



2005 – 2006 Graduate Student Health Insurance Plan

Underwritten by:
Nationwide Life Insurance Company
Policy Number 302-050-0403

IMPORTANT NOTICE

Please keep this brochure as a general summary of the insurance. This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-050-0403) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

ATTENTION:

Your temporary ID card is on the back of this brochure. Please detach and retain for proof of coverage. You can download a permanent ID card from:

www.renaissance-inc.com/ucrg/idcard

Note: You can have the permanent card laminated at the UC Riverside Campus Health Center.

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U.C. RIVERSIDE CAMPUS HEALTH CENTER DIRECTORY LISTING

Clinic	Mon.–Fri. 8 a.m.–4:30 p.m., Thursdays the clinic opens at 9 a.m.
Appointments	827-3031
Fax (Clinic)	827-3133
Dental Clinic (by appt.)	827-3039 or 827-3031
Vision Clinic (by appt.)	827-3031
Laboratory	827-3040
X-Ray	827-3038
Wellness Center	827-4187
Pharmacy	827-3926
Insurance Office	827-5683
Fax (Insurance Office)	827-7171
Website	www.campushealth.ucr.edu

A Quick Guide to Using Your GSHIP

1. **Where do I go for medical care?**
The UCR Campus Health Center (CHC) is your primary care facility. If you do not make use of the CHC first, **you may have to pay the entire bill.**
2. **What if I am not in Riverside when I need medical care?**
A referral from CHC is not needed in an emergency or when you are outside the 50-mile radius of CHC. In California, please call **1-800-334-7341** or access the internet website **www.cfmnet.org** for the nearest PPO provider in your county. Outside of California, please call Beech Street at **1-800-877-1444** or access the internet website **www.beechstreet.com.**
3. **What if I have an Emergency?**
Go to the nearest urgent care facility or emergency room, and present your USHIP card. **Please see a CHC doctor before making any follow-up appointments instructed by the E.R. Doctor.**
Important: Many E.R. Doctors are not providers for CFMC and are covered at the lower reimbursement rate.
4. **What is the off-campus provider coverage and how much will I pay out-of-pocket?**
You must pay a co-pay of \$10 for office visits, and \$150 for any hospitalizations or any outpatient surgical procedures. Use PPO providers & facilities, which are contracted with California Foundation for Medical Care and Beech Street to maximize your insurance benefits. If a non-PPO provider or facility is used, only 70% of Reasonable Charges for the area will be paid. **You will have to pay the balance out of pocket. Use PPO network providers and facilities to maximize your benefits. (See #2)**
5. **How do my pharmacy benefits work?**
All eligible prescriptions filled at CHC will have a \$10 copay. Prescriptions filled at participating Express Scripts contracted pharmacies **off-campus** will have a \$15 copay due from the student. Prescriptions filled outside of the CHC and at a non-Express Scripts provider pharmacy will only be paid at 50%. Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates on the prescription **DO NOT SUBSTITUTE.**
6. **What is not covered by this plan?**
EXCLUSIONS, or expenses not covered, are listed in the policy brochure. It is important to note that expenses for **pre-existing conditions** may not be covered for the first six months you are on the plan.
7. **What if I have a problem with my card or insurance?**
For ANY questions or problems, please call our Insurance office at (951)827-5683. We are open Monday through Friday, 8:00 a.m. – 4:30 p.m., except for Thursdays when we open at 9:00 a.m.

Also, the phone number for PIA, our claims processing office, is 1-800-468-4343. They can be contacted Monday through Friday, 8:30 a.m. – 4:30 p.m. to verify eligibility and benefits.

UNIVERSITY OF CALIFORNIA, RIVERSIDE

Student Health Insurance
Riverside, CA 92521
Phone: (951) 827-5683
Fax: (951) 827-7171
www.campushealth.ucr.edu



Dear GSHIP Participant:

Welcome to the University of California, Riverside's Graduate Student Health Insurance Plan (GSHIP).

Here at UCR we realize the importance of your health and strive to help you maintain your educational and physical goals. That is why we believe that this insurance is one of the best gifts that you could give to yourself.

GSHIP is very comprehensive, yet affordable insurance for primary care and major medical expenses. The Campus Health Center serves as your primary care provider and coordinates any specialty care that may be required. You are automatically enrolled in the Graduate Student Health Insurance Plan as a UCR student. You will, however, have the option of waiving out of the plan if you can show proof of comparable coverage that meets the campus's minimum guidelines for insurance. The petition to waive the Student Health Insurance may be obtained on the Campus Health web site at:

www.campushealth.ucr.edu.

Access to health care is limited for many Americans due to their inability to pay for medical expenses. We hope that in making this insurance available, it will enable you to have a healthier approach in meeting your academic goals.

Sincerely,

Handwritten signature of Carla Short in cursive.

Carla Short
Insurance Coordinator

**UC RIVERSIDE
CAMPUS HEALTH CENTER (CHC)**

The Campus Health Center staff promotes and maintains a healthy Riverside campus population. We perform this function by providing professional health services as well as education in disease prevention and healthy lifestyles. We continually strive to understand the unique stresses relevant to university life in order to promote and maintain the optimal health of our patients.

The Campus Health Center is the primary care facility for your medical needs. If necessary, specialty services not provided at the Campus Health Center may be obtained off campus upon referral from the Campus Health Center.

Where are we located?

The Campus Health Center is conveniently located across from parking lot 15 between the dorms, in the Veitch Student Center.

What are the hours?

During the regular school year we are open Monday through Friday from 8:00 a.m. to 4:30 p.m., except on Thursdays the CHC opens at 9:00 a.m. During the Summer Session the Health Center is open Monday through Friday from 9:00 a.m. to 4:00 p.m.

What services do we provide?

The Campus Health Center (CHC) is a comprehensive outpatient clinic staffed with licensed providers, dentists and an optometrist. We offer:

- Laboratory Services
- X-Ray
- Women's Health Clinic
- Health Education
- Referral for Specialty Care
- Pharmacy
- Dental Clinic
- Vision Clinic
- Insurance Services

Who is eligible to use the services at the Campus Health Center?

Services are available to all registered UCR students.

What forms of payment are accepted?

If you enroll in GSHIP, the Campus Health Center will be billing your insurance for you. However, some costs for health care are not currently covered under this plan. For payment of these fees the CHC accepts cash, checks, Visa and MasterCard, or you may have it applied to your student account. Payment is due on the day of service unless other arrangements are made. Missed appointments will result in a \$10.00 charge for routine appointments and \$20.00 for specialty clinics. Appointments for special procedures may result in a higher amount. **The CHC does not directly bill insurance plans other than GSHIP. Patients who waive out of the University-sponsored plan are personally responsible for medical payment.**

CAMPUS HEALTH CENTER (continued)

What if I have an Emergency and the Campus Health Center is closed?

If you have an Emergency when the Campus Health Center is closed (at night or on weekends or holidays) and you cannot wait for the Campus Health Center to open, please call 911 or go to the nearest emergency room or urgent care facility. **Remember, you must contact the Campus Health Center for all follow-up care.**

What if I am not close to the CHC and need medical care?

If you are outside of a 50-mile radius of the CHC you do not need a referral from a CHC provider. However, remember that if you do not use a PPO provider you will be responsible for 30% of the bill. The following is a partial list of PPO facilities in the Riverside area. For a complete listing of network providers in California, access the Foundation website at www.cfmnet.org.

Riverside Community Hospital
4445 Magnolia Ave.
(951) 788-3000

Riverside Medical Clinic
3660 Arlington Ave.
(951) 782-3789

Parkview Hospital
3865 Jackson Ave.
(951) 688-2211

Riverside Medical Clinic
6405 Day St.
(951) 697-5454

For providers outside of California, contact Beech Street at 1-800-877-1444, or access the internet website: www.beechstreet.com

Patient Confidentiality

Confidentiality and rights to privacy are strictly maintained according to the HIPAA guidelines.

Students With Disabilities

Campus Health facilities are accessible to those in wheelchairs or other special needs. Academic support is available to students with disabilities from Special Services at (951) 827-4538.

**2005–2006
UC RIVERSIDE
GRADUATE STUDENT
HEALTH INSURANCE PLAN**

INTRODUCTION

The Graduate Student Health Insurance Plan (GSHIP) is designed to supplement the services offered at the Campus Health Center (CHC).

The CHC (located in the Veitch Student Center) provides primary care services to all registered students, and their spouses or domestic partners, with fees ranging from no charge to minimal charges. The insurance is used to pay for eligible medical services that CHC does not provide free of charge.

The Student Health Insurance Office (also located in Veitch Student Center) is open year round to serve you. If you need benefit information, or assistance in obtaining services, please call the CHC at (951) 827-5683.

You are welcome to read the Master Policy which is the complete legal document that describes the rights and obligations of the insurance company, the University, and the Insured. This document is available for review at the Student Health Insurance Office.

ELIGIBILITY

All graduate and professional students (hereinafter designated “students”) who pay full registration fees and attend the University of California, Riverside are automatically eligible for and are enrolled in GSHIP for the Fall, Winter, Spring and Summer Quarters of the 2005–2006 school year.

Insured Students may also enroll their eligible dependents in the plan by completing the attached enrollment form and remitting the appropriate premium by the Enrollment Deadline Date. Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents.

An eligible dependent is the Insured Student’s: 1) spouse residing with the Insured Student; 2) Domestic Partner residing with the Insured Student; or 3) unmarried children under the age of 18 years (23 if a full-time student at an accredited school).

NEWLY ACQUIRED DEPENDENT CHILDREN

If a child is born to an Insured, that child will be covered under the Policy for the first 31 days after: 1) birth of a newly born child; 2) the effective date of adoption of the child; or 3) the date placement of the child for adoption. Coverage for such child will be for Sickness or Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and Medically Necessary nursery care. Benefits will be the same as any other covered person who is the child's parent. This plan does not cover well-baby care (including Hospital stays), other than as mandated by California state law (see page 17).

The Insured will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Insured must, within 31 days after the birth, adoption or placement for adoption: 1) apply to the Company; and 2) pay the required additional premium for the continued coverage.

If the Insured 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.

ENROLLMENT

Enrollment in GSHIP for graduate students is automatic and will be made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University, by the Waiver Deadline listed, will be waived from coverage.

Post-Doctoral Fellows, students on approved leave of absence, students on filing fee status and students new for the Summer quarter, as well as eligible dependents, may enroll by completing an enrollment form during the 30 days immediately following the beginning of each quarter (see Enrollment Deadline Dates). Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents. Failure of the student to enroll for dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. **Otherwise, enrollment forms and premium cannot be accepted after the Enrollment Deadline Date listed.**

Students (or dependents) who apply for coverage and who are ineligible by virtue of the eligibility requirements stipulated in the booklet will, upon determination that they were ineligible at the time of enrollment, receive a full refund of premium submitted, irrespective of premiums having been collected and deposited by the Company and the coverage will be the same as if it had never been in effect.

COVERAGETERM STUDENTS

Coverage for Eligible Students under GSHIP becomes effective at 12:01 a.m. on the first date of the applicable school quarter for which the Eligible Student is enrolled if the premium for GSHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, enrollment in GSHIP will become effective at 12:01 a.m. on the date following the date of receipt by the University. For students who enroll by completing an enrollment form, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are received by the Campus Health Center before this date. If the enrollment form and premium are 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 the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at the Campus Health Center, said effective date not to be earlier than 12:01 a.m. of the effective date of the Term for which the student enrolls.

Coverage under GSHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid. Insurance under GSHIP for Eligible Students enrolled for the Spring quarter will extend through to 12:01 a.m. of the first day of the Fall Quarter of the 2006–2007 school year.

DEPENDENTS

When an Eligible Dependent enrolls by using the Enrollment Form, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are received by the Campus Health Center before this date. If the enrollment form and premium are 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 the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at the Campus Health Center, said effective date not to be earlier than 12:01 a.m. of the effective date of the Term for which the Eligible Dependent enrolls.

Coverage under GSHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid.

Please note Eligible Dependents must purchase summer coverage in order to maintain Continuous Coverage through to the 2006–2007 year. Dependent coverage for the Summer Term will terminate at 12:01 a.m. on 9/25/06.

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

COVERAGE TERMS (continued)

Dependent coverage can only be purchased for the same term for which student coverage has been purchased. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student. Because a separate Enrollment Form is required for students applying for dependent coverage, it is possible that the student and the student's dependent(s) may have varying effective dates of coverage, depending on when the Enrollment Form is received. However, a dependent's coverage cannot be in effect at any time the insured student's coverage is not in effect.

Premiums and enrollment forms for Eligible Dependents who have not been insured under this plan or whose coverage has lapsed, or renewal premiums for Continuous Coverage for Eligible Dependents currently enrolled under this plan, cannot be accepted after the Enrollment Deadline Date listed.

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 Insured's responsibility to renew coverage in a timely manner, subject to continuing eligibility.

TERMS OF COVERAGE				
Term	Effective Date	Termination Date	Waiver Deadline	Enrollment Deadline
Fall	9/26/05	1/04/06	09/12/05	10/25/05
Winter	1/04/06	3/29/06	12/12/05	02/02/06
Spring	3/29/06	6/16/06	03/12/06	04/27/06
Summer	6/16/06	9/25/06	N/A	07/15/06

COSTS OF COVERAGE (per quarter)				
	FALL	WINTER	SPRING	SUMMER
	9/26/05	1/04/06	3/29/06	6/16/06
	to	to	to	to
	1/04/06	3/29/06	6/16/06 ¹	9/25/06
Student	\$ 518.00	\$ 518.00	\$ 518.00	\$ 518.00 ²
Post Doctoral	\$1,568.25	\$1,568.25	\$1,568.25	\$1,568.25
Student on Leave or Filing Fee Student ³	\$ 518.00	\$ 518.00	\$ 518.00	\$ 518.00

¹ Students enrolled for the Spring term will have coverage extended to 12: 01 a.m. on 9/25/06.
² New Summer enrollees only.
³ Except for Summer, students not regularly enrolled must also pay a mandatory CHC user fee of \$75 per quarter (since no registration fee is charged in these categories).

Please see the attached dependent enrollment form for dependent rates.

PREMIUM REFUNDS

No premium refunds are permitted, except when an insured student enters full-time active military service, at which time a pro rata refund of premium paid for GSHIP will be made on request.

HOWTO OBTAIN SERVICES

Riverside Area: Whenever you are seeking treatment within a 50-mile radius of the Campus Health Center (CHC), go to the CHC for primary care. **The Pre-Existing Condition Exclusion is waived for services received at the CHC.**

When Covered Charges are incurred within a 50-mile radius of the CHC, benefits are available only upon treatment and referral from the CHC or in the event of an Emergency. *In the absence of a CHC referral or Emergency, when Covered Charges are incurred within a 50-mile radius of the University of California, Riverside CHC, no benefits are payable.*

When treatment for a condition is required from a provider other than the provider to whom the CHC originally referred the insured student, a new referral must be obtained from the CHC. A written referral from the CHC is required for any follow-up care after Emergency services. A referral from an emergency room Doctor is **not a valid referral**. Further, each written referral for a condition is valid for 90 days unless a greater time period is indicated on the referral form.

In the event that the University of California Riverside CHC is closed for four (4) or more consecutive days, the requirement that students first utilize the CHC when seeking treatment for an Accident or Sickness when within the 50-mile radius or when seeking treatment for a non-Emergency is waived.

Elsewhere: Outside a 50-mile radius of the CHC benefits are available when necessary medical treatment is required. If you are in the state of California, call **1-800-334-7341** or access the internet website at: **www.cmfnet.org** to get a list of the PPO hospital and Doctor facilities in your area. If you are outside of California, please contact Beech Street for a list of PPO providers at **1-800-877-1444** or access the internet website: **www.beechstreet.com**. **You must notify the CHC no later than 72 hours from the time of treatment that does not commence at the CHC.**

Benefits are available when Covered Charges are incurred outside a 50-mile radius of the University of California, Riverside CHC. *Notification to the CHC should be not later than 72 hours from the time of treatment that does not commence at the CHC (including Emergencies and/or when within the 50-mile radius).*

Benefits for Covered Charges incurred for hospitalization and outpatient surgery are available only upon authorization from the CHC.

The CHC referral requirement is waived for insured Eligible Dependents.

PREFERRED PROVIDER ORGANIZATION

The Graduate Student Health Insurance Plan for 2005–2006 has incorporated into the coverage, access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care. Access to the Beech Street Corporation PPO network is available for medical care nationwide, when seeking treatment outside of California.



The coverage provides benefits nationwide for Covered Charges incurred at 100% of the PPO charges when treated by network providers and provides benefits worldwide for Covered Charges incurred at 70% of Reasonable Charges when treated by non-network providers (100% in the case of an emergency). If a non-PPO provider or facility is utilized, there is a 30% coinsurance factor for which the Insured Person is responsible.

In California

A complete listing of the PPO hospital and Doctor facilities in California is available by calling **1-800-334-7341** or by accessing the internet website: **www.cfmnet.org**.

Outside of California

For a complete listing of the PPO Hospital and Doctor facilities outside of California, call **1-800-877-1444** or access the internet website: **www.beechstreet.com**.

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.

CONTINUED STAY REVIEW

When Hospital Confinement occurs, the Insured's Doctor must consult with the Utilization Review Organization within 24 hours of hospitalization for a review of the medical information to determine the need for continued Hospital Confinement. Further Hospital Confinement will be certified if the days are determined to be necessary.

When Hospital Confinement results from admission to a non-PPO facility due to an Emergency, the provider must contact the Utilization Review Organization within 48 hours to determine when it is medically appropriate for the Insured to be transferred to a PPO facility.

To certify continued Hospital Confinement call Beech Street at 1-800-877-1444.

MEDICAL BENEFITS

When, as the result of an Accident or a Sickness, the Insured incurs Covered Charges, the Company will pay the expenses incurred for the following medical services up to 70%, or 100% if a PPO is utilized, of the applicable limits stated below, up to the lifetime aggregate maximum of \$250,000 per Sickness or Injury, except treatment of an Injury resulting from a motor vehicle Accident is limited to a maximum of \$50,000 per Accident.

This Plan of Insurance is primary for the first \$10,000 of Covered Charges incurred.

All out-of-network benefits are payable at the Reasonable Charges levels for Riverside, California.

Inpatient (Hospital Confined)	
Available only upon authorization from the CHC. All Hospitalizations must be certified. Please see Continued Stay Review on page 12	
Room & Board	70%, or 100% if PPO is utilized, of semi-private room rate; each admission has a \$150 Copayment, but not to exceed \$500 per plan year, per Insured. This is in addition to any out-of-pocket payment required of the Insured
Miscellaneous Expense	70%, or 100% if PPO is utilized (exclusive of personal expense)
Alcohol & Drug	Maximum of 3 days per plan year; 70%, or 100% if PPO is utilized
Mental or Nervous Disorders* Only upon referral from the CHC or the UCR Counseling Center	Maximum of 20 days per plan year; 70%, or 100% if PPO is utilized
Outpatient	
Mental or Nervous Disorders* Only upon referral from the CHC or the UCR Counseling Center	70%, or 100% if PPO is utilized, but no more than one visit per day up to a maximum of 20 visits per plan year
*See the definition for Mental or Nervous Disorders on page 23.	

BENEFITS (continued)

Outpatient (continued)	
Emergency Care	100% for emergency care
Outpatient Surgery Available only upon authorization from the CHC.	70%, or 100% if PPO is utilized; each outpatient surgical center/facility charge has a \$150 Copayment, but not to exceed \$500 per plan year. This is in addition to any out-of-pocket payment required of the Insured
Chemotherapy and Radiation Therapy	70%, or 100% if PPO is utilized
Laboratory	After a \$75 deductible per condition, 70%, or 100% if PPO is utilized (100% at the CHC)
Radiology	70%, or 100% if PPO is utilized
Maternity	
	As any other Sickness, including termination of pregnancy
Surgery	
Only upon authorization from the CHC	70%, or 100% if PPO is utilized, includes surgeon. Assistant surgeon is paid at 20% of the surgeon's allowance.
Anesthesia	
	70%, or 100% if PPO is utilized, of Covered Charges incurred
Physiotherapy (post-surgical only)	
For non-post-surgical coverage, see page 31.	70%, or 100% if PPO is utilized, up to a maximum of \$500 per condition (post-surgical only)
Accidental Injury to Natural Teeth	
For additional coverage, see page 29.	70%, or 100% if PPO is utilized, of Covered Charges incurred up to \$300 per Injury for dental services resulting from accidental Injury to natural teeth within 90 days of the Injury. Accident must occur while covered under this program.

BENEFITS (continued)

Doctor	
Doctor Visits	70%, or 100% if PPO is utilized, of Covered Charges incurred; each office visit has a \$10 Copayment. This is in addition to any out-of-pocket payment required of the Insured
Acupuncture	70%, or 100% if PPO is utilized, of Covered Charges incurred, up to a maximum of \$100 per plan year
Chiropractic For additional coverage, see page 31.	70%, or 100% if PPO is utilized, to a maximum of \$25 per visit, up to one (1) visit per day, to a maximum of \$100 per plan year
Podiatry	70%, or 100% if PPO is utilized, of Covered Charges incurred up to a maximum of \$100 per plan year
Prescription Drugs	
(including prescription contraceptives)* Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates on the prescription DO NOT SUBSTITUTE. You will receive a separate ID card from Express Scripts, but you may use the ID card attached to this brochure to get your prescriptions in the meantime.	100% after a \$10 Copay if filled at the UC Riverside CHC or a \$15 Copay if filled by an Express Scripts provider, up to a maximum of \$15,000 per plan year. Prescriptions filled outside of the CHC and by a non-Express Scripts provider are payable at 50%. To locate an Express Scripts pharmacy, access the website www.Express-Scripts.com or ask the CHC. Prescriptions for Lamisil, Sporanox and Accutane are not covered.
*If a provider determines that a prescription oral contraceptive is not medically appropriate for an Insured, coverage will be provided for an alternative FDA-approved prescription contraceptive method as prescribed by the provider.	

BENEFITS (continued)

Dental Admissions	
	70%, or 100% if PPO is utilized, of semi-private room and services
Ambulance	
NOTE: No ambulance benefits are available for non-Emergency transportation.	100% local ground when eligible for hospital benefit or Emergency. Air transportation, if necessary, from where first disabled to nearest hospital is limited to \$1,000.
Hospice Care	
	70%, or 100% if PPO is utilized, up to \$5,000 during a person's lifetime.
Other Major Medical Expenses	
(except for hearing aids; orthopedic shoes; air purifiers or humidifiers)	<p>Pays 70%, or 100% if PPO is utilized, of charges for the first pair of contact lenses and the first pair of glasses when required as a result of eye surgery due to a covered Sickness or Injury.</p> <p>Pays 70%, or 100% if PPO is utilized, of charges for surgical implants and artificial limbs or eyes.</p> <p>Pays 70%, or 100% if PPO is utilized, of charges for unreplaced blood or blood products.</p> <p>Pays 70%, or 100% if PPO is utilized of charges for rental or purchase of dialysis equipment and dialysis supplies, and for rental or purchase of durable medical equipment and supplies which are:</p> <ol style="list-style-type: none"> 1) Ordered by a Doctor; 2) Of no further use when medical need ends; 3) Usable only by the patient; 4) Not primarily for the Insured Person's comfort or hygiene; 5) Not for exercise; and 6) Manufactured specifically for medical use.

BENEFITS (continued)

Other Major Medical Expenses (continued)	
	<p>Rental charges that exceed the reasonable purchase price of the equipment are not covered. The Company determines which items meet the above conditions.</p> <p>Pays benefits for services in connection with a non-investigative organ or tissue transplant for:</p> <ol style="list-style-type: none"> 1) An Insured who receives the organ or tissue, and 2) An Insured who donates the organ or tissue, and 3) An organ or tissue donor who is not an Insured, if the organ or tissue recipient is an Insured Person. Benefits are reduced by any amounts paid or payable by that donor's own coverage.
Renewal	
	On each anniversary date of the plan year, benefits renew automatically up to \$1,000. The plan year anniversary date conforms with the calendar announcements of the University for the applicable Fall Quarter.
State Mandated Benefits	
	<p>The State of California mandates coverage for the following:</p> <ol style="list-style-type: none"> 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) severe mental illness and serious emotional disturbances of a dependent child; 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 and cervical cancer screening and generally medically accepted cancer screening tests; 8) breast cancer screening, diagnosis, and treatment; 9) a second opinion requested by an Insured 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) and reconstructive surgery under certain circumstances. Please see the Policy on file with the University for further details.

ACCIDENTAL DEATH BENEFIT

When, as the result of accidental death occurring within 180 days immediately following the date of the Accident, the Company will pay the applicable benefit of \$5,000 for the Loss. This benefit is paid in addition to all other benefits provided in the Policy.

When an Insured incurs Loss of life during the policy term, up to the payable principal sum (\$5,000) may be used as indemnification against cost of repatriation to the Insured's country of origin.

MEDICAL EVACUATION BENEFIT

When as a result of an Injury or Sickness, the Insured is hospitalized for at least five (5) consecutive days, the Company will pay for evacuation to the Insured's home country or to a facility operated pursuant to the law of the Insured's home country for the care and treatment of injured or ill persons, or to another medical facility in the United States. Such action must be Medically Necessary and upon the recommendation of the attending Doctor and approval by the Claims Administrator of the Policy. The Company will pay the actual expense incurred, but not to exceed a maximum aggregate benefit of the \$10,000. All transportation must be arranged in advance by the Claims Administrator.

REPATRIATION BENEFIT

In the event of an Insured's death while insured under the Policy, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the Insured's home country or country of regular domicile. If applicable, such action will be in accordance with any international requirements. The Company will pay the actual expenses but not to exceed a maximum aggregate benefit of \$10,000. All expenses must be approved by the Claims Administrator of the Policy before the remains are prepared for transportation.

EXTENSION OF BENEFITS

A maximum six (6) month extension of benefit period from the termination date of coverage will apply in the event an Insured is Hospital Confined or Totally Disabled due to Sickness or Injury. Such period shall not extend beyond the date of discharge from the hospital due to such Sickness or Injury, the date Total Disability due to such Sickness or Injury ends, or the date the six-month extension of benefit period ends, whichever is earliest. This benefit is applicable only to the extent the Insured is not enrolled in the ensuing Term of coverage. Dependents that are newly acquired during the insured student's Extension of Benefits period are not eligible for benefits under this provision. This Extension of Benefits provision does not apply to prescription drug coverage.

EXCESS COVERAGE

After the first \$10,000 of incurred Covered Charges, this Plan of insurance is secondary to any other benefits receivable under any insurance, health maintenance, prepaid or any other health care delivery plan, except for charges for services received at the Campus Health Center. Benefits receivable under any other plan include benefits that would have been received had a claim for

EXCESS COVERAGE (continued)

benefits been duly made therefore, except for automobile insurance.

PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-Existing Conditions unless the Insured has had six (6) months of Continuous Coverage. This limitation will be waived if, during the period immediately preceding the Insured's Effective Date of coverage under this Policy, the Insured was covered under prior creditable coverage for six (6) consecutive months. Prior creditable coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. This waiver of Pre-Existing Conditions will apply only if the Insured becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage. The Insured must provide proof of prior creditable coverage.

EXCLUSIONS AND LIMITATIONS

The policy does not cover or provide 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;
 - 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. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
6. 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.
7. Injury caused by, contributed to or resulting from the Insured's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Doctor.
8. Treatment for obesity, except for surgical treatment for morbid obesity.
9. Sexual reassignment surgery.

EXCLUSIONS (continued)

10. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
11. 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.
12. Expenses for preventative medicines, serums or vaccines, except when required for treatment of Injury.
13. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
14. Expense incurred in connection with sterilization or sterilization reversal.
15. Treatment for family planning or of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
16. Practice or play in any intercollegiate or interscholastic sports activity, including travel to and from the activity and practice, unless specifically provided in the Policy.
17. Services that are provided normally without charge by the University's health center, services for fees provided by the University, or services rendered by any person employed by the University.
18. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
19. Services received before the Insured's effective date or during an inpatient stay that began before the Insured's effective date; expense incurred after the date insurance terminates for an Insured except as may be specifically provided in the Extension of Benefits Provision, when applicable.
20. Hospital inpatient admissions primarily for diagnostic studies when bed care is not Medically Necessary.
21. Outpatient occupational therapy.
22. Outpatient speech therapy, except following surgery, Injury, or non-congenital organic disease.
23. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, custodial care, or rest cures. Services provided by a rest home, a home for the aged, a nursing home, a skilled nursing facility, or any similar facility, except as specifically stated for hospice care.
24. Orthopedic appliances or devices, including orthopedic shoes, for treatment of the foot or conditions related to the foot, except for podiatric devices to prevent or treat diabetes-related complications; air purifiers, air conditioners, humidifiers, exercise equipment and supplies for comfort or beautification.
25. An amount of a charge in excess of the Reasonable Charges.
26. Elective treatment or elective surgery, except as specifically provided.

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.

Copay/Copayment means the specified dollar amount an Insured must pay for specified charges. The copayment is separate from and not a part of the deductible or co-insurance.

Covered Charge means the Reasonable Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Charges for treatment of diabetes shall include:

- 1) blood glucose monitors and blood glucose testing strips;
- 2) blood glucose monitors designed to assist the visually impaired;
- 3) insulin pumps and all related necessary supplies;
- 4) ketone urine testing strips;
- 5) lancets and lancet puncture devices;
- 6) pen delivery systems for the administration of insulin;
- 7) podiatric devices to prevent or treat diabetes-related complications;
- 8) insulin syringes;
- 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and
- 10) outpatient self-management training, education, and medical nutrition therapy, as medically necessary, without a prescription or upon the direction or prescription of the attending Doctor.

Doctor means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and 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.

DEFINITIONS (continued)

Eligible Student means any registered graduate or professional student paying full registration fees and attending the University of California, Riverside during the Fall, Winter or Spring quarters, and any student during the Summer session who paid full registration fees during the preceding Spring quarter or who registers and pays fees for the Summer session.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that 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 a sudden, unforeseeable, external event which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Insured'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.

Insured means any Eligible Student or Eligible Dependent who is insured under the Graduate Student Health Insurance Plan.

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined in the Policy.

DEFINITIONS (continued)

Medically Necessary means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of a 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 Disorders means those disorders listed in the standard nomenclature of the American Psychiatric Association, other than a Severe Mental Illness or Serious Emotional Disturbances of a Child (see below).

The following Mental or Nervous Disorders will have benefits paid the same as any other medical condition: 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or 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.

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 Insured's effective date of coverage under the Policy. Pregnancy, including complications of pregnancy, shall not be considered a Pre-Existing Condition under the Policy.

Reasonable Charges 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, disease and complications of pregnancy that begins after the effective date of an Insured's coverage, which is not a Pre-Existing Condition. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Total Disability means the inability to perform each and every duty of any business or occupation for which the Insured is reasonably fitted by education, training and experience.

**CERTIFICATION OF
QUALIFYING HEALTH PLAN COVERAGE**

If an Insured is no longer eligible to be insured under the plan, the Insured 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 you would like to authorize an additional party to act as your 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.renaissance-inc.com.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you and we are committed to protecting your privacy. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your 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 you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing this policy, by writing to the address or visiting the website shown below. You may also submit a request, in writing, to review your information at the address below.

Renaissance Agencies, Inc.
Attention Privacy Manager
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: (800) 537-1777
Facsimile: (310) 394-0142
Website: www.renaissance-inc.com

**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; for purposes of this policy, "Nationwide" or "We" means the health plan components of Nationwide Life Insurance Company ("Nationwide Life"), which is a hybrid covered entity and for which Nationwide Health Plans ("NHP"), which is a business associate of Nationwide Life Insurance Company, performs certain administrative services relating to the Nationwide Life health insurance products. As permitted by law, Nationwide will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. 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 protected health information maintained by us. Copies of the revised notices will be available online and copies may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 24.

Protected health information 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 for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased.

The following components of a member's information also are considered protected health information:

1. names;
2. street address, city, county, precinct, zip code;
3. dates directly related to a member, including birth date, admission date, discharge date, and date of death;
4. telephone numbers, fax numbers, and electronic mail addresses;
5. Social Security numbers;
6. medical record numbers;
7. health plan beneficiary numbers;
8. account numbers;
9. certificate/license numbers;

HIPAA NOTICE (continued)

10. vehicle identifiers and serial numbers, including license plate numbers;
11. device identifiers and serial numbers;
12. Web Universal Resource Locators (URL'S);
13. biometric identifiers, including finger and voice prints;
14. full face photographic images and any comparable images; and
15. any other unique identifying number, characteristic, or code.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your authorization. Except as outlined below, we will not use or disclose your protected health information 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.

Disclosures for Treatment. We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information 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

HIPAA NOTICE (continued)

protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplemental policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

Communications With You. We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

Other Health-Related Products or Services. We may, from time to time, use your protected health information 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 protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-Enrollment. We may request and receive from you and your health care providers protected health information 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 either in the health plan or for a policy, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you either do not enroll in the health plan or if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose without your authorization.

**UNIVERSITY OF CALIFORNIA,
RIVERSIDE
STUDENT
DENTAL, VISION, AND
CHIROPRACTIC/PHYSICAL
THERAPY
PLAN**

Sponsored by:
UC Riverside
Campus Health Center
Veitch Student Center
951-827-3031

The following pages provide a description of the Outpatient Dental, Vision, and Physical/Chiropractic Therapy Plan and have been included in this brochure for the convenience of the student and is separate from, and in no way affects, the coverage provided by the Graduate Student Health Insurance Plan (GSHIP) described herein.

IMPORTANT NOTICES:

- The UC Riverside Outpatient Dental, Vision and Physical/Chiropractic Therapy Plan is part of the benefits provided to all students insured by the Graduate Student Health Insurance Plan (GSHIP) and cannot be purchased separately.
- This plan has the same effective dates as your GSHIP plan.
- These are separate benefits provided for you in addition to (but not included in) the GSHIP policy benefits.
- You must utilize only the providers retained by UC Riverside, who are listed on page 31.
- **This plan is not administered by Personal Insurance Administrators – contact UC Riverside CHC for details.**

DENTAL PLAN*

Coverage Period: 9/26/05 to 9/25/06

BENEFIT	STUDENT PAYS
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Visits:

Dental Examination	No Charge
Third Molar Consultation	No Charge
Teeth cleaning (per school year)	
1st visit	\$ 25.00
Additional visit	\$ 35.00
Root planing (per visit)	\$ 30.00

Diagnostic:

Single film	\$ 10.00
Bitewing films	\$ 12.50
Each additional film	\$ 7.50
Panorex	\$ 30.00

Restorations:

Amalgam restorations (cavities involving permanent teeth)	
One tooth surface	\$ 35.00
Two tooth surface	\$ 45.00
Three tooth surface	\$ 55.00
Posterior or Anterior Resin Restoration	\$ 75.00
Pulp capping	\$ 30.00
Emergency Treatment	\$ 30.00
Recementation of crowns, inlays, etc.	\$ 50.00

Oral Surgery (simple procedures only):

Consultation	No Charge
Intra-oral incision and drainage of abscess	\$ 55.00
Extractions, uncomplicated forceps	\$ 65.00
Extractions, surgical extraction	\$ 95.00
(Impacted) tooth tissue-bony	\$160.00 - 289.00

Additional Procedures:

PULPOTOMY	\$ 75.00
SINGLE ROOT CANAL (anterior)	\$ 200.00
Bicuspid	\$ 220.00
Molar	\$ 270.00
Complex molar	\$ 732.00
Post/build up	\$ 105.00
Tooth bleaching (per arch)	\$ 130.00

Crowns:

Non-precious metal	\$ 265.00
Precious Metal	\$ 285.00
All Ceramic	\$ 325.00

Dental Prescriptions:

Only filled at the Campus Health Center	\$ 10.00
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Exclusions and Limitations:

Full mouth x-rays: once every two years
This plan does not cover dependent children

Broken Appointments:

(less than 24 hrs notice)	\$ 40.00
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*Limited to routine procedures only.

VISION PLAN

<u>BENEFIT</u>	<u>STUDENT PAYS</u>
Examination and Prescription For Glasses	\$ 8.00
Glasses	\$ 20.00
Includes: S.V. plastic lenses Suburban Collection Frame	
Extras:	
Lenses: Bifocals (plastic):	
FT-28	Add \$ 20.00
FT-35	Add \$ 30.00
FT-45	Add \$ 40.00
S.V Glass Lenses	Add \$ 10.00
Bifocal Glass Lenses	Add \$ 50.00
PGX	Add \$ 60.00
High Power +4.00 – 2.00 cyl	Add \$ 10.00- \$ 30.00
Polycarbonate lenses	Add \$ 50.00
A/R-antireflective	Add \$ 50.00
Tint	Add \$ 15.00
U.V.	Add \$ 15.00
Scratch Coat	Add \$ 25.00
Package (tint, u.v. scratch coat)	Add \$ 35.00
Transition photo	Add \$ 80.00
Sun-sensor Photo	Add \$ 100.00
Mid-Index plastic – 1.56	Add \$ 80.00
High-Index plastic – 1.60	Add \$ 100.00
Prism	Add \$ 15.00- \$ 30.00
Polarized	Add \$ 80.00
Slab – Off	Add \$ 80.00
Progressive – No Line	Add \$ 100.00

For Contact Lenses, Other Frames and Additional Extras, please contact:

Dr. Fishberg's office at (951) 788-2020
Student Health Insurance Office at (951) 827-5683

Eye Examination: Once every school year
Spectacle Lenses: Once every school year
Frame: Once every other school year

The vision benefit applies to either contact lenses or glasses, but not both, within the same plan year.

CHIROPRACTIC/PHYSICAL THERAPY PLAN

Upon referral from the CHC, the plan will pay up to a maximum of \$720.00 per plan year for nonsurgical outpatient physical/chiropractic therapy.

In order to obtain benefits, the treatment must be provided by the Riverside Orthopedic Physical Therapy Institute (OPTI) or Dr. David G. Madison. *

<u>BENEFIT</u>	<u>STUDENT PAYS</u>
Visits 1-10	\$15.00 per visit

Additional visits beyond 10 require the full payment.

25% discount applies to all orthopedic supports and supplies at Dr. Madison's office.

* Before receiving any treatment, a separate Physical/Chiropractic Therapy Plan card must be obtained from the UCR Health Insurance Office!

SERVICE PROVIDERS

For the UCR Outpatient Dental, Vision and Physical/Chiropractic Therapy Plan

You must utilize only the providers we have retained, listed below:

Dental & Dental Hygienist
Campus Health Center
951-827-3039 or 951-827-3031

Vision
Riverside Family Vision Center
Dr. Gary M. Fishberg, Inc.
5225 Canyon Crest Dr., #201
Riverside, CA 92507
951-788-2020

Physical Therapy
Orthopedic Physical Therapy Institute (OPTI)
5225 Canyon Crest Dr., Ste. 205
Riverside, CA 92507
951-683-3309

Chiropractic Therapy
Dr. David G. Madison
3768 Jurupa Ave.
Riverside, CA 92506
951-784-7800

Health Insurance Office
If you have questions about this supplemental plan, please contact the UC Riverside Student Health Insurance Office.
Tel 951-827-5683
Fax 951-827-7171

MEDEX PROGRAM

The following description of the MEDEX Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Graduate Student Health Insurance Plan described herein.

MEDEX MEMBERSHIP SERVICES

As a student participating in this Student Health Insurance Plan, you are automatically enrolled as a Member in the MEDEX Program.

As a participant, MEDEX will provide the assistance services which are reasonably required by a Member residing as an expatriate and/or traveling outside their home country of residence as a direct result of the Member's requiring Emergency Medical Services or suffering death during the period of membership. All evacuations, returns to residence after stabilization and/or repatriation of mortal remains are coordinated by and subject to the prior approval of MEDEX and/or its Regional Medical Advisor. Assistance Services include:

Worldwide 24-Hour Toll-Free Assistance (or collect calls)

MEDEX is available at any time to provide assistance with any medical and travel problem. Call 1-800-527-0218 or 1-410-453-6330.

Emergency Medical Evacuation

In the event a Member is involved in an Accident or suffers a sudden, unforeseen illness requiring Emergency Medical Services and adequate medical facilities are not available, MEDEX will coordinate a medically supervised evacuation to the nearest facility determined by MEDEX to be capable of providing appropriate care.

Repatriation of Mortal Remains

MEDEX will assist in obtaining the necessary clearances for cremation or preparation for the return of a Member's mortal remains.

Emergency Medications, Vaccine, and Blood Transfers

If legally permissible, MEDEX will coordinate the transfer of medications, vaccines or blood upon the prescribing physician's authorization. The Member will be responsible for the cost of any medication, vaccine or blood and the transportation costs.

Legal Referral Assistance

Should a Member require legal assistance, MEDEX will direct the Member to an attorney as well as render assistance in securing bail bonds or other legal instruments. The Member will be responsible for any contracted legal fees.

Translation Services

MEDEX Multilingual Assistance Coordinators are available to provide immediate translation assistance or can provide referrals to local interpreter services.

Hospital Deposit & Emergency Cash Advance

Upon securing payment from the Member or obtaining the Member's guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency hospital admittance deposits, or will assist in arranging

MEDEX Membership Services (continued)

cash transfers of the Member's funds. MEDEX will not be responsible for the payment of the cost of Emergency Medical Services.

Transportation to Join Disabled Member

After emergency evacuation coordinated by MEDEX, and if a Member is alone and is hospitalized at the evacuation destination for more than seven (7) days, MEDEX can arrange transportation to the evacuation destination for a single person designated by the Member.

24-Hour Worldwide Medical Referrals

MEDEX provides 24-hour assistance in finding appropriate medical care. Medical referrals are tailored based on the specialty required, the Member's location, language preference, time, etc.

Evaluation and Monitoring of Treatment

MEDEX services include access to Regional Medical Advisors who continually consult with the treating physicians and assess the quality of care and treatment plans for enrolled Members. The evaluation and monitoring begins with the first call to MEDEX and continues through the recovery period.

Assistance with the Coordination of Rehabilitation After an Evacuation

MEDEX helps Members coordinate any ongoing rehabilitation needs following an evacuation.

Emergency Message Transmittals to Family Members

MEDEX can receive and transmit emergency messages between the Member or their family and other involved persons.

Arrangement for the Replacement of Medications and Eyeglasses

MEDEX helps get a Member's lost, stolen, forgotten or depleted prescriptions and eyeglasses replaced quickly. A toll-free or collect call immediately links you to MEDEX's highly trained, multilingual assistance coordinators, 24 hours a day, every day of the year. Call:

1-800-527-0218 or 1-410-453-6330

Program Number: 995

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THIS FORM IS TO BE USED BY STUDENTS ON LEAVE OR FILING FEE
OR BY POST-DOCTORAL FELLOWS.

**UNIVERSITY OF CALIFORNIA, RIVERSIDE
GRADUATE STUDENT HEALTH INSURANCE PLAN
ENROLLMENT FORM
2005–2006**

1. PLEASE TYPE OR PRINT CLEARLY

STUDENT'S LAST NAME	FIRST	INITIAL	
STUDENT'S PERMANENT MAILING ADDRESS—STREET			APT/BOX #
CITY		STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)		
STUDENT'S SOCIAL SECURITY	STUDENT DEPARTMENT		
STUDENT'S E-MAIL ADDRESS			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

STUDENTS WHO APPLY FOR COVERAGE AND WHO ARE INELIGIBLE BY VIRTUE OF THE REQUIREMENTS STIPULATED IN THE BOOKLET WILL, UPON DETERMINATION THAT THEY WERE INELIGIBLE AT THE TIME OF ENROLLMENT, RECEIVE A FULL REFUND OF PREMIUM SUBMITTED IRRESPECTIVE OF PREMIUMS HAVING BEEN COLLECTED AND DEPOSITED BY THE COMPANY.

- 2. CHECK ONE BOX FOR APPLICABLE TERM:** (SEE DEADLINE DATES)
- FALL 9/26/05 to 1/04/06 SPRING 3/29/06 to 6/16/06
- WINTER 1/04/06 to 3/29/06 SUMMER 6/16/06 to 9/25/06

- 3. CHECK ONE BOX FOR APPLICABLE CATEGORY TO BE COVERED:**
- POST DOCTORAL FELLOW \$1,568.25
- STUDENT (SUMMER ONLY) \$ 518.00
- STUDENT ON LEAVE OR FILING FEE STUDENT* \$ 518.00

- 4. MAKE CHECK OR MONEY ORDER PAYABLE TO:**
NATIONWIDE LIFE INSURANCE COMPANY

- 5. RETURN PAYMENT WITH ENROLLMENT FORM TO:**
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

*** STUDENT ON LEAVE OR FILING FEE STUDENT:**
RETURN FORM AND CHECK OR MONEY ORDER FOR \$75 USER FEE
TO: CAMPUS HEALTH CENTER, UNIVERSITY OF CALIFORNIA,
RIVERSIDE, CA 92521-0308, 951-827-5683

BY SIGNING THIS ENROLLMENT FORM, I HEREBY AUTHORIZE THE CHC TO RELEASE TO NATIONWIDE LIFE INSURANCE COMPANY AND/OR ITS REPRESENTATIVES, ANY INFORMATION REGARDING MY MEDICAL HISTORY AND TREATMENT NECESSARY TO PROCESS ANY INSURANCE CLAIMS.

STUDENT'S SIGNATURE _____ DATE _____
CA LICENSE NO. 0697235, RENAISSANCE AGENCIES, INC.

NATIONWIDE LIFE INSURANCE COMPANY POLICY NO. 302-050-0403

FOR DEPENDENT USE ONLY
2005–2006 UC RIVERSIDE GRADUATE
STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM

1. PLEASE TYPE OR PRINT CLEARLY

STUDENT'S LAST NAME	FIRST	INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET		APT/BOX #
CITY	STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)	
STUDENT'S SOCIAL SECURITY	STUDENT ID NUMBER	
STUDENT'S E-MAIL ADDRESS		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

PERSONS WHO ENROLL FOR COVERAGE AND WHO ARE INELIGIBLE BY VIRTUE OF THE ELIGIBILITY REQUIREMENTS STIPULATED IN THE BOOKLET WILL, UPON DETERMINATION THAT THEY WERE INELIGIBLE AT THE TIME OF ENROLLMENT, RECEIVE A FULL REFUND OF PREMIUM SUBMITTED IRRESPECTIVE OF PREMIUMS HAVING BEEN COLLECTED AND DEPOSITED BY THE COMPANY.

2. CHECK ONE BOX FOR APPLICABLE TERM: (SEE DEADLINE DATES)

- FALL 9/26/05 to 1/04/06
 SPRING 3/29/06 to 6/16/06
 WINTER 1/04/06 to 3/29/06
 SUMMER 6/16/06 to 9/25/06

3. CHECK ONE BOX FOR APPLICABLE CATEGORY TO BE COVERED:

- SPOUSE/DOMESTIC PARTNER \$ 1,427.00
 CHILD(REN) \$ 1,597.50
 SPOUSE/DP AND CHILD(REN) \$ 3,024.50

4. COMPLETE THE REVERSE SIDE OF THIS FORM.

5. MAKE CHECK OR MONEY ORDER PAYABLE TO:
 NATIONWIDE LIFE INSURANCE COMPANY

6. RETURN PAYMENT WITH ENROLLMENT FORM TO:
 RENAISSANCE AGENCIES, INC.
 P.O. BOX 2300
 SANTA MONICA, CA 90407-2300

7. STUDENT MUST SIGN FORM BELOW.

I AM ENROLLED IN THE GRADUATE STUDENT HEALTH INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING. I HAVE READ THE CONDITIONS CONCERNING DEPENDENT COVERAGE IN THIS BOOKLET.

STUDENT'S SIGNATURE _____ DATE SIGNED _____

CA License No. 0697235, Renaissance Agencies, Inc.

NATIONWIDE LIFE INSURANCE COMPANY POLICY NO. 302-050-0403

HOW TO FILE A CLAIM

In the event of Injury or Sickness, the Insured should file claims within 30 days of Injury or first treatment for a Sickness. The completed claim form must be submitted online at www.piacclaims.com and all hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

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.

Send all claims information to:
Personal Insurance Administrators, Inc.
 P.O. Box 6040
 Agoura Hills, CA 91376-6040
 Toll Free: 1-800-468-4343

ATTENTION:

Your temporary ID card is below. Please detach and retain for proof of coverage. You can download a permanent ID card from:

www.renaissance-inc.com/ucrg/idcard

Note: You can have the permanent card laminated at the UC Riverside Campus Health Center.

ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

Underwritten by:
NATIONWIDE LIFE INSURANCE COMPANY

Student Of
**2005–2006 UNIVERSITY OF CALIFORNIA, RIVERSIDE
 GRADUATE STUDENT HEALTH INSURANCE PLAN**
 Policy Number 302-050-0403

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

For information on Preferred Providers within California:

 California Foundation for Medical Care
www.cfmnet.org

For information on Preferred Providers outside of California:

 Beech Street CORPORATION
www.beechstreet.com

SUPPLEMENTARY ENROLLMENT FORM FOR FAMILY COVERAGE

I wish to extend my own coverage to include my Eligible Dependents as follows:

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
DOMESTIC PARTNER*	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

*In order for coverage to be valid, an Affidavit of Domestic Partnership must be signed, notarized and attached. Please call the CHC (787-5683) for further information.

Student's Signature _____ Date Signed _____

Underwritten by:
Nationwide Life Insurance Company
Policy Number 302-050-0403

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 claim forms,
access the internet website:**
www.renaissance-inc.com

Campus Health Center
University of California Riverside
Riverside, CA 92521-0308
Phone: 951-827-5683
Fax: 951-827-7171

For questions regarding claims and coverage, contact:

PERSONAL INSURANCE ADMINISTRATORS, INC.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Toll Free 1-800-468-4343
www.piaclaims.com

NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility.

Providers please note:

Surgery requires authorization from the CHC
Hospitalization requires Utilization
and/or Continued Stay Review
Call Beech Street at 1-800-877-1444

Express
Scripts
#RQSR