



2018-2019 UC Berkeley Domestic & International Student Health Insurance Plan (SHIP)

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

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

IMPORTANT CONTACTS

Benefits and claims questions:

Anthem Blue Cross Life and
Health Insurance Company
(844) 728-5913

www.anthem.com/ca/ucberkeley

Prescriptions,
Pharmacy Benefits Manager
800-700-2541

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

Medical Assistance Abroad:
Blue Cross Blue Shield Global Core
800-810-BLUE (2583) or collect: 804-673-1177

Berkeley SHIP Office

Benefits and General Questions
510-642-5700

M-F 8am - 4:45pm, Thursdays 9:30am-4:45pm

ship@berkeley.edu

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

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

Eligibility, enrollment, and general questions:

USI Student Insurance
(800) 853-5899
Mon-Fri, 8am-5pm PST
Fax: (877) 612-7966
Email: studentinsurance@usi.com
<https://studentinsurance.usi.com>

Plan brokered by:

USI Insurance Services
CA License No 0D08408

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://studentinsurance.usi.com> and select Find Your School's Plan.

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.

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.

Premium Refund/Cancellation

Refund requests should be directed to USI Student Insurance at **800-853-5899** or via email at **studentinsurance@usi.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 USI Student Insurance within **45 days** of entry into service.
2. Refunds will be granted for you or your insured dependents in case of a qualifying event such as legal separation, divorce or death within **31 days** of the occurred event, provided that you or 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 USI Insurance Services 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 4 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 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 semester 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.

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 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 the 24/7 NurseLine at **800-681-4065**.

Where Do I Go For Services?

University Health Services or UHS (AKA the Tang Center) is your primary care provider (PCP). Your PCP coordinates your care, facilitates referrals, and acts as your health care advocate. **All care with the exception of medical emergencies and some other specific services (see below for exception details) must be coordinated through UHS.** You can access care at Tang through in person appointments, advice nurse, appointment office, or Urgent Care center to coordinate your care.

Exceptions:

1. Emergency Room or Urgent Care.
2. Services outside the country.
3. Certain women’s health services including pregnancy and maternity care.
4. Certain preventative and well visit services.

A referral from Tang Center is required for all non-emergency 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.

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 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 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.

How much does it cost?

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 USI 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 8/1/18 - 12/31/18	SPRING/SUMMER 1/1/19 - 7/31/19
Waiver Start Date	5/1/18	12/1/18
Waiver Deadline Without Fee	7/15/18	1/1/19
Final Waiver Deadline	7/31/18	1/15/19
Student only	\$1,497.00	\$1,497.00
NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.		
Dependent Enrollment Start Date	7/15/18	12/1/18
Dependent Enrollment End Date	9/15/18	2/1/19
Spouse only	\$1,497.00	\$1,497.00
One Child Age 0-25 only	\$1,497.00	\$1,497.00
Two Children Age 0-25 only	\$2,889.00	\$2,889.00
Three Children Age 0-25 only	\$2,922.00	\$2,922.00

VOLUNTARY UNDERGRADUATES (CONCURRENT ENROLLMENT)		
	FALL 8/1/18 - 12/31/18	SPRING/SUMMER 1/1/19 - 7/31/19
Enrollment Start Date	7/15/18	12/1/18
Enrollment End Date	9/15/18	2/1/19
Student only	\$1,497.00	\$1,497.00
NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.		
Spouse only	\$1,497.00	\$1,497.00
One Child Age 0-25 only	\$1,497.00	\$1,497.00
Two Children Age 0-25 only	\$2,889.00	\$2,889.00
Three Children Age 0-25 only	\$2,922.00	\$2,922.00

For more information on the cost to add dependents, including the cost to add more than three children, please contact USI Student Insurance Customer Care by phone **800-853-5899** or by email studentinsurance@usi.com.

REGISTERED GRADUATES		
	FALL 8/1/18 - 12/31/18	SPRING/SUMMER 1/1/19 - 7/31/19
Waiver Start Date	5/1/18	12/1/18
Waiver Deadline Without Fee*	7/15/18	1/1/19
Final Waiver Deadline*	7/31/18	1/15/19
Student only	\$2,373.00	\$2,373.00
NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.		
Dependent Enrollment Start Date	7/15/18	12/1/18
Dependent Enrollment End Date	9/15/18	2/1/19
Spouse only	\$2,373.00	\$2,373.00
One Child Age 0-25 only	\$2,373.00	\$2,373.00
Two Children Age 0-25 only	\$4,615.00	\$4,337.00
Three Children Age 0-25 only	\$4,648.00	\$4,648.00

VOLUNTARY GRADUATES (FILING FEE)		
	FALL 8/1/18-12/31/18	SPRING/SUMMER 1/1/19 - 7/31/19
Enrollment Start Date	7/15/18	12/1/18
Enrollment End Date	9/15/18	2/1/19
Student only	\$2,373.00	\$2,373.00
NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.		
Spouse only	\$2,373.00	\$2,373.00
One Child Age 0-25 only	\$2,373.00	\$2,373.00
Two Children Age 0-25 only	\$4,615.00	\$4,615.00
Three Children Age 0-25 only	\$4,648.00	\$4,648.00

For more information on the cost to add dependents, including the cost to add more than three children, please contact USI Student Insurance Customer Care by phone **800-853-5899** or by email studentinsurance@usi.com.

*Please note waiver periods may be different for graduate programs on special insurance cycles. For more information on these programs and their waiver dates, please contact the Berkeley SHIP Office at 510-642-5700 or ship@berkeley.edu.

Eligibility

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 USI Student Insurance for details.

Voluntary Enrollments

The following classes of eligible students may enroll on a voluntary basis directly with USI Student 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 SHIP at 510-642-5700. The student must have been covered by SHIP in the term immediately preceding the term the student wants to purchase.
- 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 SHIP at 510-642-5700. The student must have been covered by SHIP in the term immediately preceding the term the student wants to purchase.

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 USI 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 USI Student Insurance discover 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 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 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 USI 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 student's responsibility to contact USI Student Insurance prior to the enrollment deadline listed in this brochure. No reminder will be sent to students or dependents covered under the plan.

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.

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 and logging in to the Secure Member Services site. First time users will need to register.

Reimbursement 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:

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.

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.

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.

Member Discounts

Save money with discounts at www.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.

Care Outside the United States

Blue Cross Blue Shield Global Core Program

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.

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

You will be required to pay the provider up front at the time of service unless a Guarantee of Payment (GOP) is obtained. A GOP request may be initiated by contacting the BCBS Global Core Service Center. If the provider agrees to receive payment from BCBS Global Core for services per the approved GOP, you will only be responsible for your out of pocket costs (non-covered services, deductible, co-payments, and co-insurance). In this instance, the provider will submit the claim to BCBS Global Core for payment.

If you pay up front for services, you will need to submit an international claim form along with the original bill(s) and any supporting documentation to BCBS Global Core for reimbursement. The claim form and documentation can be submitted via the BCBS Global Core website, email, or mail. BCBS Global Core claim forms are available from the claims administrator, the BCBS Global Core Service Center, or online at www.bcbsglobalcore.com.

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 in the Schedule of Benefits.

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 (QMC-SO), under age 19.

Continued on next page

Definitions (continued)

- 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 coverage 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

Prescription Drug Benefits

To get a prescription filled, 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. 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 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 compound³ 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	
Tang Pharmacy or Retail Participating Pharmacy (exception: Preventive immunizations administered by a retail pharmacy & prescription contraceptives per insured co-pay is no charge)	Tang Center Generic: Copays waived Brand ² : \$25 Copay Non-Formulary: \$40 Copay Specialty drugs ¹ : \$75 Copay	Participating Retail Generic: \$10 Copay Brand: \$35 Copay Non-Formulary: \$50 Copay Specialty drugs: \$250 Copay or 20% (whichever is less)
Specialty Pharmacy Specialty Pharmacy Program Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program or the UC Berkeley Tang Center Pharmacy and are limited to a 30 day supply.	30-day supply Applicable copay applies 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 www.anthem.com/ca . 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.”	
Supply Limits⁴ 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)	

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

² 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.

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

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

Anthem Blue Cross Life and Health Notice of Privacy Practices

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe. This notice combines three of these required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices
- Breast reconstruction surgery benefits

Would you like to go paperless and read this online next time? Go to *anthem.com/ca* and sign up to get these notices by email.

State notice of privacy practices

When it comes to handling your health information, we follow state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to health, dental, vision and life insurance benefits you may have.

Your state may give you additional rights to limit sharing your health information. Please call the Member Services phone number on your ID card for more details.

Your personal information

Your nonpublic (private) personal information (PI) identifies you and it's often gathered in an insurance matter. You have the right to see and correct your PI. We may collect, use and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit.

We may get your PI from others, such as doctors, hospitals or other insurance companies. We may also share your PI with others outside our company — without your approval, in some cases. But we take reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know. We'll also tell you how you can let us know you don't want your PI used or shared for an activity you can opt out of.

HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards and our own rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

Your protected health information

There are times we may collect, use and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA Privacy rule. Here are some of those times:

- **Payment:** We collect, use and share PHI to take care of your account and benefits, or to pay claims for health care you get through your plan. Health care operations: We collect, use and share PHI for your health care operations.
- **Treatment activities:** We don't provide treatment, but we collect, use and share information about your treatment to offer services that may help you, including sharing information with others providing you treatment.

Examples of ways we use your information:

We keep information on file 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 doctor or hospital so that they may treat you.

We may use PHI to review the quality of care and services you get.

We may use PHI to help you with services for conditions like asthma, diabetes or traumatic injury.

We may use publicly and/or commercially available data about you so you can get available health plan benefits and services.

We may use your PHI to create, use or share de-identified data as allowed by HIPAA.

We may also use and share PHI directly or indirectly with health information exchanges for payment, health care operations and treatment. If you don't want your PHI to be shared in these situations, visit *www.anthem.com/ca/ucberkeley* for more information.

Sharing your PHI with you: We must give you access to your own PHI. We may also contact you 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 plans or programs for which you may be eligible, including individual coverage. We may also send you reminders about routine medical checkups and tests.

You may get emails that have limited PHI, such as welcome materials. We'll ask your permission before we email you.

Sharing your PHI with others: In most cases, if we use or share your PHI outside of treatment, payment, operations or research activities, we have to get your okay in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

We may also need your written permission for other situations not mentioned above. You always have the right to cancel any written permission you have given at any time.

You have the right and choice to tell us to:

- Share information with your family, close friends or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example in an emergency or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

Other reasons we may use or share your information:

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medicines
 - Reporting suspected abuse neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers' compensation, law enforcement and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes.
- Responding to lawsuits and legal actions.

If you're enrolled with us through an employer, we may share your PHI with your group health plan. If the employer pays your premium or part of it, but doesn't pay your health insurance claims, your employer can only have your PHI for permitted reasons and is required by law to protect it.

Continued on next page

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

Authorization: We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

Genetic information: We cannot use your genetic information to decide whether we'll give you coverage or decide the price of that coverage.

Race, ethnicity and language: We may receive race, ethnicity and language information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials and offering interpretation services. We don't use race, ethnicity and language information to decide whether we'll give you coverage, what kind of coverage and the price of that coverage. We don't share this information with unauthorized persons.

Your rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your PHI could be read by a third party when it's sent unencrypted, meaning regular email. So we will first confirm that you want to get your PHI by unencrypted email before sending it to you.
- Ask that we correct your PHI you believe is wrong or incomplete. If someone else, such as your doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it.
- Send us a written request not to use your PHI for treatment, payment or health care operations activities. We may say "no" to your request, but we'll tell you why in writing.
- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
- Send us a written request to ask us for a list of those with whom we've shared your PHI.
- Ask for 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 sharing of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to us, we may not agree to a restriction (see "Your rights" above). If a law requires sharing your information, we don't have to agree to your restriction.
- Call Member Services at the phone number on your ID card to use any of these rights. A representative 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.

How we protect information

We're dedicated to protecting your PHI, and we've set up a number of policies and practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures 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 jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

Potential impact of other applicable laws

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA.

Calling or texting you

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or call 1-844-203-3796 to add your phone number to our Do Not Call list. We will then no longer call or text you.

Complaints

If you think we haven't protected your privacy, you can file a complaint with us at the Member Services phone number on your ID Card. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not take action against you for filing a complaint.

Contact information

You may call us at the Member Services phone number on your ID card. Our 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 ask for 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're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website or a letter.

Effective date of this notice

The original effective date of this Notice was April 14, 2003. The most recent revision is noted in the footer at the end of this document.

Breast reconstruction surgery benefits

A mastectomy that's covered by your health plan includes benefits that 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.

You'll pay your usual deductible, copay and/or coinsurance. For details, contact your plan administrator.

For more information about the Women's Health and Cancer Rights Act, go to the United States Department of Labor website at www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra.

Emergency Assistance Services: On Call International

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

Continued on next page

Emergency Assistance Services: On Call International (continued)

- 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

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**. 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

USI INSURANCE SERVICES 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 <http://www.usi.com/privacy>.

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.