

Domestic & International



## 2016-2017 Berkeley Student Health Insurance Plan

# UC Berkeley SHIP

<https://uhs.berkeley.edu/ship>



Underwritten by:  
Anthem Blue Cross Life and Health Insurance Company  
Policy #280438

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

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://uhs.berkeley.edu/insurance> or call 510-642-5700 to request a paper copy free of charge.

## IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at **844-728-5913** or call UCB at **510-642-5700**.

You will be able to obtain a copy of the full Master Policy as soon as it is available.

If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

## HEALTH CARE REFORM NOTICE

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Review Services, we may be required to make additional changes to this summary of benefits.

## WHEN COVERAGE BEGINS

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

- The Master Policy effective date;
- or The beginning date of the term for which premium has been paid.

**IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by Anthem Blue Cross Life and Health.**

The below enrollments will be allowed a **30 day** grace period from the term start date to enroll whereby the effective date will be backdated to the start of the term. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All voluntary enrollments processed within 30 days from the start of the term.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m. on the **earlier of:**

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

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

## CONTINUOUS COVERAGE

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

## CONTINUATION OF BENEFITS

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

## PREMIUM REFUND/CANCELLATION

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

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

1. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Student Insurance within **45 days** of entry into service.
2. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within **31 days** of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

## INSURANCE PAYMENTS WITH PERSONAL CHECK

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

## SHIP WAIVER INFORMATION

All eligible registered students will be automatically enrolled in the UC Berkeley Student Health Insurance Plan (SHIP) unless an online waiver has been submitted and approved, by the specified enrollment deadline dates listed on page 2 of this brochure. Registered eligible students may provide evidence of health coverage through another plan and request a waiver of Berkeley SHIP. The coverage must meet the benefit criteria established by University of California, Berkeley. Please visit: <https://uhs.berkeley.edu/insurance/waiving-ship> to complete an online waiver.

Waiver applications are completed during the fall semester waiver period. The fall semester waiver will be valid for the full academic year. A student who waives Berkeley SHIP in the fall will not be required to complete another waiver for the spring semester. However, a spring semester waiver is available for students registering for the first time in the spring, or who did not waive enrollment in a prior term but wants to waive for the spring term. A spring waiver is valid for the remainder of the academic year. A new waiver must be completed and approved during the fall waiver period prior to each academic year that the eligible student is registered. UC Berkeley will audit waiver submissions and has sole discretion on determining whether a plan meets the waiver criteria at any given time.

## ID CARDS

### Download the Free StudentHealth App for Your ID Card and More

Paper ID cards have been replaced by the StudentHealth app. Download the app from Google Play or App Store® to get your ID card, order prescription refills, find coverage information and more, any time you need it.

The app gives you quick and easy access to all your Berkeley SHIP benefits, including:

- Your SHIP member ID card
- Student Health Center (SHC) information — location, hours, services
- A description of your SHIP plan benefits
- Anthem Blue Cross — for medical claims and other plan benefits
- VSP — for vision coverage and claims information
- Metlife — for dental coverage and claims information
- And much more!

After the app downloads, simply click "Register Now," and provide the following:

- Your first and last name (Tip: If you are unable to register on the first try, adjust your input in the "first name" field to your first + middle names with no space, or your first name + middle initial with no space.)
- Your student ID number
- Date of birth (mm/dd/yyyy)

It's important to register so you can also receive notifications about your Berkeley SHIP benefits. Don't have a smartphone or tablet? Access the app using your computer's browser at: [www.mobilehealthconsumer.com/studenthealth](http://www.mobilehealthconsumer.com/studenthealth).

## PLAN COST - UNDERGRADUATES

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

REGISTERED UNDERGRADUATES		
	FALL 8/15/2016 - 12/31/2016	SPRING/SUMMER 1/1/2017 - 7/31/2017
Waiver Start Date	5/16/2016	12/1/2016
Waiver Deadline Without Fee	7/15/2016	1/1/2017
Final Waiver Deadline	8/15/2016	1/15/2017
Student only	\$1,306.00	\$1,306.00
<i>NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.</i>		
Dependent Enrollment Start Date	7/15/2016	12/1/2016
Dependent Enrollment End Date	9/15/2016	2/1/2017
Spouse only	\$1,306.00	\$1,306.00
One Child Age 0-25 only	\$1,306.00	\$1,306.00
Two Children Age 0-25 only	\$2,514.00	\$2,514.00
Three Children Age 0-25 only	\$2,543.00	\$2,543.00

VOLUNTARY UNDERGRADUATES (CONCURRENT ENROLLMENT & CONTINUATION)		
	FALL 8/15/2016 - 12/31/2016	SPRING/SUMMER 1/1/2017 - 7/31/2017
Enrollment Start Date	7/15/2016	12/1/2016
Enrollment End Date	9/15/2016	2/1/2017
Student only	\$1,306.00	\$1,306.00
<i>NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.</i>		
Spouse only	\$1,306.00	\$1,306.00
One Child Age 0-25 only	\$1,306.00	\$1,306.00
Two Children Age 0-25 only	\$2,514.00	\$2,514.00
Three Children Age 0-25 only	\$2,543.00	\$2,543.00

For more information on the cost to add dependents, including the cost to add more than three children, please contact Wells Fargo Student Insurance Customer Care by phone **800-853-5899** or by email [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com).

## PLAN COST - GRADUATES

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

REGISTERED GRADUATES		
	FALL 8/15/2016 - 12/31/2016	SPRING/SUMMER 1/1/2017 - 7/31/2017
Waiver Start Date	5/16/2016	12/1/2016
Waiver Deadline Without Fee*	7/15/2016	1/1/2017
Final Waiver Deadline*	8/15/2016	1/15/2017
Student only	\$2,073.00	\$2,073.00
<i>NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.</i>		
Dependent Enrollment Start Date	7/15/2016	12/1/2016
Dependent Enrollment End Date	9/15/2016	2/1/2017
Spouse only	\$2,073.00	\$2,073.00
One Child Age 0-25 only	\$2,073.00	\$2,073.00
Two Children Age 0-25 only	\$4,030.00	\$4,030.00
Three Children Age 0-25 only	\$4,058.00	\$4,058.00

VOLUNTARY GRADUATES (FILING FEE & CONTINUATION)		
	FALL 8/15/2016 - 12/31/2016	SPRING/SUMMER 1/1/2017 - 7/31/2017
Enrollment Start Date	7/15/2016	12/1/2016
Enrollment End Date	9/15/2016	2/1/2017
Student only	\$2,073.00	\$2,073.00
<i>NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.</i>		
Spouse only	\$2,073.00	\$2,073.00
One Child Age 0-25 only	\$2,073.00	\$2,073.00
Two Children Age 0-25 only	\$4,030.00	\$4,030.00
Three Children Age 0-25 only	\$4,058.00	\$4,058.00

For more information on the cost to add dependents, including the cost to add more than three children, please contact Wells Fargo Student Insurance Customer Care by phone **800-853-5899** or by email [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com).

*\*Please note premiums and waiver periods may be different for graduate programs on special insurance cycles. New incoming graduate students have until August 31 to submit their waiver without a late fee. For more information on these programs and their waiver dates, please contact the Berkeley SHIP Office at 510-642-5700 or [ship@berkeley.edu](mailto:ship@berkeley.edu).*

**Hard Waiver Mandatory Enrollments**

The following eligible students will automatically be enrolled in this Plan, unless an approved online Waiver Form has been received by the University by the specified enrollment deadline dates listed in the next section of this Benefit Booklet.

- All registered eligible students of the University of California, Berkeley, including eligible students who are registered-in-absentia. **Note:** An eligible student may waive enrollment in the Plan during the specified waiver period by meeting the University’s waiver policies and providing proof of other coverage. A waiver is effective for one academic year and must be completed and approved again during the waiver period at the start of each fall term of the academic year. Waiver requests for each academic term within a year are also available. Information about waiving enrollment in the Plan may be obtained from the Student Health Insurance Office at <https://uhs.berkeley.edu/insurance>.

All students must actively attend classes for the first day following their effective date for the term purchased and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details.

**Voluntary Enrollments**

The following classes of eligible students may enroll on a voluntary basis directly with Wells Fargo Insurance by the specified enrollment deadline dates listed in the next section of this Brochure.

- All non-registered “Filing Fee” status graduate students of the University of California, Berkeley who are completing work under the auspices of the University of California, Berkeley but are not attending classes. Students on Filing Fee status may purchase Plan coverage for a maximum of one semester by calling Wells Fargo Student Insurance at **800-853-5899**. The student must have been covered by the Plan in the term immediately preceding the term the student wants to purchase or, if the student waived Plan enrollment, show proof of loss of the coverage used to obtain the waiver.
- All non-registered Concurrent Enrollment status undergraduate students of the University of California, Berkeley may purchase Plan coverage for a maximum of one semester by calling Wells Fargo Student Insurance at **800-853-5899**. The student must have been covered by the Plan in the term immediately preceding the term the student wants to purchase or, if the student waived Plan enrollment, show proof of loss of the coverage used to obtain the waiver.

**Continuation Coverage/Enrollments**

Eligible non-registered graduate or undergraduate students may purchase the voluntary plan for a maximum of one semester immediately following the last Fall or Spring semester in which they were a registered Hard Waiver Mandatory student on SHIP. Student who have graduated qualify

for the continuation plan if they were a registered Hard Waiver Mandatory student enrolled in SHIP for the Spring or Fall semester immediately preceding their graduation. Another example of qualifying eligibility in the continuation plan includes a student who takes a semester off for maternity or a health situation. Students previously enrolled in a special summer only SHIP session must check with the SHIP office to see if they are eligible to purchase the continuation plan. To see if your leave qualifies for the continuation plan, please contact the SHIP office at **510-642-5700** or [ship@berkeley.edu](mailto:ship@berkeley.edu).

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer.

Anthem Blue Cross and Wells Fargo Student Insurance maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Anthem Blue Cross and/or Wells Fargo Student Insurance discover that the Policy eligibility requirements have not been met, the only obligation is a refund of premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan. These students must provide UC Berkeley with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **31 days** of the qualifying event. The effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends. Premium will not be prorated.

**DEPENDENT COVERAGE** - *Note: Dependent enrollment in this plan is voluntary.* Eligible Insured Students, including those on the voluntary or continuation plans, may purchase Dependent coverage at the time of student’s enrollment in the plan; or within **31 days** of one of the following qualified events: marriage, addition of domestic partner, birth, or adoption. Eligible dependents are the spouse or legally registered and valid domestic partner which resides with the Insured Student, and the student’s, the spouse’s, or the domestic partner’s natural child, stepchild, or legally adopted child under 26 years of age. A “Newborn” will automatically be covered from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued or added for that child when Wells Fargo Student Insurance is notified within **31 days** from the date of birth and by payment of any additional premium. **Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student and Dependents must re-enroll when coverage terminates to maintain coverage.**

Dependents must be re-enrolled each term. It is the students responsibility to contact Wells Fargo Student Insurance prior to the enrollment deadline listed in this brochure. No reminder will be sent to students or dependents covered under the plan.



## UNIVERSITY HEALTH SERVICES, TANG CENTER

The University Health Services, Tang Center is a complete outpatient health center that provides on campus medical, behavioral health, and preventive care. Tang Center is staffed by board-certified physicians, nurse practitioners, physician assistants, and nurses, who are experts in student health needs. Tang Center clinicians provide primary care for University of California, Berkeley Student Health Insurance Plan (Berkeley SHIP) students and coordinate any needed additional care. All registered students may use the services of Tang Center, regardless of their medical insurance. Many services are offered at a reduced price to students.

Visit the Tang Center website at [www.uhs.berkeley.edu](http://www.uhs.berkeley.edu) or call 510-642-2000 for more information on hours of operation, available services and fees. Counseling and Psychological Services can be reached at 510-642-9494.

- ♦ In the event of an emergency, go to the nearest hospital emergency department or call 911 (on-campus or off-campus) if an ambulance is needed. The closest hospital emergency room to campus is Alta Bates Hospital, 2450 Ashby Avenue (east of Telegraph Avenue).
- ♦ When Tang Center is open: Visit Urgent Care at Tang Center.
- ♦ When Tang Center is closed: Call Sirona's 24/7 NurseLine at 800-681-4065.

## WHERE DO I GO FOR SERVICES?

A referral from Tang Center is required for most services performed outside of the Tang Center prior to receiving treatment outside of the Tang Center. If a referral is not obtained prior to treatment, benefits are not payable. See page 7 of the brochure for more information on the referral requirement.

Covering all California ZIP codes, the Prudent Buyer network is the most geographically extensive PPO network in the state. The suitcase icon on your SHIP ID card indicates that this plan can be used outside of California. The PPO network allows Insureds easy access to a wide range of medical providers. Insureds have the option to receive care from a provider who is not participating in the PPO network. The trade-off is higher out-of-pocket expenses.

Participating providers (PPO Providers) agree to provide services to covered persons at discounted rates as payment in full. This is the incentive for Insureds to use PPO providers and protects them from being balance-billed (except for coinsurance, co-payments and deductible amounts). Providers working within a PPO facility (example: a hospital) may not always be PPO providers. **You should request that all of your provider services be performed by a PPO Provider when you use a PPO facility.** When Non-PPO providers are used, you may be subject to higher out-of-pocket expenses.

Additionally, PPO physicians agree to admit their patients to network hospitals, guaranteeing that discounted charges and utilization management savings will occur.

With no claim forms to file, Insureds can focus on their health, not paperwork.

Insureds can find a PPO physician in their area by calling Anthem at 844-728-5913 or by accessing the "Find a Doctor" link on [www.anthem.com/ca/ucberkeley](http://www.anthem.com/ca/ucberkeley).



**UNIVERSITY  
HEALTH SERVICES**  
Tang Center

## ARBITRATION AGREEMENT

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

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

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

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

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

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

## CREDITABLE COVERAGE

**CREDITABLE COVERAGE** means any individual or group plan that provides medical, hospital, and surgical coverage, including continuation or conversion coverage, coverage under Medicare or Medicaid, TRICARE, the Federal Employees Health Benefit Plan, programs of the Indian Health Services or of a tribal organization, a state health benefits risk pool, coverage through the Peace Corps, the State Children's Health Insurance Program, or a public health plan established or maintained by a state, the United States government, or a foreign country. Creditable coverage does not include accident only, credit, coverage for onsite medical clinics, disability income, coverage only for a specified disease or condition, hospital indemnity or other fixed indemnity insurance, Medicare supplement, long-term care insurance, dental, vision, workers' compensation insurance, automobile insurance, no-fault insurance, or any medical coverage designed to supplement other private or governmental plans. Creditable coverage is used to set up eligibility rules for children who cannot get a self-sustaining job due to a physical or mental condition.

## REIMBURSEMENTS FOR ACTS OF THIRD PARTIES

Under some circumstances, an insured person may need services under this plan for which a third party may be liable or legally responsible by reason of negligence, an intentional act or breach of any legal obligation. In that event, the insurer will provide the benefits of this plan subject to the following:

1. The Insurer will automatically have a lien, to the extent of benefits provided, upon any recovery, whether by settlement, judgment or otherwise, that you receive from the third party, the third party's insurer, or the third party's guarantor. The lien will be in the amount of benefits the Insurer has paid under this plan for the treatment of the illness, disease, injury or condition for which the third party is liable.
2. You must advise the Insurer in writing, within **60 days** of filing a claim against the third party and take necessary action, furnish such information and assistance, and execute such papers as the Insurer may require to facilitate enforcement of their rights. You must not take action which may prejudice the insurer's rights or interests under your plan. Failure to give the Insurer such notice or to cooperate with the Insurer, or actions that prejudice the Insurer's rights or interests will be a material breach of this plan and will result in your being personally responsible for reimbursing the Insurer.
3. The Insurer will be entitled to collect on their lien even if the amount you or anyone recovered for you (or your estate, parent or legal guardian) from or for the account of such third party as compensation for the injury, illness or condition is less than the actual loss you suffered.

## ONLINE HEALTH CARE ADVISOR

*Estimate Your Cost* is an innovative and interactive website that provides valuable tools to help covered persons make informed decisions regarding their specific health care needs. Covered persons link to the tool from the Anthem Blue Cross website through "Member Services" located on the home page at [www.anthem.com/ca](http://www.anthem.com/ca) and logging in to the Secure Member Services site. First time users will need to register.

## MEMBER DISCOUNTS

### SAVE MONEY WITH DISCOUNTS AT ANTHEM.COM/CA

#### VISION AND HEARING

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

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

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

#### FITNESS AND HEALTH

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

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

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

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

#### MEDICINE AND TREATMENT

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

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

## HOW TO FILE A CLAIM

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

But sometimes a physician or an ambulance company may not bill Anthem Blue Cross Life and Health and may send the bill directly to you. In these instances, Anthem Blue Cross Life and Health has no way of knowing about your claim. So, you must mail the bills to Anthem Blue Cross Life and Health within **365 days** of treatment and include a claim form. Claim forms are available at [www.anthem.com/ca/ucberkeley](http://www.anthem.com/ca/ucberkeley). You are urged to send Anthem Blue Cross Life and Health each bill immediately upon receipt. Mail to:

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

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

## COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, you may contact Anthem Blue Cross Life and Health at:

Anthem Blue Cross Life and Health Insurance Company  
(Anthem Blue Cross Life and Health)  
Customer Service  
21555 Oxnard Street, Woodland Hills, CA 91367  
844-728-5913

If the problem is not resolved, you may also contact the California Department of Insurance at:

California Department of Insurance  
Claims Service Bureau, 11th Floor  
300 South Spring Street, Los Angeles, California 90013  
800-927-HELP (4357) — In California  
213-897-8921 — Out of California  
800-482-4833 — Telecommunication Device for the Deaf  
E-mail Inquiry: "Consumer Services" link at [www.insurance.ca.gov](http://www.insurance.ca.gov)

**IMPORTANT NOTICE**

This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at 844-728-5913 or call UCB at 510-642-5700.

You will be able to obtain a copy of the full Master Policy as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

**REFERRAL REQUIREMENTS**

A referral from the Berkeley SHIP Office is required for most services performed outside of the Tang Center. Except in specific instances (e.g. emergency care or urgent care), a referral is required from Tang Center prior to receiving treatment outside of the Tang Center. A separate per service referral is required for each individual condition at the beginning of each semester prior to receiving care for ongoing conditions. Referrals for Outpatient Mental Health counseling are required once per Policy Year. If a referral is not obtained prior to treatment, benefits are not payable.

A referral is not required in the following circumstances: Treatment is for an Emergency Medical Condition; Treatment is for an Emergency Mental Health Condition; Services in an Urgent Care setting; Obstetric and Gynecological Treatment; Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnose or to treat an accident, sickness, or medical condition).

**MANDATED BENEFITS**

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

Mandated benefits as required by the state in which the Master Policy is issued include: PKU Treatment Benefit; Hospital Dental Procedures; Mastectomy-Reconstructive Surgery and Rehabilitation; Laryngectomy-Prosthetic Devices; Osteoporosis Benefit; Experimental or Investigational Therapies Treatment; Diabetes Equipment, Supplies and Service; Mental and Nervous Disorders; Pervasive Developmental Disorder or Autism; Women’s Preventive Health. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at 844-728-5913 or call Wells Fargo Student Insurance at 800-853-5899. You will be able to obtain a copy of the full Master Policy as soon as it is available.

**SCHEDULE OF BENEFITS**

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

**Explanation of Covered Charges** - Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following:

**PPO Providers** -The rate the provider has agreed to accept as reimbursement for covered services. Insured persons are not responsible for the difference between the provider’s usual charges and the maximum allowed amount.

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

**DEDUCTIBLE DOES NOT APPLY TO THE TANG CENTER, IN-NETWORK PHYSICIAN VISITS, IN-NETWORK MENTAL HEALTH VISITS, MEDICAL EMERGENCIES, OR PRESCRIPTION DRUGS.**

All copays are due at time of visit and are in addition to the plan deductible.

Benefit year Medical deductible for all providers.....\$300 per student; \$900 per family

Pediatric Dental Deductible .....\$60 per individual; \$180 per family

Deductible for non-PPO hospital, residential treatment center or ambulatory surgical center if utilization review is not obtained .....\$500 per admission (waived for emergency admission)

**Annual Out-of-Pocket Maximums**

**PPO Providers & Other Health Care Providers** .....\$3,200 per insured person per year; \$6,400 per family per year

**Non-PPO Providers** .....\$6,500 per insured person per year; \$13,000 per family per year

The following do not apply to out-of-pocket maximums: charges above allowed amount and non-covered services. After an insured person reaches the out-of-pocket maximum, the insured person no longer pays copays for the remainder of the year.

Lifetime Maximum.....Unlimited

COVERED SERVICES	PPO Per Insured Person Copay	NON-PPO Per Insured Person Copay
<b>Hospital Medical Services</b> , (subject to utilization review for inpatient services; waived for emergency admissions) Semi-private room, meals & special diets, & ancillary services Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	10% 10%	40% <sup>1</sup> 40% <sup>1</sup>
<b>Emergency Care</b> , Emergency room services & supplies, (\$100 copay waived if admitted) Inpatient hospital services & supplies Physician services	\$100 copay 10% 10%	Covered as In-Network <sup>4</sup>
<b>Urgent Care</b> (physician services)	\$50 copay (deductible waived)	40%
<b>Physician Medical Services</b> Office & home visits  Surgeon & surgical assistant; anesthesiologist or anesthesiologist	\$15 copay/visit <sup>3</sup> (deductible waived) 10%	40% 40%
<b>Diagnostic X-ray &amp; Lab</b>	10%	40%

Continued on next page

**SCHEDULE OF BENEFITS (CONTINUED)**

COVERED SERVICES	PPO Per Insured Person Copay	NON-PPO Per Insured Person Copay
<b>Related Outpatient Medical Services &amp; Supplies,</b> Ground or air ambulance transportation, services & disposable supplies Blood transfusions, blood processing & the cost of unreplaced blood & blood products Autologous blood ( <i>self-donated blood collection, testing, processing &amp; storage for planned surgery</i> )		10% <sup>1</sup> 20% <sup>1</sup> 20% <sup>1</sup>
<b>Ambulatory Surgical Centers,</b> Outpatient surgery, services & supplies	10%	40%
<b>Physical Therapy, Physical Medicine &amp; Occupational Therapy</b>	\$15 copay (deductible waived)	40%
<b>Chiropractic Services</b>	\$15 copay (deductible waived)	40%
<b>Speech Therapy</b>	\$15 copay (deductible waived)	40%
<b>Acupuncture,</b> Services for the treatment of disease, illness or injury	\$15 copay (deductible waived)	40% <sup>1</sup>
<b>Preventive Care Services,</b> including* physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision), immunizations, health education, intervention services and HIV testing <i>*This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.</i>	No copay (deductible waived)	40%
<b>Pregnancy &amp; Maternity Care</b> Physician office visits ( <i>in-network preventive prenatal services are covered at 100%; first post natal visit is also covered at 100%</i> )  Prescription drug for abortion ( <i>mifepristone</i> ) Normal delivery, cesarean section, complications of pregnancy Abortion Inpatient physician services Hospital & ancillary services Ultrasound due to pregnancy	\$15 copay <sup>2</sup> (deductible waived) 100%, (deductible waived) 10% 100%, (deductible waived) 10% 10% 10% No copay	40%  40% 40% 40% 40% <sup>3</sup> 40%
<b>Well Baby &amp; Well-Child Care for Dependent Children,</b> Routine physical examinations ( <i>birth through age six</i> )  Immunizations ( <i>birth through age six</i> )	100% (deductible waived) 100% (deductible waived)	40%  40%
<b>Well Woman Visits,</b> Breastfeeding support, supplies and counseling*, Prescription contraceptives (birth control) and counseling for women, Permanent surgical contraception (sterilization) for women, Counseling for sexually transmitted infections, Counseling and screening for HIV, Screening and counseling for interpersonal and domestic violence, Screening for gestational diabetes, HPV testing <i>*Breast pumps must be purchased from an in-network durable medical equipment (DME) outlet to get 100% coverage.</i>	100% (deductible waived)	40%
<b>Mental or Nervous Disorders and Substance Abuse</b> <b>Inpatient Care</b> Facility-based care ( <i>subject to utilization review; waived for emergency admission</i> ) Inpatient physician visits <b>Outpatient Care</b> Facility-based care ( <i>subject to utilization review; waived for emergency admission</i> ) Outpatient physician visits ( <i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i> ) Psycho-educational Testing ( <i>deductible waived</i> )	10% 10%  10% \$15/visit <sup>2</sup> (deductible waived) 10%	40% <sup>1</sup> 40%  40% <sup>1</sup> 40% 40%
<b>Diabetes Education Programs</b> ( <i>requires physician supervision</i> ) Teach insured persons & their families about the disease process, the daily management of diabetic therapy and self-management training	\$15 copay (deductible waived)	40%
<b>Prosthetic Devices</b> Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for insured persons with diabetes	10%	40%
<b>Durable Medical Equipment,</b> Rental or purchase of DME including hearing aids, dialysis equipment & supplies ( <i>hearing aid benefit is available for one hearing aid per ear every three years</i> )	10%	40%
<b>Dental Expenses,</b> made necessary for injury to sound, natural tooth.	10%	80%

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**SCHEDULE OF BENEFITS (CONTINUED)**

COVERED SERVICES	PPO Per Insured Person Copay	NON-PPO Per Insured Person Copay
Temporomandibular Joint Disorders, Splint therapy & surgical treatment	10%	10%
<b>Gender Reassignment Surgery Benefits</b> Hospital-based care (subject to utilization review) Inpatient physician visits	10% 10%	40% 40%
<b>Gender Reassignment Travel Benefits</b> (student's transportation to & from facility is limited to \$10,000 per surgery)	No copay (deductible waived)	Not covered
<b>Pediatric Preventive Services</b> (up to age 19) Dental Deductible (deductibles are combined; satisfying one helps satisfy the other): \$60 per student/\$180 per family Pediatric Dental OOP Maximum : PPO..... \$1,000 per Student/\$2000 per family Non-PPO.....No maximum  Vision Exam & 1 pair glasses Dental Diagnostic & preventive exam Dental Basic Restorative Care Dental Major Restorative Care Orthodontic Care	No copay/coinsurance No copay/coinsurance 30% 30% 30%	See separate allowances No copay/coinsurance 30% 30% 30%
<b>Skilled Nursing Facility</b> , (subject to utilization review) Semi-private room, services & supplies (limited to 100 days/calendar year - limit does not apply to mental health or substance abuse treatment)	10%	40%
<b>OUTPATIENT DRUGS AND MEDICATIONS</b>		
(Not subject to deductible)  <b>Retail</b> Female contraceptives generic and single source brand Tier 1 drugs (includes diabetic supplies) Tier 2 drugs Tier 3 drugs	No copay \$5 copay \$25 copay \$40 copay	40% \$5 copay + 40% \$25 copay + 40% \$40 copay + 40%
<b>Supply Limits</b> Retail Pharmacy (participating and non-participating)          Specialty Pharmacy	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)          30-day supply	

<sup>1</sup>For California facilities, a discount applies if the facility has a contract with us for fee-for-service business. For California facilities without a contract, covered expense for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for insured persons.

<sup>2</sup>These providers are not represented in the PPO network.

<sup>3</sup>The dollar copay applies only to the visit itself. No additional copay applies for any services performed in office (i.e., X-ray, lab, surgery).

<sup>4</sup>Provider may balance bill for services above the maximum allowable charges.

## PRESCRIPTION DRUG BENEFITS

To get a prescription filled, you will only need to take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription — your co-pay — will be determined by whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication.

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication.

The plan's formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of the formulary list are furnished to your providers and are available online at [www.anthem.com/ca/ucberkeley](http://www.anthem.com/ca/ucberkeley). You or your provider may also contact Anthem Blue Cross Life and Health's Customer Service at 844-728-5913.

### The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications which the law restricts to sale by prescription. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the co-pay for brand name drugs.
- Insulin. Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- Prescription contraceptives; including oral contraceptive, diaphragms, and patches. Contraceptives may be covered as preventive care services. In order to be covered as preventive care, the contraceptives must be generic drugs or single source brand name drugs that you get from a Retail Pharmacy or through the Tang Pharmacy.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma, subject to the brand name co-pay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

### Prescription drug co-pays apply toward the Annual Out-of-Pocket Maximums.

Covered Services (outpatient prescriptions only)	Per Member Co-pay for Each Prescription or Refill
<b>Tang Pharmacy or Retail Participating Pharmacy</b> (exception: Preventive immunizations administered by a retail pharmacy & prescription contraceptives per insured co-pay is no charge)	Generic drugs \$5 (includes diabetic supplies) Brand drugs <sup>2</sup> \$25 Non-Formulary drugs <sup>2</sup> \$40 (includes compound drugs)
<b>Specialty Pharmacy Program</b> Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply.	Applicable copay applies <i>Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at <a href="http://Anthem.com/ca">Anthem.com/ca</a>. From our home page: Click on Customer Care; Then select "I need to: Choose: Download Forms"; In the pharmacy library section, click on "Specialty Drug List."</i>
<b>Supply Limits<sup>4</sup></b> Retail Pharmacy (participating and non-participating)	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)
<b>Specialty Pharmacy</b>	<b>30-day supply</b>

<sup>1</sup>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.

<sup>2</sup>Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

<sup>3</sup>Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

<sup>4</sup>Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information.



## EXCLUSIONS AND LIMITATIONS

*This list is only a partial list. Please refer to the School's Certificate of Coverage online at [www.anthem.com/ca/ucberkeley](http://www.anthem.com/ca/ucberkeley) for a complete list of exclusions.*

The Master Policy does not cover nor provide benefits for:

1. **Not Medically Necessary.** Services or supplies that are not medically necessary, as defined.
2. **Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if insured person is denied benefits because it is determined that the requested treatment is experimental or investigative, the insured person may request an independent medical review, as described in the Certificate.
3. **Crime or Nuclear Energy.** Conditions that result from (1) the insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.
4. **Not Covered.** Services received before the insured person's policy effective date. Services received after the insured person's coverage ends, except as specified as covered in the Certificate.
5. **Excess Amounts.** Any amounts in excess of the maximum allowed amount or the Benefit Year Maximum.
6. **Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the insured person claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the Certificate.
7. **Government Treatment.** Any services the insured person actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to the insured person for free.
8. **Services of Relatives.** Professional services received from a person living in the insured person's home or who is related to the insured person by blood or marriage, except as specified as covered in the Certificate.
9. **Voluntary Payment.** Services for which the insured person has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:
  1. it must be internationally known as being devoted mainly to medical research;
  2. at least 10% of its yearly budget must be spent on research not directly related to patient care;
  3. at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care;
  4. it must accept patients who are unable to pay; and
  5. two-thirds of its patients must have conditions directly related to the hospital's research.
10. **Not Specifically Listed.** Services not specifically listed in the plan as covered services.
11. **Private Contracts.** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.
12. **Inpatient Diagnostic Tests.** Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
13. **Orthodontia.** Braces, other orthodontic appliances or orthodontic services, except as specified in the Certificate for members under age 19.
14. **Dental Services or Supplies.** For dental treatment, regardless of origin or cause, except as specified below. "Dental treatment" includes but is not limited to preventative care and fluoride treatments; dental x rays, supplies, appliances, dental implants and all associated expenses; diagnosis and treatment related to the teeth, jawbones or gums, including but not limited to:
  - ♦ Extraction, restoration, and replacement of teeth;
  - ♦ Services to improve dental clinical outcomes.This exclusion does not apply to the following:
  - ♦ Services which we are required by law to cover;
  - ♦ Services specified as covered in this booklet;
  - ♦ Dental services to prepare the mouth for radiation therapy to treat head and/or neck cancer. \*Services for members under age 19;
  - ♦ Routine dental services and supplies, except those as covered in the certificate.
15. **Optometric Services or Supplies.** Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, eyeglasses or contact lenses, except as specified as covered in the Certificate, or services for members under age 19.
16. **Outpatient Occupational Therapy.** Outpatient occupational therapy, except by a home health agency, hospice, or infusion therapy provider, except as specified as covered in the Certificate.
17. **Outpatient Speech Therapy.** Outpatient speech therapy, except as specified as covered in the Certificate.
18. **Cosmetic Surgery.** Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons except those listed in the Certificate as covered under Gender Reassignment surgery.
19. **Scalp hair prostheses.** Scalp hair prostheses, including wigs or any form of hair replacement.
20. **Clinical Trials.** Services and supplies in connection with clinical trials, except as specified as covered in the Certificate.
21. **Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.
22. **Sterilization Reversal.**
23. **Infertility Treatment.** Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.
24. **Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
25. **Orthopedic Supplies.** Orthopedic shoes and shoe inserts. This exclusion does not apply to orthopedic footwear used as an integral part of a brace, shoe inserts that are custom molded to the patient, or therapeutic shoes and inserts designed to treat foot complications due to diabetes, except as specified as covered in the Certificate.
26. **Air Conditioners.** Air purifiers, air conditioners or humidifiers.
27. **Custodial Care or Rest Cures.** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the Certificate.
28. **Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.
29. **Personal Items.** Any supplies for comfort, hygiene or beautification.
30. **Education or Counseling.** This plan does not cover:
  - ♦ Educational or academic counseling, remediation, or other services that are designed to increase academic knowledge or skills.
  - ♦ Educational or academic counseling, remediation, or other services that are designed to increase socialization, adaptive, or communication skills.
  - ♦ Teaching skills for employment or vocational purposes.
  - ♦ Teaching art, dance, horseback riding, music, play, swimming, or any similar activities.
  - ♦ Teaching manners and etiquette or any other social skills.
  - ♦ Teaching and support services to develop planning and organizational skills such as daily activity planning and project or task planning. This exclusion does not apply to the medically necessary treatment of pervasive developmental disorder or autism, to the extent stated.

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31. **Food or Dietary Supplements.** Nutritional and/or dietary supplements, and counseling, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.
32. **Telephone, Facsimile Machine, Consultations.** Consultations provided using telephone, facsimile machine, or electronic mail.
33. **Routine Exams or Tests.** Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the Certificate.
34. **Eye Surgery for Refractive Defects.** Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.
35. **Outpatient Prescription Drugs and Medications.** Outpatient prescription drugs or medications and insulin, except as specified as covered in the Certificate. Any non-prescription, over the counter patent or proprietary drug or medicine. Cosmetics, health or beauty aids.
36. **Diabetic Supplies.** Prescription and non-prescription diabetic supplies except as specified as covered in the Certificate.
37. **Private Duty Nursing.** Private duty nursing services.
38. **Third Party Liability** — Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.
39. **Varicose Vein Treatment.** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

*Any exclusion above will not apply to the extent that coverage is specifically provided by name in the Master Policy; or coverage of the charges is required under any law that applies to the coverage.*

## BLUECARD WORLDWIDE

Prior to travel outside the United States, call the customer service telephone number listed on your ID card. It is recommended:

- ♦ Always carry your current ID card.
- ♦ In an emergency, seek medical treatment immediately.
- ♦ The BlueCard Worldwide Service Center is available 24 hours a day, seven days a week toll-free at **(800) 810-BLUE (2583)** or by calling collect at **(804) 673-1177**. An assistance coordinator, along with a medical professional, will arrange a physician appointment or hospitalization, if needed.

### Key Services

- ♦ **Medical Referrals** - an initial medical review and assessment by an appropriate medical professional. They will assist in finding the nearest appropriate provider for care.
- ♦ **Medical Monitoring of Inpatient Care** — Review the appropriateness of care. Review the case daily with the medical staff. Determine the patient's medical transportation needs (i.e., transfer to a hospital closer to home or to the nearest appropriate medical facility).

### Payment and Claim Filing Information

- ♦ **Participating BlueCard Worldwide hospitals.** In most cases, you should not have to pay at the time of service for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket costs you normally pay (non-covered services, deductible, co-payments, and co-insurance). The hospital should submit your claim on your behalf.
- ♦ **Doctors and/or non-participating hospitals.** You will have to pay at the time of service for outpatient services, care received from a physician, and inpatient care from a hospital that is not a participating BlueCard Worldwide hospital. Then you must complete a BlueCard Worldwide claim form and send it with the original bill(s) to the BlueCard Worldwide Service Center (the address is on the form). These claims will be covered at 60% of the maximum allowable charges. You may be responsible for anything above the maximum allowable charges.

BlueCard Worldwide claim forms are available from the claims administrator, from the BlueCard Worldwide Service Center, or online at: [www.bcbs.com/bluecardworldwide](http://www.bcbs.com/bluecardworldwide).



## DEFINITIONS

**Accidental injury** is physical harm or disability which is the result of a specific unexpected incident caused by an outside force. The physical harm or disability must have occurred at an identifiable time and place. Accidental injury does not include illness or infection, except infection of a cut or wound.

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

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

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

**Covered Services:** are services that are Medically Necessary services or supplies which are listed in the benefit section of this brochure and for which you are entitled to receive benefits.

**Deductible:** is a part of the Maximum Allowed Amount you must pay for Covered Services before any benefits are available to you under this plan. Your Plan Year Deductible is stated on page 8.

**Dependent:** is defined as:

- ♦ **Spouse:** A current legal spouse as recognized by state law. A legally separated or ex-spouse is not eligible for coverage.
- ♦ **Registered Domestic Partner:** Individual in a current domestic partnership registered with the State of California or a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction. A domestic partnership that has not been registered with the State of California must meet the following criteria to be a domestic partnership for SHIP purposes: — parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely — neither party may be legally married or be a partner in another domestic partnership — parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California — both parties must be at least 18 years old and capable of consenting to the relationship — both parties must be financially interdependent — parties must share a common residence.
- ♦ **Children:**
  - Your biological child (child is eligible through the end of the month in which the child reaches age 26).
  - Your legally adopted child or a child placed with you in anticipation of legal adoption (child is eligible through the end of the month in which the child reaches age 26).
  - Your stepchild (child is eligible through the end of the month in which the child reaches age 26).
  - Your domestic partner's child (child is eligible through the end of the month in which the child reaches age 26).
  - Your unmarried child for whom you have become legal guardian, who resides with you, is financially dependent on you for more than half of their support and maintenance, and is claimed as your tax dependent.
  - Any recognized children you are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO), under age 19.
  - In most cases, a disabled child may be covered provided the disabled child meets all of the following: • unmarried • incapable of self-support due to a mental or physical disability incurred prior to age 26 • enrolled before age 26, • the coverage is continuous from the date of disability • must be approved before age 26 or by the carrier during the PIE for newly eligible employees or newly acquired dependents • chiefly dependent upon you, your spouse or eligible domestic partner for support and maintenance (50%+ support) • claimed as your, your spouse's or your eligible domestic partner's dependent for income tax purposes or, if not, is eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income.

**Emergency:** is a sudden, serious and unexpected acute illness, injury, condition (including without limitation sudden and unexpected severe pain), or a psychiatric emergency medical condition, which the insured person reasonably perceives could permanently endanger health if medical treatment is not received immediately. Anthem Blue Cross Life and Health will have sole and final determination as to whether services were rendered in connection with an emergency.

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

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

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

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

- ♦ Appropriate and necessary for the diagnosis or treatment of a medical condition, and
- ♦ Provided for the diagnosis or direct care and treatment of the medical condition, and
- ♦ Within the standards of good medical practice within the organized medical community, and
- ♦ Not primarily for the convenience of the patient's Physician or another provider, and
- ♦ Not more costly than an equivalent service or sequence of services that is medically appropriate and is likely to produce equivalent therapeutic or diagnostic results in regard to the diagnosis or treatment of the patient's illness, injury, or condition; and
- ♦ The most appropriate procedure, supply, equipment or service which can be safely provided that must satisfy the following requirements: 1) there must be valid scientific evidence demonstrating that the expected health benefits from the procedure, supply, equipment or service are clinically significant and produce a greater likelihood of benefit, without a disproportionately greater risk of harm or complications, for the patient with the particular medical condition being treated than other possible alternatives; and 2) generally accepted forms of treatment that are less invasive have been tried and found to be ineffective or are otherwise unsuitable; and 3) for Hospital stays, acute care as an inpatient is necessary due to the kind of services the patient is receiving or the severity of the medical condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.

**Non-Contracting Hospital:** is a Hospital that does not have a standard contract nor a Prudent Buyer Participating Agreement with Anthem Blue Cross Life and Health. Only a portion of the amount which a Non-Contracting Hospital charges for services will be considered covered. The Insured will be responsible for any billed charges over the Maximum Allowed Amount.

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

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

**Physician** means:

1) A doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is licensed to practice where the care is provided, or

2) One of the following providers, but only when the provider is licensed to practice where the care is provided, is rendering a service within the scope of that license, and such license is required to render that service, and is providing a service for which benefits are specified in this brochure:

- ♦ A dentist (D.D.S. or D.M.D.);
- ♦ An optometrist (O.D.);
- ♦ A dispensing optician;
- ♦ A podiatrist or chiropodist (D.P.M., D.S.P. or D.S.C.);
- ♦ A licensed clinical psychologist;
- ♦ A chiropractor (D.C.);
- ♦ An acupuncturist (A.C.);
- ♦ A licensed clinical social worker (L.C.S.W.);
- ♦ A marriage and family therapist (M.F.T.);
- ♦ A physical therapist (P.T. or R.P.T.);
- ♦ A speech pathologist\*;
- ♦ An audiologist\*;
- ♦ An occupational therapist (O.T.R.)\*;
- ♦ A respiratory care practitioner (R.C.P.)\*;
- ♦ A psychiatric mental health nurse (R.N.);
- ♦ A nurse midwife;
- ♦ A registered dietician (R.D.)\* for the provision of diabetic medical nutrition therapy only
- ♦ A nurse practitioner
- ♦ A physician assistant
- ♦ A licensed educational psychologist for the provision of behavioral health treatment services for the treatment of pervasive developmental disorder or autism only

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

**Prudent Buyer Provider (PPO):** is one of the following providers which has a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered: A Hospital; A Physician; An Ambulatory Surgical Center; A durable medical equipment outlet; A clinical laboratory; A Skilled Nursing Facility; A facility which provides diagnostic imaging services; A home health agency; A home infusion therapy provider; A licensed ambulance company; A licensed qualified autism service provider

## ANTHEM BLUE CROSS LIFE AND HEALTH NOTICE OF PRIVACY PRACTICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Anthem Blue Cross Life and Health Insurance Company

P.O. Box 60007

Los Angeles, CA 90060

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

**ON CALL GLOBAL RESPONSE CENTER:**  
877-318-6901 (Toll-free within the U.S.)  
603-328-1909 (Outside the U.S.)  
One Delaware Drive  
Salem, NH 03079  
E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)  
[www.oncallinternational.com](http://www.oncallinternational.com)

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

## PROGRAM GUIDELINES

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

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

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

## KEY SERVICES

### Emergency Medical Evacuation

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

### Medical Repatriation

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

### Compassionate Visit

If a member is traveling alone and will be hospitalized for more than **seven days**, On Call will provide economy, round-trip, common carrier transportation to the place of hospitalization and arrange lodging for a designated family member or friend.

### Care of Minor Children

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

### Return of Deceased Remains

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

### Prescription Assistance

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

### Emergency Message Transmission

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

### Legal Consultation and Referral

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

### Lost Luggage Assistance

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

### Lost/Stolen Travel Document Assistance

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

### Interpreter & Legal Referrals

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

### Pre-trip Information

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

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

## CONDITIONS & EXCLUSIONS

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

- \* Services rendered without the coordination and approval of On Call
- \* Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
- \* Expenses incurred if the original or ancillary purpose of the member's trip is to obtain medical treatment.
- \* Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country. \*Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
- \* Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient. \*Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member's insurance company or employer.
- \* Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.
- \* Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
- \* A member on an organ transplant list prior to enrollment will not be entitled to a transport for that transplant.

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

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

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.

## Emergency Assistance Services

Provided by: **On Call International**

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

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

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

## WELLS FARGO INSURANCE PRIVACY INFORMATION

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

### **ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY**

**[www.anthem.com/ca/ucberkeley](http://www.anthem.com/ca/ucberkeley)**

*Claims, Eligibility and Coverage Questions*  
**844-728-5913**

*Prescriptions, Pharmacy Benefits Manager*  
**800-700-2541**

*Dependents: Find a Preferred Provider:*  
PPO Prudent Buyer Plan  
**800-888-2108**

*Medical Assistance Abroad:*  
BlueCard Worldwide  
**800-810-BLUE (2583)**  
or collect: **804-673-1177**

### **BERKELEY SHIP OFFICE**

*Benefits and General Questions*  
**510-642-5700**

M-F 8am - 4:45pm  
closed Wednesdays 11am-12pm  
[ship@berkeley.edu](mailto:ship@berkeley.edu)

**[www.uhs.berkeley.edu/insurance](http://www.uhs.berkeley.edu/insurance)**

### **TANG CENTER APPOINTMENTS**

*Students: A referral from Tang Center is required for most services prior to receiving treatment*

**510-642-2000**  
**[www.uhs.berkeley.edu](http://www.uhs.berkeley.edu)**

### **SIRONA 24/7 NURSELINE**

800-681-4065

### **ON CALL INTERNATIONAL**

*International Travel Assistance*  
**877-318-6901** (Toll-free within the U.S.)  
**603-328-1909** (Outside the U.S.)

One Delaware Drive  
Salem, NH 03079  
**[www.oncallinternational.com](http://www.oncallinternational.com)**

### **WELLS FARGO INSURANCE SERVICES USA, INC.**

*Enrollment Questions, Plan Broker*  
**800-853-5899**

Mon - Fri, 8am-5pm PST  
CA License No 0D08408  
**[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)**

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### **IMPORTANT NOTE**

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number 280438 issued to University of California, Berkeley. The Master Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.