

STUDENT
health
insurance

2011 - 2012

This is a temporary brief summary of benefits, please check back later for the full version of the 2011-2012 plan brochure.

**University of
the Pacific**



**University of the Pacific
PPO Student Health Plan
with Student Health Center
(100/80/60)**

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

Student Health Center

When medical care is needed, the insured student must first go to the student health center. All non-emergency medical care within 30 miles of the Stockton campus must be initiated through the student health center for referral to be considered for payment.

The student health center will diagnose and treat most illnesses, coordinate all the insured student's health care and provide a referral, when necessary, to a PPO or non-PPO provider (see benefits listed below). Referrals are made at the sole and absolute discretion of the student health center. The referral does not constitute a guarantee of payment; the services must be medically necessary and a covered benefit under this plan.

If the insured student receives medical care without a referral, the expenses will not be covered, except under the following conditions: a medical emergency (the student health center must determine that the services were for an emergency & any follow-up care must be handled by the student health center); when the student health center is closed; when service is rendered at another facility during break or vacation periods; medical care received when the insured student is more than 30 miles from school campus; & when services are received for pregnancy and maternity care. Certain Covered Services have maximum visit and/or day limits per year. The number of visits and/or days allowed for these services will begin accumulating on the first visit and/or day, regardless of whether your Deductible has been met. Insured dependents are not eligible to use the student health center. The benefits listed below are available to the insured dependents. The coverage under this policy is secondary coverage to all other policies.

In addition to dollar and percentage copays, insured persons (students) are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Insured persons are also responsible for all costs over the plan maximums.

Plan maximums and other important information appear in *italics*. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

Explanation of Covered Expense

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following:
PPO Providers—PPO negotiated rates. Insured persons are not responsible for the difference between the provider's usual charges & the negotiated amount.

Non-PPO Providers & Other Health Care Providers (*includes those not represented in the PPO provider network*)—The customary & reasonable charge for professional services or the reasonable charge for institutional services.

When using Non-PPO and Other Health Care Providers, insured persons are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.

Benefit year deductible for all providers	\$100/for insured student
Deductible for emergency room services	\$50/visit (<i>waived if admitted directly from ER</i>)

Annual Out-of-Pocket Maximums

For all providers \$2,500/insured person/year

The following do not apply to out-of-pocket maximums: deductibles listed above; dollar copays; percentage copays for non-covered expense. After an insured person reaches the out-of-pocket maximum, the insured person no longer pays percentage copays for the remainder of the year. However, insured person remains responsible for dollar copays; percentage copays for, for non-PPO providers & other health care providers, costs in excess of the covered expense.

Benefit Year Maximum

➤ Domestic Students	Unlimited
➤ International Students	Unlimited

Covered Services	PPO: Per Insured Person Copay	Non-PPO: Per Insured Person Copay
Hospital Medical Services <i>(subject to utilization review for inpatient services; waived for emergency admissions)</i>		
➤ Semi-private room, meals & special diets, & ancillary services	20%	40% ¹
➤ Outpatient medical care, surgical services & supplies <i>(hospital care other than emergency room care)</i>	20%	40% ¹
Ambulatory Surgical Centers		
➤ Outpatient surgery, services & supplies	20%	40%
Skilled Nursing Facility <i>(subject to utilization review)</i>		
➤ Semi-private room, services & supplies	20%	40%
Hospice Care		
➤ Inpatient or outpatient services for insured persons; family bereavement services	20% ²	
Home Health Care <i>(subject to utilization review)</i>		
➤ Services & supplies from a home health agency <i>(limited to 100 visits/benefit year, one visit by a home health aide equals four hours or less; not covered while insured person receives hospice care)</i>	20%	40%
Home Infusion Therapy <i>(subject to utilization review)</i>		
➤ Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services	20%	40% <i>(benefit limited to \$600/day)</i>
Physician Medical Services		
➤ Office & home visits	\$20/visit ³ <i>(deductible waived)</i>	40%
➤ Hospital & skilled nursing facility visits	20%	40%
➤ Surgeon & surgical assistant; anesthesiologist or anesthesiologist	20%	40%
Diagnostic X-ray & Lab	20%	40%
Preventive Care Services		
<i>Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits</i>		
➤ Routine physical exams <i>(birth through age six)</i>	No copay/exam <i>(deductible waived)</i>	40% <i>(benefit limited to \$20/exam)</i>
➤ Immunizations <i>(birth through age six)</i>	No copay <i>(deductible waived)</i>	40% <i>(benefit limited to \$12/immunization)</i>
➤ Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam <i>(members 7 years old and older)</i>	No copay/exam <i>(deductible waived)</i>	Not covered
➤ Adult preventive services <i>(including mammograms, Pap smears, prostate cancer screenings, & colorectal cancer screenings)</i>	No copay <i>(deductible waived)</i>	40% <i>(deductible waived)</i>

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

² These providers are not represented in the PPO network.

³ The dollar copay applies only to the visit itself. An additional 20% copay for insured students applies for any services performed in office (i.e., X-ray, lab, surgery).

Covered Services	PPO: Per Insured Person Copay	Non-PPO: Per Insured Person Copay
Physical Therapy, Physical Medicine & Occupational Therapy, including Chiropractic Services	20%	40%
Speech Therapy		
➤ Outpatient speech therapy following injury or organic disease	20%	40%
Acupuncture		
➤ Services for the treatment of disease, illness or injury <i>(limited to \$30/visit & 12 visits/benefit year)</i>	20% ¹	40% ¹
Temporomandibular Joint Disorders		
➤ Splint therapy & surgical treatment	20%	40%
Pregnancy & Maternity Care		
➤ Physician office visits	\$20/visit ² <i>(deductible waived)</i>	40%
➤ Prescription drug for elective abortion (<i>mifepristone</i>)	20%	40%
Normal delivery, cesarean section, complications of pregnancy & abortion <i>(newborn routine nursery care covered when natural mother is insured student or insured spouse)</i>		
➤ Inpatient physician services	20%	40%
➤ Hospital & ancillary services	20%	40% ³
Bariatric Surgery <i>(subject to utilization review; medically necessary surgery for weight loss, only for morbid obesity, covered only when performed at Centers of Medical Excellence [CME])</i>		
➤ Inpatient services provided in connection with medically necessary surgery for weight loss, only for morbid obesity	20%	
➤ Bariatric travel expense when member's home is 50 miles or more from the nearest bariatric CME <i>(member's transportation to & from CME limited to \$130/person/trip for 3 trips [pre-surgical visit, initial surgery & one follow-up visit]; one companion's transportation to & from CME limited to \$130/person/trip for 2 trips [initial surgery & one follow-up visit]; hotel for member & one companion limited to one room double occupancy & \$100/day for 2 days/trip, or as medically necessary, for pre-surgical & follow-up visit; hotel for one companion limited to one room double occupancy & \$100/day for duration of member's initial surgery stay for 4 days; other reasonable expenses limited to \$25/day/person for 4 days/trip)</i>	No copay <i>(deductible waived)</i>	
Diabetes Education Programs <i>(requires physician supervision)</i>		
➤ Teach insured persons & their families about the disease process, the daily management of diabetic therapy & self-management training	\$20/visit <i>(deductible waived)</i>	40%

¹ Acupuncture services can be performed by a certified acupuncturist (C.A.), a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a podiatrist (D.P.M.), or a dentist (D.D.S.).

² The dollar copay applies only to the visit itself. An additional 20% copay for insured students applies for any services performed in office (i.e., X-ray, lab, surgery).

³ For California facilities, a discount applies if the facility has a contract with us for fee-for-service business. For California facilities without a contract, covered expense for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for insured persons.

Covered Services	PPO: Per Insured Person Copay	Non-PPO: Per Insured Person Copay
Prosthetic Devices		
➤ Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for insured persons with diabetes	20%	40%
Durable Medical Equipment		
➤ Rental or purchase of DME including hearing aids, dialysis equipment & supplies (<i>hearing aids benefit available for one hearing aid per ear every three years</i>)	20%	40%
Related Outpatient Medical Services & Supplies		
➤ Ground or air ambulance transportation, services & disposable supplies	20% ¹	
➤ Blood transfusions, blood processing & the cost of unreplaced blood & blood products	20% ¹	
➤ Autologous blood (<i>self-donated blood collection, testing, processing & storage for planned surgery</i>)	20% ¹	
Emergency Care		
➤ Emergency room services & supplies (<i>\$50 deductible waived if admitted</i>)	No copay	No copay
➤ Inpatient hospital services & supplies	No copay	No copay
➤ Physician services	No copay	No copay
Mental or Nervous Disorders and Substance Abuse		
Inpatient Care		
➤ Facility-based care (<i>subject to utilization review; waived for emergency admission</i>)	20%	40% ²
➤ Inpatient physician visits	20%	40%
Outpatient Care		
➤ Facility-based care (<i>subject to utilization review; waived for emergency admission</i>)	20%	40% ²
➤ Outpatient physician visits (<i>pre-service review required after the 12th visit</i>)	\$20/visit ³ (<i>deductible waived</i>)	40%
Medical Evacuation Benefit for International Students	Covered by Scholastic Emergency Services	
Repatriation Benefit for International Students	Covered by Scholastic Emergency Services	

¹ These providers are not represented in the PPO network.

² For California facilities, a discount applies if the facility has a contract with us for fee-for-service business. For California facilities without a contract, covered expense for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for insured persons.

³ The dollar copay applies only to the visit itself. An additional 20% copay for insured students applies for any services performed in office (i.e., X-ray, lab, surgery).

This Summary of Benefits is a brief review of benefits. Once enrolled, insured persons will receive a Certificate of Insurance, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

PPO Student Health Plan—Prudent Buyer Plan Exclusions and Limitations

Not Medically Necessary. Services or supplies that are not medically necessary, as defined.

Experimental or Investigative. Any experimental or investigative procedure or medication. But, if insured person is denied benefits because it is determined that the requested treatment is experimental or investigative, the insured person may request an independent medical review, as described in the Certificate.

Outside the United States. Services or supplies furnished and billed by a provider outside the United States, unless such services or supplies are furnished in connection with urgent care or an emergency.

Crime or Nuclear Energy. Conditions that result from (1) the insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.

Not Covered. Services received before the insured person's effective date. Services received after the insured person's coverage ends, except as specified as covered in the Certificate.

Excess Amounts. Any amounts in excess of covered expense or the benefit year maximum.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the insured person claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the Certificate.

Government Treatment. Any services the insured person actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to the insured person for free.

Services of Relatives. Professional services received from a person living in the insured person's home or who is related to the insured person by blood or marriage, except as specified as covered in the Certificate.

Voluntary Payment. Services for which the insured person has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:

1. it must be internationally known as being devoted mainly to medical research;
2. at least 10% of its yearly budget must be spent on research not directly related to patient care;
3. at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care;
4. it must accept patients who are unable to pay; and
5. two-thirds of its patients must have conditions directly related to the hospital's research.

Not Specifically Listed. Services not specifically listed in the plan as covered services.

Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Inpatient Diagnostic Tests. Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

Mental or Nervous Disorders. Academic or educational testing, counseling, and remediation. Mental or nervous disorders and substance abuse, including rehabilitative care in relation to these conditions, except as specified as covered in the Certificate.

Nicotine Use. Smoking cessation programs or treatment of nicotine or tobacco use. Smoking cessation drugs.

Orthodontia. Braces, other orthodontic appliances or orthodontic services.

Dental Services or Supplies. Dental plates, bridges, crowns, caps or other dental prostheses, dental services, extraction of teeth, treatment to the teeth or gums, or treatment to or for any disorders for the temporomandibular (jaw) joint, except as specified as covered in the Certificate. Cosmetic dental surgery or other dental services for beautification.

Hearing Aids or Tests. Hearing aids and routine hearing tests, except as specified as covered in the Certificate.

Optometric Services or Supplies. Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, eyeglasses or contact lenses, except as specified as covered in the Certificate.

Outpatient Occupational Therapy. Outpatient occupational therapy, except by a home health agency, hospice, or infusion therapy provider, except as specified as covered in the Certificate.

Outpatient Speech Therapy. Outpatient speech therapy, except as specified as covered in the Certificate.

Cosmetic Surgery. Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

Scalp hair prostheses. Scalp hair prostheses, including wigs or any form of hair replacement.

Clinical Trials. Services and supplies in connection with clinical trials, except as specified as covered in the Certificate.

Organ and Tissue Transplant. Expenses incurred in connection with an organ or tissue transplant.

Commercial Weight Loss Programs. Weight loss programs, whether or not they are pursued under medical or *physician* supervision, unless specifically listed as covered in this *plan*.

This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

This exclusion does not apply to *medically necessary* treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia

nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.

Sex Transformation. Procedures or treatments to change characteristics of the body to those of the opposite sex.

Sterilization Reversal.

Fertility Treatment. Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.

Surrogate Mother Services. For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

Orthopedic Supplies. Orthopedic supplies, orthopedic shoes (other than shoes joined to braces), or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related foot complications, except as specified as covered in the Certificate.

Air Conditioners. Air purifiers, air conditioners or humidifiers.

Custodial Care or Rest Cures. Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the Certificate.

Chronic Pain. Treatment of chronic pain, except as specified as covered in the Certificate.

Health Club Memberships. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a *physician*. This exclusion also applies to health spas.

Personal Items. Any supplies for comfort, hygiene or beautification.

Education or Counseling. Educational services or nutritional counseling, except as specified as covered in the Certificate. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

Food or Dietary Supplements. Nutritional and/or dietary supplements, except as provided in this *plan* or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Telephone and Facsimile Machine Consultations. Consultations provided by telephone or facsimile machine.

Routine Exams or Tests. Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the Certificate.

Acupuncture. Acupuncture treatment, as specified as covered in the Certificate. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

Eye Surgery for Refractive Defects. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Physical Therapy or Physical Medicine. Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement or as specified as covered in the Certificate.

Outpatient Prescription Drugs and Medications. Outpatient prescription drugs or medications and insulin, except as specified as covered in the Certificate. Any non-prescription, over-the-counter patent or proprietary drugs or medicines. Cosmetics, health or beauty aids.

Contraceptive Devices. Contraceptive devices prescribed for birth control except as specified as covered in the Certificate.

Diabetic Supplies. Prescription and non-prescription diabetic supplies except as specified as covered in the Certificate.

Private Duty Nursing. Inpatient or outpatient services of a private duty nurse.

Pre-Existing Condition Exclusion – No payment will be made for services or supplies for the treatment of a pre-existing condition during a period of six months following either (a) insured person's effective date or (b) the first day of any waiting period required by the group, whichever is earlier. However, this limitation does not apply to a child born to or newly adopted by an enrolled subscriber or spouse, or to conditions of pregnancy. Also, if insured person was covered under creditable coverage, as outlined in the insured person's Certificate, the time spent under the creditable coverage will be used to satisfy, or partially satisfy, the six-month period.

Third Party Liability – Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Excess Coverage – Anthem Blue Cross Life and Health Insurance Company will reduce the amount payable under this plan if expenses are covered under any other plan. We will determine the amount of benefits provided by other plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from other plans includes any amount to which the insured person is entitled, whether or not a claim is made for the benefits. The coverage under this policy is secondary coverage to all other policies.

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University of the Pacific Modified Rx Three Tier Prescription Drug Benefits to accompany PPO Student Health Plan

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

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Certificate of Insurance (“Certificate”) which explains your plan’s Exclusions and Limitations as well as the full range of your covered services in detail.*

At Anthem Blue Cross Life and Health Insurance Company, we know that prescription drugs are the fastest-rising item of your total health care benefits cost. The reasons for the spiraling costs of prescription drugs are varied and include: a general increase of prescription medication use, an aging population, research and development of new medications and the expense of direct to consumer advertising. With prescription drug costs increasing at twice the rate of medical care, we developed ways to contain costs so your copays remain affordable, while maintaining your access to safe, effective prescription drugs. Our Prescription Drug Program provides you with choice, flexibility, affordability and access to an extensive network of retail pharmacies.

Getting a Prescription Filled at a Participating Pharmacy

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

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

The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at anthem.com/ca under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at the toll-free number printed on the ID card.

The following chart summarizes the relation between drug type and your copay amount at a participating pharmacy:

Drug Type	Copay Amount
Generic	\$10.00
Brand name formulary	\$20.00 ¹
Brand name non-formulary	\$30.00 ¹

Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at anthem.com/ca.

An Extensive Network

Besides saving you money, our extensive network of pharmacies offers you easy accessibility.

- In California there are over 5,100 retail pharmacies. This accounts for nearly 95% of retail pharmacies in the state, including all major chains.
- Nationwide there are more than 61,000 chain and independent pharmacies.

Using a Participating Pharmacy

You can substantially control the cost of your prescription drugs by using our extensive network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. If you do not have the original pharmacy receipt(s) showing the date filled, name and address of the pharmacy, doctor’s name, NDC number, name of drug and strength, quantity and days supply, prescription number, and the amount paid, the pharmacist must sign and complete the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

Insured persons that submit claims from non-participating pharmacies are reimbursed based on a **prescription drug maximum allowed amount**. The fee schedule may be considerably less than then you paid for your medication. You are responsible for paying any difference.

The following chart summarizes potential increased out-of-pocket expenses for going to a non-participating pharmacy:

	Out-of-pocket costs using a participating pharmacy	Out of pocket costs using a non-participating pharmacy
Pharmacy's normal charge for brand-name formulary drug	\$50.00 ²	\$50.00
You are responsible for:	\$20.00 copay	\$20.00 copay plus 50% of the prescription drug maximum allowed amount plus any amounts exceeding the prescription drug maximum allowed amount.
Total out-of-pocket expenses	\$20.00	Expense varies based on the cost of the medication

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your ID card or by going to our Web site at anthem.com/ca.

Submitting a Claim Form

Check to see that all sections of the claim form are completed and mail to:

Express Scripts
P.O. Box 390873
Bloomington, MN 55439
Attn: Claims Department

Mail Service Prescription Drug Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. Ordering your medications by mail is convenient, saves time and depending on your plan design, may even save you money. Besides enjoying the convenience of home delivery, you will also receive a greater supply of medications. To fill a prescription through the mail, simply complete the Mail Service Prescription form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at anthem.com/ca.

Once you complete the form, simply mail it with your copay and prescription in the envelope attached to the Mail Service brochure.

Please note that not all medications are available through the Mail Service Program.

Out-Of-State Prescription Benefits

Our national network of participating pharmacies is available to insured persons when outside California. To find a participating pharmacy, check our Web site or call the toll-free number printed on your ID card. When using a non-participating pharmacy outside of California, follow the same procedures for using a non-participating pharmacy in California as outlined above.

Additional Features That are Part of your Plan

Prior authorization as the term implies, means some drugs require prior authorization before you can get them (this is similar to prior authorization for medical services). Prior authorization applies to certain medications that are often a second line of therapy. To receive prior authorization, you must meet specific criteria. The criteria will be based on medical policy and the pharmacy and therapeutics established guidelines. You may need to try a drug other than the one originally prescribed if we determine that it should be clinically effective for you. Drugs which require prior authorization are not covered unless you receive a prior approval from Anthem Blue Cross.

In order for you to get a drug which requires prior authorization, your physician needs to make a written request to us for you. You may call Pharmacy Customer Service, at the toll-free number printed on your ID card, to receive a prior authorization form and/or list of medications requiring prior authorization.

Supply limits are the proper FDA recommendations for prescription medication dosage coupled with our determination of specific quantity supply limits to prescription medications. Although our standard pharmacy plans offer a 30-day supply for medications at a retail pharmacy, the supply limit can vary based on the medication, dosage and usage prescribed by your physician. For example, the supply limit for antibiotics used to treat an infection (e.g., 14 pills to be taken twice a day for one week) is different than blood pressure medication taken on a routine basis (e.g., 120 pills to be taken twice a day for 60 days). By adhering to specified supply limits, insureds are assured of receiving the appropriate amount of medication.

Programs for Insured Person's Special Health Needs

We recognize that some of our insureds have unique health care needs requiring special attention. That's why we developed programs exclusively for them. Our additional medical management programs work in synergy with our pharmacy drug program to help insureds better manage their health care on an ongoing basis.

Diabetics can receive **free glucometers** so that they can effectively and conveniently monitor their glucose levels.

Seniors can better monitor their chronic diseases and multiple medications through our **seniors-at-risk program**. This program reduces the possibility of toxic drug interactions, and curtails distribution of medications that may adversely affect the senior's chronic condition.

Asthmatics and their families can take advantage of our program to better control the frequency and severity of the disease.

Insured Persons who take multiple prescription medications can take advantage of our pharmacy utilization management programs that encourage the safe, effective distribution of prescription medications. We have a program that protects the welfare of insured persons with multiple prescription medications by carefully monitoring their prescription therapy to help reduce the danger of toxic drug interaction.

For additional information regarding your prescription drug benefits, please call Pharmacy Customer Service at the toll-free number printed on your ID card.

Covered Services (outpatient prescriptions only)	Per Insured Person Copay for Each Prescription or Refill
Retail Pharmacy	
➤ Generic drugs <i>(includes self-injectable drugs)</i>	\$10
➤ Brand name formulary drugs ¹ <i>(includes self-injectable drugs)</i>	\$20
➤ Brand name non-formulary drugs ¹ <i>(includes self-injectable drugs)</i>	\$30
Mail Service	
➤ Generic drugs <i>(includes self-injectable drugs)</i>	\$20
➤ Brand name formulary drugs ¹ <i>(includes self-injectable drugs)</i>	\$40
➤ Brand name non-formulary drugs ¹ <i>(includes self-injectable drugs)</i>	\$60
Non-participating Pharmacies	<i>Insured person pays the above retail pharmacy copay plus: 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount</i>
Supply Limits³	
➤ Retail Pharmacy <i>(participating and non-participating)</i>	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies);
➤ Mail Service	90-day supply
Annual Maximum	Unlimited

¹ **Preferred Generic Program.** If a member requests a formulary or non-formulary brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed charge for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of the for that type of prescription drug. Mandatory generic substitution does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug (formulary or non-formulary) is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

² Prescription drug maximum allowed amount.

³ Supply limits for certain drugs may be different. Please refer to the Certificate for complete information.

The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the copay for brand name drugs.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- Prescription oral contraceptives; contraceptive diaphragms. Contraceptive diaphragms are limited to one per year and are subject to the brand name copay.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma, subject to the brand name copay.

Prescription drug copays are separate from the medical copays of the medical plan and are not applied toward the Annual Out-of-Pocket Maximums under the Medical Plan.

Student Health PPO Prescription Drug Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications

Drugs & medications used to induce spontaneous & non-spontaneous abortions

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices

Professional charges in connection with administering, injecting or dispensing drugs

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the Certificate

Services or supplies for which the insured person is not charged

Oxygen

Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the Certificate.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs. Drugs or medications prescribed for experimental indications

Any expense for a drug or medication incurred in excess of (the prescription drug maximum allowed amount

Drugs which have not been approved for general use by the State of California Department of Health or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.

This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)

Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum

Infusion drugs, except drugs that are self-administered subcutaneously

Herbal supplements, nutritional and dietary supplements except for formulas for the treatment of phenylketonuria.

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.

Third Party Liability

Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Arthur A. Dugoni Campus Rates	Summer/Fall	Winter/Spring	3 Month Continuation --Fall	3 Month Continuation --Spring	6 Month Continuation --Fall	6 Month Continuation --Spring
Start Date	7/1/11	1/1/12	1/1/12	7/1/12	1/1/12	7/1/12
End Date	1/1/12	7/1/12	4/1/12	10/1/12	7/1/12	1/1/13
Enrollment Deadline Date	12/31/11	6/31/12	8/15/11	2/15/12	8/15/11	2/15/12
STUDENT	\$731.00	\$731.00	\$896.00	\$896.00	\$1,778.00	\$1,778.00
SPOUSE	\$2,355.00	\$2,355.00	\$2,868.00	\$2,868.00	\$5,732.00	\$5,732.00
CHILD(REN)	\$1,132.00	\$1,132.00	\$1,381.00	\$1,381.00	\$2,759.00	\$2,759.00

Eligibility Requirements:

All degree seeking students on the Arthur A. Dugoni campus are required to enroll in the plan unless an online waiver is completed and an insurance card is turned into the Insurance Office by the posted deadline date.. To be an Insured Person under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to Anthem Blue Cross Life and Health Insurance Company. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased and/or pursuant to their visa requirements for the period for which coverage is purchased, except in the case of medical withdrawal or during school authorized breaks. Anthem Blue Cross Life and Health maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Anthem Blue Cross Life and Health discovers that the Policy eligibility requirements have not been met, its only obligation is a pro-rata refund of premium. Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan within 30 days of loss of coverage. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.

DEPENDENT COVERAGE - Eligible Insured Students may also purchase Dependent coverage

at the time of student's enrollment in the plan; or within 31 days of one of the following qualified events: marriage, addition of domestic partner, birth, adoption or arrival in the U.S. Eligible dependents are the spouse or legally registered and valid domestic partner who resides with the Insured Student and the student's, the spouse's, or the domestic partner's unmarried natural child, stepchild or legally adopted child under twenty-six years of age who are not self-supporting and reside with the Insured Student. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A "Newborn" will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage. Alternative Coverage: If you do not meet the Eligibility requirements of the plan, please call (800) 853-5899 for information on alternative coverage. This information can also be accessed by visiting: studentinsurance.wellsfargo.com

WELLS FARGO INSURANCE SERVICES USA, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at www.csuhealthlink.com.

CLAIMS ADMINISTERED BY:

Claims, Eligibility and Coverage Questions

Anthem Blue Cross Life and Health Insurance Company

(800) 888-2108

www.anthem.com/ca

TO FIND A DOCTOR OR PROVIDER:

Preferred Provider

PPO Prudent Buyer Plan

(800) 888-2108

www.anthem.com/ca

24-HOUR NURSE ADVICE LINE:

24/7 NurseLine

(800) 977-0027

THE POLICY ADMINISTERED BY:

Enrollment, Complaints, General Questions

Wells Fargo Insurance Services USA, Inc. Student Insurance Division

CA License No. 0D08408

11017 Cobblerock Drive, Suite 100

Rancho Cordova, CA 95670

(800) 853-5899 or (916) 231-3399

Fax: (916) 231-3398

studentinsurance.wellsfargo.com

THE UNDERWRITING COMPANY:

Anthem Blue Cross Life and Health Insurance Company

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