

University of California
SAN DIEGO



2010-2011
SHIP

Student Health Insurance Plan
for undergraduate students

underwritten by
Nationwide Life Insurance Company

policy number
302-125-0408

ID CARD

Your temporary ID card is on the back of this brochure.
Please detach and retain for proof of coverage.
You may download a permanent ID card at:
www.renstudent.com/ucsd

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IMPORTANT MESSAGE

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-125-0408) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference. The Policy is available at the UCSD Student Insurance Office. The plan provides coverage worldwide.

Keep this brochure as a record of your insurance benefits. No individual policies or certificates are issued.

STUDENT INSURANCE INFORMATION

Insurance Information is available during normal business hours at the Student Insurance Office. The Student Insurance Office is located within the Student Health Service. If you have questions about the plan, need benefit information or help with a claim, please call the UCSD Student Insurance Office at 1-858-534-2124 or call Personal Insurance Administrators, Inc. at 1-800-468-4343.

Dependent coverage may be purchased under the Dependent Health Insurance Plan (DHIP). Please contact the Student Insurance Office for more information or visit www.renstudent.com/ucsd/dependents.

Insurance Office 1-858-534-2124

Insurance Office Hours

Monday/Wednesday/Friday 8:00 a.m.–4:30 p.m.
Tuesday/Thursday 9:00 a.m.–4:30 p.m.

UCSD STUDENT HEALTH SERVICE

The UCSD Student Health Service is located south of the Giesel Library and west of the Price Center.

SHS Hours

Monday/Wednesday/Friday 8:00 a.m.–4:30 p.m.
Tuesday/Thursday 9:00 a.m.–4:30 p.m.

SHS Website

www.studenthealth.ucsd.edu

SHS TELEPHONE NUMBERS*

Emergency

(from landline) 911
(from cell phone on campus) 1-858-534-HELP

General Information 1-858-534-3300

Appointments 1-858-534-8089

Appointment Cancellations 1-858-534-1770

Women's Clinic 1-858-534-2669

Health Education 1-858-534-1824

Pharmacy 1-858-534-2135

Optometry 1-858-534-2602

Administration 1-858-534-6834

Student Insurance Office 1-858-534-2124

* For general recorded information, please dial
1-858-534-3300

EMERGENCY CARE AFTER HOURS

Thornton Hospital ER—La Jolla 1-858-657-7600

UCSD Medical Ctr.—Hillcrest 1-619-543-6400

CHANGES TO SHIP FROM 2009–2010

- Increased maximum benefit for NCAA sports injury from \$75,000 per injury to \$90,000 per injury
- Incorporated parity for all mental health conditions
- Increased outpatient prescription drug maximum from \$5,000 per Policy Year to \$10,000 per Policy Year
- Increased physical therapy maximum to \$5,000 per condition
- Changed benefit for HPV vaccine (at SHS only) from 50% for female students age 26 and under to 100% with a \$25 copay for all students age 26 and under (male and female)
- Increased maximum benefit for injury to teeth from \$1,000 per injury to \$2,000 per injury
- Incorporated a non-Emergency Urgent Care Facility benefit with a \$50 copay per visit (when the SHS is closed or when outside a 100-mile radius of the SHS)
- Increased maximum benefit for durable medical equipment from \$1,000 per Policy Year to \$5,000 per Policy Year
- Changed plan maximum from \$300,000 per condition per Policy Year to \$400,000 lifetime aggregate maximum (all conditions combined)
- Increased plan maximum for dependents from \$30,000 per condition per Policy Year to \$50,000 per condition per Policy Year
- Changed the Deductible from \$200 inpatient/\$250 outpatient to \$200 inpatient and outpatient combined
- Increased emergency room copay from \$50 per visit to \$100 per visit
- Eliminated the pre-existing condition limitation

ELIGIBILITY

All registered undergraduate students, hereinafter designated STUDENTS, who pay full registration fees and attend the University of California, San Diego, are automatically eligible for the Student Health Insurance Plan (SHIP) for the Fall, Winter, Spring and Summer quarters of the 2010–2011 school year.

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

ENROLLMENT

Enrollment for students in SHIP is automatic and is made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University and complete the Health Fee Waiver process through <http://TritonLink.ucsd.edu> by the Waiver Deadline Date listed may be waived from coverage. Waiver information may be obtained on the Student Health Service (SHS) website at <http://studenthealth.ucsd.edu> or by calling the Insurance Office at 1-858-534-2124.

COSTS OF COVERAGE

	Fall	Winter	Spring/Summer
Student	\$290.00	\$290.00	\$290.00

Eligibility requirements must be met each time premium is paid to renew coverage.

PREMIUM REFUNDS

No premium refunds are permitted, except as stated in the Eligibility section or if a student withdraws on or prior to the first day of classes, in which case a full refund of premium will be made. If a Covered Person enters full-time active military service, a pro rata refund of premium paid will be made upon request. **In the event a claim has been filed, premium is fully earned and a refund is not available under any circumstances.**

WAIVER REQUIREMENTS AND DATES

Health insurance plans must meet the following minimum criteria in order to be considered adequate to waive out of the University's mandatory health insurance plan:

1. Lifetime Maximum no less than \$1,000,000.
2. Out-of-pocket maximum no more than \$5,000 (including Deductibles).
3. Primary care physician must be located within a 100-mile radius of UCSD.
4. Benefits payable at 60% or greater.
5. Must provide inpatient and outpatient benefits, including mental health.
6. International students must have a minimum of \$10,000 each of medical evacuation and repatriation benefits.
7. Plans **must** be purchased, operated and headquartered in the United States. International students may not waive with insurance from their home country. In addition, travel insurance is not eligible for a waiver.

If a waiver is not submitted by the Deadline Date, coverage under SHIP will remain in force for the remainder of that quarter.

Term	Waiver Period Opens	Waiver Deadline Date (no late fee)	Late Waiver Deadline Date (subject to \$50 late fee)
Fall	07/01/10	09/17/10	09/24/10
Winter	11/03/10	12/15/10	01/03/11
Spring/Summer	02/09/11	03/18/11	03/28/11

If approved, waiver applications submitted by the Deadline Date for a specific quarter are generally valid for and are approved for the term(s) indicated on the waiver application. Only one waiver, per academic year, may be processed electronically through TritonLink at: <http://TritonLink.ucsd.edu>. If you need to extend your waiver, you must contact the Student Health Insurance Office before the established Waiver Deadline Date. A new waiver application must be submitted for the 2011-2012 academic year. In addition, if you lose your private health insurance coverage at any point during the academic year or if you would like to cancel your existing waiver, you must contact the Student Health Insurance Office to discuss options for purchasing SHIP.

TERMS OF COVERAGE

Effective Date

Insurance for eligible students under SHIP becomes effective at 12:01 a.m. on the first date of the applicable school term for which the eligible student is enrolled if premium for SHIP is included with student fees at registration. If

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TERMS OF COVERAGE (continued from page 4)

student fees are paid after the last day to pay student fees without penalty, enrollment in SHIP will become effective at 12:01 a.m. on the date following the date of receipt of premium by the University.

Termination Date

Coverage terminates at 12:01 a.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 applicable Term of Coverage for which premium is paid; or
3. The date a Covered Person enters full-time active military service.

Term	Effective Date	Termination Date
Fall	09/20/10	01/03/11
Winter	01/03/11	03/24/11
Spring/Summer	03/24/11	09/19/11

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

For Intercollegiate Athletic term dates, see page 18.

EXTENSION OF BENEFITS

The coverage provided under this Policy ceases on the termination date. However, if a Covered Person is being treated on the termination date for 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 treatment of the Injury or Sickness ends, whichever is earlier.

In addition, if a Covered Person is totally disabled 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 180 days or until the disability ends, whichever is earlier. Totally disabled means the inability to attend classes at the location where the student is enrolled or, if such classes are not in session, totally disabled means the inability to perform those activities that are normal for a person in good health of the same age and sex.

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 that are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision.

PRIMARY CARE STUDENT HEALTH SERVICES

Your primary care is provided at UCSD Student Health Services (SHS). When you are within a 100-mile radius of SHS, **you must start your health care at SHS**. SHS is a fully accredited medical facility with onsite access to Board Certified Physicians, Certified Nurse Practitioners, laboratory, x-ray and pharmacy. The majority of student healthcare needs are available/provided at SHS. Appointments are made by calling 1-858-534-8089. Students with a Sickness or Injury that requires immediate care may be seen on a walk-in basis through the SHS Urgent Care. All other visits are by appointment. Call 1-858-534-8089 to schedule.

The UCSD Student Health Service is located south of the Giesel Library and west of the Price Center.

See page 1 for SHS hours and telephone numbers.

STUDENT HEALTH SERVICE REFERRAL REQUIREMENT

A referral is a written document issued by the University of California, San Diego Student Health Service (SHS) authorizing the student to receive medical care for a condition from a non-SHS provider.

A written referral from SHS is REQUIRED under the following circumstances:

- When treatment is received within a 100-mile radius of SHS, except in the case of an Emergency.
- When treatment for a condition is needed from a provider other than the provider to whom SHS originally referred the student, in which case a new referral must be obtained from SHS.
- When follow-up care after Emergency services or a visit to an Urgent Care Facility is needed. A referral from a non-SHS provider is **not** a valid referral.

Each written referral for a condition is valid for the number of visits or time period indicated on the referral form. In no case is the referral authorized for greater than 365 days or for services received prior to the date of the referral.

A written referral from SHS is NOT REQUIRED under the following circumstances:

- When Emergency care is needed, regardless of distance from SHS.
- When SHS is closed and urgent (but non-Emergency) medical care is needed, and the student is unable to delay treatment until he or she can be seen at SHS Urgent Care, in which case the student may visit an Urgent Care Facility off-campus and the referral requirement will be waived. Please note: a \$50 copay will apply for each visit to an Urgent Care Facility. *A referral is required for any follow-up care.*

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REFERRAL REQUIREMENT (continued from page 6)

- When treatment is received outside a 100-mile radius of SHS, though a SHS referral is still **highly recommended**. Without a SHS referral, the \$200 Deductible will increase to \$500 for non-Emergency outpatient treatment rendered outside a 100-mile radius of SHS, except for treatment received at an Urgent Care Facility.

NO BENEFITS ARE PAYABLE when charges are incurred within a 100-mile radius of SHS in the absence of a SHS written referral, except for urgent (but non-Emergency) treatment received at an Urgent Care Facility when SHS is closed or for Emergency care.

PRE-CERTIFICATION AND CONTINUED STAY REVIEW

The Covered Person is responsible for the pre-certification requirement of this plan for the following:

- 1. Non-Emergency Hospitalizations:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization **prior** to the planned admission. If such prior notification is not given, the Company will reduce payment of the Covered Charges by \$250. In addition, the Utilization Review Organization will contact the Covered Person's Doctor periodically for a review of the medical information to determine the need for continued inpatient Hospital care. Additional days will be certified if they are determined to be necessary. If the Covered Person incurs additional inpatient charges that are not certified, the Company will reduce payment of the Covered Charges by \$250. **Please note, regardless of the certification time frame, treatment and services must be received before the expiration of the original SHS referral or benefits will NOT be paid.**
- 2. Emergency Hospitalizations:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization as soon as reasonably possible following admission to a Hospital due to an Emergency. Then the Utilization Review Organization should be contacted within 24 hours of admission, or as soon as reasonably possible, to determine the need for continued inpatient Hospital care. Additional days will be certified if they are determined to be necessary. If the Covered Person incurs additional inpatient charges that are not certified, the Company will reduce payment of the Covered Charges by \$250.
- 3. Surgery:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization prior to surgery or as soon as reasonably possible following emergency surgery. If such notification is not given, the Company will reduce payment of the Covered Charges by \$50. **Please note, regardless of the certification time frame, surgery must be performed before the expiration of the original SHS referral or benefits will NOT be paid.**

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PRE-CERTIFICATION (continued from page 8)

Certification is required for all inpatient hospital stays and for all surgery performed in a surgical facility (inpatient or outpatient). It is the Covered Person's responsibility to ensure these requirements are fulfilled. For notification and continued stay review, please contact First Health Network toll-free at **1-800-572-5508**.

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

PREFERRED PROVIDER ORGANIZATION

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

This plan has incorporated into the coverage access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care. Access to the First Health Network (PPO) is available for medical care nationwide, when seeking treatment outside of California. After the Deductible has been met, benefits will be paid at the following coinsurance levels, except as otherwise indicated in the Schedule of Benefits. **For important Referral Requirements, please see page 6.**

UCSD Providers

Benefits are provided for Covered Charges and are payable up to **100%** of the contracted rate when utilizing the UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

Preferred Providers (PPO)

Network access provides benefits nationwide for Covered Charges incurred up to **80%** of Preferred Allowance for covered Injury or Sickness when treated by network providers. When utilizing a PPO provider or facility there will be a 20% coinsurance factor for which the Covered Person is responsible.



When a Covered Person has incurred \$3,000 of out-of-pocket Covered Charges for treatment by PPO providers, for all conditions during a Policy Year (including Deductibles and copays), the Company payment for Covered Charges incurred for treatment by PPO providers will increase to 100% for the remainder of said Policy Year, up to the Lifetime Aggregate Maximum Benefit.

In California

For providers within California, call **1-800-334-7341** or visit: **www.cfmcnnet.org**.

Outside of California

For providers outside of California, call First Health Network (FHN) toll-free at **1-800-226-5116** or visit: **www.myfirsthealth.com**. For more information regarding the PPO Hospitals and Doctors, contact the Insurance Office at 1-858-534-2124 or call the toll-free numbers noted above.

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PPO (continued from page 8)

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.

Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers.

For information on the Dental PPO, please see page 30.

Out-of-Network Providers (non-PPO)

If a non-PPO provider or facility is utilized, coverage is available worldwide at **60%** of Reasonable and Customary Expenses (R&C). If a non-PPO provider or facility is utilized, there is a 40% coinsurance factor for which the Covered Person is responsible. However, if such treatment is received in a non-PPO facility due to an Emergency, benefits for Covered Charges are payable at the PPO level.

When a Covered Person has incurred \$10,000 of out-of-pocket Covered Charges for treatment by non-PPO providers, for all conditions during a Policy Year (including Deductibles and copays), the Company payment for Covered Charges incurred for treatment by non-PPO providers will increase to 100% for the remainder of said Policy Year, up to the Lifetime Aggregate Maximum Benefit.

SCHEDULE OF BENEFITS

The Company will pay for the Covered Charges listed below, up to the following limits.

Lifetime Aggregate Maximum Benefit:

\$400,000 for all conditions combined

Deductible:

\$200 per Policy Year

The Deductible will increase to \$500 for non-Emergency outpatient treatment rendered outside a 100-mile radius of the SHS without an SHS referral, except for treatment received at an Urgent Care Facility. However, please note that a \$50 copay will apply for each visit to an Urgent Care Facility.

The Covered Person is responsible for paying the Deductible amount listed before the Company will begin paying benefits.

Out-of-Pocket Maximum:

PPO Providers: \$3,000 per Policy Year

Non-PPO Providers: \$10,000 per Policy Year

When a Covered Person reaches the out-of-pocket maximum, for Covered Charges for all conditions during a policy year (including the Deductible and copays), the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance when treated by PPO providers or 100% of R&C when treated by non-PPO providers for the remainder of the policy year, up to the Lifetime Aggregate Maximum Benefit.

Covered Charges are limited to the following:

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

OUTPATIENT	
Emergency Room* (the \$100 copay is waived if admitted)	After a \$100 copay per visit, up to 80% of Preferred Allowance if PPO is utilized or 80% of R&C if non-PPO is utilized; includes one (1) alcohol/drug detoxification visit per Policy Year. Emergency room charges are payable for: 1) Accidents, including self-inflicted Injuries; or 2) Emergencies as determined by the findings and extent of treatment recorded by the attending Doctor on his or her report.

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SCHEDULE OF BENEFITS (continued from page 10)

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

OUTPATIENT (continued)

Urgent Care Facility* (only when the SHS is closed or when outside a 100-mile radius of the SHS)	After a \$50 copay per visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Outpatient Surgery*	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Mental Conditions* (including treatment of alcoholism and substance abuse)	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; paid the same as any other Sickness; up to one (1) visit per day; includes treatment at a day care mental health facility
Chemotherapy*	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Laboratory and Radiology*	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
HIV Testing	100% at SHS only (regardless of original diagnosis)

DOCTOR

Doctor Visits*	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Acupuncture*	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; to a maximum of \$100 per Policy Year

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SCHEDULE OF BENEFITS (continued from page 11)

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

DOCTOR (continued)	
Chiropractic*	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; up to a maximum of \$25 per treatment to a maximum of \$100 per Policy Year
Podiatry*	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; up to a maximum of \$100 per Policy Year
Allergy Testing and Treatment*	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; allergy testing is limited to a lifetime aggregate maximum of \$500
Immunizations (Deductible is waived)	100% after a \$25 copay per immunization, when administered at the SHS only; limited to Hepatitis A and B, Twin Rix, Meningococcal and HPV (the HPV vaccine is limited to students age 26 and under and includes up to 3 injections total)
PHYSICAL THERAPY*	
(includes physical therapy received at SHS)	After a \$15 copay for each office visit, up to 80% of Preferred Allowance if PPO is utilized or 60% if non-PPO is utilized, up to an aggregate maximum of \$5,000 per condition

(continued on page 13)

SCHEDULE OF BENEFITS (continued from page 12)

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

HOSPITAL INPATIENT	
Room & Board*	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized, of the semi-private room rate
Miscellaneous Expense*	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized, exclusive of personal expense
Mental Conditions* including treatment of alcoholism or substance abuse (except detoxification)	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; paid the same as any other Sickness
Alcoholism or Substance Abuse Detoxification*	Up to 7 days per Policy Year, up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
Maternity	Paid as any other Sickness; up to 48 hours after birth (96 hours for cesarean delivery)
SURGERY*	
	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized; includes surgeon and assistant surgeon
ANESTHESIA*	
	Up to 100% of R&C or PPO compensation for PPO provider, whichever is the lesser
MRI'S (MAGNETIC RESONANCE IMAGING)*	
	After a \$100 copay for MRI's involving arm extremities including the shoulder(s) and leg extremities including the hip(s), up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
PREGNANCY*	
(including complications of pregnancy)	Paid as any other Sickness

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SCHEDULE OF BENEFITS (continued from page 13)

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

RADIATION THERAPY*

	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized
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AMBULANCE

No ambulance benefits are available for non-Emergency transportation.	100% up to a \$2,000 maximum per Policy Year for ground and air
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ACCIDENTAL INJURY TO TEETH*

	80%, up to \$2,000 per Injury for dental services resulting from accidental Injury to Teeth within 90 days of the Injury; limited to Injury resulting from violent external trauma. Accident must occur while covered under this plan.
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DURABLE MEDICAL EQUIPMENT*

(includes Temporary Surgical Appliances)	<p>80% of charges, up to \$5,000 per Policy Year, for rental or purchase of durable medical equipment and supplies, including rental or purchase of dialysis equipment and dialysis supplies, which are:</p> <ol style="list-style-type: none"> 1. Ordered by a Doctor; 2. Of no further use when medical need ends; 3. Usable only by the patient; 4. Not primarily for the Covered Person's comfort or hygiene; 5. Not for exercise; and 6. Manufactured specifically for medical use. <p>Rental charges that exceed the reasonable purchase price of the equipment are not covered. The Company determines whether the item meets the above conditions.</p>
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SCHEDULE OF BENEFITS (continued from page 14)

*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

OTHER MEDICAL EXPENSES*

	80% of charges for the first pair of contact lenses and the first pair of glasses when required as a result of covered eye surgery
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	80% of charges for surgical implants and artificial limbs or eyes
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	80% of charges for unreplaced blood or blood products
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	<p>Pays benefits for services in connection with a non-investigative organ or tissue transplant for:</p> <ol style="list-style-type: none"> 1. A Covered Person who receives the organ or tissue; 2. A Covered Person who donates the organ or tissue; and 3. An organ or tissue donor who is not a Covered Person, if the organ or tissue recipient is a Covered Person. Benefits are reduced by any amounts paid or payable by that donor's own coverage.
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HOSPICE CARE*

	Up to 80% of Preferred Allowance if PPO is utilized or 60% of R&C if non-PPO is utilized, up to \$5,000 during a person's lifetime.
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*After the Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

OUTPATIENT PRESCRIPTION DRUGS

All prescriptions are limited to a \$10,000 maximum per Policy Year

Includes prescription contraceptives

Includes outpatient prescription medications for Attention Deficit Disorder when filled at a non-SHS pharmacy

Outpatient prescription chemotherapy is paid under the chemotherapy benefit

Note: Benefits for Accutane (Isotretinoin) therapy are only available after six (6) months of continuous coverage under SHIP

SHS PHARMACY (Deductible waived)

Formulary

100% after a \$15 copay for generic or a \$30 copay for brand name or a \$50 copay for generic Accutane

Non-Formulary

50% copay

NON-SHS PHARMACY (Deductible applies)

Formulary

50% after a \$15 copay for generic or a \$25 copay for brand name

Non-Formulary

50% copay

The copay applies to each 30-day supply.

Contact the SHS for the Formulary medications available.

STATE MANDATED BENEFITS

California mandates coverage for the following (after satisfaction of the Deductible and/or copays):

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. Severe mental illness;
4. Anesthesia and facility charges for dental procedures under certain circumstances;
5. Preventative care for children age 16 and under;
6. Mammograms;
7. Prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests;
8. Breast cancer screening, diagnosis, and treatment;
9. A second opinion requested by a Covered Person or Doctor;
10. Participation in the Expanded Alpha Feto Protein (AFP) Program;
11. Prosthetic devices to restore a method of speaking incidental to laryngectomy;
12. Diagnosis, treatment and management of osteoporosis;
13. Clinical trials for cancer;
14. HIV testing;
15. AIDS vaccine;
16. Reconstructive surgery under certain circumstances;
17. Telemedicine medical services;
18. Prescription contraceptive drugs or devices;
19. Treatment of conditions relating to diethylstilbestrol exposure;
20. Medically Necessary surgical treatment for jawbone conditions (TMJ); and
21. Maternity services as provided by CA Insurance Code section 10123.87 (a)

Benefits will be paid at (after the Deductible and/or copays have been met): 1) up to 100% of contracted rates when utilizing the UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest); 2) up to 80% of Preferred Allowance for a covered Injury or Sickness when treated by network providers; or 3) 60% of R&C if a non-PPO provider or facility is utilized. Please see the Policy on file with the University for further details.

INTERCOLLEGIATE ATHLETICS (ICA) BENEFIT

SHIP incorporates mandatory Intercollegiate Athletics (ICA) Accident coverage.

Enrollment in this coverage is automatic for all students who are participants on an intercollegiate team and listed on the team roster (see waiver information below). The Fall 2010 SHIP premium is \$290 for undergraduate students with continuing 2009-2010 SHIP coverage.

FALL 2010 EARLY START: For ICA students first enrolling in SHIP for Fall 2010 and participating in a sport which meets prior to 09/20/10, a supplemental premium of \$184 will be added to the Fall 2010 SHIP mandatory fees for undergraduate students. These fees will appear on a later billing statement. The total Fall premium provides coverage from the official starting date of the sport up to 01/03/11 (late ICA team participants will be subject to a later effective date).

SHIP WAIVER: ICA students who present satisfactory evidence of qualifying insurance by completing the on-line form at www.tritonlink.ucsd.edu, may waive SHIP coverage **prior** to the first date of the official UCSD NCAA Team Sport meeting. SHIP coverage cannot be waived or cancelled on or after the first date of the official UCSD NCAA Sport meeting. Further, ICA students who successfully waive SHIP will not be eligible for SHIP enrollment until the beginning date of the following quarter.

The ICA benefits provide coverage up to a \$90,000 lifetime aggregate maximum per Injury. This benefit is limited to Injuries sustained during participation in regularly scheduled intercollegiate sports events of the Policyholder, including the regular season for such sport, the supervised practice and tryout for such sport, and the travel to and from sports events and practices.

Treatment for Injury must commence within 180 days of the date of Injury and Covered Charges must be incurred within 104 weeks of the date of Injury. The policy will pay the Reasonable and Customary Expenses for treatment by a Doctor (other than a member of the Covered Person's immediate family) for loss resulting directly and independently of other causes from a covered intercollegiate sports Injury.

Benefits provided under the Intercollegiate Athletic Plan are subject to all the Deductibles, referral requirements, limitations and exclusions of the Student Health Insurance Plan (SHIP) described herein. See Page 6 for SHS Primary Care and SHS Referral Requirements.

ACCIDENTAL DEATH BENEFIT

If a Covered Person, within 180 days from the date of an Accident which occurs while coverage is in force, dies as the result of Injury from such Accident, the Company will pay up to \$5,000 for loss of life. Any benefit payable under this part will be in addition to any benefit otherwise payable under this Policy.

MEDICAL EVACUATION BENEFIT

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 \$10,000, 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. No payment will be made under this provision unless the evacuation follows a Hospital Confinement of at least three (3) days. 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.**

REPATRIATION BENEFIT

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, up to a maximum of \$10,000, 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.** This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses or funeral expenses.

NON-DUPLICATION OF BENEFITS

This plan of insurance is secondary to any other benefits receivable under any insurance, health maintenance, pre-paid or any other health care delivery plan. Benefits receivable under any other plan include benefits that would have been received had a claim for benefits been duly made therefore, except for automobile insurance.

EXCLUSIONS

It is important to familiarize yourself with the following SHIP limitations and exclusions, as understanding these limitations and exclusions may help you avoid unnecessary expenses.

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 including but not limited to routine eye refractions, eye exams, radial keratotomy or similar surgical procedures to correct vision, except in the case of Injury or as provided herein;
2. Hearing screenings or hearing examinations or hearing aids and the fitting or repairing of hearing aids, except in the case of Injury;
3. Vaccinations, inoculations and preventive shots: a) required for travel; b) required for employment; c) provided as wellness or prevention; except as specifically provided herein;
4. Treatment (other than surgery) of chronic conditions of the foot, including corrective shoes, shoe inserts and orthotics; except for treatment of Injury or disease;
5. 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, rhinoplasty, sagging eyelids, prominent ears, skin scars, baldness, and correction of breast size, asymmetry or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomy or lymph node dissection). This exclusion does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child;
6. Sexual reassignment surgery, in excess of \$25,000 per Policy Year;
7. Treatment, service, or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved;
8. Treatments which are considered to be unsafe or Experimental/Investigational by the American Medical Association (AMA) and resulting complications;
9. Custodial care;
10. Treatment on or to the teeth or gums, except as provided herein;

(continued on page 21)

EXCLUSIONS (continued from page 20)

11. TMJ (except as provided herein);
12. Injury sustained while: a) participating in any professional or club sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition;
13. Injury resulting from parachuting or skydiving;
14. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
15. Travel in or upon motor vehicles not primarily designed and licensed for use on public streets or highways;
16. Reproductive/infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise; sterilization or sterilization reversal; vasectomy;
17. Hospital Confinement or any other services or treatment for which the Covered Person is not legally obligated to pay or for which no charge is made;
18. Services provided normally without charge by the health service of the Policyholder;
19. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment;
20. Any services of a Doctor, nurse, or health care practitioner who lives with the Covered Person or who is related to the Covered Person by blood or marriage;
21. Services received after the Covered Person's coverage ends, except as specifically provided under the Extension of Benefits Provision;
22. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot;
23. Air conditioners or air-filtering systems;
24. Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupation disease law or act, or similar legislation;
25. War or any act of war, declared or undeclared; or while in the armed forces of any country;
26. General fitness, exercise programs, health club memberships and weight loss programs, except for surgical treatment of morbid obesity; exercise machinery or equipment;

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EXCLUSIONS (continued from page 21)

27. Skilled nursing services, or care and/or treatment in skilled nursing facility;
28. Expense incurred for submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis or Injury occurring while coverage is in force;
29. Circumcision;
30. Learning disabilities or disorders, including testing or treatment, except ADD and ADHD;
31. Braces, other orthodontic appliances or orthodontic services.
32. Outpatient occupational therapy; outpatient speech therapy, except following surgery, Injury or non-congenital organic disease.
33. Preventative medicines (except contraceptive prescriptions and the SHS-administered immunizations listed on page 12), routine physical examinations or any other examination where there are no objective indications of impairment in normal health (Exception: one preventative pap smear per Covered Person per Policy Year.).
34. Expenses for diagnostic or preventive genetic testing or screening of any kind, except for indicated prenatal testing for genetic disorders.
35. Anti-fungal nail and nail pad drug therapy.
36. Any gene therapy to activate, alter or suppress.

DEFINITIONS

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

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

Covered Charge means those charges for any treatment, services or supplies: 1) for network providers not in excess of the Preferred Allowance; and 2) for non-network providers not in excess of the Reasonable and Customary Expense therefore; and 3) not in excess of the charges that would have been made in the absence of this insurance; and 4) incurred while this Policy is in force as to the Covered Person, except with respect to any covered expense payable under the Extension of Benefits Provision.

Covered Charges for treatment of diabetes shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes-related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education, and medical nutrition therapy, as Medically Necessary, upon the direction or prescription of the attending Doctor.

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

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

Doctor means: 1) a legally qualified physician licensed by the state in which he or she practices; 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or 3) a certified nurse midwife while acting within the scope of that certification. Doctor also means a licensed clinical social worker who, upon referral by a doctor of medicine or a doctor of osteopathy, performs services covered under the terms of the plan.

The term does not include a person who ordinarily resides in the Covered Person's home or is related to the Covered Person by blood or marriage.

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DEFINITIONS (continued from page 23)

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

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.

Hospital means a facility which provides diagnosis, treatment, and care of persons who need acute inpatient hospital care under the supervision of Doctors. It must be licensed as a general acute care hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition.

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

Hospital Confined/Hospital Confinement means confinement in a Hospital for at least 18 hours 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.

Lifetime Aggregate Maximum means the amount payable by the Company for incurred Covered Charges for all Injuries or Sicknesses paid under this Policy or under any other Policy issued to the University by this Company.

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

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient's family, Doctor, Hospital or any other provider;

(continued on page 25)

DEFINITIONS (continued from page 24)

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

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

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

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

Reasonable charges, fees or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date.

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

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

Urgent Care Facility means UCSD Medical Center Urgent Care or any other licensed facility, other than a Hospital, which provides diagnosis, treatment, and care of persons who need acute care under the supervision of Doctors.

CLAIM PROCEDURE

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

Providers may submit claims electronically:
PAYER ID 95397

In the event additional information is required, a claim form may be sent to you for completion.

The completed claim form and all Hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of first medical treatment.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

You have the right to request an independent medical review if health insurance benefits have been improperly denied, modified, or delayed based on Medical Necessity.

Always keep a copy of all documents submitted for claims.

For all claims questions, please contact **Personal Insurance Administrators, Inc.** at the address above or call 1-800-468-4343.

DENTAL INSURANCE PLAN

- The Dental Insurance Plan is a dental assistance plan. Under this plan, benefits for covered dental services are reimbursed on a Reasonable and Customary basis. Charges in excess of R&C may be the patient's responsibility.
- You may obtain dental care from any dentist of your choice, *but you will incur lower costs by using a provider available through the First Dental Health network (see page 30).*
- Once you have satisfied the Waiting Period for benefits under Basic Services and you remain continuously insured under the plan, no further Waiting Periods are required. No Waiting Period is required for Preventative Services benefits.
- Both you and your eligible dependents (spouse and unmarried children to age 19 or full-time student to age 23) can be insured under the plan. Dependents of students insured under SHIP may purchase the Dental Plan by enrolling in the Dependent Health Insurance Plan (DHIP) which includes the dental coverage.
- **The Policy Year Deductible is \$50 per person.**
- **The Policy Year Maximum is \$1,500 per person.**

GENERAL INFORMATION

ELIGIBILITY: Students enrolled in SHIP, including Leave of Absence students enrolled in SHIP.

DEDUCTIBLE AMOUNT: The Deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid. The Deductible amount will apply to each insured person.

POLICY YEAR MAXIMUM: The Policy Year Maximum is the maximum amount payable for all Eligible Dental Expenses in any Policy Year. The Policy Year Maximum will apply to each insured person.

REASONABLE AND CUSTOMARY (R&C): A Reasonable and Customary charge is a charge that does not exceed the 80th percentile of the Ingenix table of Reasonable and Customary charges for providers of dental services in the area where the charge is incurred.

WAITING PERIOD: The Waiting Period for benefits under Basic Services is the period of time, six (6) months, the insured person must be continuously covered under the Policy before the insured person is entitled to be reimbursed for covered dental charges for Basic Services.

COVERED CHARGES: Covered Charges must be incurred while the Policy is in force and the person is covered by the Policy. To be a Covered Charge, the dental service must be performed by: 1) a licensed Dentist acting within the scope of his or her license; 2) a licensed Doctor performing dental services within the scope of his or her license; or 3) a licensed dental hygienist acting under the supervision and direction of a Dentist.

POLICY HOLDER: The Policyholder is the University of California, San Diego.

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REASONABLE AND CUSTOMARY BENEFITS

A. Preventive Services Plan pays 100%

- 01110 1st Prophy-Adult (Deductible waived)¹
- 01120 1st Prophy-Child (Deductible waived)¹
- 11203 1st Prophy with Flouride-Child, for children under age 19 (Deductible waived)¹

B. Preventive Services Plan pays 80%

- 00110 Initial Oral Exam
- 00120 Periodic Oral Exam²
- 00140 Problem Focused Exam
- 00330 Panorex Film³
- 00210 Full Mouth X-Ray³
- 00220 Single Film
- 00230 Additional Films
- 00270 Bitewing-Single Film²
- 00272 Bitewing-Two Films²
- 00274 Bitewing-Four Films²
- 01110 2nd Prophy-Adult¹
- 01120 2nd Prophy-Child¹
- 01203 Application of Fluoride-Child¹ (for children under age 19)

C. Basic Services⁴ Plan pays 50%

Simple Restorative Fillings⁴

- 02140 One Surface Amalgam - Primary or Permanent
- 02150 Two Surface Amalgam - Primary or Permanent
- 02160 Three Surface Amalgam - Primary or Permanent
- 02161 Four Surface Amalgam - Primary or Permanent

Resin and other filling compounds may be substituted for amalgam fillings, but will be paid at standard R&C rates for amalgam fillings.

Root Canals (for students only)⁴

Oral Surgery⁴

- 07140 Extraction, Erupted Tooth or Exposed Root
- 07210 Surgical Extraction
- 07220 Impacted (Soft Tissue)
- 07230 Impacted (Partial Bony)
- 07240 Impacted (Complete Bony)

¹ **Maximum one (1) prophy per six (6) months.**

² **Maximum one (1) procedure per six (6) months.**

³ **Maximum one (1) procedure per 36 months.**

⁴ **These benefits are payable after a Waiting Period of six (6) months of continuous coverage.**

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DENTAL EXPENSES NOT COVERED

No benefits will be paid for expenses incurred for:

1. Any portion of a charge for a service in excess of the Reasonable and Customary charge;
2. Procedures that are not included in the Schedule of Benefits;
3. Overdentures and associated procedures;
4. Cosmetic procedures;
5. Implants, the replacement of lost or stolen appliances, the replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication, or sealants;
6. Oral hygiene instructions, plaque control, the completion of a claim form, acid etch, broken appointments, prescription of take home fluoride, or diagnostic photographs;
7. Services not completed by the end of the month in which insurance terminates;
8. Procedures that are begun but not completed;
9. Services for which there would be no charge in the absence of insurance;
10. Expenses incurred in connection with war or any act of war, whether declared or undeclared, or condition contracted or Injury occurring while on full-time active duty in the armed forces of any country or combination of countries;
11. Care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law;
12. Orthodontic-related expenses;
13. Root canals (for dependents only) and crowns;
14. General anesthesia, inhalation sedation, intravenous sedation and intramuscular sedation; or
15. Treatment by any family member.

CLAIM PROCEDURE

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

All dental claims must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate or reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the date of first dental treatment.

Any provision of the Policy or the brochures which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

FIRST DENTAL HEALTH (FDH) PREFERRED PROVIDER NETWORK

The following information provides a description of the First Dental Health (FDH) Preferred Provider Network. The FDH network is separate from, but may be utilized in conjunction with, the SHIP Dental Plan described herein. It offers additional savings for services that are either covered or excluded under the SHIP Dental Plan. The FDH network complements SHIP in the following ways:

- The FDH Preferred Provider Network allows students insured through SHIP (and their dependents insured through DHIP) to have access to significantly discounted rates. Dentists in the FDH network have agreed to charge a lower fee for all of their services. The FDH discounts apply to all services covered by SHIP and also apply to services not covered by SHIP. The FDH discounts are only available at FDH network providers.
- Access to the FDH Preferred Provider Network is part of the benefits provided to all students insured by SHIP and cannot be purchased separately.
- This plan has the same effective dates as SHIP.
- Students are able to see any dentist of their choice under SHIP. However, additional discounts do not apply to non-FDH network dentists.

Discounts are available immediately for procedures performed by FDH Preferred Providers (there is no waiting period or exclusions and limitations). Covered Persons utilizing an FDH Preferred Provider simply pay the discounted rate at the time services are provided.

To receive the FDH discount present your SHIP ID card (with the FDH logo on the front) to a participating FDH provider at the time of service. To locate a provider, please visit the FDH website at www.firstdentalhealth.com. To verify fees and discounted procedures, please call FDH toll free at 1-800-334-7244.

Please note that the FDH Preferred Provider Network is not available outside of California.

CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

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

AUTHORIZED REPRESENTATION

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

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

SUMMARY OF PRIVACY POLICY

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

Renaissance Insurance Agency, Inc.
Attention Privacy Manager
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: 1-800-537-1777
Facsimile: 1-310-394-0142
Website: www.renstudent.com

NATIONWIDE LIFE INSURANCE COMPANY

HIPAA NOTICE OF PRIVACY PRACTICES

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

The terms of this Notice of Privacy Practices apply to Nationwide Life Insurance Company®, National Casualty Company, and the area within Nationwide Mutual Insurance Company® that performs healthcare functions. In this Notice, “Nationwide Life” or “We” means the healthcare functions of Nationwide Life Insurance Company, which is a hybrid covered entity (the healthcare functions of National Casualty Company, and Nationwide Mutual Insurance Company, a business associate). As permitted by law, Nationwide Life will share protected health information (PHI) of members as necessary to carry out treatment, payment, and healthcare operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of the revised notices will be mailed to all current plan members or insureds.

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

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

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

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. We may release your PHI to your plan sponsor, provided your plan sponsor certifies that the information provided will be maintained in a confidential manner and not used in any other manner not permitted by law.

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HIPAA NOTICE (continued from page 32)

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.

RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. 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.

Amendments to Your Protected Health Information. 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.

Accounting for Disclosures of Your Protected Health Information. 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.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your PHI. We are not required to agree to your restriction request. A request form can be obtained by writing your designated contact.

Disclosures for Treatment, Payment and Health Care Operations. We will make disclosures of your PHI as necessary for your treatment, payment, and/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 will use and disclose your PHI as necessary, and as permitted by law, 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.

(continued on page 34)

HIPAA NOTICE (continued from page 33)

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 some of your PHI to one or more of these outside persons or organizations. 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.

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

Communications With You. 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.

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 statement, 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:

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

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Nationwide Life HIPAA Notice of Privacy Practices is effective April 14, 2003.

STUDENT HEALTH INSURANCE PLAN FREQUENTLY ASKED QUESTIONS (FAQ)

Underwritten by:

Nationwide Life Insurance Company

Policy Number:

302-125-0408

For questions regarding benefits or claims:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

1-800-468-4343

www.piaclaims.com

For questions regarding eligibility or enrollment:

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

CA License No. 0655426

To enroll dependents or download ID cards or a copy of this brochure, visit:

www.renstudent.com/ucsd

What is the importance of having health insurance as a student?

Medical costs can be overwhelming and are rising continuously. Without health insurance, a student can go into debt with excessive medical bills that may hinder his or her academic career.

How do I enroll?

Enrollment for students in SHIP is automatic and is made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University and complete the waiver process through TritonLink by the Waiver Deadline Date listed may be waived from coverage. For additional information regarding the waiver process, please refer to the Student Health website at <http://studenthealth.ucsd.edu>.

For further questions regarding when your coverage begins or ends, if you and/or your dependents are eligible for coverage and how to enroll, contact the UCSD Insurance Office at **1-858-534-2124** or Renaissance Insurance Agency, Inc. at **1-800-537-1777**. If you need a receipt for payment or proof of coverage, contact Renaissance Insurance Agency, Inc. at **1-800-537-1777**.

How do I enroll my dependents?

Eligible dependents may enroll online by the Enrollment Deadline Date for each term. Please see the separate dependent health insurance brochure (DHIP) for more details on dependent eligibility requirements, benefits, exclusions and enrollment procedures. To enroll dependents online or download the DHIP brochure, visit: www.renstudent.com/ucsd/dependents.

I just graduated from school. Can I still purchase this insurance?

No continuation coverage is offered with this plan. For information on temporary short-term insurance plans available, contact Renaissance Insurance Agency, Inc. at **1-800-537-1777** or visit www.renstudent.com/shortterm.

Where do I get an ID card?

After you have enrolled in the plan and eligibility has been received from the school, you may download a personalized insurance ID card at www.renstudent.com/ucsd. This ID card may also be used for your covered dependents. If you need to obtain treatment before the online ID card is available, you may use the temporary card attached to this brochure.

What is covered under the plan?

Please refer to the brochure for a list of benefits or contact Personal Insurance Administrators, Inc. at **1-800-468-4343**.

Does this plan cover routine dental or vision care?

General dental benefits are provided by this plan. Please see the plan description on page 27 for details. Although SHIP does not provide general vision coverage, students enrolled in SHIP are eligible to receive discounts through the Vision Center located in Student Health.

What do I do if I get sick or injured?

1. In the event of Injury or Sickness, the Covered Student **MUST REPORT TO THE STUDENT HEALTH SERVICE** when within a 100-mile radius of the SHS, except in the case of an Emergency.

NOTE: The Student Health Center only provides care to registered students. No spouse or child care is given.

2. Students who are outside a 100-mile radius of the SHS, as well as covered dependents, should obtain treatment from the nearest Doctor or Hospital. You may choose any Doctor or Hospital, but you will pay a lower coinsurance by using the Doctors and Hospitals available through the UCSD Providers or the PPO Providers, as described on page 8. For PPO providers within California, call **1-800-334-7341** or visit: www.cfmcnnet.org. Outside of California, call First Health Network toll-free at **1-800-226-5116** or visit: www.myfirsthealth.com.

If you go to a Doctor's office or to the Hospital, be sure to show your insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the Covered Student's ID card to obtain treatment. If the Doctor or Hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

You should carry your insurance ID card with you at all times.

3. If you go to a Doctor's office or to the Hospital, they may submit the bill to the claims administrator for payment or you may be required to pay the charges up front. If this happens, obtain a copy of the PAID itemized billing and follow the instructions for filing a claim on page 26.

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

Off-Campus Emergency

If you are off campus, go to one of the following local Hospitals which are part of the Preferred Provider Network and are affiliated with your insurance (SHIP). This is only a partial list and participants may change at any time.

UCSD Thornton Hospital	UCSD Medical Center
Alvarado Hospital	Pomerado Hospital
Grossmont Hospital	Scripps Memorial Hospital
Scripps Mercy Hospital	Sharp Memorial Hospitals
Palomar Medical Center	Tri-City Medical Center

Using Hospitals, Doctors and other facilities NOT on the Preferred Provider list requires a larger co-payment by you.

Call 1-800-334-7341 (California Foundation for Medical Care) to determine if a medical provider is part of the Preferred Provider Network. Outside California, see FHN information below.

Follow-Up Care

A written referral from UCSD SHS is required by SHIP for any follow-up care after Emergency services. A referral from an Emergency room Doctor is not a valid referral. Care rendered outside the 100-mile radius of SHS is exempt from the referral requirement (see page 6).

HOW TO FILE A CLAIM

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

Providers may submit claims electronically: PAYER ID 95397

The completed claim form and all Hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of first medical treatment.

Underwritten by:

Nationwide Life Insurance Company

Policy Number:

302-125-0408

Present this card to your provider (and written SHS referral if indicated) in order to access SHIP benefits.

PROVIDERS MAY SUBMIT CLAIMS ELECTRONICALLY:

PAYER ID 95397

TO SUBMIT CLAIMS BY MAIL, VERIFY ELIGIBILITY, OR FOR LANGUAGE ASSISTANCE, CONTACT:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll-Free 1-800-468-4343

www.piaclaims.com

**For pre-certification and continued stay review,
please contact First Health Network at 1-800-572-5508**

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

QUICK REFERENCE GUIDE

PUT THIS PAGE IN YOUR WALLET

SHIP INSURANCE CARD (bottom of page)

Note: This is only a partial reference. For more information, contact the Student Insurance Office at 1-858-534-2124 or the Student Health Service (SHS) at 1-858-534-3300.

To Insert in Wallet — Tear Out — Fold at Marks

On-Campus Health Care for Students

Non Emergencies—If you are within the 100-mile radius of SHS, you must start your health care at SHS. Students with a serious Sickness or Injury that requires immediate care may be seen on a walk-in basis through the SHS Urgent Care. All other visits are by appointment. Call 1-858-534-8089 to schedule. **Non-Emergency care outside of SHS requires a written referral from a SHS provider.**

SHS is open from 8:00 a.m. (9:00 a.m. on Tuesdays and Thursdays) to 4:30 p.m. Mondays through Fridays.

Emergency service on campus is available at Thornton Hospital Emergency Room at the east end of campus. SHIP defines Emergency as:

1. **Emergencies**, as determined by the finding and extent of treatment recorded by the attending Doctor
2. **Accidents**, including self-Injury

Follow-Up Care: a written referral from UCSD SHS is required by SHIP for any follow-up care after Emergency services. A referral from an Emergency room Doctor is not a valid referral. Care rendered outside the 100-mile radius of SHS is exempt from the referral requirement. When treatment for a condition is required from a provider other than the provider to whom the SHS has originally referred the Covered Person, a new referral must be obtained from the SHS. Further, each written referral for a condition is valid for the number of visits or time period indicated on the referral form. In no case is the referral authorized for greater than 365 days.

UNIVERSITY OF CALIFORNIA, SAN DIEGO
2010–2011 STUDENT HEALTH INSURANCE PLAN (SHIP)

Student

Underwritten by: Nationwide Life Insurance Company
Policy Number: 302-125-0408

Students must receive a referral from SHS for treatment within 100 miles of SHS (except for emergencies)

PPO NETWORK

In California: Pacific Foundation for Medical Care
www.cfmnet.org or call 1-800-334-7341

Outside California: First Health Network
www.myfirsthealth.com or call 1-800-226-5116

DENTAL PPO NETWORK

For FDH Preferred Providers, call 1-800-334-7244
or visit: www.firstdentalhealth.com

