Except in the case of medical withdrawal due to Sickness or Injury, a student who withdraws prior to the first day of the quarter will not be covered under this Plan, a full refund of premium will be made, and the coverage will be as if it had never been in effect. Students who withdraw on or after the first day of the quarter will remain covered under the plan for the rest of the term and no refund shall be issued.

The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

ENROLLMENT AND WAIVER PROCEDURE

All eligible students who have not waived coverage by the Waiver Deadline Date listed will be automatically enrolled in the plan, and their student accounts will be charged the cost of coverage indicated below. To waive coverage, students must submit a waiver and proof of comparable insurance coverage by the Waiver Deadline Date. Please visit the SHC website at www.shc.uci.edu for more information on how to waive USHIP.

<table>
<thead>
<tr>
<th>Waiver Schedule</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Period</td>
<td>06/22/15 to 09/11/15</td>
<td>11/02/15 to 12/11/15</td>
<td>02/03/16 to 03/11/16</td>
</tr>
<tr>
<td>Waiver Deadline Date</td>
<td>09/11/15</td>
<td>12/11/15</td>
<td>03/11/16</td>
</tr>
</tbody>
</table>

If an eligible student has waived out of the Student Health Insurance Plan and later involuntarily loses his or her qualifying prior coverage (see the Involuntary Loss of Coverage definition), he or she may elect to enroll mid-term. It is the responsibility of the student to submit to the University written notification of his or her interest to enroll in the Student Health Insurance Plan within 31 days of termination of prior coverage. Eligible students must pay the entire premium for the term in which they are electing to enroll.

Dependents

Eligible Dependents must be enrolled on the date the student enrolls or within 31 days of birth, adoption, marriage, arrival in the U.S., or termination of other coverage (proof of date may be requested). Students who wish to enroll their eligible Dependents may enroll online at www.4studenthealth.com/uci by the Deadline Date listed. Payment is due at the time of enrollment. Newly acquired Dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, enrollment and full premium payment for all newly acquired Dependents (spouse and/or children) must be submitted within 31 days of the attainment of such Dependents. Otherwise, enrollment cannot be accepted after the Enrollment Deadline Dates listed. For questions about dependent enrollment please call Ascension at (800) 537-1777.

TERMS OF COVERAGE

Effective Date

Coverage for students will become effective at 12:01 a.m. on the effective date of the term for which premium has been paid. For students who previously waived coverage but elect to enroll later due to Involuntary Loss of Coverage, coverage will become effective at 12:01 a.m. on the day following the date of receipt of payment of the cost of coverage by the University. Insurance under USHIP for eligible students enrolled for the Spring/Summer term will extend through to 11:59 p.m. on 09/18/2016, which is the day prior to coverage beginning for Fall term 2016.

Termination Date

Coverage terminates at 11:59 p.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder or the Company;
2. The last day of the Term of Coverage for which premium is paid;
3. The date a Covered Person enters full-time active military service;
4. The last day of the period through which premium has been paid, following the date a Dependent ceases to be a Dependent as described in this brochure.
### INSURANCE COSTS AND DATES OF COVERAGE (STUDENT)

The cost of student coverage includes medical insurance premium, dental and vision plan premium, and administrative fees.

<table>
<thead>
<tr>
<th>USHIP – Student</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Coverage</td>
<td>09/21/15 to 01/03/16</td>
<td>01/04/16 to 03/22/16</td>
<td>03/23/16 to 09/18/16</td>
</tr>
<tr>
<td>Student</td>
<td>$ 499.00</td>
<td>$ 499.00</td>
<td>$ 499.00</td>
</tr>
</tbody>
</table>

### INSURANCE COSTS AND DATES OF COVERAGE (DEPENDENTS)

The cost of coverage includes insurance premiums and administrative fees.

**IMPORTANT:** Dependents enrolling in the USHIP medical plan have the option to enroll in the dental and vision plan, but are not required to purchase the dental and vision coverage. Dental and vision coverage is offered through a different carrier, and you are **NOT** automatically enrolled. To enroll in the dental and vision plan, call **(800) 853-5899**. **If you are enrolling in the dental and vision plan, you must enroll prior to enrolling in the medical plan.** For additional information, please visit [www.shc.uci.edu](http://www.shc.uci.edu).

<table>
<thead>
<tr>
<th>USHIP – Dependent</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Coverage</td>
<td>09/21/15 to 01/03/16</td>
<td>01/04/16 to 03/22/16</td>
<td>03/23/16 to 09/18/16</td>
</tr>
<tr>
<td>Enrollment Deadline Date</td>
<td>10/22/15</td>
<td>02/04/16</td>
<td>04/23/16</td>
</tr>
</tbody>
</table>

#### MEDICAL

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
</tr>
<tr>
<td>Each Child*</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
</tr>
</tbody>
</table>

#### DENTAL & VISION

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner</td>
<td>$ 74.08</td>
<td>$ 74.08</td>
<td>$ 74.08</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$ 74.52</td>
<td>$ 74.52</td>
<td>$ 74.52</td>
</tr>
<tr>
<td>Family</td>
<td>$ 132.88</td>
<td>$ 132.88</td>
<td>$ 132.88</td>
</tr>
</tbody>
</table>

† Please Note: Eligible Dependents must purchase summer coverage in order to maintain continuous coverage through the 2015–2016 school year; therefore, Summer coverage is included with Spring coverage.

* Charged up to a maximum of 3 children, after which no additional premium is charged for additional children.

### REFUND POLICY

Except in the case of medical withdrawal, if a student withdraws prior to the first day of the quarter (not the first day of instruction), a full refund of premium will be made and the coverage is the same as if it had never been in effect. If a student withdraws on or after the first day of the quarter, no refund will be made and the student will remain covered under the plan for the rest of the quarter.

### EXTENSION OF BENEFITS

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is Hospital Confined on the termination date from a covered Injury or Sickness for which benefits were paid before the termination date, Covered Charges for such Injury or Sickness will continue to be paid for a period of 30 days or until the date of discharge, whichever is earlier.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the Maximum Benefit available. After this Extension of Benefits provision has been exhausted, all benefits cease to exist and under no circumstances will further benefits be made.

This Extension of Benefits provision is applicable only to the extent that the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage. Dependents who are newly acquired during the insured student’s Extension of Benefits period are not eligible for benefits under this provision.
Students who graduate during the policy year may enroll in the USHIP Continuation Plan for a maximum of one (1) additional term per lifetime. Students enrolling in the USHIP Continuation Plan must have been covered under the USHIP plan as a registered undergraduate student in the immediately preceding term. Graduating students who enroll in the USHIP Continuation Plan are still subject to the Student Health Referral Requirement, unless you are more than 50 miles from campus or meet one of the other circumstances for waiver of this requirement. Please see the Referral Requirement section on page 13 for further details.

Graduating students who wish to enroll in the USHIP Continuation Plan must complete an enrollment form (available online at www.4studenthealth.com/uci) and remit the appropriate premium to the address on the form by the Enrollment Deadline Date. Eligible Dependents of enrolled students may also be enrolled under the Continuation Plan provided they were also covered under USHIP in the immediately preceding term.

IMPORTANT: Prior to enrolling in the USHIP Continuation Plan, the student is REQUIRED to enroll separately in the dental and vision plan. Dental and vision coverage is through a different carrier and you are NOT automatically enrolled. Graduating students must enroll in the dental and vision plan prior to enrolling in the medical plan, then submit proof of dental and vision coverage to Ascension to enroll in the Continuation Plan. Dependents enrolling in the USHIP medical plan have the option to enroll in the dental and vision plan, but are not required to purchase the dental and vision coverage. Dependents who are enrolling in the dental and vision coverage must do so prior to enrolling in the medical coverage. To enroll in the dental and vision plan, call (800) 853-5899. For additional information, please visit www.shc.uci.edu.

### CONTINUATION PLAN – Student

<table>
<thead>
<tr>
<th>Dates of Coverage</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/15 to 01/03/16</td>
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<td></td>
</tr>
<tr>
<td>Enrollment Deadline Date</td>
<td>10/22/15</td>
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<td>04/23/16</td>
</tr>
<tr>
<td>Student</td>
<td>$ 499.00</td>
<td>$ 499.00</td>
<td>$ 499.00</td>
</tr>
</tbody>
</table>

The cost of coverage for students noted above includes medical, dental, and vision insurance premiums and administrative fees.

### CONTINUATION PLAN – Dependents

<table>
<thead>
<tr>
<th>Dates of Coverage</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring/Summer</th>
</tr>
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<tbody>
<tr>
<td>09/21/15 to 01/03/16</td>
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<td>10/22/15</td>
<td>02/04/16</td>
<td>04/23/16</td>
</tr>
<tr>
<td>Spouse/Domestic Partner</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
</tr>
<tr>
<td>Each Child*</td>
<td>$ 401.33</td>
<td>$ 401.33</td>
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</tr>
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### MEDICAL

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### DENTAL & VISION

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<td>$ 132.88</td>
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† Please Note: Eligible Dependents must purchase Summer coverage in order to maintain continuous coverage through to the 2016–2017 school year; therefore, Summer coverage is included with Spring coverage.

* Charged up to a maximum of 3 children, after which no addition premium is charged for additional children.
STUDENT HEALTH SERVICES REFERRAL REQUIREMENT
The covered student must use the services of Wellness, Health & Counseling Services/Student Health Center (SHC) first where treatment will be administered or referral issued. A referral issued by the Student Health Center must accompany the claim when submitted.

From the issuance date of the referral by the SHC, the student has 90 days to return to the SHC with provider information; otherwise, the referral will be closed by SHC and the student will need to obtain a new referral. If provider information is received by the SHC within the 90 days, the referral is valid for the academic year. The Student Health Center only issues one referral per diagnosis, so if the specialist orders lab tests, imaging studies, etc., separate referrals are not needed. If the specialist refers to another specialist, a new referral is needed.

Expenses incurred without a prior referral will be reduced to 50% coinsurance, except under the following conditions:

1. For a Medical Emergency. The student must return to the SHC for necessary follow-up care.
2. For medical care received when the SHC is closed.
3. For medical care rendered at another facility when classes are not in session, such as for official school breaks and holidays only.
4. For medical care received when the student is more than 50 miles from campus.
5. For medical care received when a student is no longer able to use the SHC due to a change in student status.
6. For pharmacy services.
7. For pediatric dental or vision services for students under age 19.
8. For obstetrical or gynecological services, including maternity care.
9. For treatment of Mental Conditions.

The deductible is waived and Covered Charges incurred at the SHC are paid at 100% for Doctor visits after Copay, 100% for Preventive/Wellness, and 90% for labs and X-rays.

Dependents are not eligible to use the SHC and are exempt from the referral requirement.

Benefits for an Emergency Medical Condition will be payable at the PPO level whether treatment is received from a PPO provider or a non-PPO provider. Charges in excess of R&C are still the responsibility of the Covered Person.

To make an appointment, call: (949) 824-5304

PREFERRED PROVIDER ORGANIZATION
The Preferred Provider network for this plan has changed. Read the following information so you will know from whom or what group of providers health care may be obtained.

This plan utilizes a network of medical professionals, including Doctors and Hospitals, known as the Preferred Provider Organization (PPO). The Covered Person may receive care from any licensed provider (subject to the Referral Requirement, terms, and conditions outlined in this brochure), but utilizing a Preferred Provider may significantly lower out-of-pocket costs.

This PPO network is available through the First Health Network. Network access provides benefits nationwide for Covered Charges incurred at 90% of the Preferred Allowance when treated by network providers (PPO). Benefits are provided worldwide for Covered Charges incurred at 60% of Reasonable and Customary Expenses (R&C) when treated by non-network providers (non-PPO). However, if such treatment is received by a non-PPO provider or facility due to an Emergency medical condition, benefits for Covered Charges are payable at the PPO level. Note: Charges in excess of R&C are still the responsibility of the Covered Person.

If a Covered Person is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, 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.

Always confirm that your selected healthcare provider is participating in the PPO network. This information can be found on the network website. 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 necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab.

For a current listing of PPO network Hospitals, Doctors, and facilities, please visit www.myfirsthealth.com or call (800) 226-5116.

You must go to SHC for treatment or a referral.

For a current listing of PPO providers, please visit www.myfirsthealth.com
OUT-OF-POCKET MAXIMUM

When a Covered Person has incurred $1,600 (or $12,700 per family) of out-of-pocket Covered Charges when treated by PPO providers during a policy year, the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance (PA) for PPO providers for the remainder of the policy year, up to the Maximum Benefit.

When a Covered Person has incurred $6,000 of out-of-pocket Covered Charges when treated by non-PPO providers during a policy year, the Company payment for Covered Charges incurred will increase to 100% of Reasonable and Customary charges (R&C) for non-PPO providers for the remainder of the policy year, up to the Maximum Benefit.

Covered Charges for PPO providers will also apply to the Out-of-Pocket Maximum for non-PPO providers. Covered Charges for non-PPO providers will also apply to the Out-of-Pocket Maximum for PPO providers. Out-of-pocket expenses include Copays, as well as any Deductible and Coinsurance amounts paid, but exclude non-covered medical expenses and elective services.

PRE-CERTIFICATION REQUIREMENT AND CONTINUED STAY REVIEW

The Schedule of Benefits identifies medical services that must be pre-certified by the review organization in order to be considered Covered Charges. Advising the review organization before receiving such medical covered services allows the review organization to determine Medical Necessity and medical appropriateness. Medical care that is not necessary and appropriate adds to the cost of care and exposes the Covered Person to unnecessary risk.

Pre-certification is required for the following:
- Scheduled, non-emergency inpatient Hospitalization
- Cancer treatment center admission
- Inpatient treatment of Mental Conditions, including substance abuse and/or detoxification
- Home health care
- Bariatric surgery
- Gender reassignment surgery
- Admission to skilled nursing facility

Pre-certification is not required for an Emergency or Urgent Care, or for Hospital Confinement for maternity care.

The Covered Person is responsible for calling the review organization at the phone number found on the back of the ID card and starting the pre-certification process. For scheduled Inpatient services or surgery, the call must be made at least three (3) working days prior to Hospital Confinement or surgery. In the case of hospital admission following an Emergency, the call must take place within two (2) working days of admission or as soon as reasonably possible.

Pre-certification is not a guarantee that benefits will be paid.

The Covered Person’s Doctor will be notified of the review organization’s decision as follows:
- For elective (non-Emergency) admissions to a health care facility, the review organization will notify your Doctor and the health care facility by telephone and/or in writing of the number of inpatient days, if any, approved;
- For Confinement in a health care facility longer than the originally approved number of days, the treating Doctor or the health care facility must contact the review organization before the last approved day. The review organization will review the request for continued stay to determine Medical Necessity and notify the Doctor or the health care facility of its decision in writing or by telephone;
- For any other Covered Services requiring pre-certification (identified in the Schedule of Benefits), the review organization will contact the provider in writing or by telephone regarding its decision.

Our review organization agent will make this determination within seventy-two (72) hours for an urgent request and four (4) business days for non-urgent requests following receipt of all necessary information for review. Notice of an adverse determination made by the review organization agent will be in writing and will include:
- The reasons for the adverse determination including the clinical rationale, if any.
- Instructions on how to initiate standard or urgent appeal.
- Notice of the availability, upon request of the Covered Person, or the Covered Person’s designee, of the clinical review criteria relied upon to make the adverse determination. This notice will specify what, if any, additional necessary information must be provided to, or obtained by, the review organization agent in order to render a decision on any requested appeal.

Failure by the review organization agent to make a determination within the time periods prescribed shall be deemed to be an adverse determination subject to appeal.

For pre-certification information or status, contact American Health Holding at (888) 638-5706.
## SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Maximum Benefit</th>
<th>Deductible:</th>
<th>Office Visit Copay:</th>
<th>Emergency Room Copay:</th>
<th>Out-of Pocket Maximum:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$200 per policy year for PPO</td>
<td>$15 for primary care or $30 for specialists</td>
<td>$100 (waived only if admitted to Hospital)</td>
<td>$1,600 per person (or $12,700 per family), per policy year, for non-PPO charges will cross-apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(non-PPO charges will cross-apply)</td>
<td>(does not apply to treatment received by non-PPO providers)</td>
<td></td>
<td>($6,000 per person, per policy year, for non-PPO (PPO charges will cross-apply)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$300 per policy year for non-PPO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IMPORTANT:

**AN SHC REFERRAL IS REQUIRED.** **EXPENSES INCURRED WITHOUT A PRIOR REFERRAL WILL BE REDUCED TO 50% COINSURANCE.** Please see page 13 for further details.

Covered Charges are paid at 90% of Preferred Allowance (PA) for PPO and 60% of Reasonable & Customary (R&C) for non-PPO, unless otherwise indicated, and include the following, subject to the limitations indicated above or below. The Covered Person is responsible for paying the Deductible amount listed before the Company will begin paying benefits, except as indicated below.

### PREVENTIVE/WELLNESS SERVICES

<table>
<thead>
<tr>
<th>Service Description</th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Adult Care</td>
<td>100% DEDUCTIBLE &amp; COPAY WAIVED</td>
<td>100% of PA DEDUCTIBLE &amp; COPAY WAIVED</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Well Baby and Child Care</td>
<td>N/A</td>
<td>100% of PA DEDUCTIBLE &amp; COPAY WAIVED</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Immunizations</td>
<td>100% DEDUCTIBLE &amp; COPAY WAIVED</td>
<td>100% of PA DEDUCTIBLE &amp; COPAY WAIVED</td>
<td>60% of R&amp;C</td>
</tr>
</tbody>
</table>

Please visit [www.hhs.gov/healthcare/prevention](http://www.hhs.gov/healthcare/prevention) for more details on what is included under the federal preventive services requirement.

### INPATIENT

<table>
<thead>
<tr>
<th>Service Description</th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Confinement/Room and Board and Hospital Miscellaneous^</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C after an additional $500 deductible (except in the case of an Emergency)</td>
</tr>
<tr>
<td>Maternity/Newborn Care</td>
<td>N/A</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse Expense</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Surgeon’s Fees</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Treatment of Mental Conditions^</td>
<td>N/A</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
</tbody>
</table>

^ Subject to pre-certification, except in the case of an Emergency.
<table>
<thead>
<tr>
<th>OUTPATIENT</th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Visits – Primary Care</td>
<td>100% after $15 Copay per visit</td>
<td>100% of PA after $15 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>includes mental health visits</td>
<td>DEDUCTIBLE WAIVED</td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>Doctor Visits – Specialist</td>
<td>100% after $30 Copay per visit</td>
<td>100% of PA after $30 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>Emergency Expense</td>
<td>N/A</td>
<td>100% of PA after $100 Copay per visit</td>
<td>100% of R&amp;C*</td>
</tr>
<tr>
<td>includes Doctor’s fees and use of emergency</td>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>room and supplies; Copay waived if admitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>N/A</td>
<td>100% of PA after $50 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>Surgeon’s Fees</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>if multiple procedures are performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>through the same incision or in immediate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>succession at the same operative session, the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>maximum amount paid will not exceed 50% of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the second procedure and 25% of all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>subsequent procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>N/A</td>
<td>100% of PA after $30 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>includes physical therapy, occupational</td>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>therapy and speech therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Treatment</td>
<td>100% after $30 Copay per visit</td>
<td>100% of PA after $30 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>limited to a maximum of 20 visits per policy</td>
<td>DEDUCTIBLE WAIVED</td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>N/A</td>
<td>100% of PA after $30 Copay per visit</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>Treatment of Mental Conditions</td>
<td>N/A</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>facility-based treatment of Mental Conditions,</td>
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<td></td>
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<tr>
<td>including alcoholism or substance abuse and</td>
<td></td>
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<tr>
<td>testing for learning disabilities (other than</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>office visits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic X-ray and Laboratory Services</td>
<td>90%</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>includes non-preventive tuberculosis (TB)</td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Care</td>
<td>N/A</td>
<td>100% of PA after $15 Copay (Copay</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>pre- and post-natal care, including diagnostic</td>
<td></td>
<td>applies to first visit only)</td>
<td></td>
</tr>
<tr>
<td>services performed at a Doctor’s office</td>
<td></td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy and Chemotherapy</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Allergy Testing and Treatment</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>including injections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tests and Procedures</td>
<td>100%</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>including minor surgery performed at the</td>
<td>DEDUCTIBLE WAIVED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHC</td>
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</tbody>
</table>

*Emergency Care received by non-PPO providers and/or facilities will be paid at 100% of R&C. However, charges in excess of R&C are still the responsibility of the Covered Person.*
# 2015–2016 UC Irvine Undergraduate Student Health Insurance Plan (USHIP)

## Outpatient Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Deductible is waived; Copay applies to each 30-day supply; prescription contraceptives are covered (Copays waived for generic contraceptives); includes medication for the management and treatment of diabetes. To locate Express Scripts pharmacies, call (800) 447-9638 or visit <a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>100% after Copay</td>
<td>100% after Copay</td>
<td>60% after Copay</td>
</tr>
<tr>
<td><strong>COPAYS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary Brand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Formulary Brand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COPAYS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary Brand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Formulary Brand</td>
<td></td>
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</tr>
</tbody>
</table>

## Specialty Drugs

Drugs not available through a retail pharmacy are available through Accredo Specialty Pharmacy. Copay applies to each 30-day supply. For more information, contact Express Scripts at (800) 447-9638.

<table>
<thead>
<tr>
<th></th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Order Discount</td>
<td>N/A</td>
<td>100% after Copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Available for maintenance medications (taken on a regular basis); pay two Copays for each 90-day supply when using the mail order discount program. To sign up, go to <a href="http://www.express-scripts.com">www.express-scripts.com</a> and set up an online account.</td>
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</tbody>
</table>

## Other

<table>
<thead>
<tr>
<th></th>
<th>SHC</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>N/A</td>
<td>90% of R&amp;C</td>
<td>90% of R&amp;C</td>
</tr>
<tr>
<td>Durable Medical Equipment/Braces and Appliances/Prosthetic Devices</td>
<td>100% of R&amp;C</td>
<td>90% of R&amp;C</td>
<td>90% of R&amp;C</td>
</tr>
<tr>
<td>Dental Treatment for Injury to Sound, Natural Teeth only</td>
<td>100% of R&amp;C</td>
<td>90% of R&amp;C</td>
<td>90% of R&amp;C</td>
</tr>
<tr>
<td>Pediatric Dental Care</td>
<td>100% of R&amp;C for preventive &amp; diagnostic services</td>
<td>70% of R&amp;C for restorative services</td>
<td>50% of R&amp;C for major services and Medically Necessary orthodontia (see Pediatric Dental definition for further details)</td>
</tr>
<tr>
<td>Pediatric Vision Care</td>
<td>100% of R&amp;C up to $150; 60% of R&amp;C thereafter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Routine Physical Examination other than Preventive/Wellness; limited to one exam per policy year</td>
<td>100%</td>
<td>100% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Elective Termination of Pregnancy</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Gender Reassignment Surgery+</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Bariatric Surgery+ only for Medically Necessary treatment of morbid obesity performed at designated Centers of Medical Excellence facility</td>
<td>N/A</td>
<td>90% of PA</td>
<td>90% of R&amp;C</td>
</tr>
<tr>
<td>Home Health Care+ up to a maximum of 100 visits per policy year</td>
<td>N/A</td>
<td>100% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Hospice Care includes bereavement counseling up to a maximum of 60 days</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
<tr>
<td>Skilled Nursing Facility+ limited to a maximum of 100 days per policy year</td>
<td>N/A</td>
<td>90% of PA</td>
<td>60% of R&amp;C</td>
</tr>
</tbody>
</table>

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* Subject to pre-certification, except in the case of an Emergency.

(continued)
Neuropsychological Testing
- N/A
- 90% of PA
- 60% of R&C

Psycho-educational Testing
- N/A
- 90% of PA
- 90% of R&C

Approved Clinical Trials
- N/A
- Paid as any other Sickness

**ADDITIONAL COVERAGE**

**Medical Evacuation***
- Deductible does not apply
- N/A
- $50,000

**Repatriation of Remains***
- Deductible does not apply
- N/A
- $25,000

* Charges incurred do not apply toward Out-of-Pocket Maximum.

**STATE-MANDATED BENEFITS**

The State of California mandates coverage for certain benefits which are covered by this plan of insurance, including 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 and serious emotional disturbance of a child; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) preventive care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics; 6) behavioral health treatment for pervasive developmental disorder or autism; 7) mammograms; 8) prostate, colorectal, and cervical cancer screening and generally medically accepted cancer screening tests; 9) breast cancer screening, diagnosis, and treatment; 10) a second opinion requested by a Covered Person or Doctor; 11) participation in the Expanded Alpha Feto Protein (AFP) Program; 12) prosthetic devices to restore a method of speaking incidental to laryngectomy; 13) diagnosis, treatment, and management of osteoporosis; 14) clinical trials for cancer; 15) HIV testing; 16) AIDS vaccine; 17) reconstructive surgery under certain circumstances; 18) telemedicine medical services; 19) prescription contraceptive drugs or devices (if there is a prescription drug benefit); 20) treatment of conditions relating to diethylstilbestrol exposure; 21) Medically Necessary surgical treatment for jawbone conditions (TMJ); 22) screening for blood lead levels in children; 23) maternity services as provided by CA Insurance Code section 10123.87 (a); 24) nicotine treatment; 25) off-label prescription drug use; 26) oral anticancer medications, limited to cost sharing of $200 (for copay or coinsurance) per prescription, up to a 30-day supply; and 27) any additional benefit mandated by the State of California currently not listed here. Please see the Policy on file with the University for further details.

**EMERGENCY MEDICAL EVACUATION**

If the Covered Person sustains an Injury or becomes ill while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of $50,000, for a medical evacuation of the Covered Person to or back to the Covered Person’s home state, country, or country of regular domicile, subject to all provisions of the Policy. Before the Company will make any payment, written certification by the Doctor that the evacuation is Medically Necessary is required. Any expense for medical evacuation requires prior approval and coordination by the plan administrator, UnitedHealthcare Global. For international students, once evacuation is made outside the country, coverage terminates.

(See page 25 for details on how to contact UnitedHealthcare Global.)

**REPATRIATION OF REMAINS**

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of $25,000, for embalming and/or cremation and returning the body to the place of residence in the home country or country of regular domicile, subject to the provisions of the Policy. Expenses for repatriation of remains require the Policyholder’s and the Company’s prior approval, and must be coordinated through UnitedHealthcare Global. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses, or funeral expenses.

(See page 25 for details on how to contact UnitedHealthcare Global.)
**GENERAL EXCLUSIONS**

Unless otherwise 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. Eyeglasses, contact lenses, routine eye refractions, eye examinations, vision correction surgery, radial keratotomy, or similar surgical procedures to correct vision, except as provided herein. This exclusion does not apply to services mandated by the Affordable Care Act.
2. Hearing aids and the fitting or repairing or replacement of hearing aids, except as provided herein. This exclusion does not apply to services mandated by the Affordable Care Act.
3. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function does not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include, but are not limited to: face lifts; sagging eyelids; prominent ears; skin scars; warts, non-malignant moles and lesions unless Medically Necessary; hair growth; hair removal; correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants, including gynecomastia (except for correction of deformity resulting from mastectomies or lymph node dissections); and deviated nasal septum, including submucous resection except Medically Necessary treatment of acute purulent sinusitis. This exclusion does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.
4. Sexual/gender reassignment surgery, except as provided when determined to be Medically Necessary or when treatment is otherwise Covered under the Policy in the absence of a diagnosis of gender dysphoria. This exclusion does not include related mental health counseling or hormone therapy.
5. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved.
6. Treatments which are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA), except in connection with an Approved Clinical Trial.
7. Custodial care; care provided in a rest home, home for the aged, or health resort, or any similar facility for domiciliary or custodial care, except as provided for hospice care.
8. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, except as specified herein. This exclusion does not apply to services mandated by the Affordable Care Act.
9. Reproductive/infertility services, including but not limited to: treatment of infertility (male or female), including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception; premarital examination; impotence, organic or otherwise; sterilization reversal; or vasectomy reversal. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer or similar procedures that augment or enhance the Covered Person’s reproductive ability.
10. Pregnancy that results under a Surrogate Parenting Agreement.
11. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay; inpatient room and board charges in connection with a Hospital stay primarily for environmental change.
12. Services provided normally without charge by the Student Health Services of the Policyholder.
13. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
14. Services received before the Covered Person’s effective date; services received after the Covered Person’s coverage ends, except as specifically provided under the Extension of Benefits provision.
15. Services of a private duty nurse.
16. Under the outpatient prescription drug benefit, shown in the Schedule of Benefits, any drug or medicine:
   a) Obtainable over the counter (OTC), except as specifically provided under Preventive Services;
   b) For the treatment of alopecia (hair loss) or in connection with hirsutism (hair removal);
   c) For the purpose of weight control;
   d) Anabolic steroids used for body building;
   e) For the treatment of infertility;
   f) Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation;
   g) Drugs labeled “Caution – limited by federal law to Investigational use” or Experimental drugs, except in connection with an Approved Clinical Trial;
   h) Purchased after coverage under the Policy terminates; or

((CONTINUED)
GENERAL EXCLUSIONS (continued)

i) If the FDA determines that the drug is:
   • Contraindicated for the treatment of the condition for which the drug was prescribed; or
   • Experimental for any reason, except in connection with an Approved Clinical Trial.

17. Vitamins, minerals, food supplements; herbs, herbal formulas, or home remedies; except as provided herein.
18. Air conditioners or air-filtering systems.
19. Weight reduction services, except as specifically provided herein; general fitness, exercise programs, health club memberships and weight management programs; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, and sports equipment.
20. Acupressure.
21. Any services of a Doctor, Nurse, or Health Care Practitioner who lives with you or your Dependent(s) or who is related to you or your Dependent(s) by blood or marriage.

COORDINATION OF BENEFITS

The intent of this section is to help control premium costs by preventing financial gain by persons insured under more than one plan. All plans will be taken into account for this section, even plans which do not have a coordination of benefits provision.

Benefits received from this Policy are coordinated with benefits which the Covered Person may receive from certain other plans. The Covered Person is urged to file any claims as early as possible with all insurance companies under which he or she has health coverage. This will help the Company to provide the Maximum Benefit due as soon as possible. The total benefit from all plans may not exceed 100% of Allowable Charges.

DEFINITIONS

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

Approved Clinical Trials means Phase I, Phase II, Phase III, or Phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is one of the following:
1. A federally funded or approved trial;
2. A clinical trial conducted under an FDA investigational new drug application; or
3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

Coinsurance means the percentage of the expense for which the Covered Person is responsible for a covered service. The Coinsurance is separate and not a part of the Deductible and Copayment.

Company means Nationwide Life Insurance Company.

Copayment or Copay means a specified dollar amount a Covered Person must pay for specified covered services. The Copayment is separate from and not a part of the Deductible or coinsurance.

Covered Charge means those charges for any treatment, services or supplies:
1. For Preferred Providers, not in excess of the Preferred Allowance;
2. For Out-of-Network Providers not in excess of the Reasonable and Customary Expense; and
3. Not in excess of the charges that would have been made in the absence of this insurance; and
4. Not otherwise excluded under this Policy; and
5. 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.

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

Deductible means the amount of expenses for covered services and supplies which must be incurred by the Covered Person before specified benefits become payable.

Dependent means a person who is the insured student’s: 1) legally married spouse, who is not legally separated from the insured student and resides with the insured student; 2) Domestic Partner who resides with the insured student; or 3) child who is under the age of 26. The term “child” refers to the insured student’s: 1) natural child; 2) stepchild (a stepchild is a Dependent on the date the insured student marries the child’s parent); 3) adopted child, including a child placed with the insured student for the purpose of adoption, from the moment of placement as certified by the agency making the placement; or 4) foster child (a foster child is a Dependent from the moment of placement with the insured student as certified by the agency making the placement).
**DEFINITIONS (continued)**

**Doctor or Physician** means a health care professional practicing within the scope of his or her license and who is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not: 1) the Covered Person; 2) a Family Member of the Covered Person; or 3) a person employed or retained by the Policyholder.

Doctor includes, but is not limited to, a: Doctor of Medicine (M.D.); Doctor of Osteopathy (D.O.); Doctor of Dentistry (D.D.S. or D.M.D.); Doctor of Podiatry (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor’s Assistant (P.A.); Psychologist (Ph.D.); Nurse (R.N. or L.P.N.), which may include a Nurse Midwife, Nurse Anesthetist, and Nurse Practitioner; Licensed Clinical Social Worker (L.C.S.W.); Physical Therapist (P.T. or R.P.T.); Occupational Therapist (O.T.R.); Speech Pathologist; Audiologist; Marriage and Family Therapist (M.F.T. or M.S.W.); Respiratory Care Practitioner; or Registered Dietitian (R.D.).

**Domestic Partner** means two individuals who both meet all of the following criteria:
1. Are competent to enter into a contract;
2. Are not legally married to, nor the Domestic Partner of, any other person;
3. Are not related by blood closer than permitted under marriage laws of the state in which they reside; and
4. Intend to continue the Domestic Partner relationship indefinitely, while understanding that the relationship is terminable at the will of either partner.

**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; 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 above listed complications.

**Essential Health Benefits** has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act, and is further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; Emergency services; Hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; Rehabilitative and Habilitative services and devices; laboratory services; Preventive and Wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

**Experimental/Investigational** means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication.

**Family Member** means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child). A Family Member includes an individual who normally lives in the Covered Person’s household.

**Habilitation Treatment or Therapy** means treatment or therapy that develops or attempts to develop a function that did not previously exist, but would normally be expected to exist. Treatment or therapy is considered habilitative if the function has achieved maximal or optimal improvement or is static, showing no progressive improvement with additional treatment.

**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 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 required for treatment of physical disability. Hospital includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital does not include an institution, or part thereof, which is other than incidentally a nursing home, a convalescent hospital, or a place for rest or the aged or which provides educational or custodial care, or a hospice.

**Hospital Confined/Hospital Confinement or Inpatient** 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 Person, 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.

**Maximum Benefit** means the maximum amount of benefits the Company will pay for all conditions each Policy Year for each Covered Person.

**Medically Necessary** means treatment or services that are: 1) required to meet the health care needs of the Covered Person; and 2) consistent (in scope, duration, intensity and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and 3) consistent with the diagnosis of the condition; and 4) required for reasons other than the comfort or convenience of the Covered Person or provider; and 5) of demonstrated medical value and medical effectiveness.

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 Doctor;
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;
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 Condition** means nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) or its successor as a mental condition on the date medical care or treatment is rendered to a Covered Person.

**Pediatric Dental Care** means:

1. Preventive and diagnostic services, including X-rays (bitewing, full-mouth, and panoramic) and sealants (for permanent first and second molars only, as needed);
2. Basic restorative services, including Emergency palliative treatment of pain, fillings (amalgam, resin-based composite), and simple extractions;
3. Major services, including prosthetics, crowns, bridges, and dentures (one per tooth/arch every 60 months); endodontics, (root canals), periodontics, oral surgery, and general anesthesia in conjunction with complex oral surgery; (note: all major services require pre-authorization); and
4. Medically Necessary orthodontia services. Medically Necessary Orthodontia services means the patient must have a severe and handicapping malocclusion, and the child’s condition must be severe enough to impact their ability to function such as having trouble eating and/or speaking. See policy for details.

**Policyholder** means University of California, Irvine.

**Preferred Allowance (PA)** means the amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

**Preventive/Wellness** means:

1. Well Baby and Child Care
   
   Benefits will be considered based on the following:
   
   a) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics;
   b) The most current version of the Recommended Childhood Immunization Schedule, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Doctors;
   c) Evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;
   d) Additional evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

   The Covered Charges include but are not limited to:
   
   • Periodic health evaluations;

(continued)
2. Well Adult Care

Benefits will be considered based on the following:

a) The most current version of the Recommended Adult Immunization Schedule, adopted by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

b) Evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;

c) For women, additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

The Covered Charges include, but are not limited to:

• Routine physical examinations;
• Routine gynecological care, including an annual cervical cancer screening;
• Immunizations;
• One (1) prostate specific antigen test (PSA) and one (1) digital rectal exam per policy year, for men;
• One (1) screening mammography per policy year for a Covered Person age thirty-five (35) or older;
• All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, as prescribed by a Doctor.

Please visit www.hhs.gov/healthcare/prevention for more details on what is included under the federal preventive services requirement.

Reasonable and Customary Expense (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.

Rehabilitative means the process of restoring a person’s ability to live and work after a disabling Condition by: 1) helping the person achieve the maximum possible physical and psychological fitness; 2) helping the person regain the ability to care for himself or herself; 3) offering assistance with relearning skills needed in everyday activities, with occupational training and guidance and with psychological readjustment.

Sickness means illness, disease or condition, including pregnancy and complications of pregnancy, that impairs a Covered Person’s normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Sound Natural Teeth means the major portion of the individual natural tooth which is present, regardless of filings and caps, and is not carious, abscessed, or defective.
CLAIM PROCEDURE

In the event of Injury or Sickness:

1. Students enrolled in USHIP must first utilize the services of the SHC, where treatment will be administered or a referral issued. You will be charged a copay and/or coinsurance as indicated in the brochure, but most covered charges will be paid at 100% and the deductible will be waived. Expenses incurred without a prior referral will be reduced to 50% coinsurance. For SHC appointments, please call (949) 824-5304. See page 13 for further details.

2. When the SHC is closed or you meet one of the exceptions to the referral requirement, you should go to the nearest PPO Doctor’s office, urgent care, or Hospital. While students may choose any Doctor or Hospital, using the providers available through the PPO networks may greatly decrease your costs. For a listing of the PPO Doctor or Hospital facilities, visit www.myfirsthealth.com or call (800) 226-5116.

3. If you go to a Doctor’s office or to the Hospital, be sure to bring your insurance identification card. If the Doctor or Hospital needs to verify your coverage, they may call Personal Insurance Administrators, Inc., at (855) 515-2423. Carry your insurance ID card with you at all times.

4. If required, obtain pre-certification. Pre-certification is required for scheduled, non-emergency inpatient Hospitalization, as well as certain conditions (see page 14 for more information). Note: The call must be made at least three (3) working days prior to Hospital Confinement or surgery. Pre-certification is not required for Emergency or Urgent Care or Hospital Confinement for maternity care.

   For pre-certification information or status, contact American Health Holding at (888) 638-5706.

5. After you receive treatment, your provider will submit a claim to the insurance company. Providers should submit claims electronically to PAYER ID 95397.

6. In some circumstances, such as using a non-PPO provider, you may be asked to pay up front. In this case, submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all itemized Hospital and medical bills, along with either a copy of your health insurance ID card or a completed claim form* (available at www.4studenthealth.com/uci), to:

   Personal Insurance Administrators, Inc.
   P.O. Box 6040
   Agoura Hills, CA 91376-6040

   *Note: Claim forms are not required but may help to expedite payment of your claim.

7. A fully itemized billing statement is required for benefit consideration. The fully itemized billing statement should include: 1) the patient’s name and date of birth; 2) the provider’s name, address, and tax identification number; 3) the diagnosis code, date of service, and procedure code; and 4) the amount charged for each procedure.

8. The completed claim, including all Hospital and medical bills, must be submitted for payment within 90 days after the date loss occurs, or as soon thereafter as is reasonably possible. 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.

9. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at (855) 515-2423, Monday–Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

   Always keep a copy of all documents submitted for claims.

   If you would like to have confidential medical information from the claims administrator sent to an address other than the address on file with the University, you can download a Confidential Communication Request, fill out the form, and send it to the address listed. This form is available at www.4studenthealth.com/Documents/Privacy/ConfidentialCommunicationReq.pdf.

RIGHT TO REIMBURSEMENT

If benefits are paid under this Plan and any person recovers from a third party by settlement, judgment, or by operation of primary coverage, the Company has a right to recover from that person the sum of the reasonable costs actually paid by the Company, and any amount paid pursuant to this Policy to any provider. However, if the Covered Person hires an attorney, then the Company can recover the lesser of: the amount described above; or one-half of the moneys due to the Covered Person under any final judgment, compromise, or settlement agreement. Any recovery by the Company will be subject to pro rata reduction in relation to any attorney’s fees and costs the Covered Person incurred. If the Covered Person does not use an attorney, then the Company’s amount of recovery may not exceed the amount we may recover pursuant to this Policy, or one-half of the moneys due to the Covered Person under any final judgment, compromise, or settlement agreement. Where a final judgment includes a special finding by a judge, jury, or arbitrator that the Covered Person was partially at fault, then the Company’s recovery shall be reduced by the same comparative fault percentage by which your recovery was reduced.
AFTER-HOURS NURSE ADVICE LINE

In partnership with SironaHealth®, the UCI Student Health Center offers an after-hours nurse advice line to all UCI students. The Advice Line is a great source of reliable and caring health information, education and support. If quick, sound medical advice is necessary when the UCI Student Health Center is closed, simply call the UCI Student Health Center at (949) 824-5301 and follow the menu prompts to be connected to specially trained Registered Nurses (RN’s) at SironaHealth® Nurse Advice Line.

When do you use it? When the UCI Student Health Center is closed and you need expert medical information and guidance on topics including all types of health questions, tips for how to handle an illness or injury, medication usage and interaction, information about over-the-counter drugs, and information about medical tests and procedures.

How does it work? Call the UCI Student Health Center at (949) 824-5301 after normal operating hours and follow the menu prompts to be connected to specially trained Registered Nurses (RN’s) at SironaHealth® Nurse Advice Line. RN’s provide information based upon physician-approved guidelines. Your call is completely confidential.

Note: If you are experiencing a life-threatening medical emergency, please call 911.

More about the SironaHealth® After-Hours Nurse Advice Line:
- Translation services for non-English speaking callers
- TTY/TTD access for hearing impaired
- Computerized record-keeping system
- Physician medical director on staff

TRAVEL ASSISTANCE PROGRAM

The following description of the UnitedHealthcare Global ACCESS Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein. UnitedHealthcare Global is not insurance. It does not pay for transportation or medical costs.

UNITEDHEALTHCARE GLOBAL ACCESS MEMBERSHIP SERVICES

As a student participating in this Student Health Insurance Plan, You are automatically enrolled as a Member in the UnitedHealthcare Global ACCESS Program. UnitedHealthcare Global ACCESS is a comprehensive program providing You with 24/7 emergency medical assistance—including emergency evacuation and repatriation—and other travel assistance services when You are outside Your home country or 100 or more miles away from Your permanent residence in Your home country. Expatriates are eligible regardless of distance from Your expatriate home.

PROGRAM DESCRIPTION

UnitedHealthcare Global ACCESS provides You with Medical Assistance Services, Medical Evacuation and Repatriation Services, Travel Assistance Services, Worldwide Destination Intelligence, and Security and Political Evacuation Assistance Services as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals: We will provide referrals to help You locate appropriate treatment or care.

Monitoring of Treatment: Our Assistance Coordinators will continually monitor Your case. In addition, Our UnitedHealthcare Global Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

Facilitation of Hospital Payments: Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required emergency Hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including Hospital expenses.

Transfer of Insurance Information to Medical Providers: We will assist You with Hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.

Medication, Vaccine, and Blood Transfers: In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing physician’s authorization, if it is legally permissible.

Dispatch of Doctors/Specialists: In an Emergency where You cannot adequately be assessed by telephone for possible evacuation or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

Transfer of Medical Records: Upon Your consent, We will assist with the transfer of medical information and records to You or the treating physician.

(CONTINUED)
TRAVEL ASSISTANCE PROGRAM (continued)

Continuous Updates to Family, Employer, and Home Physician: With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

Hotel Arrangements for Convalescence: We will assist You with the arrangement of hotel stays and room requirements before or after Hospitalization.

Replacement of Corrective Lenses and Medical Devices: We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

MEDICAL EVACUATION AND REPATRIATION SERVICES

The following services are available if the Participant suffers an Injury or a sudden and unexpected Illness and Your medical condition requires these emergency services:

Emergency Medical Evacuation: If You sustain an Injury or suffer a sudden and unexpected Illness and adequate medical treatment is not available in Your current location, We will arrange for a medically supervised evacuation to the nearest medical facility We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and UnitedHealthcare Global, You require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

Transportation to Join a Hospitalized Member: If You are traveling alone and are or will be Hospitalized, We will coordinate transportation for a person of Your choice to join You.

Return of Dependent Children: If Your Dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or Illness, We will coordinate their return to Your Home Country. We will also arrange for the services of a qualified escort, if required and as determined by UnitedHealthcare Global.

Transportation After Stabilization: Following stabilization of Your condition and discharge from the Hospital, We will coordinate transportation to Your point of origin or Your home. All travel arrangements will be as necessitated by Your medical condition as determined by Your treating physician and the UnitedHealthcare Global Physician Advisors.

Repatriation of Mortal Remains: If You sustain an Injury or suffer a sudden and unexpected Illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate the preparation and transportation of Your mortal remains to Your Home Country.

TRAVEL ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements: We will make new reservations for airlines, hotels, and other travel services in the event of an Illness or Injury.

Transfer of Funds: We will provide You with an emergency cash advance subject to Us first securing funds from You or Your family.

Legal Referrals: Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

Translation Services: Our multilingual Assistance Coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise, We will provide You with referrals to local interpreter services.

Message Transmittals: You may send and receive emergency messages toll-free, 24 hours a day, through our Emergency Response Center.

WORLDWIDE DESTINATION INTELLIGENCE

Destination Profiles: When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon Our intelligence database of over 280 cities covering subjects such as health and security risks, immunizations, vaccinations, local Hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.

SECURITY AND POLITICAL EVACUATION ASSISTANCE SERVICES

Political Evacuation Services: In the event the officials of Your Home Country issue a written recommendation that You leave Your Host Country for non-medical reasons, or if You are expelled or declared “persona non grata” on the written authority of Your Host Country, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

Security Evacuation Services: In the event of an Emergency Security Situation, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

Transportation After Political or Security Evacuation: Following a Security or Political Evacuation and when safety allows, We will coordinate Your return to either Your Host Country or Your Home Country.

(CONTINUED)
2015–2016 UC IRVINE UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN (USHIP)

PROGRAM DEFINITIONS
The following definitions apply:

“Dependents” means the Participant’s legal spouse; the Participant’s unmarried children from birth and under age 19, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, and legally adopted children. They must be primarily dependent on the Participant for support and maintenance and must live in a parent-child relationship with the Participant. A spouse or child who is included under this program as a Participant will not be eligible as a Dependent.

“Emergency Security Situation” means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which results in either Your Home Country or Host Country ordering immediate evacuation. Emergency Security Situation does not include Natural Disasters.

“Enrollment Period” means the period of time for which You are validly enrolled for UnitedHealthcare Global ACCESS and for which We have received the appropriate enrollment fee.

“Expatriate” means an individual traveler whose trips exceed 90 consecutive days or whose travel exceeds 180 days in a 12-month period.

“Home Country” means the country as shown on Your passport or the country where You have Your permanent residence.

“Host Country” means a country or territory You are visiting or in which You are living which is not Your Home Country.

“Illness” means a sudden and unexpected sickness that manifests itself during Your Enrollment Period.

“Injury” means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during Your Enrollment Period.

“Natural Disaster” means an event occurring directly from natural cause, including but not limited to earthquake, flood, storm (wind, rain, snow, sleet, hail, lightning, dust, or sand), tsunami, volcanic eruption, wildfire, or other similar event that results in severe and widespread damage such that the area of damage is declared a disaster area by the government of the Home or Host Country.

“Participant” means a person validly enrolled for UnitedHealthcare Global ACCESS and for whom We have received the appropriate enrollment fee.

“UnitedHealthcare Global Physician Advisors” means physicians, retained by UnitedHealthcare Global to provide Us with consultative and advisory services, including the review and analysis of the quality of medical care You are receiving.

“We,” “Us,” and “Our” means UnitedHealthcare Global.

“You” and “Your” means the Participant.

CONDITIONS AND LIMITATIONS
The services described are available to You only during Your Enrollment Period. Medical services are available to You only when You are outside Your Home Country or 100 or more miles away from Your permanent residence in Your Home Country. Security services are available to You only when You are outside Your Home Country. Expatriates are eligible for medical and security services regardless of the distance from Your expatriate residence while outside Your Home Country.

We are not responsible for the availability, timing, quality, results of, or failure to provide any medical, security, legal, or other care or service caused by conditions beyond Our control. This includes Your failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

Your legal representative shall have the right to act for You and on Your behalf if You are incapacitated or deceased.

We shall not be responsible for providing any assistance services for a situation arising from:
1. Your traveling against the advice of a physician or traveling for the purpose of obtaining medical treatment.
2. Security assistance directly or indirectly related to a Natural Disaster.
3. Taking part in military or police service operations.
4. The commission of, or attempt to commit, an unlawful act.
5. Failure to properly procure or maintain immigration, work, residence, or similar type visas, permits, or documents.
7. Political and Security Evacuations when the Emergency Security Situation precedes Your arrival in the Host Country, or when the evacuation notice issued by the recognized government of Your Home Country or Host Country has been posted for a period of more than seven (7) days.
8. The actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.

REIMBURSEMENT TO UNITEDHEALTHCARE GLOBAL AND RIGHTS OF SUBROGATION
You or a responsible party on Your behalf shall either pay the cost of medical care and treatment, including Hospital expenses, directly

(CONTINUED)
or shall reimburse Us upon demand for all such costs and expenses which may be imposed upon Us by health care providers for the
cost of medical care and treatment, including Hospital expenses, or related assistance services either authorized by You or deemed to
be advisable and necessary by Us under urgent medical circumstances, to the extent that such expenses are not Our responsibility. Such
reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available
to You.
We shall be fully and completely subrogated to Your rights against parties who may be liable for the payment of, or a contribution
toward the payment of, the costs and expenses of assistance services provided by Us or medical care and treatment, including Hospital
expenses, in the event that We pay or contribute to the payment of them. You must assign to Us any and all rights of recovery under any
such insurance plans, including any occupational benefit plan, health insurance, or other insurance plan or public assistance program,
up to the sum of any payments by Us.

HOW TO ACCESS UNITEDHEALTHCARE GLOBAL SERVICES

Call Collect (410) 453-6330
24 hours a day, 7 days a week, 365 days a year
or dial the country number on Your ID card.
Download Your UnitedHealthcare Global ACCESS ID Card at
www.4studenthealth.com/uci

Your UnitedHealthcare Global ACCESS identification card is Your key to travel security. If You have a medical or travel problem, simply
call us for assistance. Our toll-free and collect-call telephone numbers are printed on Your ID card. Either dial the toll-free number of
the country You are in, or call the Emergency Response Center collect at (410) 453-6330.
A multilingual assistance coordinator will ask for Your name, the client name, the UnitedHealthcare Global ACCESS ID number shown
on Your card (#30611), and a description of Your situation. If the condition is an emergency, You should go immediately to the nearest
physician or Hospital without delay and then contact the 24-hour Emergency Response Center. We will then take the appropriate
action to assist You and monitor Your care until the situation is resolved.
IRS REPORTING REQUIREMENTS

The ACA created new reporting requirements under Internal Revenue Service Code Section 6055 for student health insurance plans. Under these new reporting rules, information must be provided to the IRS about health plan coverage for individuals. This information must also be sent to the covered individual. The additional reporting is intended to provide the government with data to administer certain ACA requirements, such as the individual mandate (that is, the requirement that individuals obtain acceptable health insurance coverage for themselves and their family members or pay a penalty).

Effective Date

Reporting requirements will become effective for the 2015 tax year. The first returns will be due in 2016 for coverage provided during the 2015 calendar year. Although students may be enrolled for all or part of the 2014–2015 or 2015–2016 policy years, only the coverage information for 2015 is included in the 2015 reporting.

Reporting Responsibility for the Student

The responsible individual (in this case, the student) will be required to provide evidence of health insurance that meets Minimum Essential Coverage requirements on their federal tax return, whether they are filing individually, jointly with a spouse, or as a tax dependent on a parent’s plan. If an individual cannot provide evidence of Minimum Essential Coverage, they (or their family member who is the primary taxpayer) will be charged a tax penalty. Each family member must provide evidence of this coverage to avoid a tax penalty. Because IRS will be matching the data submitted from the health insurance issuer to each individual’s federal tax return, the social security number is the primary identifier, and will therefore be requested at the time of enrollment into the insurance plan.

Reporting Responsibility for Issuer

Issuers for student health insurance plans are generally the insurance companies or carriers. All health insurance issuers that provide Minimum Essential Coverage will be required to file an annual return with the IRS to report information for each individual who is provided with this coverage. Related statements will also be sent to the covered student. Note: This student health insurance plan meets Minimum Essential Coverage requirements.

Form 1095-B, also known as the Responsible Individual Statement, is the proof of coverage information sent to the student to be filed with their tax return. Students and their covered dependents will be listed on the same form. Employer group plans and coverage through the Exchange have different forms but the same requirements, so a family could have different forms from their different insurance providers.

Social security numbers and current addresses will be necessary for the insurance company to fulfill this requirement. If this identifying data is not available, the responsible individual must request this form from the issuer prior to filing a tax return, in order to provide proof of coverage to the IRS.

Reporting Responsibility for School

Although there is no reporting responsibility for the school, social security numbers for all covered students and dependents will be requested to complete the IRS reporting forms. School administrators may request a student’s social security number, and provide it in the eligibility data sent to the plan administrator and/or issuer, for the convenience of the student (so that the student will not have to request proof of coverage).
This Notice of Privacy Practices (the “Notice”) applies to Nationwide and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your Protected Health Information ("PHI" as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on the authorization. Once we receive your written revocation, it will only be effective for future uses and disclosures.

Disclosures for Treatment, Payment or Health Care Operations. We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we may use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI 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 PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI 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 PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Plan Administration. We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

1. Nationwide Life Insurance Company, National Casualty Company and the area within Nationwide Mutual Insurance Company that performs healthcare functions.
PRIVACY NOTICE (continued)

OTHER PRIVACY LAWS AND REGULATIONS
Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the “Contact Information” section, below.

RIGHTS THAT YOU HAVE
Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Amendments to Your PHI. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the “Contact Information” section.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Request for Confidential Communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Right to be Notified of a Breach. You have the right to be notified in the event we discover a breach of your unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the “Contact Information” section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION
If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-800-468-4343 or mail your request to:

PIA
Attn: Marcos Rolon, Privacy Officer
P.O. Box 6040
Agoura Hills, CA 91376-6040

EFFECTIVE DATE
This Notice is effective 9/15/2015.
CERTIFICATE OF CREDITABLE COVERAGE
If you are no longer eligible to be insured under the plan and need to obtain proof of insurance, you may request a Certificate of Creditable Coverage from the plan administrator (Ascension Benefits & Insurance Solutions). This request can be made by phone or in writing, and it 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 you 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 Ascension at the address below or download a form at www.4studenthealth.com/Documents/Privacy/PrivacyAuthorizationForm.pdf and mail it to the address below.

SUMMARY OF PRIVACY POLICY
If you are covered under one of our insurance plans, we are committed to protecting your privacy. We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your 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 you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review, and correct all personal information collected. You 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 below. You may also submit a request to review your information, in writing, to the address below.

Attention: Privacy Manager
Ascension Benefits & Insurance Solutions
P.O. Box 240042
Los Angeles, CA 90024
Phone: (800) 537-1777
Fax: (310) 394-0142
Website: www.4studenthealth.com
CA License No. 0G55426

No-Cost Language Assistance Services
You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or (855) 515-2423. For further help, call the CA Department of Insurance at (800) 927-4357

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 Accident and Sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-135-0413) 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.