UCSF Student Insurance Plan

Benefit Highlights

2009 - 2010

Medical Plan	
Health Insurance Provider:	Nationwide Life Insurance Co. / Policy No. 302-078-0407
Health Insurance Claims Administrator:	Personal Insurance Administrators / 1-800-468-4343
Primary Care Provider:	Student Health & Counseling Services. NO FEE or co-pay for care. *All health services must be pre-authorized by Student Health.*
Network Providers (in CA):	Cal. Foundation for Medical Care / 1-800-334-7371 / www.cfmcnet.org
Network Providers (outside CA):	First Health Network / 1-800-226-5116 / www.myfirsthealth.com
Maximum Lifetime Benefit:	$250,000 ($100,000 for dependents) per condition per year
Annual Out-of-pocket Maximum:	$5000
Annual Deductible:	$250
Office co-pay:	$20
Specialty Visits:	90% (in-network) / 70% (out-of-network)
Hospitalization Services:	100% for surgery / 90% for doctor's fees (in-network)
Emergency Room:	100% covered, $50 co-pay
Physio/Physical Therapy:	15 visits ($10 co-pay for physical therapy) ($20 co-pay for additional 10 PT visits.)
Chiropractic & Acupuncture Care:	Up to 15 visits per year / $0 co-pay

Mental Health Coverage	
Visits at Student Health Services:	10 visits per year / $0 co-pay
Coverage for Non-parity Conditions:	80% / $20 co-pay / 40 visits max. / no network requirement
*Coverage for Parity Conditions:	90% / $20 co-pay / unlimited visits / no network requirement

Prescription Plan	
Prescription Underwriter/Network:	Express Scripts / 1-800-844-9096 / express-scripts.com
Group No.:	RQSR / See www.renstudent.com/ucsf to download your ID card.
Prescription Co-pay:	$15 for generic meds / $25 for brand-name meds (w/out a generic)
Maximum Annual Benefit:	$10,000

Dental Plan	
Dental Underwriter/Network:	Delta Dental / 1-800-765-6003 / www.deltadentalins.com
Dental Group No.:	271-0001 / See www.renstudent.com/ucsf to download your ID card.
*Preventative Services:	80% (network), 70% (out-of-network)
*Basic Services:	80% (network), 40% (out-of-network)

Vision Care	
Discount Vision Plan (20% off):	Eye Care Network / 1-800-793-9288 / www.ecndiscount.com
Optional VSP Vision Plan:	Optional coverage for $168. Enrollment is open until Oct. 19th, 2009. Visit www.renstudent.com/ucsfvsp.

*For more information - including a list of parity conditions and covered dental benefits - see the insurance brochure at: http://shs.ucsf.edu/download/insure_08_09.pdf.