



Brokered by:  
Wells Fargo of California Insurance Services, Inc.  
Student Insurance Division

**University of California at Santa Cruz 2008-2009**

**GSHIP**

**Graduate  
Student Health  
Insurance Plan**



Underwritten by:  
Anthem Blue Cross Life and Health  
Insurance Company  
Policy #175095

## WHAT HEALTH CARE SERVICES ARE COVERED BY THE GSHIP PLAN?

This table shows some of the most commonly used services covered by the GSHIP plan. For more detailed information about benefits and exclusions see pages 6 and 7.

SELECTED PLAN BENEFITS	COVERAGE BY PLAN	
Visits to the Student Health Center for care of Illness or Injury, including in-house lab and X-ray	100% (deductible does not apply)	
In-patient (Hospital) care, including surgery	85% PPO Allowance if in-network (local hospital is in-network)	
Emergency Room visits	85% PPO Allowance if in-network (local hospital is in-network) \$50 copay	
Physician Office consultation (specialist referrals)	100% in-network with \$10 copay (deductible does not apply)	
Outpatient Lab and X-ray	85% PPO Allowance if in-network	65% Customary & Reasonable Expenses if out-of-network
Physical exams, health maintenance, and immunizations at Student Health Center	85% of SHC charge to combined maximum of \$250/yr (deductible does not apply)	
Mental and Nervous conditions, \$100 maximum for first visit, \$60 maximum for each subsequent visits, 36 visit max/benefit year	85% PPO Allowance if in-network	65% Customary & Reasonable Expenses if out-of-network
IMPORTANT FIGURES		
Yearly plan benefit maximum	\$250,000	
Yearly out of pocket maximum (after the out of pocket maximum is met the plan reimburses 100% of charges, up to the yearly plan benefit maximum)	\$3,000	
Benefit Year Deductible	\$200	
Waiting period for coverage of pre-existing conditions	6 months	

## HOW TO USE GSHIP

### The Graduate Student Health Insurance Plan

To maximize the benefits of GSHIP coverage and to minimize out-of-pocket costs, medical care must begin at the UCSC Student Health Center. In addition to excellent coverage for services provided by the Student Health Center, GSHIP features a pre-paid access component, which provides unlimited Student Health Center visits for care of illness or injury, including Health Center lab and X-ray. The Student Health Center will provide the necessary care and services, or refer the student to another provider, usually a PPO provider in the area. **Students must receive a written referral from the UCSC Student Health Center to be eligible for GSHIP reimbursement for off-campus care received within 25 miles of UCSC.** To accommodate academic travel and summer relocation, GSHIP coverage is global. Out-of-area medical care can be considered for GSHIP reimbursement without a written referral from the Student Health Center.

**IF THE UCSC HEALTH CENTER IS CLOSED, OR IN CASE OF EMERGENCY,** a student should go to an urgent care center or an emergency room, if required. In this case, the Student Health Insurance Office must be notified at **(831) 459-2389** of the off-campus treatment within 24 hours, or the next day the Student Health Center is open, in order to expedite claim processing. After-hours, emergency care, and urgent care visits are covered by GSHIP. Follow-up care must be provided at the UCSC Student Health Center. A written referral must be provided for continuing off-campus care. **Services that are not referred by your Student Health Center are not covered.**

**A MEDICAL REFERRAL FOR OFF-CAMPUS CARE** must be provided by a clinician at the UCSC Student Health Center in order for that care to be considered for reimbursement by GSHIP. Referrals must be renewed each academic year.

Students should always carry the medical insurance card, as well as a personal identification such as a state driver's license and UCSC Photo ID. The insurance card provides the name, address, and phone number of the insurer and policy number.

**FOR QUESTIONS AND INFORMATION ABOUT GSHIP AND THE STUDENT HEALTH CENTER (SHC)** please call the Student Health Insurance Office, located within the UCSC Student Health Center, at **(831) 459-2389**.

## ELIGIBILITY FOR GSHIP

All full-time Graduate students attending the University of California Santa Cruz are automatically enrolled in the GSHIP plan. Students who present satisfactory evidence of comparable health insurance coverage to the Student Health Insurance Office may be waived from coverage. **Leave of Absence students are NOT required to purchase insurance and are NOT automatically enrolled in the insurance plan. To enroll in the LOA coverage, students must complete an enrollment form available at the UCSC Student Health Insurance Office within 30 days from the effective date of the plan. No late LOA enrollments will be allowed after the 30 day period.**

Part-time, Leave of Absence, Summer Term Students are eligible to purchase the Graduate Student Health Insurance Plan directly from the Student Health Insurance Office by completing an enrollment form at the beginning of each quarter, prior to the deadline date. Students who are ineligible by virtue of the eligibility requirements stipulated in the brochure will, upon determination that they were ineligible at the time of enrollment, receive a full refund of premium submitted irrespective of premiums having been collected and deposited by the Company. No refunds will be granted if any claim(s) has been submitted.

UCSC approved "Leave of Absence" students may be eligible for insurance coverage for up to one (1) quarter in any given policy year if they have also been enrolled in GSHIP the quarter immediately preceding the approved Leave of Absence quarter. To enroll in the "Leave of Absence" insurance coverage, students must complete an enrollment form available at the UCSC Student Health Insurance Office within

30 days from the effective date of the plan. No late LOA enrollments will be allowed after the 30 day period.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan within 30 days of loss of coverage. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.

Dependent coverage is also available for eligible dependents of insured students. To purchase Dependent coverage you must complete an Enrollment Form and remit the appropriate premium during the first week immediately following the beginning of each quarter. Enrollment forms are available at the Student Health Insurance Office or on the Student Health Center website.

"Dependent" means: (a) the Insured Student's spouse residing with the Insured Student or Domestic Partner residing with the Insured Student; or (b) the Insured Student's unmarried Children under the age of eighteen years, or to age 23, if they are full-time students at an accredited school and dependent on the Insured Student for at least 50% of their financial support. Children must be fully supported by the Insured Student. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption, for 31 days. To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth. The deductible will be applied during the first 31 days.

The term "children" includes an Insured Student's biological children; step-children; and adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support. A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send Us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under the Policy.



## GSHIP OFF-CAMPUS CARE REFERRAL REQUIREMENT

Within a 25 mile radius of the Student Health Center (SHC), benefits for Medically Necessary expenses incurred are available only upon Treatment and referral from the SHC or in the event of a Medical Emergency.

In the absence of a SHC referral or Medical Emergency when Medically Necessary medical expenses are incurred within a 25 mile radius of the SHC, benefits may not be payable.

In the event that the SHC is closed, the requirement that students first utilize the SHC when seeking Treatment for an Injury or Sickness when within the 25 mile radius or when seeking Treatment for a non-Medical Emergency is waived, except for physical exams and immunizations.

Benefits are available when Medically Necessary medical expenses are incurred outside a 25 mile radius of the SHC. Notification to the SHC should be no later than 24 hours from the time of Treatment that does not commence at the SHC, including Medical Emergencies and/or when within the 25 mile radius. The SHC referral requirement is waived for insured eligible dependents.

Referral requirement does not apply to Chiropractic and Acupuncture Services.

## ANTHEM BLUE CROSS PRUDENT BUYER PPO NETWORK

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED. Covering all California ZIP codes, the Prudent Buyer network is the most geographically extensive PPO network in the state. The suitcase icon on your Medical ID card indicates that this plan can be used outside of California. The PPO network allows Insured's easy access to a wide range of medical services. Insured's have the option to receive care from a provider who is not participating in the PPO network. The trade-off is higher out-of-pocket expenses.

Participating providers agree to provide services to covered persons at discounted rates as payment in full. This is the incentive for Insured's to use PPO providers and protects them from being balance-billed (except for coinsurance, co-payments and deductible amounts). Providers working within a PPO facility may not always be PPO providers. You should request that all of your provider services be performed by a PPO Provider when you use a PPO facility. When Non-PPO providers are used, you may be subject to higher out-of-pocket expenses.

Additionally, PPO physicians agree to admit their patients to network hospitals, guaranteeing that discounted charges and utilization management savings will occur.

With no claim forms to file, Insured's can focus on their health, not paperwork.

Insured's can find a PPO doctor in their area by calling Anthem at **(800) 888-2108**, or by accessing the *"Find a Doctor"* link on [www.anthem.com/ca](http://www.anthem.com/ca).

## WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on the **later of**:

- ♦ The Policy effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

**IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying.**

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days to **the earlier of**; the term start date or up to 30 days prior to the effective date as otherwise determined above (no policy shall ever start prior to the term start date):

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

## WHEN COVERAGE ENDS

The insurance for an Insured Person shall terminate on the first of the following dates:

- ♦ On the date this Policy is terminated; or
- ♦ On the premium due date if the required premium for the Insured Person is not paid, except as a result of inadvertent error; or
- ♦ As of the date the Insured Person enters military service, in which case a pro-rata refund of premium will be made to such Insured Person; or
- ♦ On the date the Insured Person no longer qualifies under the Description of Class as shown in the Schedule of Eligible Classes.

**Termination of Insurance for an Insured Person shall be without prejudice to any claim which starts prior thereto.**



## DEFINITIONS

**Child:** is the Insured Student's unmarried natural Child, stepchild, legally adopted Child, or a Child placed in the physical custody of the parent for legal adoption. A Child must be legally the dependent of the Insured by IRS regulations.

**Contracting Hospital:** is a Hospital that has a contract with us to provide care to our Insured Persons; however, this does not necessarily make it a Participating Hospital. Verify participation with your Physician.

**Copayment:** is the amount of Covered Expenses you are responsible for paying. Copayment does not include charges for services that are not Covered Services or charges in excess of Covered Expenses.

**Covered Expense:** is the expense you incur for Covered Services, but for some services the amount of Covered Expenses will be limited to a maximum amount that is described in the benefit section of this brochure.

**Covered Services:** are services that are Medically Necessary services or supplies which are listed in the benefit section of this brochure and for which you are entitled to receive benefits.

**Deductible:** means the amount of Covered Expense you must pay for Covered Services before any benefits are available to you under this plan.

**Diabetes Outpatient Self-Management Training Program** includes: training provided to an Insured after the initial diagnosis of diabetes in the care and management of that condition, including nutritional counseling and proper use of diabetes equipment and supplies; additional, periodic or episodic continuing education training as authorized by an appropriate health care practitioner. Diabetes self-management training must be provided by a health care practitioner or provider who is licensed, registered or certified in California to provide appropriate health care services.

**Emergency:** is a sudden, serious, and unexpected acute illness, injury, or condition which the insured person reasonably perceives could permanently endanger health if medical treatment is not received immediately. Anthem Blue Cross Life and Health will have sole and final determination as to whether services were rendered in connection with an emergency.

**Medically Necessary:** are procedures, supplies, equipment or services that we determine to be:

- ♦ Appropriate for the symptoms, diagnosis or treatment of a medical condition, and
- ♦ Provided for the diagnosis or direct care and treatment of the medical condition, and
- ♦ Within the standards of good medical practice within the organized medical community, and
- ♦ Not primarily for the convenience of the patient's Physician or another provider, and
- ♦ The most appropriate procedure, supply equipment or service which can be safely provided that must satisfy the following requirements: 1) there must be valid scientific evidence demonstrating that the expected health benefits from the procedure, supply, equipment or service are clinically significant and produce a greater likelihood of benefit, without a disproportionately greater risk of harm or complications, for the patient with the particular medical condition being treated than other possible alternatives; and 2) generally accepted forms of treatment that are less invasive have been tried and found to be ineffective or are otherwise unsuitable; and 3) for Hospital stays, acute care as an inpatient is necessary due to the kind of services the patient is receiving or the severity of the medical condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.

**Non-Contracting Hospital:** is a Hospital that does not have a standard contract nor a Prudent Buyer Participating Hospital Agreement with the Anthem Blue Cross Life and Health.

Only a portion of the amount which a Non-Contracting Hospital charges for services will be paid by the Insurer. The Insured will be responsible for any billed charges over the amount allowed under this plan.

**Non-Participating Provider:** is one of the following providers which does NOT have a Prudent Buyer Plan Participating Provider Agreement with the Anthem Blue Cross Life and Health in effect at the time services are rendered:

- ♦ A Hospital
- ♦ A Physician
- ♦ An Ambulatory Surgical Center
- ♦ A Home Health Agency or Visiting Nurse Association
- ♦ A facility which provides diagnostic imaging services
- ♦ A clinical laboratory
- ♦ A Home Infusion Therapy provider
- ♦ A Skilled Nursing Facility
- ♦ A licensed ambulance company
- ♦ A durable medical equipment outlet

Only a portion of the amount which a Non-Participating Provider charges for services will be paid by the Insurer. The Insured will be responsible for any billed charges over the amount allowed under this plan.

**Physician means:**

- 1) A doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is licensed to practice where the care is provided, or
- 2) One of the following providers, but only when the provider is licensed to practice where the care is provided, is rendering a service within the scope of that license, is providing a service within the scope of that license, is providing a service for which benefits are specified in this brochure, and when benefits would be payable if the services were provided by a Physician as defined above:

- ♦ A dentist (D.D.S. or D.M.D.);
- ♦ An optometrist (O.D.);
- ♦ A dispensing optician;
- ♦ A podiatrist or chiropodist (D.P.M., D.S.P. or D.S.C.);
- ♦ A licensed clinical psychologist;
- ♦ A chiropractor (D.C.);
- ♦ An acupuncturist (A.C.);
- ♦ A clinical social worker (L.C.S.W.);
- ♦ A marriage and family therapist (M.F.T.);
- ♦ A physical therapist (P.T. or R.P.T.);
- ♦ A speech pathologist\*;
- ♦ An audiologist\*;
- ♦ An occupational therapist (O.T.R.)\*;
- ♦ A respiratory care practitioner (R.C.P.)\*;
- ♦ A psychiatric mental health nurse (R.N.);
- ♦ A nurse midwife;
- ♦ A registered dietician (R.D.)\* for the provision of diabetic medical nutrition therapy only

**Note:** The providers indicated by asterisks (\*) are covered only by referral of a Physician (M.D. or D.O.) as defined above. **Note: The providers indicated by asterisks (\*) are covered only by referral of a Physician (M.D. or D.O.) as defined above.**

**Year:** is a twelve-month period starting September 20, 2008 at 12:01 a.m. Pacific Standard Time.

## SCHEDULE OF BENEFITS

Benefits are payable for eligible Customary & Reasonable (C&R) medical expenses resulting from a covered accidental Bodily Injury when the first treatment is received within 90 days after the injury, or resulting from covered treatment for a Sickness treated while the Insured's coverage is in effect, and any follow up covered expense incurred during the term of the policy. Covered expenses as listed below must be for treatment by or under the written order of a licensed Physician and will not exceed a **Plan Year Maximum Benefit of \$250,000** subject to a deductible. All other benefits paid are per Benefit Period, unless otherwise noted.

INPATIENT BENEFITS	In-Network	Non-Network
Room and Board	Semi-Private PPO Rate	Semi-Private Rate
Intensive Care	85% PPO Allowance	65% C&R Expenses
Hospital Misc. Expenses, services and supplies: cost of operating room, lab tests, X-rays, prescribed medicines, etc.	85% PPO Allowance	65% C&R Expenses
Physical Therapy, when prescribed by attending Physician	85% PPO Allowance	65% C&R Expenses
Surgical fees	85% PPO Allowance	65% C&R Expenses
Assistant Surgeon, when medically necessary	85% PPO Allowance	65% C&R Expenses
Licensed Nurse Services	85% PPO Allowance	65% C&R Expenses
Anesthesia Services	85% PPO Allowance	65% C&R Expenses
Physician's Visits	85% PPO Allowance	65% C&R Expenses
Mental and Nervous Conditions up to 20 days per year	85% PPO Allowance	65% C&R Expenses
Alcohol and Drug Abuse up to 3 days per year	85% PPO Allowance	65% C&R Expenses
OUTPATIENT BENEFITS		
Emergency Room Care (\$50 co-pay)	85% PPO Allowance	85% C&R Expenses
Surgical Fees	85% PPO Allowance	65% C&R Expenses
Assistant Surgeon, when medically necessary	85% PPO Allowance	65% C&R Expenses
Anesthesia Services	85% PPO Allowance	65% C&R Expenses
Physician's Visits and Consultation (\$10 co-pay, Deductible does not apply. This exception only applies to the charge for the Physician Office Visit itself, it does not apply to visits for Mental & Nervous Conditions and Alcohol & Drug Abuse.)	100% PPO Allowance	100% C&R Expenses
Physician Visits (This applies to other charges made during Physician Visit such as testing procedures, surgery, etc., and to Physician Visits for Mental & Nervous Conditions and Alcohol & Drug Abuse.) Paid when a surgery benefit is not paid and a SHC referral is initiated, following exam by a SHC clinician.	85% PPO Allowance	65% C&R Expenses
Consultant Physician	85% PPO Allowance	65% C&R Expenses
Acupuncture, \$50 per visit, 3 visits per week, \$250 Max per plan year	85% PPO Allowance	65% C&R Expenses
Chiropractic Care, 12 visits per plan year	85% PPO Allowance	65% C&R Expenses
Physical Therapy, Occupational Therapy and Speech Therapy	85% PPO Allowance	65% C&R Expenses
Radiation Therapy	85% PPO Allowance	65% C&R Expenses
Chemotherapy	85% PPO Allowance	65% C&R Expenses
Lab and Misc. Tests and Procedures	85% PPO Allowance	65% C&R Expenses
Diagnostic X-ray Expense	85% PPO Allowance	65% C&R Expenses
Mental and Nervous Conditions and Alcohol and Drug Abuse, \$100 maximum for the first visit; \$60 maximum for each subsequent visit, Max 36 visits per benefit year	85% PPO Allowance	65% C&R Expenses
Prescription Drugs (Deductible applies)	100% of actual charge at SHC subject to a <b>\$15 Co-pay for Generic drugs, \$20 Co-pay for Brand Name drugs</b> (including oral contraceptives) or 50% of C&R Expense when NOT filled at SHC	
OTHER BENEFITS		
Ambulance, emergency local ground or air transportation when medically necessary (\$1,000 Max per plan year)	N/A	100% C&R Expenses
First pair contact lenses and first pair eyeglasses, when required as result of eye surgery	85% PPO Allowance	65% C&R Expenses
Repair or replacement of eyeglasses, contact lenses or hearing aids, as a direct result of a Covered Injury	85% PPO Allowance	65% C&R Expenses
Medically Necessary implants and artificial limbs or eyes	85% PPO Allowance	65% C&R Expenses
Unreplaced blood or blood products	85% PPO Allowance	65% C&R Expenses
Rental or purchase of Durable medical equipment and supplies, prescribed by attending Physician and approved by Company. Rental charges which exceed reasonable purchase price of equipment are not covered.	85% PPO Allowance	65% C&R Expenses
Non-investigative organ or tissue transplant for: 1) An Insured who receives the organ or tissue; 2) An Insured who donates the organ or tissue; 3) An organ or tissue donor who is not an Insured Person, if the organ or tissue recipient is an Insured. Benefits are reduced by any amounts paid or payable by that donor's own coverage.	85% PPO Allowance	65% C&R Expenses
Accidental Injury to Natural teeth, up to \$500 per Injury	85% PPO Allowance	65% C&R Expenses
Transgender benefit, up to \$75,000 aggregate lifetime max	85% PPO Allowance	65% PPO Allowance

<b>OTHER BENEFITS (cont'd.)</b>	<b>In-Network</b>	<b>Non-Network</b>
Maternity	85% PPO Allowance	65% C&R Expenses
Elective Abortion Expense	85% PPO Allowance	65% C&R Expenses
Dental Admissions, up to 3 days if hospitalization for surgery (semi-private) or extraction under general anesthesia required	85% PPO Allowance	65% C&R Expenses
Hospice Care, up to \$5,000 during a person's lifetime	85% PPO Allowance	85% C&R Expenses
Covered Injury resulting from a Motor Vehicle Accident	85% PPO Allowance	65% C&R Expenses
Preventive Health Assessment Expense Benefit, Covered Dependent only (See page 8)	85% PPO Allowance/ \$750 plan Max	65% C&R Expenses/ \$600 plan year Max
Mammogram, Pap Smear	85% PPO Allowance	65% C&R Expenses
Participation in Intramural and Club Sports	85% PPO Allowance	65% C&R Expenses
Physical Exams and Immunizations (Services must be performed at the Student Health Center to receive benefits) (Deductible does not apply)	85% of SHC charge up to a combined max of \$250 per plan year when performed at SHC	
Medical Evacuation Benefit	\$10,000 maximum aggregate benefit	
Repatriation Benefit	\$10,000 maximum aggregate benefit	
Accidental Death and Dismemberment	\$2,500 maximum benefit	

**NOTE: No diagnostic procedures are covered unless pre-approved by Student Health Center.**

*See Policy for further details of benefit descriptions. Policy is on file at the University.*

## **EXCLUSIONS**

The Policy does not cover nor provide benefits for:

- Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
- Preventative medicines, serums, or vaccines, except as specifically provided;
- Speech therapy treatment;
- Private duty nursing or skilled nursing services;
- Care and/or treatment in skilled nursing facility;
- Pre-existing Conditions as defined in this Policy;
- Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, and professional sports;
- Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
- Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
- Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee-cord jumping;
- Correction of congenital defects except as specifically provided;
- Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
- Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
- Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with experimental or investigational treatment, except when certified as Medically Necessary for the terminally ill;
- Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
- Injury due to participation in a riot;
- For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
- For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician; or expenses non-medical in nature;
- Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
- Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
- Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
- Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
- Routine periodical physical examinations, except as specifically provided;
- An amount of a charge in excess of the Reasonable and Customary Expense;
- Elective Treatment or elective surgery, except as specifically provided;
- Services not Medically Necessary;
- Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
- Treatment of mental or nervous disorders except as specifically provided;
- Treatment of alcohol and substance abuse except as specifically provided;
- Services, supplies and facility that are provided mainly for a rest cure, maintenance or custodial care;
- Any treatment, service or supply in excess of the maximum benefit specified in the Policy.

## HOW MUCH DOES THE INSURANCE PLAN PAY?

Subject to the Non-Duplication of Benefits provision, the Company will pay benefits as listed in the Schedule of Benefits for Expenses incurred by an Insured Person while insured under the Policy for a covered Injury or Sickness.

The services listed in the Schedule of Benefits are payable up to the rate of 65% of the Customary and Reasonable covered medical expenses when such services are rendered outside the Anthem Blue Cross PPO network. When an Insured Person uses the services of a PPO provider, covered medical expenses will be payable up to 85% of the PPO Allowance. The difference between the PPO Allowance or Customary and Reasonable expense and the amount paid by the Company will be the responsibility of the Insured Person. The Plan Year Maximum Benefit is \$250,000.

In no event will the Company pay more than the Reasonable and Customary charges for actual Medically Necessary Expenses for treatment which is rendered during the period for which the appropriate premium has been paid.

See Policy for further details of benefit descriptions. The Policy is on file at the University.

**Policy Year Out-of-Pocket Limit:** After the Insured Person reaches a \$3,000 Out-of-Pocket Limit, the Company will pay up to 100% of the PPO Allowance or Reasonable and Customary Expenses, when no PPO is available, of the applicable maximums in the following schedules. (Copayments, benefit year deductibles and expenses incurred above the maximums do not apply toward the Out-of-Pocket Limit. Your Co-insurance does apply toward it.)

## DO I PAY A DEDUCTIBLE?

*The Plan Year deductible* will vary relative to your Student or Dependent classification. Same deductible levels apply to Leave of Absence students and their dependents.

Student.....	\$200.00
Spouse.....	\$350.00
Each Child.....	\$350.00
Maximum Family Deductible....	\$800.00



## ADDITIONAL EXPENSE BENEFITS

We will pay expenses incurred for the following Covered Expenses or services, subject to the same deductible, co-insurance factors, benefit maximums and benefit limitations as provided for any other Covered Expense, for: FDA-approved AIDS vaccine; Cancer screening tests, including mammography, cervical, prostate, and other generally accepted cancer screening tests; Mastectomy-reconstructive surgery and rehabilitation; Biologically based severe mental disorders; Prosthetic devices incident to a laryngectomy; Phenylketonuria (PKU) testing and treatment; Hospital dental procedures; Osteoporosis; Diabetes equipment, supplies and service; and Experimental or investigational therapies.

See the policy on file with the University for further details on these benefits.

## ROUTINE NEWBORN CARE

If expenses are incurred for routine newborn care during the 31 days immediately following the birth of an Insured Person, the Company will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to, the following: 1) Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother's care; 2) Inpatient Doctor visits for routine examinations and evaluations; 3) Charges made by Doctor in connection with a circumcision; 4) Routine laboratory tests; 5) Postpartum home visits prescribed for a newborn; and 6) Follow-up office visits for the newborn subsequent to discharge from a Hospital.

Benefits payable under this provision are NOT payable under the Child Health Supervision Services (Well Child Care) Benefit of the policy.

## CHILD HEALTH SUPERVISION SERVICES (WELL CHILD CARE)

*Child Health Supervision Services (Well Child Care)* - Dependents coverage includes Child Health Supervision Services, which are defined as the following: Doctor-delivered or Doctor-supervised services for a maximum of 18 visits at the following intervals: birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and years 2, 3, 4, 5, 6, 8, 10, 12, 14 and 16.

Services to be covered at each visit include medical history, a physical examination, testing in preparation for guidance and immunizations and lab tests. Coverage will be limited to one provider per visit for all services rendered. The Company will pay the expenses incurred not to exceed the benefit maximum of \$750 per child. This benefit is subject to all terms of the policy except no deductible will apply.

## PRE-EXISTING CONDITIONS LIMITATION

A “Pre-Existing Condition” is a Sickness, Injury or related condition for which medical advice, diagnosis, care, treatment, supplies, drugs, and medicines were recommended or received by a Physician during the six (6) consecutive months prior to the Effective Date of the Insured Person’s coverage under this Plan.

The Pre-Existing Condition Waiting Period is six (6) months. Coverage will not be provided for a Pre-Existing Condition until the waiting period has elapsed. The Pre-Existing Condition Waiting Period applies to all persons covered under this Plan and begins on the Insured Person’s Effective Date. If an Insured Person receives treatment or service for a Pre-Existing Condition: (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student’s effective date; and (b) We will pay only for Loss or Expense incurred after such six (6) consecutive month period.

A period of Creditable Coverage will be credited if the previous Creditable Coverage was continuous to a date not more than 62 days prior to the Effective Date of the new coverage. Payment will be in accord with the provisions of this Plan. If the Insured Person has a lapse in coverage, the Pre-Existing Condition Waiting Period will have to be satisfied again.

**Creditable Coverage:** This term means the following: hospital, medical or surgical coverage an Insured Person had prior to the Effective Date under this Plan: (a) an employee group health plan; (b) health insurance or Health Maintenance Organization coverage; (c) Medicare; (d) Medicaid; (e) Chapter 55 of Title 10, United States code (CHAMPUS); (f) a medical care program of the Indian Health Services or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under the Federal Employee Health Benefits Program; (i) a public health plan defined under Federal regulations; (j) a health benefit plan under Section 5(e) of the Peace Corps Act; or (k) any other similar coverage permitted under State/Federal law or regulations.

**Exceptions:** The Pre-Existing Condition exclusion does not apply to any of the following: (a) pregnancy, including complications, if such condition is covered under this Plan; (b) a covered newborn dependent child who, as of the last day of the 30-day period beginning with the date of birth is covered under Creditable Coverage; or (c) a covered adopted dependent child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under Creditable Coverage (except this shall not apply to coverage the adopted child may have had before such adoption or placement.)

## MEDICAL EVACUATION EXPENSE

If after being treated at a local Hospital, an Insured Person’s medical condition warrants transportation to his or her Home Country to obtain further medical treatment to recover, We cover Reasonable and Customary charges up to \$10,000. Prior approval by Us is required.

## REPATRIATION OF REMAINS EXPENSE

If the event of the death of an Insured Person, while he or she is covered under the Policy, the Company will pay the necessary Reasonable and Customary charges, not to exceed \$10,000 for preparation (including cremation) and transportation of the remains to the Insured Person’s place of residence in his or her home country. Any benefit payable under this provision requires the Company’s prior approval.

## ACCIDENTAL DEATH & DISMEMBERMENT

**STUDENT ONLY** - The Company will pay the benefit stated below if an Insured Person suffers a Covered Injury resulting in any of the losses stated below within 365 days after the date the Covered Injury is incurred:

LOSS	BENEFIT
Accidental Death.....	100% of the Principal Sum
<b>Accidental Dismemberment:</b>	
Both Hands, Feet or Eyes.....	100% of the Principal Sum
One Hand and One Foot.....	100% of the Principal Sum
One Hand or One Foot .....	100% of the Principal Sum and One Eye
Either Hand or Foot.....	50% of the Principal Sum
Sight of One Eye.....	50% of the Principal Sum

CLASS OF INSURED	PRINCIPAL SUM
Eligible Student.....	\$2,500

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss of hand or foot means the complete severance through or above the wrist or ankle joint. Loss of eye means the total permanent loss of sight in the eye. The principal sum is the largest amount payable under this benefit for all losses resulting from any one accident.

This provision does not cover the Loss if in any way results from or is caused or contributed: (1) by physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) by an infection, unless it is caused solely and independently by a covered accident; (3) for Expenses for which a contributing cause was the Insured Person’s commission of, or attempt to commit a felony, or for which an Insured Person’s engagement in an illegal occupation was the contributing cause; or (4) while the Insured Person is legally intoxicated or under the influence of any drug unless taken as prescribed by a Physician. In addition to the above, this provision is subject to the exclusions as provided.

## EXTENSION OF BENEFITS

If an Insured Person is confined to a hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement shall also be included in the term Expense, but only while they are incurred during the 30 day period following such termination of insurance.



## REIMBURSEMENT FOR ACTS OF THIRD PARTIES

Under some circumstances, an insured person may need services under this plan for which a third party may be liable or legally responsible by reason of negligence, an intentional act or breach of any legal obligation. In that event, we will provide the benefits of this plan subject to the following:

1. We will automatically have a lien, to the extent of benefits provided, upon any recovery, whether by settlement, judgment or otherwise, that you receive from the third party, the third party's insurer, or the third party's guarantor. The lien will be in the amount of benefits we paid under this plan for the treatment of the illness, disease, injury or condition for which the third party is liable.
2. You must advise us in writing, within 60 days of filing a claim against the third party and take necessary action, furnish such information and assistance, and execute such papers as we may require to facilitate enforcement of our rights. You must not take action which may prejudice our rights or interests under your plan. Failure to give us such notice or to cooperate with us, or actions that prejudice our rights or interests will be a material breach of this plan and will result in your being personally responsible for reimbursing us.
3. We will be entitled to collect on our lien even if the amount you or anyone recovered for you (or your estate, parent or legal guardian) from or for the account of such third party as compensation for the injury, illness or condition is less than the actual loss you suffered.

## CLAIM PROCEDURES

Usually, all providers of health care will bill us directly for services to you and your enrolled dependents. This is the preferred procedure - you are not bothered with claim forms, and we often need more details than are ordinarily provided on bills to patients.

But sometimes a physician may not bill us, or a pharmacy or ambulance company may send the bill directly to you. In these instances, we have no way of knowing about your claim.

In these instances, please use the claim form available under "Member Services" at [www.anthem.com/ca](http://www.anthem.com/ca) to notify us of any covered health service for which we have not already been billed. You are urged to send us each bill immediately upon receipt. Complete instructions for use of the claim form are on the form.

## COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, you should first contact Wells Fargo of California Insurance Services, Inc. You may also contact Anthem Blue Cross Life and Health at:

**Anthem Blue Cross Life and Health Insurance Company**  
(Anthem Blue Cross Life and Health)  
Customer Service  
21555 Oxnard Street  
Woodland Hills, CA 91367  
(800) 888-2108

If the problem is not resolved, you may also contact the California Department of Insurance at:

**California Department of Insurance**  
Claims Service Bureau, 11<sup>th</sup> Floor  
300 South Spring Street  
Los Angeles, California 90013  
(800) 927-HELP (4357) – In California  
(213) 897-8921 – Out of California  
(800) 482-4833 – Telecommunication Device for the Deaf  
E-mail Inquiry: "Consumer Services" link at [www.insurance.ca.gov](http://www.insurance.ca.gov)



## MEMBER DISCOUNTS

### HealthyExtensions<sup>SM</sup> — Online Discounts that Connect to You

To help support and encourage your healthy lifestyle, we provide information on discounts on a variety of fitness, dental, vision, complementary and alternative medicine, nutritional and safety products and services offered by independent vendors and practitioners. From gym memberships to massage therapy, our discounts will help you save money! For more information go to [www.anthem.com/ca](http://www.anthem.com/ca), click on "Healthy Living," then "HealthyExtensions."

## 24-HOUR NURSE ADVICE LINE

Students and insured family members may utilize the 24/7 NurseLine, the 24-Hour Nurse Advice Line, anytime they need confidential medical advice. Callers must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the 24/7 NurseLine program. This program gives access to a toll-free nurse information line, or an audio library, 24 hours a day, 7 days a week.

### HERE'S HOW EASY IT IS:

1. The insured student or insured family member calls the 24-Hour 24/7 NurseLine.
2. A registered nurse asks questions and assesses the caller's condition.
3. If you speak a language other than English or Spanish, the registered nurse can utilize an interpreter, that will work with the nurse and the member.
4. The nurse provides information regarding care options to help the caller develop a proactive plan which could include: proceed to an urgent care or emergency facility, follow-up with your primary care provider, or develop a home care plan.
5. The nurse can provide information about your PPO network providers in the geographic area closest to your school.

One toll-free phone call is all it takes to access a wealth of useful health care information at (800) 977-0027.

## ONLINE HEALTH CARE ADVISOR

Subimo<sup>TM</sup> is an innovative and interactive web-site that provides valuable tools to help covered persons make informed decisions regarding their specific health care needs. Covered persons link to Subimo from the Anthem website through "Member Services" located on the home page at [www.anthem.com/ca](http://www.anthem.com/ca) and logging in to the Secure Member Services site. First time users will need to register.

## ONLINE STUDENT ASSISTANCE PROGRAM

Everyone experiences challenges in life. Usually, we can find our own solutions. But when we can't, those problems can affect our daily lives. This plan includes the Anthem OnLine Student Assistance Program. With OnLine, helpful information and resources for the everyday problems of living are just a mouse click away.

### When you need solutions, Anthem OnLine can help.

With the Online Student Assistance Program, you and your family can access an online library of valuable articles covering mental and physical health, relationships/family issues, stress and emotional concerns and substance abuse. Browse the legal and financial resource center for general information on these topics. OnLine also provides important links to some of the most valuable Web resources available, as well as pertinent reading lists and helpful self-assessment tools.

### How to access the Anthem OnLine Program

You and your family members can take advantage of this online resource by going to [www.AnthemEAP.com](http://www.AnthemEAP.com).

## TERMS OF COVERAGE

Premiums and enrollment forms for Students who have not been insured under this plan or whose coverage has lapsed cannot be accepted after the Deadline Date listed below except as provided by the Policy Eligibility Requirements.

Effective	Fall 9/20/08	Winter 1/5/09	Spring/Summer 3/30/09	Summer* 6/12/09
Termination	1/4/09	3/29/09	9/18/09	9/18/09
Waiver Deadline Dates	9/17/08	12/19/08	3/19/09	N/A
Student	\$ 641	\$ 641	\$ 641	\$ 641
Spouse	\$1,074	\$1,074	\$1,074	\$1,074
Child(ren)	\$ 867	\$ 867	\$ 867	\$ 867

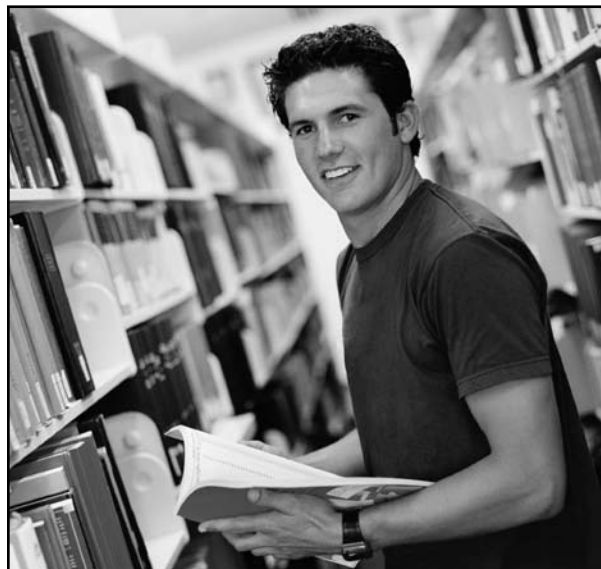
\*Summer 1 is for new enrollees only. (Enroll by submitting an enrollment form to the UCSC Student Health Insurance Office).

The premium rates noted above are inclusive of UCSC Student Health Center access plan and administrative fees.

Effective and termination dates for the applicable school year shall comply with the calendar announcements of the Regents of the University of California.

## PREMIUM REFUNDS

No premium refunds are permitted, except as stated in the "Eligibility" section and when an insured Student enters the armed forces, at which time a pro-rata refund of premium paid for the Graduate Student Health Insurance Plan will be made on request.



WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at <https://studentinsurance.wellsfargo.com>.

**STUDENT HEALTH  
INSURANCE OFFICE:**

*Eligibility, Claim Problems,  
and Coverage Questions*

**Student Health Insurance Coordinator**

Phone: (831) 459-2389

Fax: (831) 459-4050

E-mail: [insure@ucsc.edu](mailto:insure@ucsc.edu)

Website: [www2.ucsc.edu/healthcenter](http://www2.ucsc.edu/healthcenter)

**CLAIMS ADMINISTERED BY:**

**Anthem Blue Cross Life and Health Insurance  
Company (Anthem Blue Cross Life and Health)**

(800) 888-2108

[www.anthem.com/ca](http://www.anthem.com/ca)

**PREFERRED PROVIDER:**

*To Find a Doctor or Provider*

**Anthem PPO Prudent Buyer Plan**

(800) 888-2108

[www.anthem.com/ca](http://www.anthem.com/ca)

**24-HOUR NURSE ADVICE LINE:**

**24/7 NurseLine**

(800) 977-0027

**THE PLAN ADMINISTERED BY:**

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

CA License No. 0352275

11017 Cobblestone Drive, Suite 100

Rancho Cordova, CA 95670

(800) 853-5899 or (916) 231-3399

Fax: (916) 231-3398

<https://studentinsurance.wellsfargo.com>

**THE UNDERWRITING COMPANY:**

**Anthem Blue Cross Life and Health Insurance  
Company (Anthem Blue Cross Life and Health)**

Anthem Blue Cross Life and Health Insurance Company and Anthem Blue Cross are Independent Licenses of the Blue Cross Association. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Case Number 175095 issued to UC Santa Cruz. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.