

# UCSF

2008-2009

## Student Insurance Plan Health, Dental and Vision Coverage

for Students, Scholars,  
Researchers and  
Dependents



Health Plan Underwritten By  
Nationwide Life Insurance Company

Policy Number  
302-078-0406

Dental Plan Underwritten By  
Delta Dental of California

Group Number  
271-0001

Vision Coverage  
Discount provided by The Eye Care Network  
Optional Vision Plan provided by VSP

### Insurance ID Card

**Your ID card is on the back of this brochure.  
Please detach and retain for proof of coverage.**

**You can also download an ID card from:**

**[www.renstudent.com/ucsf](http://www.renstudent.com/ucsf)**



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### INSURANCE ID CARDS

Your permanent ID card is attached. Please detach and retain for proof of coverage. No other card will be issued. Covered Dependents may also use this card to obtain treatment.

You may also download a personalized insurance ID card at:

**[www.renstudent.com/ucsf](http://www.renstudent.com/ucsf)**

Personalized ID cards will be available online after enrollment has been processed. You must enter your SAA user ID to access the personalized ID card online.

You will receive a separate ID card for prescriptions from Express Scripts, but you may use the Express Scripts group number printed on the attached ID card to obtain your prescriptions as well.

## STUDENT HEALTH SERVICES COVERAGE

All registered UCSF students paying full registration fees have access to Student Health Services (SHS); even those who have waived the student insurance plan. Student Health Services also provides primary care to all Scholars and Researchers Health Plan enrollees and to adult dependents of students or SRHP enrollees who are covered under the Student Insurance Plan (see Scholars and Researchers Health Insurance Plan, below). SHS offers comprehensive primary care, urgent care, immunizations, physical exams, annual exams, and mental health counseling.

Specialty care needs are coordinated by SHS for all those enrolled in the Student Insurance Plan. Except for Emergencies, to access services outside of the Student Health Service, you must obtain prior authorization from a provider at the Student Health Service or the services will not be covered. In the case of an Emergency, Student Health Services must be notified within 72 hours of treatment. Please refer to pages 14-15 for additional exclusions and limitations of coverage.

Students who have waived the Student Insurance Plan will need to contact their insurance carrier to coordinate specialty care visits.

### SHS ELIGIBILITY

All registered students, those who have paid the Scholars and Researchers Health Plan fee, enrolled adult dependents and students who have paid the fee for coverage during an approved leave of absence may have such consultations and medical care as the Student Health Service is staffed and equipped to provide. For enrolled children, refer to page 3.

The Student Insurance Plan fee will be paid by students at registration. For the year 2008–2009 the total annual cost is prorated over Fall, Winter and Spring Quarters. Summer coverage is included for all students registered for Fall, Winter and Spring Quarters.

**Eligible scholars and researchers or eligible campus groups may pay the Scholars and Researchers Health Plan fee to obtain health care coverage. Dependents of registered students have a different pricing schedule to obtain health care coverage.**

### SCHOLARS AND RESEARCHERS HEALTH INSURANCE PLAN (SRHP)

Non-student scholars, researchers or other persons in educational roles engaged in a formal program of UCSF which is approved by the Chancellor may pay the SRHP fee and purchase the Scholars and Researchers Health Plan. This includes previously enrolled students who take time away from the standard curriculum of their school to pursue a course of research or other approved scholarly activity. Coverage is elected and paid by term.

Eligible persons are to submit to Student Health Services a completed application with a signature from a UCSF department staff member certifying that the individual is participating in an officially recognized program.

Applications are available on the SHS website: <http://shs.ucsf.edu>.

## EMERGENCY CARE

Emergency care is covered by the plan. For a definition of Emergency care please see page 17. All urgent and emergent care visits must be reviewed and authorized by Student Health Services. Emergency room visits are subject to a \$50 deductible, but are not subject to the \$250 policy year deductible. The \$50 deductible is waived if admitted directly as an inpatient or if the condition is life threatening or would cause the loss, or loss of use, of a body part or organ.

If a Covered Person seeks care at an urgent care facility or emergency room, he or she must forward the clinical notes from the visit to SHS. No bills are paid without prior or retrospective approval from Student Health Services.

### 1. Moffitt-Long Hospital Emergency Room

Emergency care benefit pays for Emergencies at Moffitt-Long Hospital arising from injuries, psychiatric Emergencies, and acute, severe illnesses that require immediate medical attention. The emergency room is to be utilized **for Emergencies only**. If a Covered Person is seen in the emergency room for other than an Emergency, they will be charged for the services rendered.

Moffitt-Long Hospital Emergency Room is open 24 hours, weekdays and weekends.

### 2. Other Emergency Rooms

A Covered Person may also seek care at an emergency room other than the Moffitt-Long Hospital emergency room. A Covered Person is not limited to using ONLY the Moffitt-Long Emergency Room.

**IMPORTANT: ANY COVERED PERSON WHO VISITS THE EMERGENCY ROOM MUST NOTIFY STUDENT HEALTH SERVICES WITHIN 72 HOURS OF SERVICE.**

The emergency room clinical notes must also be forwarded to SHS at 500 Parnassus, Box 0722, San Francisco, CA 94143-0722. Clinical notes can also be faxed to SHS at: 1-415-476-6137. Any follow-up care necessary must be authorized by Student Health Services in order to be covered by the Student Insurance Plan.

## NON-EMERGENCY CARE

### Care Available at Student Health Services

All local primary care must be received at SHS.

#### 1. Outpatient Care

The Student Health Service is staffed and equipped to handle outpatient primary care. Diagnostic x-rays, laboratory tests and referral visits to outpatient specialty clinics are available as described under the Student Insurance Plan Schedule of Medical Benefits on pages 10-13 and only when authorized by SHS.

#### 2. Psychiatric Care

Short-term psychiatric and psychological counseling services, including urgent care or triage during business hours, are available at the Student Health Service up to a maximum of 10 visits per policy year. Student Health also offers after-hours mental health counseling and crisis support services over the telephone. Services are available any time Student Health is closed, and include telephone intake assessment and crisis counseling with a therapist.

A Covered Person who needs long-term therapy will be referred by Student Health Services to an outside provider. The cost of long-term therapy will be partially covered by the insurance plan if authorized prior to therapy and referred by the Student Health Service, as described under the Student Insurance Plan Schedule of Medical Benefits. Please refer to the Mental and Nervous Disorders benefit on pages 10-11. Student Health Services will help the Covered Person choose the best provider for them if a referral is indicated.

#### 3. Specialty Care Referrals

## STUDENT HEALTH SERVICES (continued from page 2)

Upon referral by the Student Health Service medical staff, a Covered Person may obtain specialty care outside SHS. SHS frequently refers a Covered Person to the UCSF Medical Group. The Covered Person may choose to see a provider off-campus as well.

#### 4. Physical Examinations

Annual physical exams and routine annual pap smears are available at the Student Health Service by appointment.

#### 5. Travel Consultation

Student Health offers a comprehensive Travel Clinic, including an in-depth consultation specific to the country of destination. Enrollees can obtain travel vaccinations at an affordable cost.

#### 6. Immunizations and TB Testing

Tuberculin skin tests are provided free of charge as part of the TB prevention effort. A Covered Person who is found to have recent exposure to tuberculosis as evidenced by conversion of their skin test from negative to positive will be evaluated by the Student Health Service and offered follow-up care. SHS also administers immunizations.

#### 7. Contraceptive Counseling

This program provides counseling, gynecologic examination, including pap smears, and contraceptive care. Various methods of birth control are available at SHS for a nominal fee.

#### 8. Prescriptions

Benefits are available under the Student Insurance Plan for prescriptions written at SHS and by providers to whom the Covered Person has been referred.

**A Covered Person must use an Express Scripts network pharmacy. To locate an Express Scripts pharmacy, the Covered Person can access the website: [www.Express-Scripts.com](http://www.Express-Scripts.com). Each prescription is limited to a 30-day supply. In no event will the cost for prescription drugs be covered beyond the termination date of coverage for the Covered Person.**

Prescription fills are subject to the 30-day supply copay of \$15 for each generic prescription or \$25 for each brand name prescription (a \$15 copay in the event that there is no generic replacement for a prescribed brand name) and the \$4,500 policy year maximum.

Student Health Services staffing does not provide pediatric care for children under the age of 18. Enrolled dependent children under the age of 18 should obtain care outside of the Student Health Service. Please refer to the Preferred Provider Organization section of this booklet (page 9) for information on obtaining care outside of the Student Health Service.

*Litigation:* When litigation or claims against third parties are initiated, the Covered Person may be required to assign the proceeds (settlement or judgment) in an amount sufficient to compensate the Student Health Service for expenses incurred in treating conditions or disorders for which compensation may be received from the third party. An example of this would be a car accident where litigation or claim settlement results in coverage of health care needs.

## NATIONWIDE LIFE INSURANCE COMPANY STUDENT HEALTH INSURANCE PLAN

The Student Health Insurance Plan augments the care available through the Student Health Service. Health insurance coverage broadens the protection provided by Student Health Services in such areas as acute hospital care, Emergency surgical services and worldwide out-of-area Emergency care.

**IMPORTANT:** Pre-Existing Conditions will not be covered by this program for up to six (6) months, except as specifically stated on page 15.

**The Covered Person must utilize the facilities of Student Health Services first.**

Pages 4–23 of this brochure provide a brief description of the important features of the insurance plan. Please keep this brochure as a general summary of the insurance, as it briefly describes benefits under the policy of insurance issued to UCSF. It is not a contract of insurance. 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 302-078-0406) has been issued to the University which contains the benefits and provisions which apply to the plan of insurance sponsored by the University. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

Information about Nationwide Life Insurance Company coverage can be obtained from Student Health Services, Millberry Union, Room MU-H005; by telephoning 1-415-476-1281 between 8:00 a.m. and 5:00 p.m.; or by contacting Personal Insurance Administrators, Inc. at 1-800-468-4343.

### ELIGIBILITY

All registered students are covered under the Student Health Insurance Plan unless they have been approved to waive coverage (see Enrollment section on page 5). The Student Health Insurance Plan fee will be paid by students at registration. For the academic year 2008–2009, the total annual cost is prorated over Fall, Winter and Spring Quarters. **Insurance coverage is mandatory while enrolled at UCSF.** Those who have paid the Scholars and Researchers Health Plan fee are eligible to enroll in the Student Health Insurance Plan. Students on a University-approved leave of absence may enroll in the Student Health Insurance Plan for a maximum of one (1) quarter per lifetime. The Student Health Insurance Plan may also be purchased by eligible dependents of fully enrolled/registered UC San Francisco students. Students who waive out of the plan may elect to enroll later if they lose their prior coverage. Please refer to the Enrollment section for further clarification.

Eligible Dependents are the insured student's: 1) legally married spouse or Domestic Partner who resides with the student; or 2) child who is dependent upon the student for support and maintenance and is under the age of 19 (25 if a full-time student). Dependents are eligible on the date the student is eligible and new dependents are eligible when attained. Coverage for Eligible Dependents will not be effective prior to that of the insured student or extend beyond that of the insured student.

A newly-acquired dependent child will be covered under the plan for the first 31 days after: 1) the birth date of the newborn child; 2) the effective date of adoption of the child by the student; or 3) the date of placement of the child for adoption with the student. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. (For well baby care please see page 13).

(continued on page 5)

### ELIGIBILITY (continued from page 4)

The insured student will have the right to continue coverage for the child beyond 31 days. To continue the coverage, the insured student must, within 31 days after the birth, adoption or placement for adoption: 1) submit a completed enrollment form; and 2) pay the required additional premium for the continued coverage.

If the insured student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

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

### ENROLLMENT

**Registered students:** Students are automatically enrolled under this insurance plan when they register unless the student submits a completed and approved waiver petition online showing coverage meeting all campus requirements before the waiver deadline date (please see Terms of Coverage, page 6, for waiver deadline dates). Students are required to have an eligible health insurance policy in effect at all times while enrolled at UCSF. Students should access the online waiver petition at [www.renstudent.com/ucsf](http://www.renstudent.com/ucsf). The online waiver petition and all required supporting documentation must be submitted by the waiver deadline date. Only one waiver application must be submitted per school year. The cost for annual coverage is paid during registration for the Fall, Winter and Spring Quarters (Summer coverage is included for all students registered and enrolled for Fall, Winter, and Spring Quarters).

If the Eligible Student has waived out of the UCSF insurance plan and later loses his/her qualifying prior coverage, it is the responsibility of the Eligible Student to submit to the Student Health Services written notification of the loss of coverage and cancelation of the waiver within 30 days of the termination date of the prior coverage. Eligible Students must pay the entire premium for the term in which they are electing to enroll.

Eligible Students and Dependents may extend coverage from the termination date of the term (see Terms of Coverage on page 6) to the first day of the following month by enrolling within 30 days prior to the end of the term and paying the required additional premium. To enroll, obtain an application from the SHS website and submit the additional premium payment as required.

**Scholars and Researchers Health Plan enrollees:** See page 1 for information on the Scholars and Researchers Health Plan. To enroll, obtain an application from the SHS website and have a university staff member affiliated with your program authorize that you belong to an eligible academic group.

**Leave of Absence Students:** Students on University-approved leave of absence may enroll by submitting a copy of their signed leave of absence form, along with payment for the SRHP fee and an application to Student Health Services. Students are eligible to receive health insurance coverage during an approved leave of absence for a maximum of one quarter per lifetime. A Leave of Absence form can be obtained at the Office of the Registrar.

**Dependents:** New and covered Eligible Dependents may enroll by submitting the required premium amount with an application. Please contact SHS for dependent rates and applications. Applications are also available on the SHS website. In order to be eligible to enroll Domestic Partners in the Plan, compliance with and filing of the Domestic Partnership affidavit must be completed at the time of enrollment and payment of premium. The Affidavit of Domestic Partners is available through Student Health Services.

## TERMS OF COVERAGE

Coverage for eligible students will begin at 12:01 a.m. on the effective date of the applicable policy term listed below. For all continuing Covered Persons, coverage renews at the beginning of each Policy Year on the effective date of the Fall Quarter. Graduate Division students see exception below\*\*.

Coverage purchased for students on University-approved leave of absence and dependents becomes effective at 12:01 a.m. on the first date of the applicable term if premium is received before this date. If premium is received on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which premium is received. Premium for new dependents must be received within 31 days of the attainment of such dependents. Failure of the student to enroll for dependent coverage within the enrollment period shall be construed as rejection of coverage. Please note that continuing students who are not automatically enrolled must renew their coverage within 31 days of their previous termination date in order to maintain continuous coverage.

The Policy Year is effective 9/10/08 and terminates on 9/10/09\*\*.

Term	Effective Date	Termination Date*	Waiver Deadline Date
<b>Fall</b>	09/10/08**	12/31/08	<b>09/02/08</b>
<b>Winter</b>	12/31/08	03/28/09	<b>12/19/08</b>
<b>Spring</b>	03/28/09	06/13/09	<b>03/17/09</b>
<b>Summer</b>	06/13/09	09/10/09**	<b>06/02/09</b>

\* Coverage for Covered Persons who have extended coverage as specified in the Enrollment section will terminate on the first day of the month following the termination date of the term.

\*\* Graduate Division registered student coverage is effective on 9/01/08 for the Fall term and terminates on 9/01/09 for the Summer term. The Graduate Division Fall waiver deadline date is 8/24/08. Note: The termination of the policy year will be the official date published from the UCSF Office of Admission and Registrar or 9/10/09, whichever is later.

## TERMINATION OF COVERAGE

**All coverage ceases at 12:01 a.m. on the earliest of:**

1. The last date of the applicable term of coverage for which the Covered Person has paid premium;
2. The date the Policy terminates;
3. The date a Covered Person enters full-time active military service;
4. The last date of the applicable term of coverage: a) after receipt of the Covered Person's written request to terminate coverage; or b) when the Covered Person is no longer eligible; or
5. The last day of the period through which premium has been paid, following the date a dependent ceases to be a dependent as defined herein.

Termination of the insured student's coverage automatically terminates coverage for the student's insured dependents.

Except as specified in the Enrollment section (see page 5), there is no continuation coverage for this plan for students and/or dependents who are no longer eligible.

**We do not send termination or renewal notices. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to renew coverage.**

## EXTENSION OF BENEFITS

If a Covered Person is Hospital Confined due to Sickness or Injury at the time coverage terminates, benefits will continue to be paid for such Sickness or Injury until the earlier of: 1) the date the Covered Person is discharged from the hospital; or 2) the maximum policy benefits have been reached. Dependents that are newly acquired during the Covered Person's Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

## PREMIUM REFUNDS

There are no premium refunds, except when a Covered Person enters full-time active military service, at which time a pro-rata refund of premium paid will be made upon request.

## STUDENT HEALTH SERVICES REFERRAL REQUIREMENT

Except in the case of an Emergency, benefits will be provided only in the event that the Covered Person obtains a referral from a medical staff member at SHS prior to seeking treatment outside of Student Health Services.

Student Health Services staffing does not provide pediatric care for children under the age of 18. Enrolled dependent children under the age of 18 are not subject to the requirement noted above.

Benefits will be payable for Emergency care only if:

1. An Emergency exists as determined by the Company (see definition of Emergency on page 17); and
2. Student Health Services is notified within 72 hours of treatment.

*Please note:* Emergency rooms are to be used for Emergencies only. If a Covered Person is seen in the emergency room for other than Emergency reasons, they will be charged for the services rendered.

**Submit all charges to:**

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

## OUTLINE OF COVERAGE

*The benefits of this program shall be provided only to the extent that services are determined to be Medically Necessary as defined in this summary. The fact that a Doctor or other provider prescribes or orders the services does not of itself make it Medically Necessary or a Covered Charge.*

### Deductible

The required deductible is \$250 per Policy Year. When a Covered Person incurs covered charges in excess of the \$250 deductible, the Policy will pay the appropriate coinsurance as stated in the medical benefits provision.

Each Covered Person need meet this deductible only once in a Policy Year. If covered expenses are applied to such deductible in the last three (3) months of the Policy Year, the amount applied toward the deductible will be credited to the next Policy Year's deductible amount.

### Coinsurance

Once the deductible has been met, the Policy provides 90% of covered charges when utilizing network providers and 70% of covered charges when utilizing non-network providers. If out-of-pocket covered charges exceed \$5,000 for all conditions, the Policy will pay 100% of additional covered charges in the Policy Year. In no event will payment exceed the contracted rate for network providers or the Reasonable and Customary (R&C) charges for the area in which care is provided.

### Policy Year Limit

Payment for medical benefits will not exceed an aggregate amount of \$250,000 (\$100,000 for dependents) during each Policy Year for each Sickness or each Injury while insured under the policy.

## PREFERRED PROVIDER ORGANIZATION

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

The Student Health Insurance Plan utilizes the California Foundation for Medical Care (CFMC) network of Hospitals and Doctors (PPO). The CFMC network is available for care within the state of California. Access to the First Health Network PPO is available for medical care nationwide, when seeking treatment outside of the state of California. Network access provides benefits for covered charges incurred at 90% of PPO charges for Injury or Sickness when treated by network providers and provides benefits worldwide for covered charges incurred at 70% of Reasonable and Customary (R&C) charges when treated by non-network providers.



### In California

For a complete listing of the PPO Hospital and Doctor facilities within California, the Covered Person may contact the California Foundation for Medical Care (CFMC) at **1-800-334-7341** or access the website: **[www.cfmnet.org](http://www.cfmnet.org)**.

### Outside California

For medical providers **outside** of California, call the First Health Network toll-free at **1-800-226-5116** or access the website: **[www.myfirsthealth.com](http://www.myfirsthealth.com)**.

You may also call Student Health Services at 1-415-476-1281 or Personal Insurance Administrators at 1-800-468-4343.

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 Insured 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. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. Also, if you have surgery, make sure the anesthetist is a network provider or you will be required to pay the 30% coinsurance. This information can be found on the network websites listed above.**

<b>MEDICAL BENEFITS</b>	
The following benefits will be provided after the Policy Year deductible has been satisfied.	
<b>Policy Year Deductible: \$250</b>	
<b>Daily Hospital Room &amp; Board</b> <b>Miscellaneous Hospital Services</b>	
	Up to 70%, or 90% if PPO is utilized, of charges (up to the average semi-private room rate for private room) or when hospitalized for diagnostic studies for tests that cannot be performed as an outpatient. Does not provide benefits for rehabilitative care.
<b>Emergency Room</b> (notification and follow-up care must be through Student Health Services.)	
Policy Year Deductible is waived in the case of medical Emergency	After a \$50 deductible per visit, 100% for the first visit to the outpatient department of the hospital for Emergency care (for Injury, treatment must be within 72 hours of Injury); Deductible waived if admitted directly or if condition is life-threatening or would cause the loss, or loss of use, of a body part or organ.
<b>Surgical Services</b> (limited to Medically Necessary and authorized surgical care. Elective surgery is not covered)	
<b>Surgeon and Assistant Surgeon</b>	Up to 70%, or 90% if PPO is utilized.
<b>Radiation Therapy</b>	Up to 70%, or 90% if PPO is utilized.
<b>Anesthesia Services</b>	Up to 70%, or 90% if PPO is utilized.
<b>In-Hospital and Out-of-Hospital Medical Care</b>	
<b>Doctor's Visits</b>	After a \$20 copay per visit, up to 70%, or 90% if PPO is utilized.
<b>Consulting Doctor</b>	After a \$20 copay per visit, up to 70%, or 90% if PPO is utilized.
<b>Mental or Nervous Disorders (including treatment for drug and alcohol detoxification)</b>	
<b>Inpatient Hospital</b> (non-parity diagnosis)	Up to 70%, or 90% if PPO is utilized (up to the average semi-private room rate for private room), up to a maximum of 25 days per Policy Year.
<b>Inpatient Doctor Visits</b> (non-parity diagnosis)	After a \$20 copay per visit, up to 70%, or 90% if PPO is utilized, up to a maximum of \$350, when eligible for hospital benefits.
<b>Outpatient</b> (non-parity diagnosis)	After a \$20 copay per visit, 80% of R&C; limited to one (1) Doctor's visit per week, up to a maximum of 40 visits per Policy Year.

(continued on page 11)

**MEDICAL BENEFITS (continued from page 10)**

<b>Mental or Nervous Disorders (including treatment for drug and alcohol detoxification) (continued)</b>	
<b>Severe Mental Illness</b> (parity diagnosis)	90%, after a \$20 copay per visit for Doctor's visits. The following are considered severe mental or nervous illnesses: 1) schizophrenia; 2) schizo-affective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder of autism; 8) anorexia nervosa; 9) bulimia nervosa; and 10) treatment of a child who: a) is suffering from one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms; and b) meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.
<b>Outpatient Treatment</b> (when unable to utilize Student Health Service and subject to the approval of the Student Health Service Medical Staff)	
<b>Hospital</b>	100% for surgery.
<b>Outpatient Miscellaneous</b>	Up to 70% of R&C, or 90% if PPO is utilized, for diagnostic x-ray, laboratory services, casts, splints, and prescribed drugs and medicines required for Emergency care when dispensed at a hospital.
<b>Diabetic Treatment</b>	Up to 70%, or 90% if an Express Scripts pharmacy is utilized, for treatment of diabetes including: <ol style="list-style-type: none"> <li>1. Blood glucose monitors and blood glucose testing strips;</li> <li>2. Blood glucose monitors designed to assist the visually impaired;</li> <li>3. Insulin pumps and all related necessary supplies;</li> <li>4. Ketone urine testing strips;</li> <li>5. Lancets and lancet puncture devices;</li> <li>6. Pen delivery systems for the administration of insulin;</li> <li>7. Podiatric devices to prevent or treat diabetes-related complications;</li> <li>8. Insulin syringes; and</li> <li>9. Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.</li> </ol> Up to 70%, or 90% if PPO is utilized, for outpatient self-management training, education, and medical nutrition therapy, as Medically Necessary, without a prescription or upon the direction or prescription of the attending Doctor.

(continued on page 12)

MEDICAL BENEFITS (continued from page 11)

Outpatient Treatment (continued)	
<b>Immunizations</b> (at Student Health Services only)	Hepatitis A and B, Tetanus, Measles-Mumps-Rubella (MMR), Varicella, Japanese Encephalitis, Meningitis (Menactra), Meningitis (Menomune), Polio (injectable), Rabies, Typhoid (oral), Typhoid VI (injectable), Yellow Fever, and Pneumococcal; up to a \$200 lifetime maximum in the aggregate.
<b>Blood Borne Pathogen Expense</b>	Up to a maximum of \$1,600 for post-episode prophylaxis.
<b>Prescription Drugs</b> (including prescription contraceptives and Medically Necessary prescribed alternatives, insulin, glucagon and prescription medications for treatment of diabetes) Please note: the most cost-effective option for contraception is through SHS.	Prescriptions are available through the Express Scripts prescription drug card program. Benefits are <b>only</b> available from pharmacies that are members of the Express Scripts pharmacy network. To locate an Express Scripts pharmacy, visit <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> , call 1-800-447-9638 or ask Student Health Services. Prescribed drugs and medicines are covered up to \$4,500 per Policy Year, with a \$15 copay for each generic prescription or a \$25 copay for each brand name prescription (a \$15 copay in the event that there is no generic replacement for a prescribed brand name), excluding vaccines and over-the-counter drugs (anti-malarials for prophylaxis are covered). <b>The copay applies to each 30-day supply.</b> <b>In no event will the cost of prescription drugs be covered beyond the termination date of coverage for the Covered Person.</b>
<b>Prescription ID card:</b> You will receive a separate ID card for prescriptions from Express Scripts, but you may use the Express Scripts group number printed on the attached ID card to obtain your prescriptions as well.	
Other Benefits	
<b>Accidental Injury to Teeth</b>	Up to 70%, or 90% if PPO is utilized, up to \$300 for dental services if treatment is provided within 90 days of the Accident. Services are not provided for damage to teeth caused by chewing or biting.
<b>Allergy Treatment</b>	Covered as any other Sickness; Includes treatment of anaphylaxis and angioedema, severe chronic sinusitis not responsive to medications and asthma not responding to usual treatments. (Routine allergy testing and desensitization is excluded, see page 14, exclusion #7).
<b>Ambulance Services</b>	100% of R&C services for local ambulance services and air transportation, if necessary for a medical Emergency only, from where first disabled to nearest hospital qualified to provide care.
<b>Blood Transfusions</b> (including Unreplaced Blood, Blood Plasma)	Pays as a regular hospital service when entitled to hospital benefits described herein.
<b>Durable Medical Equipment</b>	Up to 70%, or 90% if PPO is utilized.

(continued on page 13)

MEDICAL BENEFITS (continued from page 12)

Other Benefits (continued)	
<b>External Prosthetic Devices</b>	Up to 70%, or 90% if PPO is utilized, up to a lifetime maximum of \$25,000 per Sickness or Injury, for Medically Necessary external Prosthetic Devices.
<b>Home Care Nurse or Special Duty Registered Nurse</b>	100% of R&C.
<b>Medical Supplies</b>	Up to 70%, or 90% if PPO is utilized.
<b>Orthopedic Appliances</b> (only upon authorization from the SHS)	Up to \$200 per Policy Year (only the first \$100 of cost includes treatment of the foot or treatment related to the foot). This does not apply to podiatric devices to prevent or treat diabetes-related complications.
<b>Physical Therapy (outpatient)</b> (upon referral by Student Health Services)	100%, after a \$10 copay for the first 15 visits and a \$20 copay for any additional visits up to 25 visits maximum per Policy Year. Not subject to the \$250 deductible. Office Visit consultation is covered under Doctor Visit or Consulting Doctor benefits, see page 10.
<b>Acupuncture or Chiropractic Care</b> (upon referral by Student Health Services)	100% for up to 15 visits per Policy Year. Not subject to the \$250 deductible. Office Visit consultation is covered under Doctor Visit or Consulting Doctor benefits, see page 10.
<b>Temporomandibular Joint Dysfunction (TMJ)</b>	Up to 70%, or 90% if PPO is utilized Up to a maximum of \$1,000.
<b>Temporary Surgical Appliances</b>	Up to 70%, or 90% if PPO is utilized.
<b>Transgender Surgery</b>	Up to 70%, or 90% if PPO is utilized <u>up to a maximum of \$10,000</u>
<b>Well Baby Care</b>	Well baby care is limited to two (2) days following a vaginal delivery or four (4) days following delivery by cesarean section.
The State of California mandates coverage for the following: 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) treatment of Severe Mental Illness; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) preventative care for children age 16 and under according to the Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics; 6) 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) AIDS vaccine; 15) reconstructive surgery under certain circumstances; 16) telemedicine medical services; 17) prescription contraceptive drugs or devices (if there is a prescription drug benefit); and 18) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.	



## EXCLUSIONS AND LIMITATIONS

This plan does not pay benefits for:

1. Treatment, services or supplies which: a) are not Medically Necessary; b) are not prescribed by a Doctor as necessary to treat a Sickness or Injury; c) are determined to be experimental/investigational in nature by the Company; d) are received without charge or legal obligation to pay; e) would not routinely be paid in the absence of insurance; or f) are received from any family member;
2. Expenses incurred as a result of loss due to war or any action of war, declared or undeclared; service in the armed forces of any country;
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
4. Cosmetic surgery other than: a) reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or b) reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns;
5. Cosmetic treatment or surgery except as a result of Injury that occurred while covered under the Policy or as specifically provided for in the Policy;
6. Premarital examinations;
7. Treatment, surgery, drugs, devices and/or supplies for: routine allergy testing and desensitization; biofeedback-type services; impotence, organic or otherwise; learning disabilities; obesity and any condition resulting therefrom (including hernia of any kind) except for treatment of an underlying covered Sickness; and weight increase or reduction;
8. Treatment of alcoholism, or any form of substance abuse, except as specifically provided (note page 10);
9. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, except for repair of Injury to teeth. (Note: Dental coverage is provided by a separate dental insurance plan.)
10. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription thereof, radial keratotomy or laser surgery; hearing aids or prescriptions or examinations thereof, except as required for repair caused by Injury. (Note: Vision coverage is provided by a separate vision plan.)
11. Expense incurred in connection with birth control (except prescription contraceptives); sterilization or sterilization reversal, including surgical procedures and devices;
12. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception;
13. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy;
14. Routine physical examinations (Note: These services are provided at SHS);
15. Outpatient prescription drugs, except as specifically provided;
16. Acupuncture and physiotherapy, except as specifically stated;
17. Expenses for preventative medicines, serums or vaccines, except as specifically stated;
18. Hospitalization primarily for physical therapy or other rehabilitative care; hospitalization primarily for x-ray, laboratory or other diagnostic studies, except where such services cannot be rendered safely and adequately on an outpatient basis;

(continued on page 15)

## EXCLUSIONS AND LIMITATIONS (continued from page 14)

19. Outpatient occupational therapy not related to correcting an Injury or Sickness;
20. Prosthetic appliances (except as specifically provided herein or following a laryngectomy or mastectomy while a student at University of California, San Francisco) and implants;
21. Any services or supplies to the extent furnished to a Covered Person under the terms of any other agreement or endorsement thereto with the Policyholder;
22. Charges for or in relation to orthopedic shoes, except as specifically provided;
23. Outpatient speech therapy, except following surgery, Injury or non-congenital organic disease treated while a student at University of California, San Francisco;
24. Genetic testing unless Medically Necessary. Genetic testing is considered Medically Necessary under the following circumstances: a) Pregnancy and mother is age 35 or over at time of delivery; or b) Pregnancy and family history of chromosomal (congenital) anomaly, or c) Pregnancy and previous child of Covered Person was delivered with chromosomal anomaly; or d) Pregnancy and high or low serum alpha fetoprotein. Benefits will not be provided for genetic testing solely to determine the gender of the fetus, except when Medically Necessary to determine genetic disorder;
25. Any services or supplies to the extent covered by Medicare Parts A or B, if the Covered Person is either enrolled in or eligible to enroll in Medicare;
26. Services for custodial or domiciliary care or care in an institution, primarily a place of rest, for the aged, nursing home, skilled nursing facility, or any like institution;
27. Services or hospitalization prior to a Covered Person's effective date or after the Policy has terminated, except as specifically provided under the Extension of Benefits provision;
28. Services provided by local, state (except MediCal) or federal government agency including Medicare, unless otherwise required by law; and
29. Except for Emergency care, any services by non-SHS providers to which the Covered Person was not referred in advance by the SHS.

## PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-Existing Conditions (see definition on page 17) unless the Covered Person has had six (6) months of Continuous Coverage prior to the Covered Person's effective date under this plan. This limitation will be waived if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under Continuous Coverage for six (6) consecutive months. Prior Continuous Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition Limitation. (For example, if the Covered Person has four (4) months of prior Continuous Coverage immediately preceding the start of the plan, two (2) additional months will need to be satisfied before the Policy will pay benefits for the Pre-Existing Condition). The Covered Person must provide the Company with proof of prior Continuous Coverage. See the definition of Continuous Coverage on page 16.

## EXCESS COVERAGE

It is important to note, with the exception of SHS services for which there are charges to the student, the Policy provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Covered Person is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by the Policy. The Policy is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision.

Benefits paid by the Policy will not exceed: 1) any applicable plan maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

## DEFINITIONS

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

**Accident** means a sudden, unforeseeable, external event which results in an Injury.

**Continuous Coverage** means that period of time that a Covered Person is continuously covered under the Policy and/or any prior creditable coverage with no greater than a 63-day lapse between the effective date of coverage under the Policy and the termination of prior creditable coverage.

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

**Doctor** means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not a family member, including but not limited to: a doctor of medicine; a doctor of osteopathy; a dentist; a podiatrist, a chiropractor; an optometrist; or a psychologist.

**Domestic Partner (DP)** means the insured student and the insured student's opposite or same sex partner who both meet the qualifications stated below. They must:

1. Be at the age of consent to marry or, alternatively, at the age to enter into a contract, whichever is the older in the state in which they reside;
2. Not be related by blood closer than would bar marriage in the state in which they reside (first cousins or nearer);
3. Not be legally married to any other person;
4. Be the sole opposite or same sex partner of each other and have no other opposite or same sex partner;
5. Be mutually financially responsible for their basic living expenses;
6. Agree to immediately notify the Company of any change/termination in the status of the domestic partnership; and
7. Both sign and have notarized an Affidavit of Domestic Partners in order for the opposite or same sex partner of the insured student to be eligible for coverage under this Policy.

**Eligible Student:** see definition of Covered Person

**Eligible Dependent** means the insured student's 1) legally married spouse or Domestic Partner who resides with the student; or 2) child who is dependent upon the student for support and maintenance and is under the age of 19 (25 if a full-time student).

## DEFINITIONS (continued from page 16)

**Emergency** means 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 without immediate medical care could reasonably be expected to result in any of the following:

1. The patient's life or health would be in serious jeopardy;
2. Bodily functions would be seriously impaired; or
3. A body organ or part would be seriously damaged.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the above listed complications.

**Hospital Confined or Hospital Confinement** means confinement in a hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

**Injury** means bodily injury due to an Accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Covered Person's effective date of coverage; and 3) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

**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.

**Mental or Nervous Disorder** means nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Covered Person.

**Pre-Existing Condition** means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) months prior to the Covered Person's effective date of coverage under the Policy. Pregnancy existing on the Covered Person's effective date of coverage will not be considered a pre-existing condition.

**Prosthetic Device** means a device which replaces all or part of an internal or external body organ or replaces all or part of the function of a permanently inoperative or malfunctioning internal or external organ. Prosthetic Device does not mean a device or appliance surgically inserted into the body, except in the case of reconstructive surgery.

**Reasonable and Customary (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.

**Sickness** means illness or disease which begins after the effective date of a Covered Person's coverage, which are not a Pre-Existing Condition. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

(continued on page 17)

## CLAIMS

**Coverage is provided only if the Covered Person receives a referral from Student Health Services before seeking services outside of Student Health Services, except in the case of an Emergency.**

In the event a covered charge is incurred, the Covered Person should:

1. Make sure that Personal Insurance Administrators, Inc. (PIA) receives your referral or authorization from Student Health Services. To verify call PIA at 1-800-468-4343.
2. Make sure your itemized bill(s) includes CPT codes for each charge.
3. Send all itemized bills to:

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

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 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.

Nationwide Life Insurance Company maintains the right to investigate submitted claims, and require additional information including claim forms as necessary for the proper adjudication of the claim, at its discretion.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

**Always keep a copy for your files of all forms submitted for claims.**

### **For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll Free: 1-800-468-4343  
www.piaclaims.com

### **For questions regarding eligibility or enrollment:**

Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
1-800-537-1777  
CA License No. 0697235

### **To download brochures or ID cards, access the website:**

[www.renstudent.com/ucsf](http://www.renstudent.com/ucsf)

## VISION COVERAGE

*The following description of the Eye Care Network discount program has been included in this brochure for the convenience of the student. The Discount Vision Plan is in no way related to the benefits, definitions, exclusions and limitations of the Student Health Insurance Plan described herein.*

### **THE EYE CARE NETWORK**

All Covered Persons enrolled in the Student Health Insurance plan have access to the Discount Vision Program offered through The Eye Care Network. This program entitles the Covered Person to receive a 20% discount off usual charges when using a participating provider.

The 20% discount applies to the following Eligible Expenses:

- Routine eye examinations
- Lenses
- Frames
- Contact lenses (excluding disposable or replacement lenses)
- Cosmetic extras such as tints, coatings and photochromatic lenses

The discount does not apply to eyewear repairs, promotional offers or medical/surgical treatment of the eyes.

To receive the 20% discount, the Covered Person should present his or her ID card to any Discount Vision Program participating provider at the time of service. To locate a participating provider, call **1-800-793-9288** or visit **www.ecndiscount.com**.

Corporate participants include:

- LensCrafters
- Walmart Optical
- Sears Optical
- Target Optical

*Covered Persons should make sure that their provider participates in the Eye Care Network Discount Vision Program prior to scheduling or obtaining services.*

See the SHS website for more information: <http://shs.ucsf.edu>.

## OPTIONAL VSP VISION PLAN

*The following description of the VSP Vision Plan has been included in this brochure for the convenience of the student. The VSP Vision Plan is in no way related to the benefits, limitations and exclusions of, and in no way affects the coverage provided by, the Student Health Insurance Plan described herein.*

An optional vision plan with a higher level of benefits is available by enrolling in the VSP Vision Plan. The cost is \$168 per student for a full 12 months of coverage beginning November 1, 2008. For an additional cost, enrolled students may also elect to enroll their dependents. **The deadline to enroll is October 19, 2008.** Information regarding the VSP vision plan information and providers is available online at **www.VSP.com**.

To enroll online, access the website **www.renstudent.com/ucsfvsp**.

## NATIONWIDE LIFE 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.

### 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.

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### HIPAA NOTICE (continued from page 20)

**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.

**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.

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**HIPAA NOTICE (continued from page 21)**

**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  
PIA, Inc.  
30401 Agoura Road, Suite 250  
Agoura Hills, CA 91301

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.

**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 Agencies, 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 Agencies, Inc. at the address below or complete a form via the internet at: [www.renstudent.com](http://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.

Attention: Privacy Manager  
Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
Phone: 1-800-537-1777  
Facsimile: 1-310-394-0142  
Website: [www.renstudent.com](http://www.renstudent.com)

## STUDENT DENTAL INSURANCE PLAN

Coverage under a separate dental insurance plan is included in the cost of coverage for the convenience of the student, but in no way affects the benefits, limitations and exclusions of the Health Insurance Plan described herein.

- The following is a summary of dental coverage from Delta Dental of California incorporating the **Delta Dental PPO** network. **This is not a complete statement of coverage or limitations. Consult your benefit booklet for coverage details.** The benefit booklet is available online at: <http://shs.ucsf.edu>.
- You may obtain dental care from any dentist of your choice, however an insured person generally pays less out-of-pocket when using PPO providers.
- The Calendar Year Deductible is \$25 per person.
- The Calendar Year Maximum is \$1,500 per person.
- The Student Dental Plan has the same effective dates as the Student Health Insurance Plan.



### GENERAL INFORMATION

**ELIGIBILITY:** All students meeting the eligibility requirements and enrolled in the Student Health Insurance Plan are automatically enrolled in the Student Dental Insurance Plan. Eligible dependents are automatically enrolled in the Dental Insurance Plan when enrolled in the Health Insurance Plan.

**CALENDAR YEAR DEDUCTIBLE:** The total amount you and/or your dependents pay in a calendar year before the insurance begins paying.

**CALENDAR YEAR MAXIMUM:** The maximum benefit you will receive.

**PREVAILING CHARGE:** You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.

Delta Premier dentists may not balance bill above the Delta Dental approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.

You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.

**POLICY HOLDER:** The Policyholder is UC San Francisco.

### PREDETERMINATION OF BENEFITS

When charges for a period of dental treatment (other than emergency treatment) are expected to exceed \$300 for the insured or any covered dependent, you or your Delta Dentist may file a Predetermination dental treatment plan with Delta Dental before treatment begins. Delta Dental will provide a written response indicating benefits that may be payable for the proposed treatment.

### COORDINATION OF BENEFITS

This coverage coordinates coverage with other group policies. This coordination gives us the right to recover benefit payments from another person or company liable for covering your dental loss.

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DENTAL PLAN (continued from page 24)

### SERVICES

### PLAN PAYS

#### **Unit 1 Diagnostic and Preventive Services 80% for PPO, 70% non-PPO\***

Procedures include, but are not limited to:

- Routine exams and cleaning (two per calendar year), including emergency exams
- Bitewing x-rays – once per calendar year for adults and twice per calendar year for children under 18 years old
- Full mouth/Panoramic x-rays – once every 36 months
- Fluoride treatment – two per calendar year for adults and children
- Space maintainers (covered only for dependent children under age 12; repairs not covered)

#### **Unit 2 Basic Services 80% for PPO, 40% non-PPO\***

Procedures include, but are not limited to:

- Amalgam, silicate or composite (resin) restorations (fillings)
- Simple oral surgery
- Complex oral surgery (includes extraction of impacted teeth)
- General anesthesia
- Endodontics (Root canal therapy)
- Dental scaling
- Periodontal prophylaxis (cleaning) – covered only after three (3) months following active periodontal treatment. Subject to teeth cleaning frequency limit
- Sealants – only on permanent first molars through age 8 and second molars through age fifteen 15 every two years

#### **Unit 3 Crowns and Cast Restoration Services 80% for PPO, 40% non-PPO\***

- Crowns, Inlays, Onlays and Cast Restorations are benefits only when provided to treat cavities which cannot be restored with amalgam, silicate or direct composite (resin) restorations

#### **Harmful Habit Appliances 80% for PPO, 40% non-PPO\***

- Occlusal Guard – including bruxism and night guard appliances, covered up to a lifetime maximum of \$500

**\*When using non-PPO providers, the insured is responsible for any amount over Delta Dental's approved amount.**

### EXCLUSIONS

Delta Dental does not provide benefits for:

1. Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws.
2. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.
3. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.

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## DENTAL PLAN (continued from page 25)

4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
5. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan.
6. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
7. Experimental procedures.
8. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
9. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures.
10. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
11. Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants, except as provided under LIMITATIONS.
12. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
13. Replacement of existing restoration for any purpose other than active tooth decay.
14. Intravenous sedation, occlusal guards and complete occlusal adjustment.
15. Orthodontic services (treatment of mal-alignment of teeth and/or jaws).
16. Prosthodontic Benefits (Construction or repair of fixed bridges, partial dentures and complete dentures to replace missing, natural teeth)
17. Diagnostic Casts.

### CLAIM PROCEDURE

Claims will be filed on behalf of the insured by PPO providers. When non-PPO providers are used, it may be necessary for an insured to submit a claim form to Delta Dental of California for reimbursement.

**Delta Dental of California**  
**PO Box 997330**  
**Sacramento, CA 95899-7330**

### FREQUENTLY ASKED QUESTIONS

If you have any questions about the Student Dental Insurance Plan call the Delta Dental customer service department toll-free at **1-800-765-6003**.

#### How do I know if my dentist participates with Delta Dental?

- For Delta Dental PPO providers access the website at [www.deltadentalins.com](http://www.deltadentalins.com), or call **1-800-765-6003**.
- Confirm PPO participation with your provider when making your appointment. Always present your insurance ID card. This tells your provider you are eligible for PPO benefits.

#### What if a PPO dentist refers me to a specialist?

- Ask your dental provider to refer you to another PPO provider. You may incur less of an out-of-pocket expense if you use PPO providers.

#### How often do I pay a deductible?

- You must meet your deductibles each calendar year (January 1 to December 31) before the policy begins paying.

## INTERNATIONAL SOS SERVICES

The following description of the Scholastic Group Medical Services Program provided by International SOS (Intl.SOS) has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein. For a full description of the Intl.SOS program, including benefits, definitions, exclusions, and limitations, please refer to your school's Member Website at: [www.internationalsos.com](http://www.internationalsos.com)

### MEDICAL REPATRIATION AND EVACUATION SERVICES

#### I. Services provided upon request as part of Subscription with no additional fees, 24 hours a day, 365 days a year, for any Member calling an Intl.SOS alarm center, due to a Serious Medical Condition.

##### A. Emergency Evacuation

Intl.SOS will arrange and pay for the ordinary and necessary expense of air and/or surface transportation, medical care during transportation, communications and all usual and customary ancillary charges incurred in moving and transporting a Member to the nearest hospital where appropriate medical care is available, which may be a location other than the Member's Home Country. Intl.SOS reserves the right, at its sole discretion, to determine whether the Member's medical condition is sufficiently serious to warrant medical evacuation, the location to which the Member will be evacuated and the means or method by which such evacuation or repatriation will be carried out. In making such arrangements, Intl.SOS may consider all relevant circumstances including, but not limited to the Member's medical condition, the degree of urgency, the Member's fitness to travel, airport availability, weather conditions and travel distance in determining whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail or land vehicle. Transportation shall be carried out under constant medical supervision, unless otherwise approved by an Intl.SOS physician.

##### B. Medically Supervised Repatriation

Intl.SOS will arrange and pay for the ordinary and necessary expenses to transport the Member to his/her Home Country or for subsequent in-patient hospitalization or rehabilitative treatment, following a medical evacuation where the Member is transported to a place outside his/her Home Country. Intl.SOS reserves the right, at its sole discretion, to determine whether the Member's medical condition is sufficiently serious to warrant medical evacuation, the location to which the Member will be evacuated and the means or method by which such evacuation or repatriation will be carried out. In making such arrangements, Intl.SOS may consider all relevant circumstances including, but not limited to the Member's medical condition, the degree of urgency, the Member's fitness to travel, airport availability, weather conditions and travel distance in determining whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail or land vehicle. Transportation shall be carried out under constant medical supervision, unless otherwise approved by an Intl.SOS physician.

##### C. Transportation to Join a Hospitalized Member

Following a Member's medical evacuation and with Intl.SOS' prior written approval, Intl.SOS will arrange and pay for the cost of one economy class round trip airfare for a relative or friend to join a Member who has or will be hospitalized outside his/her Home Country for more than seven (7) days.

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**SOS INT'L SERVICES (continued from page 27)**

**D. Accommodation While Visiting Hospitalized Member**

Intl.SOS will arrange and pay for hotel accommodation for the Member's companion who is visiting the Member while he/she is hospitalized outside his/her Home Country for more than seven (7) days (not including personal expenses such as meals, telephone charges and personal services).

**E. Transportation of Minor Children**

If a Member has minor children who are left unattended as a result of the Member's injury, illness or medical evacuation, Intl.SOS will arrange and pay for the cost of economy class one-way airfares for the transportation of such minor children to the Member's Home Country.

**F. Return of Traveling Companion**

When a Member is evacuated by Intl.SOS and a traveling companion's return air ticket is no longer usable, Intl.SOS will arrange and pay for one-way economy air transportation for the companion to the original departure point.

**G. Travel Arrangement After Medical Evacuation**

Following a Member's medical evacuation by Intl.SOS and with Intl.SOS' prior written approval, Intl.SOS will arrange and pay for the reasonable and necessary cost for airfare for the Member to return to his/her Home Country.

**H. Repatriation of Mortal Remains**

Intl.SOS will arrange and pay for all reasonable and necessary expenses for transporting the Member's mortal remains from the place of death to the Member's Home Country, or, if requested by an authorized family or legal representative and with Intl.SOS' prior written approval, Intl.SOS will arrange and pay for the reasonable and necessary expenses for local burial at the place of death, such expenses not to exceed the cost to repatriate the Member's mortal remains from the place of death to the Member's Home Country.

**II. Services provided upon request as part of Subscription with no additional fees, 24 hours a day, 365 days a year, for any Member calling an Intl.SOS alarm center.**

**A. 24-Hour Worldwide Medical Information and Assistance**

Intl.SOS will arrange for the provision of medical advice over the telephone for any Member calling an Intl.SOS alarm center. It must be noted that a telephone conversation, even with the local attending physician, cannot establish diagnosis and must be treated as advice only.

**B. Travel Health Information**

Intl.SOS will provide Members with travel health information via a password protected Internet website. Intl.SOS Destination Reports, which are summary reviews of the health situations in over 180 countries around the world, will be made available to Members through the Intl.SOS Scholastic Traveler Portal. The reports provide up-to-date information on health risks, medical care and vaccination requirements. The Portal also provides useful information for travelers with links to world weather conditions, a currency exchange calculator, a directory of Internet cafes around the world, electrical plugs used abroad and translator tool handling 8 languages.

**C. Medical & Dental Referrals**

Intl.SOS will provide the Member with names, addresses, telephone numbers and if requested by a Member and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively called 'Medical Service Providers') within the area where the Member is located. Intl.SOS will assist Members with

(continued on page 29)

**SOS INT'L SERVICES (continued from page 28)**

the arrangement and confirmation of appointments with Medical Service Providers, assistance in arranging ground accommodations, post appointment communications and follow up with Members. These recommendations are based upon the best judgment of Intl.SOS and its knowledge of the local conditions and availability of medical services at the geographic location involved. Intl.SOS does not guarantee the quality of the Medical Service Providers nor shall Intl.SOS be liable for any consequences arising out of or caused by the services provided by the Medical Service Providers. The final selection of Medical Service Providers shall be the responsibility of Member.

**D. Claims Assistance**

Intl.SOS will assist Members with coordinating overseas claims procedures with their insurance programs. Note - medical bills should not be sent to Intl.SOS, but directly to the insurer, as directed by Intl.SOS, to avoid delays in settlement.

**E. Emergency Record**

Each Member shall have the availability of the Intl.SOS emergency record through the use of a password protected Internet website so that he/she can store and retrieve emergency contact information, information regarding his/her personal physician, medical history, immunization record, allergies, medications, and other similar information. It shall be the Member's responsibility to update and keep the information contained current. Information will be available to Intl.SOS personnel in the event that the Member contacts Intl.SOS in an emergency and the information could be of assistance in aiding the Member.

**F. Email Health Alerts**

Each Member can sign up to receive the Intl.SOS email health alerts concerning travel health information. The service provides Members with the ability to receive up-to-date travel health information via their PC, laptop or wireless device. Health alerts are issued when there is a developing risk that in the opinion of the Intl.SOS medical staff may negatively impact travelers visiting a country.

**III. Services provided as part of Subscription subject to additional fees and/or reimbursement. Intl.SOS will provide the following services for Members, upon request of the Subscriber's Authorized Person, subject to payment of Intl.SOS' additional fees.**

**A. Medical Expense Guarantee, Cost Review & Payment, Medical Monitoring**

Intl.SOS will guarantee and pay as agent for the Subscriber all costs associated with a Member's in-patient or outpatient medical care. Intl.SOS also will medically monitor the Member's condition and provide the Subscriber's Authorized Person with medical evaluations of the Member's condition and ongoing medical expenses when hospitalized.

**B. Dispatch of Medication & Medical Supplies**

Intl.SOS will, when and where practical and legally permissible, arrange for delivery of medicines, drugs and medical supplies that are medically necessary for a Member's care and/or treatment but which are not available at the Member's location. The Member or Subscriber will be responsible for the cost of the items dispatched and all shipping and handling charges.

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SOS INT'L SERVICES (continued from page 29)

**Travel Services**

Intl.SOS will provide the following travel services, upon request, 24 hours a day, 365 days a year, for any Member calling an Intl.SOS alarm center:

**I. Services provided as part of Subscription with no additional fees.**

**A. Legal Referrals**

Intl.SOS will provide Members with names, addresses, telephone numbers and if requested by a Member and if available, office hours for lawyers or legal practitioners within the area where the Member is located. These recommendations are based upon the best judgment of Intl.SOS and its knowledge of the local conditions and availability of legal services at the geographic location involved. Intl.SOS does not guarantee the quality of the legal advice nor shall Intl.SOS be liable for any consequences arising out of the services provided by the lawyer or legal practitioner. The final selection of the lawyer or the legal practitioner shall be the responsibility of the Member.

**B. Emergency Message Transmission**

Intl.SOS will receive and transmit emergency messages between the family and the Member.

**C. Emergency Translation and Interpreter Services**

In the event of an emergency situation, Intl.SOS will provide personal telephone translation services and referrals to interpreter services through its alarm center network. A fee is charged if personal presence or customized services are required.

**D. Lost Document Advice & Assistance**

Intl.SOS will assist Members who have lost important travel documents (e.g. passport, credit cards) by providing instructions for recovery or replacement.

**II. Services provided as part of Subscription subject to additional fees and/or reimbursement.**

**Intl.SOS will provide the following services for Members, upon request of the Subscriber's Authorized Person, subject to payment of Intl.SOS' additional fee.**

**A. Emergency Family Travel Arrangements**

Intl.SOS will coordinate emergency travel arrangements for family members who need to join a hospitalized Member. The costs of travel services are the responsibility of the Subscriber or Member or the family members.

**B. Emergency Personal Cash**

Intl.SOS will provide a Member with an emergency cash advance subject to Intl.SOS first securing funds from the Member or the Member's family.

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SOS INT'L SERVICES (continued from page 30)

**Access to Intl.SOS Clinics**

Intl.SOS will provide Members with access to services available at Intl.SOS Clinics, subject to the procedures and requirements then in force at each respective Intl.SOS Clinic. Intl.SOS Clinic contact details are available at the Intl.SOS website: [www.internationalsos.com](http://www.internationalsos.com).

**Service Program Limitations**

The following limitations shall apply to the services in this Program:

**Emergency Evacuation, Medically Supervised Repatriation and Repatriation of Mortal Remains:**

Maximum of \$2,000,000 per Member per Intervention

**Transportation to Join a Hospitalized Member:**

Maximum of \$2,500 per Member per Intervention

**Accommodation While Visiting Hospitalized Member:**

Maximum of \$2,500 per Member per Intervention

**Return of Minor Children:**

Maximum of \$2,500 per Member per Intervention

**Return of Traveling Companion:**

Maximum of \$2,500 per Member per Intervention

**Travel Arrangements After Medical Evacuation:**

Maximum of \$2,500 per Member per Intervention

**SOS 24-Hour Alarm Centers**

If calling **within the U.S.A.:** 1-800-523-6586.

If calling from **Canada, Mexico, Central or South America:**  
*Philadelphia 1-215-943-8226 (call collect where available)*

If calling from **Europe, CIS, Africa or the Middle East:**  
*London 44-20-8762-8008 (call collect where available)*

If calling from **Asia, Australia or the Pacific Rim:**  
*Singapore 65-6338-7800 (call collect where available)*

Additional Alarm Center and Clinic contact information can be found at the SOS website: [www.internationalsos.com/world-network](http://www.internationalsos.com/world-network).

For online health and safety information, and to register your trip abroad go to: [www.internationalsos.com](http://www.internationalsos.com), and at the prompt for Members' Log-in enter: **11BSGM000060**.

**University of California, San Francisco  
Student Health Service**

500 Parnassus, Box 0722  
San Francisco, CA 94143-0722  
1-415-476-1281  
<http://shs.ucsf.edu>

Program Arranged by:  
**Renaissance Agencies, Inc.**  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
1-800-537-1777  
[www.renstudent.com](http://www.renstudent.com)  
CA License No. 0697235

Health Plan Claims Administered by:  
**Personal Insurance Administrators, Inc.**  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
1-800-468-4343  
[www.piacclaims.com](http://www.piacclaims.com)



Health Plan Underwritten by:  
**Nationwide Life Insurance Company**  
Policy Number 302-078-0406

Dental Plan Claims Administered by:  
**Delta Dental of California**  
PO Box 997330  
Sacramento, CA 95899-7330  
1-800-765-6003

Dental Plan Underwritten by:  
**Delta Dental of California**  
Group Number 271-0001

**ID CARD—DETACH AND RETAIN—NO OTHER WILL BE ISSUED**

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**PERSONAL INSURANCE ADMINISTRATORS, INC.**  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll Free 1-800-468-4343  
**In California:**  
for information on PPO Providers, access  
[www.cfmncnet.org](http://www.cfmncnet.org) or call 1-800-334-7341  
**Outside of California:**  
for information on PPO Providers, access  
[www.myfirsthealth.com](http://www.myfirsthealth.com) or call 1-800-226-5116  
  


**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
2008–2009 STUDENT INSURANCE PLAN**

Covered Person \_\_\_\_\_

Underwritten by:  
**NATIONWIDE LIFE INSURANCE COMPANY**  
**Policy No. 302-078-0406**

Both the effective and termination dates of coverage  
are subject to verification by the Company.

Express Scripts  
#RQSR

**THE EYE CARE NETWORK**

For participating eyecare providers,  
call 1-800-793-9288 or access the  
website: [www.ecndiscount.com](http://www.ecndiscount.com)

Intl.SOS Member: #11BSGM000060  
Call collect where available:  
00-1-215-943-8226



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
2008-2009 STUDENT DENTAL INSURANCE PLAN  
Underwritten by:  
DELTA DENTAL OF CALIFORNIA

Group No. 271-0001

Enrollee ID: Student Insurance Plan Member ID

Coverage: Delta Dental PPO

Both the effective and termination dates of coverage  
are subject to verification by the Company.



For Delta Dental Preferred Providers, call  
1-800-765-6003 or visit the website:  
[www.deltadentalins.com](http://www.deltadentalins.com)

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This ID card is not a guarantee of insurance coverage. Eligibility for  
coverage and benefits payable, if any, will be determined by all provi-  
sions in effect when services are provided.

**To verify eligibility:**

Call Renaissance Agencies, Inc. at: 1-800-537-1777

**To verify dental plan benefits:**

Call the Delta Dental customer service department at:  
1-800-765-6003

**Submit dental claims to:**

Delta Dental of California  
P.O. Box 997330  
Sacramento, CA 95899-7330