

University  
of California  
San Diego

**S**tudent  
**H**health  
**I**nsurance  
**P**lan

**2007–2008**

**For  
Undergraduate,  
Graduate and  
Professional  
Students**

Underwritten by  
National Union Fire Insurance Company of Pittsburgh, Pa.

Undergraduate Students:  
administrator policy number  
AMH0068168

Graduate and Professional Students:  
administrator policy number  
AMH0068158

Your permanent ID Card is on the back of this brochure.  
Please detach and retain for proof of coverage.  
No other will be issued.

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## IMPORTANT MESSAGE

This brochure is a brief description of the Student Health Insurance Plan (SHIP) available to undergraduate, graduate and professional students of the University of California, San Diego. It is not a contract of insurance. Your coverage is governed by a Policy of blanket Injury and Sickness insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (herein called "the Company"). As evidence of your coverage, a Policy of insurance has been issued to your school which contains the benefits and provisions which apply to this Plan of insurance. The Policy is available at the UCSD Student Insurance Office. The plan provides coverage worldwide.

**Keep this brochure as a record of your insurance benefits. No individual policies or certificates are issued.**

## STUDENT INSURANCE INFORMATION

Insurance Information is available during normal business hours at the Student Insurance Office. The Student Insurance Office is located within the Student Health Service. If you have questions about the plan, need benefit information or help with a claim, please call the UCSD Student Insurance Office at 858-534-2124 or call Personal Insurance Administrators, Inc. at 1-800-468-4343.

Dependent coverage may be purchased under the Dependent Health Insurance Plan (DHIP). Please contact the Student Insurance Office for more information or access the website at [www.renstudent.com/ucsd/dependents](http://www.renstudent.com/ucsd/dependents).

**Insurance Office** ..... 858-534-2124

### Insurance Office Hours

Monday–Friday ..... 8:00 a.m.–4:30 p.m.  
 Except Wednesday ..... 9:00 a.m.–4:30 p.m.  
 Closed 12:00–1:00 during quarter breaks and the summer quarter.

## UCSD STUDENT HEALTH SERVICE

The UCSD Student Health Service is located south of the Giesel Library and west of the Price Center.

### SHS Hours

Monday–Friday ..... 8:00 a.m.–4:30 p.m.  
 Except Wednesday ..... 9:00 a.m.–4:30 p.m.  
 Closed 12:00–1:00 during quarter breaks and the summer quarter.

## SHS TELEPHONE NUMBERS\*

Emergency .....	911
General Information .....	858-534-3300
Appointments .....	858-534-8089
Appointment Cancellations .....	858-534-1770
Women's Clinic .....	858-534-2669
Health Education .....	858-534-1824
Pharmacy .....	858-534-2135
Visual Care .....	858-534-2602
Administration .....	858-534-6834
Student Insurance Office .....	858-534-2124

\* If there is no answer at any of these numbers, dial (858) 534-3300

## EMERGENCY CARE AFTER HOURS

Thornton Hospital ER—La Jolla .....	858-657-7600
UCSD Medical Ctr.—Hillcrest .....	619-543-6400

## CHANGES TO SHIP FROM 2006–2007

- Incorporated pre-certification and continued stay review with a penalty for non-compliance of: \$250 for inpatient stays and \$50 for surgery
- Emergency room copay is \$50
- Office visit copay is \$15
- Outpatient deductible is \$200 per plan year
- Out-of-area outpatient deductible is \$500 per plan year
- Prescription copay for SHS formulary brand name drugs is \$30
- Prescription copay for SHS non-formulary drugs is 50%
- Prescription copay for non-SHS non-formulary drugs is 50%
- Coverage for Attention Deficit Disorder medications only when filled outside of the SHS (for students only)
- Coverage for SHS-administered HPV immunization (3 injections) for female students age 26 and under
- Coverage for sexual reassignment surgery (according to transgender medical necessity criteria) up to a \$25,000 maximum per plan year

## UNDERGRADUATE STUDENTS

### ELIGIBILITY

All registered undergraduate students, hereinafter designated STUDENTS, who pay full registration fees and attend the University of California, San Diego, are automatically eligible for the Student Health Insurance Plan (SHIP) for the Fall, Winter, Spring and Summer quarters of the 2007–2008 school year.

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

### ENROLLMENT

Enrollment for students in SHIP is automatic and is made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University and complete the waiver process through TritonLink by the Waiver Deadline Date listed may be waived from coverage. Waiver information may be obtained on the TritonLink website at [www.tritonlink.ucsd.edu](http://www.tritonlink.ucsd.edu) or the Student Health Service (SHS) website at <http://studenthealth.ucsd.edu> or by calling the Insurance Office at (858) 534-2124.

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## UNDERGRADUATE (continued from page 2)

### TERMS OF COVERAGE

Insurance for eligible students under SHIP becomes effective at 12:01 a.m. on the first date of the applicable school term for which the eligible student is enrolled if premium for SHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, enrollment in SHIP will become effective at 12:01 a.m. on the date following the date of receipt of premium by the University.

Coverage under SHIP terminates at 12:01 a.m. on the termination date of the applicable plan term for which premium is paid. Insurance under SHIP for eligible students enrolled for the Spring quarter will extend through to 12:01 a.m. on September 22, 2008.

Term	Effective Date	Termination Date	Enrollment Deadline Date
Fall	9/24/07	1/04/08	9/24/07
Winter	1/04/08	3/27/08	1/04/08
Spring/Summer	3/27/08	9/22/08	3/27/08

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

For Intercollegiate Athletic term dates, see page 19.

### COSTS OF COVERAGE

	Fall	Winter	Spring/Summer
Student	\$283.00	\$283.00	\$283.00

Eligibility requirements must be met each time premium is paid to renew coverage.

### PREMIUM REFUNDS

No premium refunds are permitted, except as stated in the Eligibility section or if a student withdraws on or prior to the first day of classes, in which case a full refund of premium will be made. If a Covered Person enters full-time active military service, a pro-rata refund of premium paid will be made upon request.

**WAIVER REQUIREMENTS AND DATES FOR UNDERGRADUATE STUDENTS**

Students are not eligible to waive SHIP if their private insurance policy was purchased or their enrollment/re-enrollment date is on or after their acceptance date as a Foreign Undergraduate student at UCSD.

Health insurance plans must meet the following minimum criteria in order to be considered adequate to waive out of the University's mandatory health insurance plan:

1. Lifetime Maximum no less than \$1,000,000.
2. Out-of-pocket maximum no more than \$5,000 (including Deductibles).
3. Primary care physician must be located within a 100-mile radius of UCSD.
4. Benefits payable at 60% or greater.
5. Must provide inpatient and outpatient benefits, including mental health.
6. International students must have a minimum of \$10,000 each of medical evacuation and repatriation benefits.
7. Plans **must** be purchased, operated and headquartered in the United States. International students may not waive with insurance from their home country. In addition, travel insurance is not eligible for a waiver.

If a waiver is not submitted by the Deadline Date, coverage under SHIP will remain in force for the remainder of that quarter.

Term	Waiver Period Opens	Waiver Deadline Date (no late fee)	Late Waiver Deadline Date (subject to \$50 late fee)
Fall	06/04/07	09/21/07	09/28/07
Winter	10/29/07	12/10/07	12/17/07
Spring/Summer	02/04/08	03/24/08	03/31/08

If approved, waiver applications submitted by the Deadline Date for a specific quarter are generally valid for and are approved for the term(s) indicated on the waiver application. Only one waiver, per academic year, may be processed electronically through TritonLink at: <http://TritonLink.ucsd.edu>. If you need to extend your waiver, you must contact the Student Health Insurance Office before the established Waiver Deadline Date. A new waiver application must be submitted for the 2008-2009 academic year. In addition, if you lose your private health insurance coverage at any point during the academic

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**UNDERGRADUATE WAIVER (continued from page 4)**

year or if you would like to cancel your existing waiver, you must contact the Student Health Insurance Office to discuss options for purchasing SHIP.

Please note that if Continuous Coverage under SHIP is not maintained, benefits for a Pre-Existing Condition may not be available for the six month period following the break in Continuous Coverage.

**GRADUATE AND PROFESSIONAL STUDENTS**

**ELIGIBILITY**

All registered graduate and professional students, hereinafter designated STUDENTS, who pay full registration fees and attend the University of California, San Diego are automatically eligible for the Student Health Insurance Plan (SHIP) for the Fall, Winter, Spring and Summer quarters of the 2007–2008 school year.

Students on University-approved leave of absence (LOA) may enroll in SHIP for a maximum of only one (1) quarter per lifetime. For additional information regarding SHIP coverage and enrollment for LOA students, please see page 38.

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

**ENROLLMENT**

Enrollment for students in SHIP is mandatory and is part of the registration process. New students who present satisfactory evidence of comparable health insurance coverage to the University by the Waiver Deadline Date below may be waived from coverage. Waiver information may be obtained on the TritonLink website at [www.tritonlink.ucsd.edu](http://www.tritonlink.ucsd.edu) or the Student Health Service (SHS) website at <http://studenthealth.ucsd.edu> or by calling the Insurance Office at (858) 534-2124.

**TERMS OF COVERAGE**

Insurance for eligible students under SHIP becomes effective at 12:01 a.m. on the first date of the applicable school term for which the eligible student is enrolled if the premium for SHIP is included with student fees at registration. If student fees are paid after the last day to pay student fees without penalty, enrollment in SHIP will become effective at 12:01 a.m. on the date following the date of receipt of premium by the University.

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**GRADUATE (continued from page 5)**

For all new students who are required to be on campus immediately prior to the beginning of the fall term for their Graduate department orientation, the effective date of coverage for the fall term will be 12:01 a.m. on the date of the official orientation given by their Graduate department or the Office of Graduate Studies and Research. This does not apply to students required to be on campus prior to an orientation date for research, work or summer courses or to students with orientation dates prior to 8/27/07.

Insurance under SHIP terminates at 12:01 a.m. on the first day of the quarter immediately following the applicable school quarter for which premium is paid. Insurance under SHIP for eligible students enrolled for the Spring quarter will extend through to 12:01 a.m. on September 22, 2008.

Term	Effective Date	Termination Date	Enrollment Deadline Date
Fall	9/24/07	1/04/08	9/24/07
Winter	1/04/08	3/27/08	1/04/08
Spring/Summer	3/27/08	9/22/08*	3/27/08
Summer (LOA)	6/16/08	9/22/08	6/16/08

\* SHIP coverage for insured Leave of Absence Students in the Spring quarter will terminate at 12:01 a.m. on 6/16/08. For additional information regarding SHIP coverage and enrollment for LOA students, please see page 38.

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

For Intercollegiate Athletic term dates, see page 19.

**COSTS OF COVERAGE**

	Fall	Winter	Spring	Summer
Student	\$498.00	\$498.00	\$498.00	N/A
Student on Leave of Absence	\$802.00	\$802.00	\$802.00	\$802.00

Eligibility requirements must be met each time premium is paid to renew coverage.

**PREMIUM REFUNDS**

No premium refunds are permitted, except as stated in the Eligibility section or if a student withdraws on or prior to the first day of classes, in which case a full refund of premium will be made. If a Covered Person enters full-time active military service, a pro-rata refund of premium paid will be made upon request.

**WAIVER REQUIREMENTS AND DATES FOR GRADUATE AND PROFESSIONAL STUDENTS**

**Students are not eligible to waive SHIP if their private insurance policy was purchased or their enrollment/re-enrollment date is on or after their acceptance date as a Graduate, Medical, or Pharmacy student at UCSD.**

Health insurance plans must meet the following minimum criteria in order to be considered adequate to waive out of the University's mandatory health insurance plan:

1. Lifetime Maximum no less than \$1,000,000.
2. Out-of-pocket maximum no more than \$5,000 (including Deductibles).
3. Primary care physician must be located within a 100-mile radius of UCSD.
4. Benefits payable at 60% or greater.
5. Must provide inpatient and outpatient benefits, including mental health.
6. International students must have a minimum of \$10,000 each of medical evacuation and repatriation benefits.
7. Plans **must** be purchased, operated and headquartered in the United States. International students may not waive with insurance from their home country. In addition, travel insurance is not eligible for a waiver.

If a waiver is not submitted and approved during the first quarter for which a Graduate student attends UCSD and is eligible to waive SHIP, coverage under SHIP will remain in force for the remainder of that academic year and a new waiver may not be submitted until the next academic year.

Term	Waiver Period Opens	Waiver Deadline Date (no late fee)	Late Waiver Deadline Date (subject to \$50 late fee)
Fall	06/04/07	09/21/07	09/28/07
Winter	10/29/07	12/10/07	12/17/07
Spring/Summer	02/04/08	03/24/08	03/31/08

If approved, waiver applications submitted by the Deadline Date for a specific quarter are generally valid for and are approved for the term(s) indicated on the waiver application. Only one waiver, per academic year, may be processed electronically through TritonLink at: <http://TritonLink.ucsd.edu>. If you need to extend your waiver, you must contact the Student Health Insurance Office before the established Waiver Deadline Date. A new waiver application must be submitted for the 2008-2009 academic year. In addition, if you lose your private health insurance coverage at any point during the academic

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**GRADUATE WAIVER (continued from page 7)**

year or if you would like to cancel your existing waiver, you must contact the Student Health Insurance Office to discuss options for purchasing SHIP.

Students on University-approved leave of absence may enroll in SHIP by completing the enrollment form on page 38.

Please note that if Continuous Coverage under SHIP is not maintained, benefits for a Pre-Existing Condition may not be available for the six month period following the break in Continuous Coverage.

**PRIMARY CARE  
STUDENT HEALTH SERVICES**

Your primary care is provided at UCSD Student Health Services (SHS). When you are within a 100-mile radius of SHS, **you must start your health care at SHS**. SHS is a fully accredited medical facility with onsite access to Board Certified Physicians, Certified Nurse Practitioners, laboratory, x-ray and pharmacy. The majority of student healthcare needs are available/provided at SHS. Appointments are made by calling 858-534-8089. Students with a serious Sickness or Injury that requires immediate care may be seen on a walk-in basis through the SHS Urgent Care. All other visits are by appointment. Call 858-534-8089 to schedule.

The UCSD Student Health Service is located south of the Giesel Library and west of the Price Center.

**HOURS**

Mon.–Fri. 8:00–4:30  
Except Wed. 9:00–4:30

Closed 12:00–1:00 during quarter breaks and summer quarter. See page 1 for SHS telephone numbers.

**STUDENT HEALTH SERVICE  
REFERRAL REQUIREMENT**

**Within a 100-mile radius of the University of California, San Diego Student Health Service, benefits for Eligible Expenses incurred are available only upon referral from the Student Health Service (SHS) or in the event of an Emergency.** A referral is a written document authorizing the student to receive medical care for a condition from a non-SHS provider.

When Treatment for a condition is required from a provider other than the provider to whom the SHS originally referred the Covered Student, a new referral must be obtained from the SHS. **A written referral from the SHS 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 the number of visits or time period indicated on the referral form. In no case is the referral authorized for greater than 365 days.

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**SHS REFERRAL (continued from page 8)**

**NO BENEFITS ARE PAYABLE when Eligible Expenses are incurred within a 100-mile radius of the UC San Diego SHS in the absence of a SHS written referral or Emergency.**

Benefits are available when Eligible Expenses are incurred outside a 100-mile radius of the University of California, San Diego SHS.

Please note the \$200 outpatient Deductible will increase to \$500 for non-Emergency outpatient treatment rendered outside of a 100-mile radius of the SHS without an SHS referral.

**PRE-CERTIFICATION AND  
CONTINUED STAY REVIEW**

The Covered Person is responsible for the pre-certification requirement of this plan for the following:

- 1. Non-Emergency Hospitalizations:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization **prior** to the planned admission. If such prior notification is not given, the Company will reduce payment of the Eligible Expenses by \$250. In addition, the Utilization Review Organization will contact the Covered Person's Doctor periodically for a review of the medical information to determine the need for continued inpatient Hospital care. Additional days will be certified if they are determined to be necessary. If the Covered Person incurs additional inpatient charges that are not certified, the Company will reduce payment of the Eligible Expenses by \$250.
- 2. Emergency Hospitalizations:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization as soon as reasonably possible following admission to a Hospital due to an Emergency. Then the Utilization Review Organization should be contacted within 24 hours of admission, or as soon as reasonably possible, to determine the need for continued inpatient Hospital care. Additional days will be certified if they are determined to be necessary. If the Covered Person incurs additional inpatient charges that are not certified, the Company will reduce payment of the Eligible Expenses by \$250.
- 3. Surgery:** The Covered Person, Doctor or Hospital must contact the Utilization Review Organization prior to surgery or as soon as reasonably possible following emergency surgery. If such notification is not given, the Company will reduce payment of the Eligible Expenses by \$50.

Certification is required for all inpatient hospital stays and for all surgery performed in a surgical facility (inpatient or outpatient). It is the Covered Person's responsibility to ensure these requirements are fulfilled. For notification and continued stay review, please contact First Health Network toll-free at **1-800-572-5508**.

## PREFERRED PROVIDER ORGANIZATION

This plan has incorporated into the coverage access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO), which is available for local and statewide medical care. Access to the First Health Network (PPO) is available for medical care nationwide, when seeking treatment outside of California. After the Plan Year Deductible has been met, benefits will be paid at the following coinsurance levels, except as otherwise indicated in the Schedule of Benefits. **For important Referral Requirements, please see page 8.**

### UCSD Providers

Benefits are provided for Eligible Expenses and are payable up to **100%** of the contracted rate when utilizing the UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

### Preferred Providers (PPO)

Network access provides benefits nationwide for Eligible Expenses incurred up to **80%** of PPO charges for a covered Injury or Sickness when treated by network providers. When utilizing a PPO provider or facility there will be a 20% coinsurance factor for which the Covered Person is responsible.



When a Covered Person has incurred \$3,000 of out-of-pocket Eligible Expenses for treatment by PPO providers, for all conditions during a Plan Year (including Deductibles and copays), the Company payment for Eligible Expenses incurred for treatment by PPO providers will increase to 100% for the remainder of said Plan Year, up to the Plan Year maximum of \$300,000 per Sickness or Injury.

For providers within California, call **1-800-334-7341** or access the website: **www.cfmnet.org**. Outside of California, call First Health Network (FHN) toll-free at **1-800-226-5116** or access the website: **www.myfirsthealth.com**. For more information regarding the PPO Hospitals and Doctors, contact the Insurance Office at 858-534-2124 or call the toll-free numbers noted above.

**Please be aware that the Preferred Provider Organization (PPO) outside of California has changed for this plan. Before seeking treatment outside of California, make sure that your Doctor is a member of the new network or you may have to pay a higher coinsurance.**

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

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## PPO (continued from page 10)

*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.*

**For information on the Dental PPO, please see page 35.**

### Out-of-Network Providers (non-PPO)

If a non-PPO provider or facility is utilized, coverage is available worldwide at **60%** of Reasonable and Customary charges (R&C). 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, benefits for Eligible Expenses are payable at the PPO level.

When a Covered Person has incurred \$10,000 of out-of-pocket Eligible Expenses for treatment by non-PPO providers, for all conditions during a Plan Year (including Deductibles and copays), the Company payment for Eligible Expenses incurred for treatment by non-PPO providers will increase to 100% for the remainder of said Plan Year, up to the Plan Year maximum of \$300,000 per Sickness or Injury.

## PLAN YEAR DEDUCTIBLE

When, as a result of an Injury or a Sickness, the Covered Person incurs Eligible Expenses, the Company will pay the Eligible Expense incurred, in excess of the Plan Year Deductible, up to the applicable limits, if any, unless stated otherwise.

**Outpatient..... \$200**  
**Inpatient..... \$250**

**The outpatient Deductible will increase to \$500 for non-Emergency outpatient treatment rendered outside of a 100-mile radius of the SHS without an SHS referral.**

## SCHEDULE OF BENEFITS

All benefits outlined in this brochure will be paid according to Reasonable and Customary (R&C) levels for La Jolla, California, up to the Plan Year maximum of \$300,000 per Sickness or Injury, except Injury due to participation in a club sport is limited to \$15,000.

**\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).**

### Outpatient

Emergency Care* (the \$50 copay is waived if admitted)	After a \$50 copay per visit, up to 80%, not to exceed R&C; includes one (1) alcohol/drug detoxification visit per Plan Year.  Emergency room charges are payable for: 1) Accidents, including self-inflicted Injuries; or 2) Emergencies as determined by the findings and extent of treatment recorded by the attending Doctor on his or her report.
Outpatient Surgery*	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C
Mental or Nervous Disorder** (includes treatment at a day care mental health facility)	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; up to one (1) visit per day, to a maximum of 26 visits per Plan Year
Chemotherapy*	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C
Laboratory and Radiology*	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C

\*The following Severe Mental Illnesses will have benefits paid the same as any other medical condition: 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; and 9) bulimia nervosa.

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## SCHEDULE OF BENEFITS (continued from page 12)

**\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).**

### Doctor

Doctor Visits*	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C
Acupuncture*	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; to a maximum of \$100 per Plan Year
Chiropractic*	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; up to a maximum of \$25 per Treatment to a maximum of \$100 per Plan Year
Podiatry*	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; up to a maximum of \$100 per Plan Year
Allergy Testing and Treatment*	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; allergy testing is limited to a lifetime aggregate maximum of \$500
Immunizations (the Deductible is waived)	100% after a \$25 copay per immunization, when administered at the SHS only; limited to Hepatitis A and B, Twin Rix and Meningococcal  In addition, for female students age 26 and under, a SHS-administered HPV immunization (3 injections total) will be covered with a 50% copay.

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SCHEDULE OF BENEFITS (continued from page 13)

\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

<b>Physical Therapy*</b>	
	After a \$15 copay for each office visit, up to 80% if PPO is utilized or 60%* if non-PPO is utilized, up to an aggregate maximum of \$2,000 per condition when surgery is performed (the maximum for physical therapy where no surgery is performed is \$1,000)
<b>Hospital Inpatient</b>	
Room & Board*	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, of the semi-private room rate, not to exceed R&C
Miscellaneous Expense*	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, exclusive of personal expense, not to exceed R&C
Alcohol & Drug*	Up to 7 days per Plan Year, up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C
<b>Surgery*</b>	
	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C; includes surgeon and assistant surgeon
<b>Anesthesia*</b>	
	Up to 100% of R&C or PPO compensation for PPO provider, whichever is the lesser
<b>MRI's (magnetic resonance imaging)*</b>	
	After a \$75 copay for MRI's involving arm extremities including the shoulder(s) and leg extremities including the hip(s), up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C

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SCHEDULE OF BENEFITS (continued from page 14)

\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).

<b>Prescription Drugs</b>	
(includes prescription contraceptives) The Pre-Existing Condition Limitation and Deductible apply to prescription drugs not filled at the SHS. Outpatient prescription chemotherapy is paid under the chemotherapy benefit. Contact the SHS for the Formulary medications available.	<b>All prescriptions are limited to a \$5,000 maximum per Plan Year</b> <b>SHS Pharmacy:</b> Formulary: 100% after a \$15 copay for generic or a \$30 copay for brand name Non-Formulary: 50% copay <b>Non-SHS Pharmacy:</b> Formulary: 50% after a \$15 copay for generic or a \$25 copay for brand name Non-Formulary: 50% copay Includes outpatient prescription medications for Attention Deficit Disorder when filled at a non-SHS pharmacy. <b>The copay applies to each 30-day supply.</b> <b>Note: Benefits for Accutane (Isotretinoin) therapy are only available after six (6) months of continuous coverage under SHIP</b>
<b>Radiation Therapy*</b>	
	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C
<b>Ambulance</b>	
No ambulance benefits are available for non-Emergency transportation.	100% up to a \$2,000 maximum per Plan Year for ground and air

(continued on page 16)

**SCHEDULE OF BENEFITS (continued from page 15)**

**\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).**

<b>Accidental Injury to Sound Natural Teeth*</b>	
	80%, up to \$1,000 per Injury for dental services resulting from accidental Injury to Sound Natural Teeth within 90 days of the Injury; limited to Injury resulting from violent external trauma. Accident must occur while covered under this plan.
<b>Hospice Care*</b>	
	Up to 80% if PPO is utilized or 60% if non-PPO is utilized, not to exceed R&C, up to \$5,000 during a person's lifetime.
<b>Other Medical Expenses*</b>	
	80% of charges for the first pair of contact lenses and the first pair of glasses when required as a result of eye surgery
	80% of charges for surgical implants and artificial limbs or eyes
	80% of charges for unreplaced blood or blood products
	Pays benefits for services in connection with a non-investigative organ or tissue transplant for: <ol style="list-style-type: none"> <li>1. A Covered Person who receives the organ or tissue;</li> <li>2. A Covered Person who donates the organ or tissue; and</li> <li>3. An organ or tissue donor who is not a Covered Person, if the organ or tissue recipient is a Covered Person. Benefits are reduced by any amounts paid or payable by that donor's own coverage.</li> </ol>

(continued on page 17)

**SCHEDULE OF BENEFITS (continued from page 16)**

**\*After the Plan Year Deductible and/or copays have been met, benefits are payable up to 100% of the contracted rates not to exceed R&C when Treatment is rendered by UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest).**

<b>Durable Medical Equipment*</b>	
(includes Temporary Surgical Appliances)	80% of charges, up to \$1,000 per Plan Year, for rental or purchase of durable medical equipment and supplies, including rental or purchase of dialysis equipment and dialysis supplies, which are: <ol style="list-style-type: none"> <li>1. Ordered by a Doctor;</li> <li>2. Of no further use when medical need ends;</li> <li>3. Usable only by the patient;</li> <li>4. Not primarily for the Covered Person's comfort or hygiene;</li> <li>5. Not for exercise; and</li> <li>6. Manufactured specifically for medical use.</li> </ol> Rental charges that exceed the reasonable purchase price of the equipment are not covered. The Company determines whether the item meets the above conditions.

## STATE MANDATED BENEFITS

California mandates coverage for the following (after satisfaction of the Plan Year Deductible and/or copays):

1. equipment, supplies and outpatient self-management training for diabetes;
2. phenylketonuria (PKU), including enteral formulas and special food products that are part of a diet prescribed by a Doctor;
3. Severe Mental Illness;
4. anesthesia and facility charges for dental procedures under certain circumstances;
5. preventative care for children age 16 and under;
6. mammograms;
7. prostate and cervical cancer screening and generally medically accepted cancer screening tests;
8. breast cancer screening, diagnosis, and Treatment;
9. a second opinion requested by a Covered Person or Doctor;
10. participation in the Expanded Alpha Feto Protein (AFP) Program;
11. prosthetic devices to restore a method of speaking incidental to laryngectomy;
12. diagnosis, Treatment and management of osteoporosis;
13. clinical trials for cancer;
14. AIDS vaccine; and
15. reconstructive surgery under certain circumstances.
16. telemedicine medical services;
17. prescription contraceptive drugs or devices; and
18. maternity services as provided by CA Insurance Code section 10123.87 (a)

Benefits will be paid at (after the Plan Year Deductible and/or copays have been met): 1) up to 100% of contracted rates when utilizing the UCSD Doctors and affiliates, UCSD Thornton Hospital and UCSD Medical Center (Hillcrest); 2) up to 80% of PPO charges for a covered Injury or Sickness when treated by network providers; or 3) 60% of R&C if a non-PPO provider or facility is utilized. Please see the Policy on file with the University for further details.

## INTERCOLLEGIATE ATHLETICS (ICA) SHIP PLAN

SHIP incorporates mandatory Intercollegiate Athletics (ICA) Accident coverage.

Enrollment in this coverage is automatic for all students who are participants on an intercollegiate team and listed on the team roster (see waiver information below). The Fall 2007 SHIP premium is \$498 for graduate students and is \$283 for undergraduate students with continuing 2006-2007 SHIP coverage.

**FALL 2007 EARLY START:** For ICA students first enrolling in SHIP for Fall 2007 and participating in a sport which meets prior to 9/24/07, a supplemental premium of \$340 will be added to the Fall 2007 SHIP mandatory fees for graduate students and a supplemental premium of \$181.50 will be added to the Fall 2007 SHIP mandatory fees for undergraduate students. These fees will appear on a later billing statement. The total Fall premium provides coverage from the official starting date of the sport up to 1/04/08 (late ICA team participants will be subject to a later effective date).

**SHIP WAIVER:** ICA students who present satisfactory evidence of qualifying insurance by completing the on-line form at [www.tritonlink.ucsd.edu](http://www.tritonlink.ucsd.edu), may waive SHIP coverage **prior** to the first date of the official UCSD NCAA Team Sport meeting. SHIP coverage cannot be waived or cancelled on or after the first date of the official UCSD NCAA Sport meeting. Further, ICA students who successfully waive SHIP will not be eligible for SHIP enrollment until the beginning date of the following quarter.

The ICA benefits provide coverage up to a \$75,000 lifetime aggregate maximum per Injury. This benefit is limited to Injuries sustained during participation in regularly scheduled intercollegiate sports events of the Policyholder, including the regular season for such sport, the supervised practice and tryout for such sport, and the travel to and from sports events and practices.

Treatment for Injury must commence within 180 days of the date of Injury and Eligible Expenses must be incurred within 104 weeks of the date of Injury. The policy will pay the Reasonable and Customary charges for treatment by a Doctor (other than a member of the Covered Person's immediate family) for loss resulting directly and independently of other causes from a covered intercollegiate sports Injury.

*Benefits provided under the Intercollegiate Athletic Plan are subject to all the Deductibles, referral requirements, limitations and exclusions of the Student Health Insurance Plan (SHIP) described herein. See Page 8 for SHS Primary Care and SHS Referral Requirements.*

## ACCIDENTAL DEATH BENEFIT

The Company will pay \$5,000 for loss of life due to an Accident, provided the death occurs within the 180 days immediately following the date of the Accident. This benefit is paid in addition to all other benefits provided in this plan.

## MEDICAL EVACUATION BENEFIT

When, as a result of an Injury or Sickness, the Covered Person is Hospitalized for at least three (3) consecutive days, the Company will pay for evacuation to the Covered Person's home country or country of regular domicile or to a facility operated pursuant to the law of the Covered Person's home country or country of regular domicile for the care and Treatment of injured or ill persons, or to another medical facility in the United States. Such action must be Medically Necessary, upon the recommendation of the attending Doctor and approved by the Claims Administrator of the plan. 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 Covered Person under the plan, 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 \$10,000. **All expenses must be approved by the Claims Administrator of the plan before the remains are prepared for transportation.**

## NON-DUPLICATION OF BENEFITS

This plan of insurance is secondary to any other benefits receivable under any insurance, health maintenance, pre-paid or any other health care delivery plan. 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.

## TERMINATION OF INSURANCE

Benefits are payable under this plan only for those Eligible Expenses incurred while this plan is in effect as to the Covered Person, except as may be provided under Extension of Benefits.

## RENEWAL OF BENEFITS

In the event that the aggregate maximum benefit for a condition has been reached, an additional \$1,000 of benefits is available for said condition on each anniversary date of the Plan Year provided Continuous Coverage has been maintained.

## EXTENSION OF BENEFITS

If a Covered Person is under a Doctor's care or Totally Disabled due to a Sickness or Injury on the date the insurance terminates, Eligible Expenses incurred for such Sickness or Injury after the termination date shall be payable in accordance with the plan, but only while they are incurred during: 1) the 30-day period following such termination if the person is under a Doctor's care; or 2) the 180-day period following such termination if the person is Totally Disabled. This Extension of Benefits provision is applicable only to the extent the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage. Dependents that are newly acquired during the Covered Student's Extension of Benefits period are not eligible for benefits under this provision.

## CONTINUOUS COVERAGE MAXIMUM

The combined payment of benefits under this plan and any prior year plan issued to the Policyholder for a condition that began under a prior year plan will never exceed the maximum allowable for said condition under prior year plan benefits. Benefits paid under this plan for said condition will pay up to the maximum available under the prior year plans less any benefits already paid by the prior year plans and for which no further benefits are available under the prior year plans.

## EXCLUSIONS

*It is important to familiarize yourself with the following SHIP limitations and exclusions, as understanding these limitations and exclusions may help you avoid unnecessary expenses.*

The Policy does not cover nor provide benefits for loss or expenses incurred for:

1. Services, supplies, equipment, or appliances provided by the SHS except those services provided for a fee which are specifically described as covered.
2. Services or supplies which are experimental or investigative in nature, as determined by the Company.
3. Services for which the Covered Person is not legally obligated to pay. Services for which no charge is made to the Covered Person. Services for which no charge is made to the Covered Person in the absence of insurance coverage except services received at a non-governmental charitable research Hospital.

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**EXCLUSIONS (continued from page 21)**

4. Any services rendered by a Covered Person's Family Member.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
6. Services received before the Covered Person's effective date or during an inpatient stay that began before the Covered Person's effective date. Services received after the Covered Person's coverage ends, except as specifically stated under Extension of Benefits.
7. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement, liability or otherwise, under any Workers' Compensation, Employer's Liability Law or Occupational Disease Law, even if the Covered Person does not claim those benefits.
8. War, declared or undeclared, or service in the armed forces of any country.
9. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change. Custodial care or rest cures. Services provided by a rest home, a home for the aged, a nursing home, a skilled nursing facility or any similar facility, except as specifically stated for hospice care.
10. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
11. Braces, other orthodontic appliances or orthodontic services.
12. Dental plates, bridges, crowns, caps or other dental prostheses, dental services, extraction of teeth or Treatment to the teeth or gums, except as specifically stated. Cosmetic dental surgery or other services for beautification.
13. Hearing aids and routine hearing tests.
14. Optometric services, eye exercises including orthoptics, routine eye exams and routine eye refractions. Eyeglasses or contact lenses, except as specifically stated.
15. Any eye surgery solely for the purpose of correcting refractive defects of the eye such as near-sightedness (myopia) and astigmatism.
16. Outpatient occupational therapy.
17. Outpatient speech therapy, except following surgery, Injury or non-congenital organic disease.
18. Cosmetic treatment or surgery except as a result of Injury that occurred while covered under the Policy. Cosmetic surgery shall not include reconstructive surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to do either of the following: a) improve function; or b) create a normal appearance, to the extent possible; or c) as specifically provided for in the Policy. It also shall not include breast reconstructive surgery after a mastectomy.

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**EXCLUSIONS (continued from page 22)**

19. Services primarily for weight reduction or Treatment of obesity. This exclusion will not apply to surgical Treatment of obesity if:
  - a) Surgical Treatment of obesity is necessary to treat another life-threatening condition involving obesity; and
  - b) It has been documented that non-surgical Treatments of the obesity have failed.
20. Treatment and/or surgery to change the characteristics of the body to those of the opposite sex, according to transgender medical necessity criteria, in excess of \$25,000 per Plan Year.
21. Surgery and/or treatment for breast implants or breast reduction unless Medically Necessary; circumcision; premarital examinations.
22. Expenses incurred in connection with sterilization or sterilization reversal or vasectomy or vasectomy reversal and expenses incurred in connection with infertility diagnosis or treatment, including in-vitro fertilization, artificial insemination, and any other form of assisted conception.
23. Injury occurring in consequence of riding or otherwise being in any vehicle or device for aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
24. Orthopedic appliances or devices, including orthopedic shoes, for Treatment of the foot or conditions related to the foot, except podiatric devices to prevent or treat diabetes-related complications.
25. Air purifiers, air conditioners, or humidifiers; exercise equipment, home gyms, health club fees, or athletic trainers; supplies for comfort or beautification.
26. Preventative medicines (except contraceptive prescriptions and the SHS-administered immunizations listed on page 14), routine physical examinations or any other examination where there are no objective indications of impairment in normal health (Exception: one preventative pap smear per Covered Person per Plan Year.).
27. Injury resulting from the practice or play in any inter-collegiate sports activity sponsored by the University's Department of Athletics, including any conditioning program of a preparatory nature and travel to and from the activity and practice, unless specifically provided herein;
28. Injury resulting from the practicing for, participating in, or traveling as a team member to and from professional and semiprofessional sports;
29. Expenses incurred as a result of travel in or upon motor vehicles not primarily designed and licensed for use on public streets or highways.
30. Expenses that are in excess of Reasonable and Customary expenses.
31. Expenses for diagnostic or preventive genetic testing or screening of any kind, except for indicated prenatal testing for genetic disorders.

(continued on page 24)

**EXCLUSIONS (continued from page 23)**

32. Anti-fungal nail and nail pad drug therapy.
33. Learning disabilities (including ADD and ADHD), including testing and treatment, except as provided herein.
34. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
35. 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 prescribed by the Covered Person's Doctor, except as provided herein.
36. Temporomandibular Joint Dysfunction (TMJ), except for surgical procedures for conditions directly affecting the upper or lower jawbone or associated bone joints.
37. Parachuting or skydiving.
38. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
39. Any gene therapy to activate, alter or suppress.
40. Surgery and/or treatment for deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury occurring while coverage is in force, other than for Medically Necessary treatment of covered acute purulent sinusitis.

**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) continuous 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:

1. a newborn Dependent child; or
2. a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under this Policy; or
3. pregnancy or complications of pregnancy.

In addition, the Pre-Existing Condition Limitation is waived for prescription drugs filled at the SHS (see the prescription drug benefit on page 15).

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**PRE-EXISTING CONDITIONS (continued from page 24)**

**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 this 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. 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) );
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) ).

## DEFINITIONS

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

**Accident** means a sudden, unforeseeable external event which results in an Injury. The Accident must occur while the Covered Person is covered under the Policy.

**Covered Person** means a covered student while coverage under this Policy is in effect.

**Deductible** means a dollar amount of Eligible Expenses a Covered Person must pay each Plan Year before the Company pays any benefits.

**Doctor** means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not a family member, including but not limited to: a doctor of medicine; a doctor of osteopathy; a dentist; a podiatrist, a chiropractor; an acupuncturist; an optometrist; or a psychologist. Doctor also means a licensed clinical social worker who, upon referral by a doctor of medicine or a doctor of osteopathy, performs services covered under the terms of the plan.

**Eligible Expenses** means the Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. An Eligible Expense is considered incurred on the date the treatment or service is rendered or the supply is furnished.

**Eligible Expenses for treatment of diabetes** shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes-related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education, and medical nutrition therapy, as Medically Necessary, upon the direction or prescription of the attending Doctor.

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

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

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

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## DEFINITIONS (continued from page 26)

**Family Member** means 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, step or foster child). A Family Member includes an individual who normally lives in the Covered Person's household.

**Hospital** means an institution licensed, accredited or certified by the State which:

1. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
2. Provides 24-hour nursing service by licensed registered nurses (R.N.);
3. Mainly provides diagnostic and therapeutic care under the supervision of Doctors while Hospital Confined; and
4. Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

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

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest; the aged; or a nursing home.

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

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

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

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

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**DEFINITIONS (continued from page 27)**

**Natural Teeth** means teeth, the major portion of the individual tooth which is present regardless of fillings and is not carious, abscessed, or defective. Natural Teeth shall not include capped teeth.

**Plan Year** means four (4) continuous quarters commencing with the Fall quarter and continuing through the immediately following Summer quarter.

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

**Reasonable and Customary (R&C)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company, for the same service or supply.

**Severe Mental Illness** means 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; and 9) bulimia nervosa.

**Sickness** means illness or disease. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Temporary Surgical Appliances** means a device used temporarily to provide function or for therapeutic purposes (e.g., a crutch, cane, splint, brace, supportive bandage, etc.)

**Totally Disabled** means, with respect to the insured student, the inability to attend classes at the location where he or she is enrolled or, with respect to the insured student if such classes are not in session, Totally Disabled means the inability to perform those activities that are normal for a person in good health of the same age and sex.

**CLAIM PROCEDURE**

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

In the event additional information is required, a claim form may be sent to you for completion.

The completed claim form and all Hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim 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 first medical Treatment.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

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

For all claims questions, please contact **Personal Insurance Administrators, Inc.** at the address above or call 1-800-468-4343.

## IMPORTANT INFORMATION

**Underwritten by:**  
National Union Fire  
Insurance Company of Pittsburgh, Pa.

Undergraduate Students:  
**Policy Number AMH0068168**

Graduate and Professional Students:  
**Policy Number AMH0068158**

Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-UCSD. The Policy on file at the College may contain 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. CAS9710649

**For questions regarding benefits or claims:**

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

**For questions regarding eligibility or enrollment:**

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

**To download brochures, claim forms or ID cards,  
access the internet website:**

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

## CERTIFICATION OF QUALIFYING HEALTH PLAN COVERAGE

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

## AUTHORIZED REPRESENTATION

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

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

## SUMMARY OF PRIVACY POLICY

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

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

## DENTAL INSURANCE PLAN

- The Dental Insurance Plan is a dental assistance plan. Under this plan, benefits for covered dental services are reimbursed on a Reasonable and Customary basis. Charges in excess of R&C may be the patient's responsibility.
- You may obtain dental care from any dentist of your choice.
- Once you have satisfied the Waiting Period for benefits under Basic Services and you remain continuously insured under the plan, no further Waiting Periods are required. No Waiting Period is required for Preventative Services benefits.
- Both you and your eligible dependents (spouse and unmarried children to age 19 or full-time student to age 23) can be insured under the plan. Dependents of students insured under SHIP may purchase the Dental Plan by enrolling in the Dependent Health Insurance Plan (DHIP) which includes the dental coverage.
- **The Plan Year Deductible is \$50 per person.**
- **The Plan Year Maximum is \$1,500 per person.**

### GENERAL INFORMATION

**ELIGIBILITY:** Students enrolled in SHIP, including Leave of Absence students enrolled in SHIP.

**DEDUCTIBLE AMOUNT:** The Deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid. The Deductible amount will apply to each insured person.

**PLAN YEAR MAXIMUM:** The Plan Year Maximum is the maximum amount payable for all Eligible Dental Expenses in any Plan Year. The Plan Year Maximum will apply to each insured person.

**REASONABLE AND CUSTOMARY (R&C):** A Reasonable and Customary charge is a charge that does not exceed the 80th percentile of the Ingenix table of Reasonable and Customary charges for providers of dental services in the area where the charge is incurred.

**WAITING PERIOD:** The Waiting Period for benefits under Basic Services is the period of time, six (6) months, the insured person must be continuously covered under the Policy before the insured person is entitled to be reimbursed for covered dental charges for Basic Services.

**ELIGIBLE EXPENSES:** Eligible Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental service must be performed by: 1) a licensed Dentist acting within the scope of his or her license; 2) a licensed Doctor performing dental services within the scope of his or her license; or 3) a licensed dental hygienist acting under the supervision and direction of a Dentist.

**POLICY HOLDER:** The Policyholder is the University of California, San Diego.

(continued on page 33)

DENTAL PLAN (continued from page 32)

## REASONABLE AND CUSTOMARY BENEFITS

### A. Preventive Services **Plan pays 100%**

01110	1 <sup>st</sup> Prophy-Adult (Deductible waived) <sup>1</sup>
01120	1 <sup>st</sup> Prophy-Child (Deductible waived) <sup>1</sup>

### B. Preventive Services **Plan pays 80%**

00110	Initial Oral Exam
00120	Periodic Oral Exam <sup>1</sup>
00130	Emergency Oral Exam
00330	Panorex Film <sup>2</sup>
00210	Full Mouth X-Ray <sup>2</sup>
00220	Single Film
00230	Additional Films
00270	Bitewing-Single Film <sup>1</sup>
00272	Bitewing-Two Films <sup>1</sup>
00274	Bitewing-Four Films <sup>1</sup>
01110	2 <sup>nd</sup> Prophy-Adult <sup>1</sup>
01120	2 <sup>nd</sup> Prophy-Child <sup>1</sup>
01201	Prophy with Fluoride-Child <sup>1</sup>

### C. Basic Services<sup>3</sup> **Plan pays 50%**

#### Simple Restorative Fillings<sup>3</sup>

02110	One Surface Amalgam - Primary
02120	Two Surface Amalgam - Primary
01230	Three Surface Amalgam - Primary
01231	Four Surface Amalgam - Primary
02140	One Surface Amalgam - Permanent
02150	Two Surface Amalgam - Permanent
02160	Three Surface Amalgam - Permanent
02161	Four Surface Amalgam - Permanent

Resin and other filling compounds may be substituted for amalgam fillings, but will be paid at standard R&C rates for amalgam fillings.

#### Oral Surgery<sup>3</sup>

07110	Simple Extraction
07120	Additional Extraction
07210	Surgical Extraction
07220	Impacted (Soft Tissue)
07230	Impacted (Partial Bony)
07240	Impacted (Complete Bony)

<sup>1</sup> Maximum one (1) procedure per six (6) months.

<sup>2</sup> Maximum one (1) procedure per 36 months.

<sup>3</sup> These benefits are payable after a Waiting Period of six (6) months of continuous coverage.

(continued on page 34)

**DENTAL PLAN (continued from page 33)**

**DENTAL EXPENSES NOT COVERED**

No benefits will be paid for expenses incurred for:

1. Any portion of a charge for a service in excess of the Scheduled Benefits;
2. Procedures that are not included in the Schedule of Benefits;
3. Overdentures and associated procedures;
4. Cosmetic procedures;
5. Implants, the replacement of lost or stolen appliances, the replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication, or sealants;
6. Oral hygiene instructions, plaque control, the completion of a claim form, acid etch, broken appointments, prescription of take home fluoride, or diagnostic photographs;
7. Services not completed by the end of the month in which insurance terminates;
8. Procedures that are begun but not completed;
9. Services for which there would be no charge in the absence of insurance;
10. Expenses incurred in connection with war or any act of war, whether declared or undeclared, or condition contracted or Injury occurring while on full-time active duty in the armed forces of any country or combination of countries;
11. Care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law;
12. Orthodontic-related expenses;
13. Root canals and crowns;
14. General anesthesia, inhalation sedation, intravenous sedation and intramuscular sedation; or
15. Treatment by any Family Member.

**CLAIM PROCEDURE**

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

All dental claims must be submitted for payment within 90 days after the first date of Treatment. Failure to furnish this information within the 90-day period shall not invalidate or 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 and in no event, except in the absence of legal capacity, later than one (1) year from the date of first dental Treatment.

Any provision of the Policy or the brochures which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

**FIRST DENTAL HEALTH (FDH)  
PREFERRED PROVIDER NETWORK**

The following information provides a description of the First Dental Health (FDH) Preferred Provider Network. The FDH network is separate from the coverage provided by the Student Health Insurance Plan (SHIP) described herein. It offers additional savings for services that are either covered or excluded under SHIP. The FDH network complements SHIP in the following ways:

- The FDH Preferred Provider Network allows students insured through SHIP (and their dependents insured through DHIP) to have access to significantly discounted rates. Dentists in the FDH network have agreed to charge a lower fee for all of their services. The FDH discounts apply to all services covered by SHIP and also apply to services not covered by SHIP. The FDH discounts are only available at FDH network providers.
- Access to the FDH Preferred Provider Network is part of the benefits provided to all students insured by SHIP and cannot be purchased separately.
- This plan has the same effective dates as SHIP.
- Students are able to see any dentist of their choice under SHIP. However, additional discounts do not apply to non-FDH network dentists.

Discounts are available immediately for procedures performed by FDH Preferred Providers (there is no waiting period or exclusions and limitations). Covered Persons utilizing an FDH Preferred Provider simply pay the discounted rate at the time services are provided.

To receive the FDH discount present your SHIP ID card (with the FDH logo on the back) to a participating FDH provider at the time of service. To locate a provider, please visit the FDH website at [www.firstdentalhealth.com](http://www.firstdentalhealth.com). To verify fees and discounted procedures, please call FDH toll free at **1-800-334-7244**.

**Please note that the FDH Preferred Provider Network is not available outside of California.**

## STUDENT HEALTH INSURANCE PLAN FREQUENTLY ASKED QUESTIONS (FAQ)

### What is the importance of having health insurance as a student?

Medical costs can be overwhelming and are rising continuously. Without health insurance, a student can go into debt with excessive medical bills that may hinder his or her academic career.

### How do I enroll? Am I covered? When does my coverage end?

Enrollment for students in SHIP is automatic and is made part of the registration process. Students who present satisfactory evidence of comparable health insurance coverage to the University and complete the waiver process through TritonLink by the Waiver Deadline Date listed may be waived from coverage. For additional information regarding the waiver process, please refer to the Student Health website at <http://studenthealth.ucsd.edu>.

For effective and termination dates, please see pages 3 and 6.

For further questions regarding when your coverage begins or ends, if you and/or your dependents are eligible for coverage and how to enroll, contact the UCSD Insurance Office at **858-534-2124** or Renaissance Agencies, Inc. at **1-800-537-1777**.

The Company does not send renewal notices to students when their coverage terminates. It is the student's responsibility to renew their insurance within 31 days after their coverage ends to avoid a lapse in coverage. You cannot renew coverage over the phone.

If you need a receipt for payment or proof of coverage, contact Renaissance Agencies, Inc. at **1-800-537-1777**.

### How do I enroll my dependents?

Eligible dependents may enroll by submitting the required premium and completed Enrollment Form at the beginning of each quarter, up to the Enrollment Deadline Dates listed. Please see the separate dependent health insurance brochure (DHIP) for more details on dependent eligibility requirements and enrollment procedures. The DHIP brochure can be downloaded from [www.renstudent.com/ucsd/dependents](http://www.renstudent.com/ucsd/dependents).

### I just graduated from school. Can I still purchase this insurance?

No continuation coverage is offered with this plan. For information on temporary short-term insurance plans available, contact Renaissance Agencies, Inc. at **1-800-537-1777** or access the website [www.renstudent.com/shortterm](http://www.renstudent.com/shortterm).

### Where do I get an ID card?

Detach the ID card at the back of this brochure. You may use this card to obtain treatment after you have enrolled in the plan. This ID card may also be used for your covered dependents.

(continued on page 37)

## FAQ (continued from page 36)

### What is covered under the plan?

Please refer to the brochure for a list of benefits or contact Personal Insurance Administrators, Inc. at **1-800-468-4343**.

### Does this plan cover routine dental or vision care?

General dental benefits are provided by this plan. Please see the plan description on page 32 for details. Although SHIP does not provide general vision coverage, students enrolled in SHIP are eligible to receive discounts through the Vision Center located in Student Health.

### What do I do if I get sick or injured?

1. In the event of Injury or Sickness, the Covered Student **MUST REPORT TO THE STUDENT HEALTH SERVICE** when within a 100-mile radius of the SHS, except in the case of an Emergency.

NOTE: The Student Health Center only provides care to registered students. No spouse or child care is given.

2. Students who are outside of a 100-mile radius of the SHS, as well as covered dependents, should obtain treatment from the nearest Doctor or Hospital. You may choose any Doctor or Hospital, but you will pay a lower coinsurance by using the Doctors and Hospitals available through the UCSD Providers or the PPO Providers, as described on page 8. For PPO providers within California, call **1-800-334-7341** or access the website: [www.cfmnet.org](http://www.cfmnet.org). Outside of California, call First Health Network toll-free at **1-800-226-5116** or access the website: [www.myfirsthealth.com](http://www.myfirsthealth.com).

**Please be aware that the Preferred Provider Organization (PPO) outside of California has changed for this plan. Before seeking treatment outside of California, make sure that your Doctor is a member of the new network or you may have to pay a higher coinsurance.**

If you go to a Doctor's office or to the Hospital, be sure to show your insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the Covered Student's ID card to obtain treatment. If the Doctor or Hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

**You should carry your insurance ID card with you at all times.**

3. If you go to a Doctor's office or to the Hospital, they may submit the bill to the claims administrator for payment or you may be required to pay the charges up front. If this happens, obtain a copy of the PAID itemized billing and follow the instructions for filing a claim on page 29.

**For questions regarding benefits or claims, contact Personal Insurance Administrators, Inc. at 1-800-468-4343.**

**LEAVE OF ABSENCE (LOA) STUDENTS ENROLLMENT AND RENEWAL DEADLINES**

The premium and Enrollment Form must be submitted before or on the applicable deadline date listed below. The premium for enrollment will not be accepted after this deadline date:

1. The dates of coverage for the plan terms are:

<i>Term</i>	<i>Effective Date</i>	<i>Termination Date</i>	<i>Enrollment Deadline</i>
Fall	9/24/07	1/04/08	<b>9/24/07</b>
Winter	1/04/08	3/27/08	<b>1/04/08</b>
Spring	3/27/08	6/16/08	<b>3/27/08</b>
Summer	6/16/08	9/22/08	<b>6/16/08</b>

2. Coverage will begin at 12:01 a.m. on the first date of the applicable plan term if the Enrollment Form and premium are received by the Insurance Information Office or Renaissance Agencies, Inc. on or before this date. If the Enrollment Form and premium are received by the Insurance Information Office or Renaissance Agencies, Inc. after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the day immediately following the date on which the Enrollment Form and premium are received.

3. Coverage for the Fall, Winter, Spring and Summer terms will terminate on the **TERMINATION DATE** listed above for the applicable term.

4. Leave of Absence Enrollment is limited to one (1) quarter per lifetime.

Graduate students enrolled in SHIP while on approved LOA are required to follow the rules and requirements of SHIP, as outlined in this brochure. For all quarters, except Summer, students enrolled in SHIP while on LOA are required to pay fee-for-service for all services rendered through SHS. Students enrolled in SHIP, while on LOA for the summer, are not required to pay fee-for-service, as the premium paid for summer includes the access fee for Student Health. A claim must be submitted directly to Personal Insurance Administrators, Inc. (PIA) for reimbursement. The mailing address and information for PIA can be found on the SHIP identification card, located on the back of this brochure.

**APPROVED LEAVE OF ABSENCE ENROLLMENT FORM FOR STUDENTS UNIVERSITY OF CALIFORNIA, SAN DIEGO GRADUATE STUDENT HEALTH INSURANCE PLAN 2007-2008**

1. PLEASE PRINT CLEARLY

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

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

2. CHECK BOX FOR APPLICABLE TERM TO BE COVERED: (SEE DEADLINE DATES LISTED ON PAGE 38)

- FALL (9/24/07\* to 1/04/08) ..... \$802.00
- WINTER (1/04/08\* to 3/27/08)..... \$802.00
- SPRING (3/27/08\* to 6/16/08)..... \$802.00
- SUMMER (6/16/08\* to 9/22/08)..... \$802.00

\*OR ON THE DAY FOLLOWING RECEIPT OF ENROLLMENT FORM AND PREMIUM, IF LATER.

3. A COPY OF THE OFFICIAL UCSD LEAVE OF ABSENCE AFFIDAVIT WITH THE SIGNATURE OF THE DEAN OF OGSR IS REQUIRED.

4. MAKE CHECK OR MONEY ORDER PAYABLE TO: NUFIC

5. RETURN PAYMENT (CHECK OR MONEY ORDER) WITH ENROLLMENT FORM TO:  
UNIVERSITY OF CALIFORNIA, SAN DIEGO  
INSURANCE OFFICE  
STUDENT HEALTH SERVICE, 0039  
9500 GILMAN DRIVE  
LA JOLLA, CALIFORNIA 92093-0039

6. I UNDERSTAND THAT SHIP ALLOWS ONLY ONE QUARTER PER LIFETIME AS A LEAVE OF ABSENCE (LOA) STUDENT AND THIS QUARTER WILL BE THE ONLY QUARTER OF SHIP THAT I CAN PURCHASE AS AN LOA STUDENT.

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

**LEAVE OF ABSENCE STUDENTS  
ELIGIBILITY FOR INSURANCE COVERAGE  
ENROLLMENT DEADLINES**

The premium and Enrollment Form must be submitted before or on the applicable deadline date listed below. The premium for enrollment will not be accepted after this deadline date:

1. The dates of coverage for the plan terms are:

<i>Term</i>	<i>Effective Date</i>	<i>Termination Date</i>	<i>Enrollment Deadline</i>
Fall	9/24/07	1/04/08	<b>9/24/07</b>
Winter	1/04/08	3/27/08	<b>1/04/08</b>
Spring	3/27/08	6/16/08	<b>3/27/08</b>
Summer	6/16/08	9/22/08	<b>6/16/08</b>

2. Coverage will begin at 12:01 a.m. on the first date of the applicable plan term if the Enrollment Form and premium are received by the Insurance Information Office or Renaissance Agencies, Inc. on or before this date. If the Enrollment Form and premium are received by the Insurance Information Office or Renaissance Agencies, Inc. after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the day immediately following the date on which the Enrollment Form and premium are received.
3. Coverage for the Fall, Winter, Spring and Summer terms will terminate on the **TERMINATION DATE** listed above for the applicable term.
4. Leave of Absence enrollment is limited to one (1) quarter per lifetime.

Graduate students enrolled in SHIP while on approved LOA are required to follow the rules and requirements of SHIP, as outlined in this brochure. For all quarters, except Summer, students enrolled in SHIP while on LOA are required to pay fee-for-service for all services rendered through SHS. Students enrolled in SHIP, while on LOA for the summer, are not required to pay fee-for-service, as the premium paid for summer includes the access fee for Student Health. A claim must be submitted directly to Personal Insurance Administrators, Inc. (PIA) for reimbursement. The mailing address and information for PIA can be found on the SHIP identification card, located on the back of this brochure.

**Please check the box for the applicable term for which you are purchasing coverage. You may purchase coverage subject to the Enrollment Deadline listed on this form.**

**Off-Campus Emergency**

If you are off campus, go to one of the following local Hospitals which are part of the Preferred Provider Network and are affiliated with your insurance (SHIP). This is only a partial list and participants may change at any time.

- |                        |                           |
|------------------------|---------------------------|
| UCSD Thornton Hospital | UCSD Medical Center       |
| Alvarado Hospital      | Pomerado Hospital         |
| Grossmont Hospital     | Scripps Memorial Hospital |
| Scripps Mercy Hospital | Sharp Memorial Hospitals  |
| Palomar Medical Center | Tri-City Medical Center   |

Using Hospitals, Doctors and other facilities NOT on the Preferred Provider list requires a larger co-payment by you.

Call 1-800-334-7341 (California Foundation for Medical Care) to determine if a medical provider is part of the Preferred Provider Network. Outside California, see FHN information below.

**Follow-Up Care**

**A written referral from UCSD SHS is required by SHIP for any follow-up care after Emergency services. A referral from an Emergency room Doctor is not a valid referral. Care rendered outside the 100-mile radius of SHS is exempt from the referral requirement (see page 8).**

**HOW TO FILE A CLAIM**

To file a claim, submit itemized bills indicating diagnosis. Include your full name, address, Student PID# and the Policy Number. Mail to:

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

The completed claim form and all Hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim 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 first medical Treatment.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the Policy is issued, will be administered to conform with the requirements of the state statutes.

**Underwritten by:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**Present this card to your provider (and written SHS referral if indicated) in order to access SHIP benefits.**

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

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

**For pre-certification and continued stay review, please contact First Health Network at 1-800-572-5508**



**In California:**  
for information on PPO Providers, access [www.cfmcnet.org](http://www.cfmcnet.org) or call **1-800-334-7341**



**Outside of California:**  
for information on PPO Providers, access [www.myfirsthealth.com](http://www.myfirsthealth.com) or call **1-800-226-5116**

**QUICK REFERENCE GUIDE**  
**PUT THIS PAGE IN YOUR WALLET**

**SHIP INSURANCE CARD** (bottom of page)

**Note:** This is only a partial reference. For more information, contact the Student Insurance Office at 858-534-2124 or the Student Health Service (SHS) at 858-534-3300.

To Insert in Wallet —Tear Out — Fold at Marks

**On-Campus Health Care for Students**

**Non Emergencies**—If you are within the 100-mile radius of SHS, you must start your health care at SHS. Students with a serious Sickness or Injury that requires immediate care may be seen on a walk-in basis through the SHS Urgent Care. All other visits are by appointment. Call 858-534-8089 to schedule. **Non-Emergency care outside of SHS requires a written referral from a SHS provider.**

SHS is open from 8:00 a.m. (9:00 a.m. on Wednesday) to 4:30 p.m. Mondays through Fridays.

**Emergency service on campus** is available at Thornton Hospital Emergency Room at the east end of campus. SHIP defines Emergency as:

1. **Emergencies**, as determined by the finding and extent of treatment recorded by the attending Doctor
2. **Accidents**, including self-Injury

**Follow-Up Care: a written referral from UCSD SHS is required by SHIP for any follow-up care after Emergency services. A referral from an Emergency room Doctor is not a valid referral.** Care rendered outside the 100-mile radius of SHS is exempt from the referral requirement. When treatment for a condition is required from a provider other than the provider to whom the SHS has originally referred the Covered Person, a new referral must be obtained from the SHS. Further, each written referral for a condition is valid for the number of visits or time period indicated on the referral form. In no case is the referral authorized for greater than 365 days.

Underwritten by:

**National Union Fire Insurance Company of Pittsburgh, Pa.**

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

Student of

**2007–2008 UNIVERSITY OF CALIFORNIA, SAN DIEGO  
STUDENT HEALTH INSURANCE PLAN (SHIP)**

Undergraduate Students: Policy No. AMH0068168

Graduate and Professional Students: Policy No. AMH0068158

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

**FIRST  
DENTAL  
HEALTH**

For FDH Preferred Providers, call **1-800-334-7244**  
or access the internet website:  
**www.firstdentalhealth.com**