



# Campus Health Center

UNIVERSITY OF CALIFORNIA, RIVERSIDE

## 2008 - 2009

# Undergraduate Student Health Insurance Plan

Underwritten by:

**National Union Fire Insurance Company of Pittsburgh, Pa.  
a subsidiary of American International Group, Inc. (AIG),  
with its principal place of business in New York, NY**

Administrator Policy Number AMH0067549

**AIG** Accident & Health

**Attention:**

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

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

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

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## U.C. RIVERSIDE CAMPUS HEALTH CENTER DIRECTORY LISTING

<b>Clinic Hours .....</b>	<b>Mon.–Wed., Fri. 8:00 a.m.– 4:30 p.m. Thursday 9:00 a.m.– 4:30 p.m.</b>
Appointments .....	(951) 827-3031
Fax (Clinic) .....	(951) 827-3133
Dental Clinic (by appt.) .....	(951) 827-3039 or (951) 827-3031
Vision Clinic.....	see page 24
Laboratory .....	(951) 827-3040
X-Ray .....	(951) 827-3038
Wellness Center .....	(951) 827-4187
Pharmacy .....	(951) 827-3926
Insurance Office .....	(951) 827-5683
Fax (Insurance Office).....	(951) 827-7171
Website .....	www.campushealth.ucr.edu

## A QUICK GUIDE TO USING YOUR USHIP

### 1. Where do I go for medical care?

The UCR Campus Health Center (CHC) is your primary care facility. If you do not make use of CHC first, **you may have to pay the entire bill.**

### 2. What if I am not in Riverside when I need medical care?

A referral from CHC is not needed in an emergency or when you are outside the 50-mile radius of CHC. In California, please call **(800) 334-7341** or visit **www.cfmnet.org** for the nearest provider in our Preferred Provider Organization (PPO). Outside of California, please call Beech Street at **(800) 877-1444** or visit **www.beechstreet.com**.

### 3. What if I have an Emergency?

Go to the nearest urgent care facility or emergency room, and present your USHIP card. **Please see a CHC doctor before making any follow-up appointments.**

**Important:** Many E.R. Doctors are not providers for CFMC and are covered at the lower reimbursement rate.

### 4. What is the off-campus provider coverage in California and how much will I pay out-of-pocket?

You will be responsible for 10% to 40% of the charges, depending on whether or not a PPO provider was utilized. When a Covered Person has incurred \$3,000 of out-of-pocket Eligible Expenses per plan year (including pharmacy copays), the Company payment will increase to 100% subject to the plan maximums. Use PPO providers and facilities, which are contracted with California Foundation for Medical Care and Beech Street, to maximize your insurance benefits. If a non-PPO provider or facility is used, only 60% of Reasonable and Customary charges for Riverside, California will be paid. **You will have to pay the balance out of pocket. Use PPO network providers and facilities to maximize your benefits. (See #2)**

### 5. How do my pharmacy benefits work?

All eligible prescriptions filled at CHC will have a \$15 copay per 30-day supply. Prescriptions filled off campus at an Express Scripts pharmacy require a \$25 copay per 30-day supply. Prescriptions filled at non-participating Express Scripts pharmacies are not covered. Students will be charged for the difference between Brand name and Generic prescriptions unless the provider indicates on the prescription **DO NOT SUBSTITUTE.**

### 6. What is **not** covered by this plan?

**EXCLUSIONS**, or expenses not covered, are listed in this brochure on pages 13-14. It is important to note that expenses for **Pre-Existing Conditions** may not be covered for the first six (6) months you are on the plan.

### 7. What if I have a problem with my card or insurance?

For ANY questions or problems, please call our Insurance office at (951) 827-5683. We are open Monday through Friday, 8:00 a.m. – 4:30 p.m. (except for Thursdays when we open at 9:00 a.m.).

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

## UNIVERSITY OF CALIFORNIA, RIVERSIDE

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



Dear USHIP Participant:

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

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

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

[www.campushealth.ucr.edu](http://www.campushealth.ucr.edu).

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

Sincerely,

A handwritten signature in cursive that reads "Carla Short".

Carla Short  
Insurance Coordinator

## ATTENTION

A temporary ID card is included on the back cover of this brochure. Please detach and retain for proof of coverage. Covered Students can download a permanent ID card from:

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

Covered Persons can also use this card to have prescriptions filled at an Express Scripts pharmacy.

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

## UC RIVERSIDE CAMPUS HEALTH CENTER (CHC)

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

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

### Where are we located?

The Campus Health Center is conveniently located west of parking lot 15 between the residence halls, in the Veitch Student Center.

### What are the hours?

We are open Monday through Friday from 8:00 a.m. to 4:30 p.m., except on Thursdays when we open at 9:00 a.m.

### What services do we provide?

The Campus Health Center provides comprehensive outpatient care, including the following:

- Laboratory Services
- X-Ray
- Women's Health Clinic
- Health Promotion
- Referral for Specialty Care
- Mental Health
- Pharmacy
- Dental Clinic
- Vision Services at affiliated clinics
- Insurance Services

### Who is eligible to use the services of the Campus Health Center?

Services are available to all registered UCR students.

### What forms of payment are accepted?

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

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

If you have an Emergency Medical Condition when the Campus Health Center is closed (at night or on weekends or holidays) and you cannot wait for the Campus Health Center to open, please call 911 or go to the nearest emergency room or urgent care facility.

**Remember, you must contact the Campus Health Center for all follow-up care.**

(continued on page 4)

## UC RIVERSIDE CHC (continued from page 3)

### What if I'm not close to CHC and need medical care?

If you are outside of a 50-mile radius of CHC you do not need a referral from a CHC provider. However, remember that if you do not use a PPO provider you will be responsible for 40% of the bill. For a complete listing of network providers in California, access the Foundation website at [www.cfmnet.org](http://www.cfmnet.org). For providers outside of California, contact Beech Street at (800) 877-1444, or visit [www.beechstreet.com](http://www.beechstreet.com)

### Patient Confidentiality

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

### Students With Disabilities

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

## 2008-2009 UC RIVERSIDE UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN

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

CHC (located in the Veitch Student Center) provides primary care services to all registered students. The insurance is used to pay for eligible medical services that CHC does not provide free of charge.

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

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

## ELIGIBILITY

All registered undergraduate students attending regular session of the University, hereinafter designated STUDENTS, who pay registration fees and attend the University of California, Riverside, are automatically eligible for and are enrolled in the Undergraduate Student Health Insurance Plan (USHIP) for the Fall, Winter, and Spring Terms of the 2008-2009 school year. If the student is enrolled in USHIP for the Spring Term, he/she is automatically covered for the Summer Term. New students registered for Summer are eligible to enroll in USHIP by submitting an enrollment form along with the required payment.

**Coverage for dependents, including newborn children, is not available under this plan.**

## ENROLLMENT

Enrollment for students in USHIP is automatic and will be made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University, by the Waiver Deadline listed, will be waived from coverage. **Students new for the Summer Session and accepted at the University for the Fall 2008-2009 school year can enroll by completing an Enrollment Form and remitting the appropriate premium during the 30 days immediately following the beginning of the Summer Session (see Enrollment Deadline Dates).**

## TERMS OF COVERAGE

Insurance for eligible students under USHIP becomes effective at 12:01 a.m. on the first date of the applicable school quarter for which the eligible student is enrolled if premium for USHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, enrollment in USHIP will become effective at 12:01 a.m. on the date following the date of receipt by the University. If the student is enrolled in USHIP for the Spring Term, he/she is automatically covered for the Summer Term. For students new for the Summer Session who enroll by completing an enrollment form, coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked before this date. If the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at Renaissance Agencies, Inc.

Coverage under USHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid. Insurance under USHIP for eligible students enrolled for the Spring quarter will extend through to 12:01 a.m. on the first day of the Fall Quarter of the 2009-2010 school year.

Term	Effective Date	Termination Date	Waiver Deadline Date	Enrollment Deadline Date
Fall	09/22/08	01/02/09	09/12/08	10/25/08
Winter	01/02/09	03/25/09	12/12/08	02/02/09
Spring	03/25/09	06/13/09*	03/12/09	04/27/09
Summer**	06/13/09	09/21/09	N/A	07/15/09

## COSTS OF COVERAGE

	Fall	Winter	Spring/ Summer*	Summer**
	\$225.00	\$225.00	\$225.00	\$225.00

\*Coverage for students enrolled in the Spring quarter will terminate at 12:01 a.m. on **09/21/09**.

\*\* Only new students first entering the University in Summer may enroll in the Summer Term.

## PREMIUM REFUNDS

Refunds of premium will be granted only when:

1. The Covered Person enters full-time active military service, at which time a pro rata refund of premium will be issued upon request; or
2. If the student is dismissed or withdraws from the University, a pro rata refund of premium will be made upon notification from the University of the change in student status. If a claim has been filed to receive benefits under the coverage provided by the Policy, the premium is fully earned, in which case there will be no refund of premium. By accepting any such refund of premium the Covered Person agrees to provide indemnification and absolve the Company from any liability to pay for medical expenses either before or after the coverage has been terminated during the term for which the pro rata refund of premium has been issued.

## CAMPUS HEALTH CENTER REFERRAL REQUIREMENT

For insured students, all medical care, except Emergencies, must begin with a visit to the University of California, Riverside Campus Health Center (CHC) whenever you are seeking treatment within 50 miles of CHC. Using this system is what helps keep costs low and can help provide coordinated care.

When Eligible Expenses are incurred within a 50-mile radius of CHC, benefits are available only upon treatment and referral from CHC or in the event of an Emergency.

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

**Benefits for Eligible Expenses incurred for non-Emergency hospitalization and non-Emergency surgery are available only upon authorization from CHC and require pre-certification.**

Benefits are available when Medically Necessary Eligible Expenses are incurred outside a 50-mile radius of CHC. However, notification to CHC should be made no later than 72 hours from the time of treatment that does not commence at CHC, including Emergencies and/or when within the 50-mile radius. Students must return to CHC for all follow-up treatment.

**When treatment is received at CHC, the coinsurance and Pre-Existing Condition Exclusion are waived.**

CHC hours may be found in the Directory Listing Info on the inside front cover.

**Remember all non-emergency services provided within a 50-mile radius of CHC must receive prior authorization or your claim (bill) will not be paid by USHIP.**

## PRE-CERTIFICATION REQUIREMENT

CHC authorization and pre-certification are required for Hospitalization, Inpatient Surgery, or Outpatient Surgery. It is the Covered Person's responsibility to fulfill this requirement. The patient, treating Doctor, or Hospital should contact the Campus Health Center and the Utilization Review Organization\* prior to treatment. In the case of treatment due to an Emergency Medical Condition (including Medically Necessary treatment provided outside of the Utilization Review Organization's operating business hours) the Covered Person or the Covered Person's representative should contact the Utilization Review Organization as soon as reasonably possible.

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

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

**\*For pre-certification, or to certify continued Hospital Confinement in California, contact the California Foundation for Medical Care (CFMC) at (800) 345-8643 and select option 2; outside of California call Beech Street at (877) 323-6127.**

## PREFERRED PROVIDER ORGANIZATION

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

Access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care, has been incorporated into this plan. Access to the Beech Street Corporation PPO network is available for medical care nationwide, when seeking treatment outside of California.



The coverage provides benefits nationwide for Eligible Expenses incurred at 90% of the Allowable Charges when treated by network providers and provides benefits worldwide for Eligible Expenses incurred at 60% of Reasonable and Customary charges when treated by non-network providers. If a non-PPO provider or facility is utilized, there is a 40% coinsurance factor for which the Covered Person is responsible. However, if such treatment is received in a non-PPO facility due to an Emergency Medical Condition, benefits for Eligible Expenses are payable at the PPO level.

### In California

A complete listing of the PPO hospital and Doctor facilities in California is available by calling (800) 334-7341 or by visiting [www.cfmnet.org](http://www.cfmnet.org).

### Outside of California

For a complete listing of the PPO Hospital and Doctor facilities outside of California, call (800) 877-1444 or visit [www.beechstreet.com](http://www.beechstreet.com).

If a Covered Person is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, or a terminal illness, and the Provider's contract terminates with the PPO, the Covered Person may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

**Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which you are referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. Also, if you have surgery, make sure the anesthesiologist is a network provider or you will be required to pay the 40% coinsurance. This information can be found on the network websites listed above.**

## MEDICAL BENEFITS

When, as the result of a Sickness or Injury, the Covered Person incurs Eligible Expenses, the Company will pay 60%, or 90% if a PPO is utilized, of the applicable limits, if any, stated below, of the incurred Eligible Expenses, unless indicated otherwise, up to the lifetime aggregate maximum of \$200,000 per Sickness or Injury, except treatment of an Injury resulting from a motor vehicle Accident is limited to a maximum of \$50,000 per Accident.

When a Covered Person has incurred \$3,000 of out-of-pocket Eligible Expenses for all conditions per plan year (including pharmacy copays), the Company payment will increase to 100%, up to the lifetime aggregate maximum of \$200,000 per Sickness or Injury.

**All out-of-network benefits are payable at the Reasonable and Customary charges (R&C) levels for the area in which services are rendered.**

### Hospital Inpatient

Only upon authorization from

Requires Pre-Certification and/or Continued Stay Review, see page 7.

Room & Board	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized, of semi-private room rate; includes general nursing charges
Miscellaneous Expense	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized, exclusive of personal items
Alcohol & Drug	3 days per plan year; 90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized

### Outpatient

Emergency Care (Deductible waived if admitted to Hospital)	After a \$50 deductible per visit (for treatment received at a Hospital emergency room), 90% of Allowable Charges
Outpatient Surgery Facility Only upon authorization from CHC See Pre-Certification Requirement on page 7	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
Chemotherapy	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
Laboratory and Radiology	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
Mental or Nervous Disorders** Only upon referral from CHC or the UCR Counseling Center	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized, up to one (1) visit per day, to a maximum of 40 visits per plan year

\* Eligible Expenses for treatment received in a non-PPO facility due to an Emergency Medical Condition are payable at the PPO level.

\*\*Treatment for Severe Mental Illness will be paid as any other Sickness. See definition on page 17

(continued on page 10)

**MEDICAL BENEFITS (continued from page 9)**

<b>Surgery</b>	
<b>Only upon authorization from CHC</b> <b>See Pre-Certification Requirement on page 7</b>	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; includes surgeon and assistant surgeon
<b>Anesthesia</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
<b>Durable Medical Equipment</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
<b>Physiotherapy (post-surgical only)</b>	
<b>For non-post-surgical coverage, see page 23</b>	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; up to a \$1,000 maximum per Sickness or Injury; limited to one (1) visit per day
<b>Radiation Therapy</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
<b>Doctor</b>	
Doctor Visits	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day
Acupuncture For additional coverage, see page 23	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day; up to a maximum of \$25 per visit; up to a maximum of \$100 per plan year
Chiropractic For additional coverage, see page 23	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day, up to a maximum of \$25 per visit, up to a maximum of \$100 per plan year
Podiatry	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; limited to one (1) visit per day, up to a maximum of \$25 per visit, up to a maximum of \$100 per plan year
<b>*Eligible Expenses for treatment received in a non-PPO facility due to an Emergency Medical Condition are payable at the PPO level.</b>	

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

<b>Exposure-Related HIV Testing</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
<b>Prescription Drugs</b>	
(including prescription contraceptives)* Students will be charged for the difference between Brand name and Generic prescriptions unless DO NOT SUBSTITUTE is indicated on the prescription <b>Prescriptions for Lamisil, Sporanox and Accutane are not covered.</b>	100% after a \$15 copay at CHC, or \$25 copay if filled off campus at an Express Scripts pharmacy, up to a maximum of \$3,000 per Plan Year. <b>The copay applies to each 30-day supply.</b> Prescriptions are available through the Express Scripts prescription drug card program. Benefits are not available from pharmacies that are not members of the Express Scripts pharmacy network. To locate an Express Scripts pharmacy, visit <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> , call <b>(800) 447-9638</b> or ask CHC. Express Scripts offers a 90-day supply through their mail-in program. A copay applies to each 30-day supply. Call the Student Health Insurance Office for details (951)827-5683.  *If a provider determines that a prescription oral contraceptive is not medically appropriate for a Covered Person, coverage will be provided for an alternative FDA approved prescription contraceptive method as prescribed by the provider.
<b>Accidental Injury to Natural Teeth</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized, up to \$1,000 per Injury for dental services resulting from accidental Injury to natural teeth within 90 days of the Injury. Accident must occur while covered under this plan.
<b>Ambulance</b>	
<b>NOTE:</b> For Emergency transportation only	90% of Allowable Charges, for ground and air
<b>Maternity (including termination of pregnancy)</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized
<b>STD Screening</b>	
	90% of Allowable Charges if PPO is utilized or 60%* of R&C if non-PPO is utilized; Up to a maximum of \$150 per Plan Year
<b>*Eligible Expenses for treatment received in a non-PPO facility due to an Emergency Medical Condition are payable at the PPO level.</b>	

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## STATE MANDATED BENEFITS

The State of California mandates coverage for the following: 1) equipment, supplies and outpatient self-management training for diabetes; 2) phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor; 3) treatment of Severe Mental Illness; 4) anesthesia and facility charges for dental procedures under certain circumstances; 5) mammograms; 6) prostate, colorectal and cervical cancer screening and generally medically accepted cancer screening tests; 7) breast cancer screening, diagnosis, and treatment; 8) a second opinion requested by a Covered Person or Doctor; 9) participation in the Expanded Alpha Feto Protein (AFP) Program; 10) prosthetic devices to restore a method of speaking incidental to laryngectomy; 11) diagnosis, treatment and management of osteoporosis; 12) clinical trials for cancer; 13) AIDS vaccine; 14) reconstructive surgery under certain circumstances; 15) telemedicine medical services; 16) prescription contraceptive drugs or devices (if there is a prescription drug benefit); and 17) maternity services as provided by CA Insurance Code section 10123.87 (a). Please see the Policy on file with the University for further details.

## MEDICAL EVACUATION BENEFIT

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

## REPATRIATION BENEFIT

In the event of a Covered Person's death while insured under the Policy, the Company will pay the actual Expense incurred for preparation and transportation of the remains back to the Covered Person's home country or country of regular domicile. If applicable, such action will be in accordance with any international requirements. The Company will pay the actual Expenses but not to exceed the maximum aggregate benefit of \$7,500. All Expenses must be approved by the Claims Administrator before the remains are prepared for transportation.

## EXTENSION OF BENEFITS

A maximum six (6) month extension of benefit period from the termination date of coverage will apply in the event a Covered Person is Hospital Confined or is Totally Disabled due to Sickness or Injury. Such period shall not extend beyond the date of discharge from the hospital due to such Sickness or Injury, the date Total Disability due to such Sickness or Injury ends, or the date the six-month extension of benefit period ends, whichever is earliest. This benefit is applicable only to the extent the Covered Person is not enrolled in the ensuing Term of coverage. This Extension of Benefits provision does not apply to prescription drug coverage.

## EXCLUSIONS

This Policy does not cover or provide benefits for loss or expenses incurred:

1. As a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth;
2. For services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee;
3. For eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such; radial keratotomy or laser surgery; hearing aids or prescriptions or examinations for such except as required for repair caused by a covered Injury;
4. As a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline;
5. For Injury or Sickness resulting from war or act of war, declared or undeclared;
6. As a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
7. As a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days;
8. For treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
9. For cosmetic surgery except as required to correct an Injury for which benefits are otherwise payable under the Policy or as specifically provided for in the Policy. (Cosmetic surgery shall not include reconstructive surgery to correct or repair abnormal structures of the body caused by trauma, infection, tumors or disease. It also shall not include breast reconstructive surgery after a mastectomy);
10. For preventive medicines, except as specifically provided in the Policy;
11. As a result of committing or attempting to commit an assault or felony or participation in a riot;
12. For Elective Treatment or elective surgery unless otherwise provided in the Policy;
13. For any services rendered by a Covered Person's Immediate Family Member;
14. For a treatment, service or supply which is not Medically Necessary;
15. For Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor;
16. For surgery and/or treatment of: acupuncture, except as specifically provided; allergy, including allergy testing; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; sexual reassignment surgery; or vasectomy;
17. In connection with sterilization or sterilization reversal;
18. For Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles);
19. For Injury resulting from: the practicing for, participating in, intercollegiate, sports; activity, including travel to and from the activity and practice;
20. For treatment, services, drugs, device, procedures or supplies that are experimental or investigational;

(continued on page 14)

#### EXCLUSIONS (continued from page 13)

21. For treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided;
22. For chiropractic care or treatment not related to the treatment of Sickness or Injury except as specifically provided; and
23. For alternative health care, except as specified in the Policy.

#### PRE-EXISTING CONDITION LIMITATION

Expenses incurred by a Covered Person as a result of a Pre-Existing Condition will not be considered Eligible Expenses for a period of six (6) months while covered under this Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for six (6) consecutive months. Prior Creditable Coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. This waiver of the Pre-Existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 63 days of termination of his or her prior coverage.

Pre-Existing Conditions do not apply to pregnancy or complications of pregnancy.

**CREDIT FOR PRIOR COVERAGE:** A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

1. Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
2. The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
3. The Medicaid program pursuant to Title XIX of the Social Security Act;
4. Any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;
5. Title 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS));
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under 5 U.S.C.A., Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP));

(continued on page 15)

#### PRE-EXISTING CONDITION LIMITATION (continued from page 14)

9. A public health plan as defined by federal regulations authorized by Section 2701(c)(1)(I) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;
10. A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e));
11. Any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec.300gg(c)).

#### EXCESS COVERAGE

This Plan of insurance is primary for Campus Health Center charges only. Otherwise this Plan of insurance is secondary to any other benefits receivable under any insurance, health maintenance, prepaid or any other health care delivery plan, except for charges for services received at the Campus Health Center. Benefits receivable under any other plan include benefits that would have been received had a claim for benefits been duly made therefore, except for automobile insurance.

#### DEFINITIONS

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

**Accident** means an occurrence which: 1) is unforeseen; 2) is not due to or contributed to by Sickness or disease of any kind; and 3) causes Injury.

**Allowable Charges** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**Covered Person** means a Covered Student while coverage under the Policy is in effect.

**Doctor** as used herein means: 1) legally qualified physician licensed by the state in which he or she practices; and 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and 3) certified nurse midwives and licensed midwives while acting within the scope of that certification.

The term Doctor does not include a Covered Person's Immediate Family Member.

**Elective Treatment** means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person's effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

**Eligible Expense** as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury and: 1) is not in excess of the Reasonable and Customary charges; or 2) is not in excess of the charges that would have been made in the absence of this coverage; 3) is the negotiated rate, if any and 4) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

(continued on page 16)

**DEFINITIONS (continued from page 15)**

**Emergency Medical Condition** means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

1. The Covered Person's life could be in serious jeopardy;
2. Bodily functions would be seriously impaired; or
3. A body organ or part would be seriously damaged; or
4. Serious disfigurement; or
5. Serious jeopardy to the health of the fetus.

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

**Hospital** means a facility which meets all of these tests:

1. It provides in-patient services for the care and treatment of injured and sick people; and
2. It provides room and board services and nursing services 24 hours a day; and
3. It has established facilities for diagnosis and major surgery; and
4. It is supervised by a Doctor; and
5. It is run as a Hospital under the laws of the jurisdiction in which it is located; and
6. It is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: 1) as a convalescent home; or 2) as a nursing or rest home; or 3) as a place for custodial or educational care.

The term Hospital includes: 1) a substance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person; 2) an ambulatory surgical center or ambulatory medical center; 3) a mental health hospital if supervised and licensed by the Department of Mental Health; and 4) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

**Hospital Confinement/Hospital Confined** means a stay of at least 18 consecutive hours for which a room and board charge is made.

**Immediate Family Member(s)** means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** means bodily injury due to an Accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Covered Person's effective date of coverage; and 3) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

(continued on page 17)

**DEFINITIONS (continued from page 16)**

**Medical Necessity/Medically Necessary** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

1. It is provided only as a convenience to the Covered Person or provider; or
2. it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
3. It exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. It is Experimental/Investigational or for research purposes; or
5. Could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
6. Involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
7. Involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or
8. It can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Mental or Nervous Disorder(s)** means any nervous, emotional and mental disease, illness, syndrome or dysfunction classified in the most recent edition of the International Classification of Diseases as a Mental Disorder (other than those conditions deemed Severe Mental Illness, as defined in this Policy) on the date the medical care or treatment is rendered to a Covered Person.

**Pre-Existing Condition** means a Sickness or Injury for which medical care, treatment, diagnosis or advice, including use of prescription drugs, was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

**Reasonable and Customary (R&C)** means the charge, fee or expense which is the smallest of: 1) the actual charge; 2) the charge usually made for a covered service by the provider who furnishes it; 3) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing. Reasonable and Customary charges also mean the percentile of the payment system in effect on the Effective Date.

**Severe Mental Illness** means any of the following: schizophrenia; schizo-affective disorder; bipolar disorder (manic-depressive illness); major depressive disorder; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa.

**Sickness** means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

**Totally Disabled/Total Disability** means Injury or Sickness which wholly and continuously keeps the Covered Person, 1) from attending classes at the location where he or she is enrolled; and (2) if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

## CLAIM PROCEDURE

In the event of a Sickness or Injury, students should report at once to the Campus Health Center (CHC) for treatment or referral.

1. If a referral is given, the student must submit the referral form to the Student Insurance Office for signature authorization. The Student Insurance Office will submit the referral form to **Personal Insurance Administrators, Inc.**
2. In the case of an Emergency, call 911 or go to the nearest emergency room. The student must notify the Student Insurance Office no later than 72 hours from the time of treatment, if treatment is not received at CHC. Students must return to CHC for all follow-up treatment.
3. The Covered Person should obtain prior authorization from CHC for non-emergency Hospitalization, Inpatient Surgery or Outpatient Surgery. Call (951) 827-5683.
4. The Covered Person should obtain prior authorization from CHC for Hospitalization, Inpatient Surgery or Outpatient Surgery. See the Pre-Certification Requirement on page 7 for more details. In California, call the California Foundation for Medical Care (CFMC) at (800) 345-8643 and select option 2; Outside of California, call Beech Street at: (877) 323-6127.
5. Complete and submit a claim form online at **www.piaclaims.com**.
6. Mail itemized medical and Hospital bills within 90 days of the date of Injury or first treatment for Sickness to:

**Personal Insurance Administrators, Inc.**

P.O. Box 6040

Agoura Hills, CA 91376-6040

**For quicker claims payment, be sure the bills submitted include the following:**

- Student's name and address
- Administrator Policy Number AMH0067549
- Name and address of the doctor or Hospital
- Doctor's diagnosis
- Itemization of charges (**attach bills!**)
- Date Sickness or Injury occurred
- Pharmacy bills (not cash register receipts) showing prescription number, name of drug, date prescribed, issuing Doctor, and name of person for whom drug was prescribed
- A copy of the Medical Authorization from the UCR Campus Health Center

These items are required in order to accurately pay your claims. Certain claims may require additional information before being processed.

All payments will be issued directly to the provider of service unless you submit receipted bills showing personal payment has been made.

5. For all claims questions, please contact **Personal Insurance Administrators, Inc.** at the address above or call toll-free **(800) 468-4343**.
6. If you are having problems resolving a claim, please contact the Student Insurance Office at (951) 827-5683.

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

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

**Always keep a copy of all documents submitted for claims.**

## CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

If a Covered Person is no longer eligible to be insured under the plan, the Covered Person should request a Certification of Qualifying Health Plan Coverage from Renaissance Agencies, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

## AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If the Covered Person would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Agencies, Inc. at the address below or complete a form via the Internet at **www.renstudent.com**.

## SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about Covered Persons and we are committed to protecting the privacy of Covered Persons. We do not disclose any nonpublic information about Covered Persons to anyone, except as permitted or required by law. We do not sell or otherwise disclose Covered Person's personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about Covered Persons from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. Covered Persons have the right to access, review and correct all personal information collected. Covered Persons may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing the Policy, by writing to the address or visiting the website shown below. Covered Persons may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager  
Renaissance Agencies, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

Phone: (800) 537-1777

Facsimile: (310) 394-0142

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

## IMPORTANT NOTICE

The Policy is Non-Renewable One-Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Persons who have not received information regarding a subsequent program prior to the Policy's Termination Date should inquire regarding such coverage with the University or Renaissance Agencies, Inc.

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

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

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

**IMPORTANT NOTICES:**

- The UC Riverside Outpatient Dental, Vision, Acupuncture, Physical/Chiropractic Therapy and Learning Disability Plan is part of the benefits provided to all students insured by the Undergraduate Student Health Insurance Plan (USHIP) and cannot be purchased separately.
- This plan has the same effective dates as your USHIP plan.
- These are separate benefits provided for you in addition to (but not included in) the USHIP policy benefits.
- You must utilize only the providers retained by UC Riverside, who are listed on page 24. These providers, benefits, and fees may be subject to change.
- **This plan is not administered by Personal Insurance Administrators, Inc. Contact UC Riverside CHC for details.**

**Health Insurance Office**

If you have questions about this supplemental plan, please contact the UC Riverside Student Health Insurance Office.

**Phone:** (951) 827-5683

**Fax:** (951) 827-7171

**DENTAL PLAN\***

<b>BENEFIT</b>	<b>USHIP COPAY</b>	<b>NON-USHIP FEE</b>
<b>Visits</b>		
Dental Examination	No Charge	\$50.00
Third Molar Consultation	No Charge	\$50.00
Teeth Cleaning	\$30.00	\$85.00
<b>Diagnostic</b>		
Dental X-Rays (Two films)	\$12.00	\$45.00
Panoramic X-Ray	\$30.00	\$95.00
<b>Oral Surgery</b>		
Tooth Extraction (simple)	\$65.00	\$95.00
<b>Crowns and Fillings</b>		
Porcelain/Metal Crown	\$285.00	\$750.00
Ceramic Crown	\$330.00	\$900.00
Silver Filling	\$45.00	\$155.00
<b>Additional Procedures</b>		
Teeth Bleaching (per arch)	\$130.00	\$400.00
<b>Broken Appointments</b> (less than 24 hrs. notice)	\$40.00	\$90.00
<b>Exclusions and Limitations:</b> Full mouth x-rays: once every two years.		
<b>*Dental Services only available at the UCR Campus Health Center Dental Clinic.</b>		
For a list of additional fees and services, please contact the UCR Dental Clinic at (951) 827-3039.		

VISION PLAN	
BENEFIT	STUDENT PAYS
<b>Examination and Prescription For Glasses</b>	\$8.00
<b>Contact Lenses</b> Plan provides \$125.00 for contact lens exam, fitting, and lenses	
<b>Glasses</b> Includes S.V. plastic lenses and Suburban Collection Frame	\$20.00
<b>Extras</b>	
Lenses: Bifocals (plastic)	
FT-28	Add \$20.00
FT-35	Add \$30.00
FT-45	Add \$40.00
S.V. Glass Lenses	Add \$10.00
Bifocal Glass Lenses	Add \$50.00
PGX	Add \$60.00
High Power +4.00 – 2.00 cyl	Add \$10.00 - 30.00
Polycarbonate lenses	Add \$50.00
A/R-anti-reflective	Add \$50.00
Tint	Add \$15.00
U.V.	Add \$15.00
Scratch Coat	Add \$25.00
<b>Package</b> (tint, u.v. scratch coat)	Add \$35.00
Transition photo	Add \$80.00
Sun-sensor Photo	Add \$100.00
Mid-Index plastic – 1.56	Add \$80.00
High-Index plastic – 1.60	Add \$100.00
Prism	Add \$15.00- 30.00
Polarized	Add \$80.00
Slab – Off	Add \$80.00
Progressive – No Line	Add \$100.00
<b>For Other Frames and Additional Extras, please contact:</b> Dr. Cooper's office at (951) 682-8190 or Dr. Fishberg's office at (951) 788-2020 Student Health Insurance Office at (951) 827-5683	
<b>Eye Examination:</b> Once every school year	
<b>Glasses or Contact Lenses:</b> Once every school year	
<b>The vision benefit applies to either contact lenses or glasses, but not both, within the same plan year.</b>	

## ACUPUNCTURE AND PHYSICAL/CHIROPRACTIC THERAPY PLAN

Upon referral from CHC, the plan will pay up to a maximum of \$1,070 per plan year for nonsurgical outpatient acupuncture and physical/chiropractic therapy.

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

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

**Acupuncture services must be provided by either The Center for Acupuncture or the Harmony Clinic.\***

BENEFIT	STUDENT PAYS
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Visits 1-15	\$15.00 per visit
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Additional visits beyond 15 require the full payment.

**\* Before receiving any treatment, a separate Acupuncture and Physical Chiropractic Therapy Plan card must be obtained from the UCR Health Insurance Office.**

## STUDENT LEARNING DISABILITY TESTING PLAN

- The Outpatient Learning Disability Plan is part of the benefits provided to all undergraduate students insured by the Undergraduate Student Health Insurance Plan (USHIP) and cannot be purchased separately.
- This plan has the same effective dates as USHIP.
- All referrals must be from Special Services: (951) 827-4538.
- Testing to include an aptitude and achievement assessment required for certification.
- Note: If required testing is non-conclusive and further testing is indicated, those tests are the responsibility of the student.
- The student must pay a \$100 deductible.
- Please contact Special Services for provider information: (951) 827-4538.

## SERVICE PROVIDERS

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

Please check with the Student Health Insurance Office, as providers are subject to change.

#### Dental & Dental Hygienist

Campus Health Center  
(951) 827-3039 or (951) 827-3031

#### Physical Therapy\*

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

#### Acupuncture\*

Center for Acupuncture  
4045 Brockton Ave.  
Riverside, CA 92501  
(951) 683-1694

Harmony Clinic Acupuncture  
and Herbs  
6800 Indiana Ave.. #100  
Riverside, CA 92506  
(951) 784-0089

#### Vision

Dr. Edward Cooper  
1345 University Ave  
Riverside, CA 92507  
(951) 682-8190

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

**Includes Thursday evening and Saturday appointments**

#### Chiropractic Therapy

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

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

## MEDEX PROGRAM

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

### MEDEX MEMBERSHIP SERVICES

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

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

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

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

#### Emergency Medical Evacuation

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

#### Repatriation of Mortal Remains

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

#### Emergency Medications, Vaccine, and Blood Transfers

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

#### Legal Referral Assistance

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

#### Translation Services

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

#### Hospital Deposit & Emergency Cash Advance

Upon securing payment from the Member or obtaining the Member's guarantee to reimburse, MEDEX will either wire funds or guarantee required emergency hospital admittance deposits, or will assist in arranging cash transfers of the Member's funds. MEDEX will not be responsible for the payment of the cost of Emergency Medical Services.

(continued on page 26)

**MEDEX PROGRAM (continued from page 25)**

**Transportation to Join Disabled Member**

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

**24-Hour Worldwide Medical Referrals**

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

**Evaluation and Monitoring of Treatment**

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

**Assistance with the Coordination of Rehabilitation After an Evacuation**

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

**Emergency Message Transmittals to Family Members**

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

**Arrangement for the Replacement of Medications and Eyeglasses**

MEDEX helps get a Member's lost, stolen, forgotten or depleted prescriptions and eyeglasses replaced quickly.

A toll-free or collect call immediately links you to MEDEX's highly trained, multilingual assistance coordinators, 24 hours a day, every day of the year. Call:

(800) 527-0218 or (410) 453-6330  
Program Number: 995

**UC RIVERSIDE UNDERGRADUATE  
2008-2009 STUDENT HEALTH INSURANCE PLAN  
SUMMER ENROLLMENT FORM**

**1. PLEASE PRINT CLEARLY**

STUDENT'S LAST NAME	
STUDENT'S FIRST NAME	INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET	APT/BOX #
CITY	STATE ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S E-MAIL ADDRESS

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

**2. NOTE THE TERM DATES AND COST**

ONLY NEW STUDENTS FIRST ENTERING THE UNIVERSITY IN SUMMER MAY ENROLL IN THE SUMMER TERM.

TERM	EFFECTIVE DATE	TERMINATION DATE	DEADLINE DATE	COST
SUMMER	06/13/09	09/21/09	07/15/09	\$225.00

**3. MAKE CHECK OR MONEY ORDER PAYABLE TO:**

UC REGENTS

YOUR CANCELLED CHECK IS YOUR RECEIPT AND PROOF OF COVERAGE.

**4. RETURN PAYMENT WITH ENROLLMENT FORM TO:**

UNIVERSITY OF CALIFORNIA, RIVERSIDE  
VEITCH STUDENT HEALTH SERVICE - 089  
STUDENT HEALTH INSURANCE OFFICE  
RIVERSIDE, CA 92521-0308

PAYMENT MUST BE POSTMARKED BY THE DEADLINE DATE LISTED ABOVE

**5. STUDENT MUST SIGN BELOW.**

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THIS BROCHURE.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE SIGNED

CA License No. 0697235, Renaissance Agencies, Inc.

NATIONAL UNION FIRE INSURANCE  
COMPANY OF PITTSBURGH, PA

ADMINISTRATOR POLICY NO.  
AMH0067549

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**ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE**

Underwritten by:

**National Union Fire Insurance Company of Pittsburgh, Pa.**  
Administrator Policy Number AMH0067549

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

**2008-2009 UNIVERSITY OF CALIFORNIA, RIVERSIDE  
UNDERGRADUATE STUDENT HEALTH INSURANCE PLAN**

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



**In California:**  
for information on PPO Providers, visit  
[www.cfmnet.org](http://www.cfmnet.org) or call (800) 334-7341



**Outside of California:**  
for information on PPO Providers, visit  
[www.beechstreet.com](http://www.beechstreet.com) or call (800) 877-1444

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFC-CA. The Policy on file at the University may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern.

Underwriter Reference No. CAS9710637

**Underwritten by:**

National Union Fire Insurance Company of Pittsburgh, Pa.,  
a subsidiary of American International Group, Inc. (AIG),  
with its principal place of business in New York, NY  
Administrator Policy Number: AMH0067549

**For questions regarding benefits or claims:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
(800) 468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

**For questions regarding eligibility or enrollment:**

Renaissance Agencies, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
(800) 537-1777

**To download brochures or ID cards, please visit:**

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

**ATTENTION**

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

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

Covered Persons can also use this card to fill prescriptions at an Express Scripts pharmacy.

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

For questions regarding claims and coverage, contact:

**PERSONAL INSURANCE ADMINISTRATORS, INC.**

P.O. Box 6040

Agoura Hills, CA 91376-6040

Toll Free (800) 468-4343

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

Express Scripts

Group: RQSR

RxBIN: 003858

RxPCN: A4

ID: Student ID #

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

**Providers please note:** Hospitalization, Inpatient Surgery and Outpatient Surgery require CHC authorization, Pre-Certification and/or Continued Stay Review. In California, call CFMC at: (800) 345-8643, option 2; Outside of California, call Beech Street at: (877) 323-6127.