



**2017-2018**

# **University of the Pacific**

**Sacramento • San Francisco • Stockton**

## **Domestic & International Student Health Insurance Plan**

**[www.pacific.edu/insuranceoffice](http://www.pacific.edu/insuranceoffice)**



Underwritten by:  
Anthem Blue Cross Life and Health Insurance Company  
Policy #276470

Plan Brokered by:  
Wells Fargo Insurance Services USA, Inc.  
CA License No. 0D08408

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://studentinsurance.wellsfargo.com> or call **800-853-5899** to request a paper copy free of charge.

#### IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at 800-888-2108 or call Wells Fargo Student Insurance at **800-853-5899**. You will be able to obtain a copy of the full Master Policy as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

## When Coverage Begins

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the later of, but no sooner than:

- The Master 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 Wells Fargo Student Insurance, 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. Final decisions regarding coverage effective dates are made by Anthem Blue Cross Life and Health.*

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**. 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

Insurance of all Insured Persons terminates at 12:01 a.m. on the earlier of:

- Date the Master Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.

**COVERAGE IS NOT AUTOMATICALLY RENEWED.** Eligible Persons must re-enroll when coverage terminates to maintain coverage. No notification of plan expiration or renewal will be sent.

## Eligibility

### LAW STUDENTS (SACRAMENTO):

All degree seeking Law School students on the Sacramento campus enrolled in 6 or more units are required to have health insurance. **You must directly enroll in this plan** unless an online waiver showing comparable coverage is completed by the posted waiver deadline date and approved.

### UNDERGRADUATE/GRADUATE/PROFESSIONAL

#### (SACRAMENTO, SAN FRANCISCO, STOCKTON):

All degree seeking Undergraduate and Graduate/Professional students on all campuses enrolled in 9 or more units are required to have health insurance. **You must directly enroll in this plan** unless an online waiver showing comparable coverage is completed by the posted waiver deadline date and approved.

### DENTAL STUDENTS (not including Dental Hygiene):

All degree seeking Dental School students on the San Francisco campus are required to have health insurance. **You must directly enroll in this plan** unless an online waiver showing comparable coverage is completed by the posted waiver deadline date and approved.

### ALL CAMPUSES:

To be an Insured Person under the Master Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to Anthem Blue Cross Life and Health Insurance Company. All students must actively attend classes for the first **45 consecutive days** following their effective date for the term purchased and/or pursuant to their

visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details.

Anthem Blue Cross Life and Health maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Anthem Blue Cross Life and Health discovers that the Policy eligibility requirements have not been met, its only obligation is a pro-rata refund of premium.

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 Student Insurance 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 Student Insurance within **30 days** from loss of prior coverage.

## Continuous Coverage

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the SHIP or policies issued to University of the Pacific immediately before the current Policy; (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Benefit Year Maximum.

## Continuation of Benefits

Anthem Blue Cross Life and Health will extend benefits under the Plan for **30 days** after the Insured's coverage would otherwise end if on that date he or she is 1) Hospital Confined for an Injury or Sickness covered by the Plan, and 2) under a physician's care. Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits. The cost of the Continuation of Benefits is one month's premium.

## Withdrawal From School

If you leave University of the Pacific for reason of a covered accident or sickness, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you have approval by your school and any applicable regulatory authority, and you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. Please contact Wells Fargo Student Insurance at **(800) 853-5899** regarding continuation of coverage.

## Undergraduate/Graduate/Professional and Law Students

LOA students can enroll in a max of one semester (when they take their leave) at the regular semester rate (non-continuation term); students may not purchase coverage for the following semester unless they meet UOP's eligibility requirements. Only students who graduate, withdraw, or drop out AFTER the first **45 days** from the start of a term, can purchase continuation coverage. Students should contact the insurance broker, Wells Fargo Student Insurance at **(800) 853-5899** to enroll by phone in the 3 or 6 month continuation plan.

### PLAN COST - Note: Coverage is for students only. Dependents are not covered.

	ANNUAL 8/1/17 - 8/1/18	FALL 8/1/17 - 2/1/18	SPRING 2/1/18 - 8/1/18	3 MONTH CONTINUATION FALL 2/1/18 - 5/1/18	3 MONTH CONTINUATION SPRING 8/1/18 - 11/1/18	6 MONTH CONTINUATION FALL 2/1/18 - 8/1/18	6 MONTH CONTINUATION SPRING 8/1/18 - 2/1/19
<b>Enrollment Deadline Date</b>	8/31/17	8/31/17	3/3/18	3/19/18	9/14/18	3/19/18	9/14/18
<b>Student only</b>	\$3,192.00	\$1,596.00	\$1,596.00	\$1,488.47	\$1,488.47	\$2,977.99	\$2,977.99

## Dental Students (not including Dental Hygiene)

LOA students can enroll in a max of one semester (when they take their leave) at the regular semester rate (non-continuation term); students may not purchase coverage for the following semester unless they meet UOP's eligibility requirements. Only students who graduate, withdraw, or drop out AFTER the first **45 days** from the start of a term, can purchase continuation coverage. Students should contact the insurance broker, Wells Fargo Student Insurance at **(800) 853-5899** to enroll by phone in the 3 or 6 month continuation plan.

### PLAN COST - Note: Coverage is for students only. Dependents are not covered.

	ANNUAL 7/1/17 - 7/1/18	SUMMER/FALL 7/1/17 - 1/1/18	SPRING 1/1/18 - 7/1/18	3 MONTH CONTINUATION FALL 1/1/18 - 4/1/18	3 MONTH CONTINUATION SPRING 7/1/18 - 10/1/18	6 MONTH CONTINUATION FALL 1/1/18 - 7/1/18	6 MONTH CONTINUATION SPRING 7/1/18 - 1/1/19
<b>Enrollment Deadline Date</b>	7/31/17	7/31/17	1/31/18	2/15/18	8/15/18	2/15/18	8/15/18
<b>Student only</b>	\$3,192.00	\$1,596.00	\$1,596.00	\$1,488.47	\$1,488.87	\$2,977.99	\$2,977.99

Rates include premium payable to Anthem Blue Cross Life and Health Insurance Company, as well as administrative fees payable to University of the Pacific and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

## Premium Refund/Cancellation

Refund requests should be directed to Wells Fargo Student Insurance at **(800) 853-5899** or via email at [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com).

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first **45 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **45 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled.

### INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your insurance payment via personal check payable to Wells Fargo Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

## Reimbursements 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, the insurer will provide the benefits of this plan subject to the following:

1. The Insurer 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 the Insurer has 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 the Insurer 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 the Insurer may require to facilitate enforcement of their rights. You must not take action which may prejudice the insurer's rights or interests under your plan. Failure to give the Insurer such notice or to cooperate with the Insurer, or actions that prejudice the Insurer's rights or interests will be a material breach of this plan and will result in your being personally responsible for reimbursing the Insurer.
3. The Insurer will be entitled to collect on their 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.

# Where Do I Go For Care?

## Health Services (HS)

### Referral Requirement

Students attending the Stockton campus are required to use the services of Pacific Health Services (HS) first prior to seeing an off-campus provider. HS Referrals are recommended, but NOT required for students attending the Sacramento and San Francisco campuses. Expenses incurred for medical treatment rendered outside of the HS for which no prior approval or referral is obtained are excluded from coverage. **The HS Referral Requirement applies ONLY to the Stockton Campus students.** The HS Referral Requirement **does not apply** to students attending Sacramento and San Francisco campuses.

**A HS referral for outside care is not necessary only under the following conditions:**

1. A medical emergency. The HS must determine that the services rendered were for emergency care as defined. For any follow-up care, you must return to the HS;
2. When HS is closed;
3. When you need medical treatment or services during an academic break or vacation periods.
4. When you need medical treatment or services and you are more than 30 miles from the campus.
5. Services received for pregnancy and maternity care.
6. Mental health services.

### Available Services

Pacific Health Services provides a wide variety of services similar to a family practice office including but not limited to:

- Diagnosis and treatment of illnesses and injuries
- Lab work
- Dietitian consultation
- Physicals
- Immunizations
- Referrals
- Telephone nurse advice
- Women's care
- Medications

### Costs

If you are enrolled in 9 or more units on the Stockton or the Sacramento campus, you are charged a Cowell Wellness Center fee of **\$140** per semester or **\$60** per summer session. If you are enrolled in 1 or more units on the San Francisco campus, you are charged a Cowell Wellness Center fee of **\$70** per quarter. This fee allows you to be seen at Pacific Health Services, Counseling and Psychological Services and by the Registered Dietitian with no office-visit fee. If you are a law student or are enrolled in less than 9 units on the Stockton or Sacramento campus, you will have to pay this fee before you can be seen.

### Reimbursement of Charges

Those students who enroll in the Student Health Insurance Plan (SHIP), will have 100% reimbursement for services provided by the HS Practitioner. Other covered services will be reimbursed according to Schedule of Benefits. In addition to the reimbursement, students who are enrolled in the SHIP will have NO co-pay for HS office visits, as they normally might at an outside provider's office.

### Stockton Campus Clinic Hours of Operation:

Monday – Friday: 7:30 AM – 5:30 PM (during the Fall & Spring semesters)  
Monday – Friday: 7:30 AM – 5:00 PM (during the summer)

### Sacramento Campus Clinic Hours of Operation (subject to change):

Mondays & Tuesdays: 9:00 AM - 4:00 PM  
Thursdays: 8:00 AM – 4:00 PM

### San Francisco Campus Clinic Hours of Operation:

Mondays: 7:30 AM - 4:30 PM  
Wednesdays: 11:00 AM - 6:00 PM  
Thursdays: 7:30 AM - 4:00 PM

## PPO Prudent Buyer 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 providers. 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 (PPO 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 (ex. a hospital) 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 physician in their area by calling Anthem at **(855) 296-0864**, or by accessing the "Find a Doctor" link on [www.anthem.com/ca](http://www.anthem.com/ca).

## 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 Blue Cross 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 Blue Cross 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 and 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 Blue Cross OnLine Program

You and your family members can take advantage of this online resource by going to [www.AnthemEAP.com](http://www.AnthemEAP.com). Simply enter your Program Name: **PACIFIC**, for access to helpful information and resources to assist you with the normal challenges of living. Many of the OnLine resources are also available in Spanish.

## Online Health Care Advisor

Subimo™ is an innovative and interactive website 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 Blue Cross 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.

## ID Cards

Medical ID cards may be shipped within **3 weeks** of your policy effective date or waiver deadline. New ID cards will not be sent if you are renewing coverage with Anthem Blue Cross Life and Health and there are no benefit changes between plan years. Providers need your Member ID Number from your ID card to identify you, verify your coverage and bill Anthem Blue Cross Life and Health. If you need to seek medical treatment prior to receiving your ID card, please call Wells Fargo Student Insurance at **(800) 853-5899** to obtain your Member ID Number. Renewing students will maintain the same Member ID Number. Without a Member ID Number you can still seek medical treatment and submit a claim form for reimbursement.

## Insurance Waiver Information

All students are **automatically enrolled** in the Student Health Insurance Plan (SHIP) each academic year based on academic status: Undergraduate and Graduate students are enrolled when registered for 9 or more units (unless they are considered on off-campus learner) or if they are attending on an F1 Visa, Law students are enrolled when registered for 6 or more units, and all Dental students are enrolled in the plan. However, students who are able to demonstrate they have comparable coverage may be able to opt out. Students who complete a waiver application by the waiver deadline date are not guaranteed to be approved and need to check their Pacific e-mail for any denials or follow-up questions.

For more information, please visit: <http://www.pacific.edu/insurancewaiver>

## How to File a Claim

The Pacific Health Services (HS) as well as some other providers do not bill insurance directly. In such an instance, an itemized statement will be provided to you for submission to your insurance company. This statement should be submitted within **90 days** from receiving treatment for consideration of reimbursement. If you visit an Anthem Blue Cross network provider outside of the HS, you should provide them with your ID card at the time of the visit and they may bill Anthem Blue Cross electronically.

Please note that all bills, with the exception of the HS itemized statement, must be accompanied by a completed Anthem Blue Cross claim form in order to be considered for processing. You do not need to submit a claim form with your HS super bill. Claim forms are available at [www.anthem.com/ca](http://www.anthem.com/ca). You are urged to send Anthem Blue Cross Life and Health each bill immediately upon receipt by mail to:

**Anthem Blue Cross Life and Health Insurance Company**  
P.O. Box 60007  
Los Angeles, CA 90060  
**(855) 296-0864** (toll free)

## Complaint Notice

Should you have any complaints or questions regarding your coverage, you may 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, 11th 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

**Save money with discounts at [www.anthem.com/ca](http://www.anthem.com/ca)**

*Note: Discounts are subject to change*

### Vision and Hearing

**1-800 CONTACTS®**— Get contact lenses quick and easy — plus discounts only available to Anthem members, like \$20 off when you spend \$100 or more and free shipping.

**Glasses.com™**—Get the latest, brand-name frames for just a fraction of the cost at typical retailers—every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping and free returns.

**Premier LASIK**—Save 15% on LASIK with all in-network providers. Prices are as low as \$695 per eye with select providers.

### Fitness and Health

**Jenny Craig®**— Join Jenny Craig and obtain 50% off All Access Enrollment plus 5% off all Jenny Craig Food.

**GlobalFit™**—Save on gym memberships, home fitness equipment and GlobalFit’s Virtual Gym.

**ChooseHealthy™** — Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage—plus 40% off certain wellness products.

**Garmin**—Save 20% on the vívoFit 2, vívosmart, vívoactive, or Forerunner 15 wearable activity trackers.

### Medicine and Treatment

**Allergy Control products** — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor- recommended products for a healthier home and enjoy free shipping on orders of \$150 or more.

**National Allergy® supply**— Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

## Arbitration Agreement

Any dispute or claim, of whatever nature, arising out of, in connection with, or in relation to this plan or the Master Policy or breach or rescission thereof, or in relation to care or delivery of care, including any claim based on contract, tort, or statute, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court. Any dispute or claim within the jurisdictional limits of the small claims court will be resolved in such court.

The Federal Arbitration Act will govern the interpretation and enforcement of all proceedings under this Binding Arbitration provision.

The insured person and Anthem Blue Cross Life and Health Insurance Company agree to be bound by this Binding Arbitration provision and acknowledge that they are each giving up their right to a trial by court or jury.

The insured person and Anthem Blue Cross Life and Health Insurance Company agree to give up the right to participate in class arbitration against each other.

The arbitration findings will be final and binding except to the extent that California or Federal law provides for the judicial review of arbitration proceedings.

The arbitration is begun by the insured person making written demand on Anthem Blue Cross Life and Health Insurance Company. The arbitration will be conducted by Judicial Arbitration and Mediation Services (“JAMS”) according to its applicable Rules and Procedures. If, for any reason, JAMS is unavailable to conduct the arbitration, the arbitration will be conducted by another neutral arbitration entity, by mutual agreement of the insured person and Anthem Blue Cross Life and Health Insurance Company, or by order of the court, if the insured person and Anthem Blue Cross Life and Health Insurance Company cannot agree. The arbitration shall be held in the State of California.

#### IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at **800-888-2108** or call Wells Fargo Student Insurance at **800-853-5899**. You will be able to obtain a copy of the full Master Policy as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

## Pacific Health Services (HS) Referral Requirement

### For Stockton:

Students attending the Stockton campus are required to use the services of Pacific Health Services (HS) first prior to seeing an off-campus provider for services within thirty miles of the campus. Expenses incurred for medical treatment rendered outside of HS for which no prior approval or referral is obtained are excluded from coverage. The HS Referral Requirement applies to ONLY the Stockton Campus students. Students must use the resources of HS first where treatment will be administered or referral issued. Expenses incurred for medical treatment (excluding emergency care, urgent care, and pregnancy/maternity care) rendered outside of HS for which no prior approval or referral is obtained are excluded from coverage.

### For all others:

The HS will diagnose and treat most illnesses and injuries, and provide a referral, when necessary, to a PPO or non-PPO provider (see benefits listed below). Referrals are made at the sole and absolute discretion of HS. The referral does not constitute a guarantee of payment; the services must be medically necessary and a covered benefit under this plan. HS Referrals are recommended, but NOT required for students attending the Sacramento and San Francisco campuses.

## Mandated Benefits

The following benefits are mandated coverages in the state of California. They will be included in all School plans issued under the Master Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and coinsurance conditions of the Plan, as well as all other terms and conditions applicable to any other Covered Sickness.

Mandated benefits as required by the state in which the Master Policy is issued include: PKU Treatment Benefit; Hospital Dental Procedures; Mastectomy-Reconstructive Surgery and Rehabilitation; Laryngectomy-Prosthetic Devices; Osteoporosis Benefit; Experimental or Investigational Therapies Treatment; Diabetes Equipment, Supplies and Service; Mental and Nervous Disorders; Pervasive Developmental Disorder or Autism; Women's Preventive Health. See the Master Policy on file with Wells Fargo Student Insurance for further details on these benefits.

## Schedule of Benefits

In addition to dollar and percentage copays, insured persons are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Insured persons are also responsible for all costs over the plan maximums. Benefits are subject to all terms, conditions, limitations, and exclusions of The Master Policy.

### Explanation of Covered Charges

Plan payments are based on the Maximum Allowed Amount:

**PPO Providers**—The rate the provider has agreed to accept as reimbursement for covered services. Insured Persons are not responsible for the difference between the provider's usual charges & the Maximum Allowed Amount.

**Non-PPO Providers & Other Health Care Providers** (includes those not represented in the PPO provider network)—Reimbursement amount is based on the Insurer's rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Insured Persons are responsible for the difference between the provider's usual charges & the Maximum Allowed Amount.

**When using Non-PPO and Other Health Care Providers, insured persons are responsible for any difference between the covered expense & actual charges, as well as any deductible & co-pay.**

**DEDUCTIBLE DOES NOT APPLY TO PACIFIC HEALTH SERVICES (HS) OFFICE VISIT, HS SPECIALTY REFERRALS, OUTPATIENT PHYSICIAN VISITS, MEDICAL EMERGENCIES, OR PRESCRIPTION DRUGS. All copays are due at time of visit and are in addition to the plan deductible.**

### Deductibles

Benefit year deductible for all providers	\$100/insured person
Deductible for pediatric dental services	\$60/insured person

### Maximums

<b>Annual Out-of-Pocket Maximum</b> <b>PPO Providers, Non-PPO Providers, &amp; Other Health Care Providers</b> The following do not apply to out-of-pocket maximums: non-covered expense. After an insured person reaches the out-of-pocket maximum, the insured person no longer pays copays for the remainder of the year. However, insured person remains responsible for non PPO providers & other health care providers, costs in excess of the maximum allowed amount.	\$5,600 per insured person per year
<b>Pediatric Dental Providers Maximum</b>	\$1,000 per insured person per year
<b>Lifetime Maximum</b>	Unlimited

Continued on next page

## Schedule of Benefits (continued)

Covered Services	PPO Providers & Other Health Care Providers	Non-PPO Providers
<b>Hospital Medical Services</b> , (subject to utilization review for inpatient services; waived for emergency admissions)		
Semi-private room, meals & special diets, & ancillary services	10%	40% <sup>2</sup>
Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	10%	40% <sup>2</sup>
<b>Emergency Care</b> , Emergency room services & supplies, (\$100 co-pay, waived if admitted)	\$100 + 10%	\$100 + 10%
<b>Urgent Care</b>	\$20/visit (deductible waived)	40%
<b>Ambulatory Surgical Centers</b> , Outpatient surgery, services & supplies	10%	40%
<b>Diagnostic X-ray &amp; Lab</b>	10%	40%
<b>Physical Therapy, Physical Medicine &amp; Occupational Therapy</b>	10%	40%
<b>Chiropractic Services</b>	10%	40%
<b>Speech Therapy</b> , Outpatient speech therapy following injury or organic disease	10%	40%
<b>Acupuncture</b> , Services for the treatment of disease, illness or injury	10% <sup>4</sup>	40% <sup>4</sup>
<b>Mental or Nervous Disorders and Substance Abuse</b> , Inpatient Care, Outpatient Care, Telepsychiatry	10%	40% <sup>2</sup>
<b>Physician Medical Services</b>		
Office & home visits	\$20/visit <sup>3</sup> (deductible waived)	40%
Hospital & skilled nursing facility visits, Surgeon & Surgical assistant; anesthesiologist	10%	40%
<b>Preventive Care Services</b> , Routine physical exams, screenings, tests, education and immunizations administered with the intent of preventing future disease, illness or injury. Additional Preventive Care For Women and members under age 19 as provided for in the guidelines supported by the Health Resources and Service Administration. Please refer to the Master Policy for plan details.	No Co-pay (deductible waived)	40%
<b>Pregnancy &amp; Maternity Care</b> , Physician office visits	\$20/visit <sup>3</sup> (deductible waived)	40%
<b>Learning Disability Testing and Treatment</b>	10%	40%
<b>Related Outpatient Medical Services &amp; Supplies</b> , Ground or air ambulance transportation, services & disposable supplies	10% <sup>1</sup>	
<b>Diabetes Education Programs</b> (requires physician supervision), Teaches insured persons & their families about the disease process, the daily management of diabetic therapy and self-management training	\$20/visit (deductible waived)	40%
<b>Prosthetic Devices</b>	10%	40%
<b>Durable Medical Equipment (DME)</b>	10%	40%
<b>Temporomandibular Joint Disorders</b> , Splint therapy & surgical treatment	10%	40%
<b>Bariatric Surgery</b> (subject to utilization review)	10%	
<b>Home Infusion Therapy</b> (subject to utilization review) Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services	10%	40%

Prescription Medications	PPO Providers, Non-PPO & Other Health Care Providers
<b>Outpatient Drugs &amp; Medications</b> , Unlimited Benefit Maximum, (prescription oral contraceptives, contraceptive diaphragms, injectable drugs and implants for birth control are covered under Preventive Services. Please refer to policy for daily supply limits)	\$10 Generic; \$20 Brand; \$30 Non-Formulary
<b>Home delivery drugs and medications (90 day supply)</b> , Unlimited Benefit Maximum, (prescription oral contraceptives, contraceptive diaphragms, injectable drugs and implants for birth control are covered under Preventive Services. Please refer to policy for daily supply limits)	\$20 Generic; \$40 Brand; \$60 Non-Formulary

<sup>1</sup> These providers are not represented in the PPO Network

<sup>2</sup> For California facilities, a discount applies if the facility has a contract with us for fee-for-service business. For California facilities without a contract, the maximum allowed amount for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for insured persons.

<sup>3</sup> The dollar co-pay applies only to the visit itself. An additional 10% co-pay for insured students applies for any services performed in office (i.e., X-ray, lab, surgery).

<sup>4</sup> Acupuncture services can be performed by a certified acupuncturist (C.A.), a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a podiatrist (D.P.M.), or a dentist (D.D.S.).

# Blue View Vision Network

Blue View Vision's provider network is comprised of more than 50,000 providers and provider locations nationwide, offering a generous mix of independent practitioners and marquee retail locations including LensCrafters, Pearle Vision-, Sears Optical, Target Optical, and JCPenney Optical stores. Your health insurance ID card will also serve as your vision insurance ID card.

Covered Services	In-Network	Out-of-Network
Routine eye exam (once every 12 months)	\$20 copayment	\$49 allowance
Eyeglass frames (once every 12 months)	\$130 allowance then 20% off remaining balance	\$50 allowance
Eyeglass lenses (Standard)*	In-Network	Out-of-Network
Standard plastic single vision lenses (1 pair)	\$25 copay, then covered in full	\$35 allowance
Standard plastic bifocal lenses (1 pair)	\$25 copay, then covered in full	\$49 allowance
Standard plastic trifocal lenses (1 pair)	\$25 copay, then covered in full	\$74 allowance
Eyeglass lens upgrades UV Coating	\$15	Discounts on lens upgrades are not available out-of-network
Tint (Solid and Gradient)	\$15	Discounts on lens upgrades are not available out-of-network
Standard Poly Carbonate	\$40	Discounts on lens upgrades are not available out-of-network
Transitions Lenses	\$75	Discounts on lens upgrades are not available out-of-network
Contact lenses (once every 12 months)	In-Network	Out-of-Network
Elective Conventional Lenses	\$130 allowance then 15% off the remaining balance	\$92 allowance
Elective Disposable Lenses	\$130 allowance (no additional discount)	\$92 allowance

\* Factory scratch coating included. You may receive one of the following lens options (once every 12 months)

## Delta Dental PPO<sup>SM</sup> Benefit Highlights

Group # 16380, Effective dates: 7/1/17 - 8/1/17

Overview		
Eligibility	Primary enrollee only	
Deductibles (waived for Diagnostic & Preventive (D&P))	Delta Dental PPO dentists: \$25 per person \$75 per family each plan year	Non-Delta PPO dentists: \$50 per person \$150 per family each plan year
Maximums	\$1,000 per person each plan year	
Waiting Periods	Basic Benefits, Major Benefits, Prosthodontics: None	
Benefits & Covered Services	Delta Dental PPO Dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D&P), Exams, cleanings, and x-rays	100%	100%
Basic Services, Fillings, simple tooth extractions and sealants	80%	80%
Endodontics (root canals)	80%	80%
Periodontics (gum treatment)	80%	80%
Oral Surgery	80%	80%
Major Services, Crowns, inlays, onlays, and cast restorations	50%	50%
Prosthodontics, Bridges, Dentures and implants	50%	50%

\* Limitations or waiting periods may apply for some benefits, some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations, or exclusions for your plan, please contact Customer Service at 1-800-765-6003.



# Exclusions and Limitations

This list is only a partial list. Please refer to the School's Certificate of Coverage for a complete list of exclusions.

- **Not Medically Necessary.** Services or supplies that are not medically necessary, as defined.
- **Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if insured person is denied benefits because it is determined that the requested treatment is experimental or investigative, the insured person may request an independent medical review, as described in the Certificate.
- **Outside the United States.** Services or supplies furnished and billed by a provider outside the United States, unless such services or supplies are furnished in connection with urgent care or an emergency.
- **Crime or Nuclear Energy.** Conditions that result from (1) the insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.
- **Not Covered.** Services received before the insured person's effective date. Services received after the insured person's coverage ends, except as specified as covered in the Certificate.
- **Excess Amounts.** Any amounts in excess of covered expense or the benefit year maximum.
- **Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the insured person claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the Certificate.
- **Government Treatment.** Any services the insured person actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to the insured person for free.
- **Services of Relatives.** Professional services received from a person living in the insured person's home or who is related to the insured person by blood or marriage, except as specified as covered in the Certificate.
- **Voluntary Payment.** Services for which the insured person has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:
  1. it must be internationally known as being devoted mainly to medical research;
  2. at least 10% of its yearly budget must be spent on research not directly related to
  3. patient care;
  4. at least one-third of its gross income must come from donations or grants other than gifts
  5. or payments for patient care;
  6. it must accept patients who are unable to pay; and
  7. two-thirds of its patients must have conditions directly related to the hospital's research.
- **Private Contracts.** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.
- **Inpatient Diagnostic Tests.** Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- **Mental or Nervous Disorders.** Academic or educational testing, counseling, and remediation..
- **Orthodontia.** Braces, other orthodontic appliances or orthodontic services, except for members under age 18.
- **Dental Services or Supplies.** Dental plates, bridges, crowns, caps or other dental prostheses, dental services, extraction of teeth, treatment to the teeth or gums, or treatment to or for any disorders for the temporomandibular (jaw) joint, except as specified as covered in the Certificate, or for members under age 18. Cosmetic dental surgery or other dental services for beautification.
- **Optometric Services or Supplies.** Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, eyeglasses or contact lenses, except as specified as covered in the Certificate or for members under age 18.
- **Outpatient Occupational Therapy.** Outpatient occupational therapy, except by a home health agency, hospice, or infusion therapy provider, except as specified as covered in the Certificate.
- **Outpatient Speech Therapy.** Outpatient speech therapy, except as specified as covered in the Certificate.
- **Cosmetic Surgery.** Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.
- **Scalp hair prostheses.** Scalp hair prostheses, including wigs or any form of hair replacement.
- **Clinical Trials.** Services and supplies in connection with clinical trials, except as specified as covered in the Certificate.
- **Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.
- **Sterilization Reversal.**
- **Infertility Treatment.** Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.
- **Gene Therapy.** Gene therapy as well as any drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.
- **Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
- **Orthopedic Supplies.** Orthopedic supplies, orthopedic shoes (other than shoes joined to braces), or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related feet complications, except as specified as covered in the Certificate.
- **Air Conditioners.** Air purifiers, air conditioners or humidifiers.

Continued on next page

## Exclusions and Limitations (continued)

- **Custodial Care or Rest Cures.** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the Certificate.
- **Chronic Pain.** Treatment of chronic pain, except as specified as covered in the Certificate.
- **Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.
- **Personal Items.** Any supplies for comfort, hygiene or beautification.
- **Education or Counseling.** Educational services or nutritional counseling, except as specified as covered in the Certificate. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.
- **Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.
- **Telephone and Facsimile Machine Consultations.** Consultations provided by telephone or facsimile machine.
- **Routine Exams or Tests.** Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the Certificate.
- **Acupuncture.** Acupuncture treatment, as specified as covered in the Certificate. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.
- **Eye Surgery for Refractive Defects.** Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.
- **Outpatient Prescription Drugs and Medications.** Outpatient prescription drugs or medications and insulin, except as specified as covered in the Certificate. Any non-prescription, over-the-counter patent or proprietary drugs or medicines. Cosmetics, health or beauty aids.
- **Diabetic Supplies.** Prescription and non-prescription diabetic supplies except as specified as covered in the Certificate.
- **Private Duty Nursing.** Inpatient or outpatient services of a private duty nurse.
- **Medical Equipment, Devices and Supplies.** This plan does not cover the following:
  - Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
    - Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
    - Enhancements to standard equipment and devices that is not medically necessary.
    - Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is medically necessary in your situation.This exclusion does not apply to the medically necessary treatment as specifically stated as covered in the EOC/Certificate.
- **Third Party Liability** – Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

*Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*



# Definitions

**Ambulatory surgical center:** is a freestanding outpatient surgical facility. It must be licensed as an outpatient clinic according to state and local laws and must meet all requirements of an outpatient clinic providing surgical services. It must also meet accreditation standards of the Joint Commission on Accreditation of Health Care Organizations or the Accreditation Association of Ambulatory Health Care.

**Contracting Hospital:** is a Hospital that has a contract with Anthem Blue Cross Life and Health to provide care to covered persons; however, this does not necessarily make it a Participating Hospital. Verify participation with your Physician.

**Co-payment:** is a part of the Maximum Allowed Amount you are responsible for paying. Co-payment does not include charges for services that are not Covered Services or charges in excess of the Maximum Allowed Amount. Payment of the dollar Co-payment will be required at the time services are provided.

**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:** is a part of the Maximum Allowed Amount you must pay for Covered Services before any benefits are available to you under this plan. Your Plan Year Deductible is stated on page 9.

**Emergency:** is a sudden, serious and unexpected acute illness, injury, condition (including without limitation sudden and unexpected severe pain), or a psychiatric emergency medical 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.

**The Insurer:** is Anthem Blue Cross Life and Health Insurance Company.

**Insured Person:** is the student or dependent.

**Maximum Allowed Amount:** is the maximum amount of reimbursement that is allowed for covered medical services and supplies under the plan.

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

- Appropriate and necessary for the 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
- Not more costly than an equivalent service or sequence of services that is medically appropriate and is likely to produce equivalent therapeutic or diagnostic results in regard to the diagnosis or treatment of the patient's illness, injury, or condition; 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 Agreement with Anthem Blue Cross Life and Health. Only a portion of the amount which a Non-Contracting Hospital charges for services will be considered covered. The Insured will be responsible for any billed charges over the Maximum Allowed Amount.

**Non-Prudent Buyer Provider (Non-PPO):** is a provider who does NOT have a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered.

Only a portion of the amount which a Non-Prudent Buyer Provider charges for services will be considered covered. The Insured will be responsible for any billed charges over the Maximum Allowed Amount.

**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, and such license is required to render that service, and is providing a service for which benefits are specified in this brochure:

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 licensed 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; A nurse practitioner; A physician assistant; A licensed educational psychologist for the provision of behavioral health treatment services for the treatment of pervasive developmental disorder or autism only

**Note: The providers indicated by asterisks (\*) are covered only by referral of a Physician (M.D. or D.O.) as defined in 1 above.**

**Prudent Buyer Provider (PPO):** is one of the following providers which has a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered.

A Hospital; A Physician; An Ambulatory Surgical Center; A durable medical equipment outlet; A clinical laboratory; A Skilled Nursing Facility; A facility which provides diagnostic imaging services; A home health agency; A home infusion therapy provider; A licensed ambulance company; A licensed qualified autism service provider.

# Anthem Blue Cross Life and Health Notice of Privacy Practices

Information that's important to you: Every year, we're required to send you specific information about your rights, your benefits and more. This can use up a lot of trees, so we've combined a couple of these required annual notices. Please take a few minutes to read about:

- State notice of privacy practices
- HIPAA notice of privacy practices
- Breast reconstruction surgery benefits

Want to save more trees? Go to [www.anthem.com/ca](http://www.anthem.com/ca) and sign up to receive these types of notices by e-mail.

**State notice of privacy practices:** As mentioned in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to health, dental and vision benefits that you may have.

**Your personal information:** We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. We may collect PI about you from other persons or entities, such as doctors, hospitals or other carriers. We may share PI with persons or entities outside of our company — without your OK in some cases. If we take part in an activity that would require us to give you a chance to opt out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity. You have the right to access and correct your PI. Because PI is defined as any information that can be used to make judgements about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you. A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

**HIPAA notice of privacy practices:** This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully. We keep the health and financial information of our current and former members private, as required by law, accreditation standards and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

**Your Protected Health Information:** We may collect, use and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

**For payment:** We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan.

**For health care operations:** We use and share PHI for our health care operations.

**For treatment activities:** We do not provide treatment. This is the role of a health care provider, such as your doctor or a hospital. For example: we keep information about your premium and deductible payments; We may give information to a doctor's office to confirm your benefits; We may share explanation of benefits (EOB) with the subscriber of your plan for payment purposes; We may share PHI with your health care provider so that the provider may treat you; We may use PHI to review the quality of care and services you get; We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes or traumatic injury; We may also use and share PHI directly or indirectly with health information exchanges for payment, health care operations and treatment. If you do not want your PHI to be shared for payment, health care operations or treatment purposes in health information exchanges, please visit: [www.anthem.com/ca](http://www.anthem.com/ca) for more information.

**To you:** We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

**To others:** In most cases, if we use or disclose your PHI outside of treatment, payment, operations or research activities, we must get your OK in writing first. We must receive your written OK before we can use your PHI for certain marketing activities. We must get your written OK before we sell your PHI. If we have them, we must get your OK before we disclose your provider's psychotherapy notes. Other uses and disclosures of your PHI not mentioned in this notice may also require your written OK. You always have the right to revoke any written OK you provide. You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

**As allowed or required by law:** We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and with coroners, funeral directors or medical examiners

(about decedents). PHI can also be shared with organ donation groups for certain reasons, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for Workers' Compensation, to respond to requests from the U.S. Department of Health and Human Services, and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law. If you are enrolled with us through an employer-sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI — unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.

**Authorization:** We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

**Genetic Information:** If we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

**Your rights:** Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI, or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask him or her to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also, let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. Customer Service representatives can give you the address to send the request. They can also give you any forms we have that may help you with this process.

**Right to a restriction for services you pay for out of your own pocket:** If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or disclosure of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to Anthem Blue Cross (Anthem), Anthem does not have to agree to a restriction (see Your Rights section above). If a law requires the disclosure, Anthem does not have to agree to your restriction.

**How we protect information:** We are dedicated to protecting your PHI, and have set up a number of policies and practices to help make sure your PHI is kept secure. We keep your oral, written and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong out of areas where sensitive data is kept. Also, where required by law, our affiliates and nonaffiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

**Potential impact of other applicable laws:** HIPAA (the federal privacy law) generally does not preempt, or override, other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

**Contacting You:** We, including our affiliates or vendors, may call or text any telephone numbers provided by you using an automated telephone dialing system and/or a pre-recorded message. Without limitations, these calls may concern treatment options, other health-related benefits and services, enrollment, payment or billing.

**Complaints:** If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Continued on next page

# Anthem Blue Cross Life and Health Notice of Privacy Practices (continued)

**Contact information:** Please call Customer Service at the phone number printed on your ID card. Representatives can help you apply your rights, file a complaint or talk with you about privacy issues.

**Copies and changes:** You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes."

**Breast reconstruction surgery benefits:** If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

All applicable benefit provisions will apply, including existing deductibles, copayments and/or co-insurance. Contact Customer Service for more information.

Usually, all providers of healthcare will bill Anthem Blue Cross Life and Health directly for services to Insureds. This is the preferred procedure - you are not bothered with claim forms, and Anthem Blue Cross Life and Health often needs more details than are ordinarily provided on bills to patients.

But sometimes a physician or an ambulance company may not bill Anthem Blue Cross Life and Health and may send the bill directly to you. In these instances, Anthem Blue Cross Life and Health has no way of knowing about your claim. So, you must mail the bills to Anthem Blue Cross Life and Health within **90 days** of treatment and include a claim form. Claim forms are available at [www.anthem.com/ca](http://www.anthem.com/ca). You are urged to send Anthem Blue Cross Life and Health each bill immediately upon receipt. Mail to:

**Anthem Blue Cross Life and Health Insurance Company**  
P.O. Box 60007, Los Angeles, CA 90060

Complete instructions for use of the claim form are on the form.

## Emergency Assistance Services: On Call International

**On Call Global Response Center:**  
**877-318-6901** (Toll-free within the U.S.)  
**603-328-1909** (Outside the U.S.)  
One Delaware Drive  
Salem, NH 03079  
E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)  
[www.oncallinternational.com](http://www.oncallinternational.com)

On Call International does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the Master Policy limits of your health coverage. All assistance services must be arranged and provided by On Call International. Claims for reimbursement will not be accepted.

### Program Guidelines

U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence or campus location for up to one year. Medical transportation services and repatriation of deceased remains services are available at campus location.\*

U.S. students studying abroad are eligible for services both at and away from their new campus location for up to one year.\*

Foreign national students studying in the U.S. are eligible for On Call International's services, both on or away from campus or while traveling in a country that is not their country of origin.\*

\*Member shall be eligible for services during the term of his/her defined Program as long as his/her program is still effective and the membership fee has been paid prior to departure. All care and travel coordinated through OnCall, no retroactive benefits will be granted and no reimbursement will be approved.

### Key Services

#### Emergency Medical Evacuation

If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

#### Medical Repatriation

If after seeking medical attention, it is medically advisable for the member to seek further care at home, On Call will transport the member home or to a medical facility closer to home with a medical or non-medical escort, as necessary.

#### Compassionate Visit

If a member is traveling alone and will be hospitalized for more than seven days, On Call will provide economy, round-trip, common carrier transporta-

tion to the place of hospitalization and arrange lodging for a designated family member or friend.

#### Care of Minor Children

If a member is traveling with dependent children and is hospitalized as a result of a medical emergency for more than seven days, On Call will arrange for the transportation of the unattended children to their home, with an attendant if necessary.

#### Return of Deceased Remains

On Call will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

#### Prescription Assistance

If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member's responsibility.

#### Emergency Message Transmission

On Call will receive and transmit authorized emergency messages for members.

#### Legal Consultation and Referral

If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

#### Lost Luggage Assistance

On Call will assist the member with the tracking of luggage lost or delayed in transit.

#### Lost/Stolen Travel Document Assistance

On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member's responsibility.

#### Interpreter & Legal Referrals

On Call will refer members to local translators and interpreters if communication problems cannot be solved via telephone.

#### Pre-trip Information

On Call offers members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

Continued on next page

## Emergency Assistance Services: On Call International (continued)

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the-art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

### Conditions & Exclusions

On Call International will not pay for services in the following instances:

- Services rendered without the coordination and approval of On Call
- Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
- Expenses incurred if the original or ancillary purpose of the member's trip is to obtain medical treatment.
- Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country. \*Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
- Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient. \*Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member's insurance company or employer.

- Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.
- Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
- A member on an organ transplant list prior to enrollment will not be entitled to a transport for that transplant.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney. On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.

### Emergency Assistance Services Provided by: On Call International

**877-318-6901** (Toll-free within the U.S.)

**603-328-1909** (Outside the U.S.)

**[www.oncallinternational.com](http://www.oncallinternational.com)**





**WELLS FARGO INSURANCE PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at **800-853-5899** or by visiting us at <https://studentinsurance.wellsfargo.com>.

**Important Contacts**

<b>CLAIMS AND COVERAGE QUESTIONS:</b>	Anthem Blue Cross Life and Health Insurance Company P.O. Box 60007, Los Angeles, CA 90060 <b>(800) 888-2108</b> (Toll-Free) <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>FIND A DOCTOR OR PREFERRED CARE PROVIDER:</b>	PPO Prudent Buyer Plan <b>(800) 888-2108</b> (Toll-Free) <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>24-HOUR NURSE ADVICE:</b>	24/7 NurseLine <b>(800) 977-0027</b>
<b>DELTA DENTAL OF CALIFORNIA:</b>	Customer Service <b>(800) 765-6003</b> <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>EMERGENCY TRAVEL ASSISTANCE:</b> <i>(Provide this information to your Emergency Contact)</i>	On Call International 24/7 Emergency Travel Assistance Services <b>(877) 318-6901</b> (within U.S.). If outside the U.S., call collect by dialing the U.S. access code plus <b>(603) 328-1909</b> <a href="http://www.oncallinternational.com">www.oncallinternational.com</a>
<b>ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:</b>	Wells Fargo Student Insurance <b>(800) 853-5899</b> Mon-Fri, 8am-5pm PST Fax: <b>(877) 612-7966</b> Email: <a href="mailto:studentinsurance@wellsfargo.com">studentinsurance@wellsfargo.com</a> <a href="https://studentinsurance.wellsfargo.com">https://studentinsurance.wellsfargo.com</a>

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**IMPORTANT NOTE**

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 Policy Number 276470 issued to University of the Pacific. The Master 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.