

WHO IS ELIGIBLE TO ENROLL?

All degree seeking students on the San Francisco campus are required to enroll in the plan unless an online waiver is completed by the posted waiver deadline. 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.

PROGRAM COSTS

	SUMMER/FALL 7/1/11 - 1/1/12	WINTER/SPRING 1/1/12 - 7/1/12	3 MONTH CONTINUATION FALL 1/1/12 - 4/1/12	3 MONTH CONTINUATION SPRING 7/1/12 - 10/1/12	6 MONTH CONTINUATION FALL 1/1/12 - 7/1/12	6 MONTH CONTINUATION SPRING 7/1/12 - 1/1/13
Enrollment Deadline Date	12/31/11	6/30/12	8/15/11	2/15/11	8/15/11	2/15/12
Student	☐\$ 731	☐\$ 731	☐\$ 896	☐\$ 896	☐\$1,778	☐\$1,778
Spouse	☐\$2,355	☐\$2,355	☐\$2,868	☐\$2,868	☐\$5,732	☐\$5,732
Child(ren)	☐\$1,132	☐\$1,132	☐\$1,381	☐\$1,381	☐\$2,759	☐\$2,759

STUDENT HEALTH SERVICES

Students attending the Stockton campus are required to use the services of Pacific Health Services (HS) first prior to seeing an off-campus provider. HS Referrals are recommended, but NOT required for students attending the Sacramento and San Francisco campuses.

Pacific Health Services Hours of Operation:

Monday – Friday:
8:00 AM – 6:00 PM (during the Fall & Spring semesters)

Monday – Thursday:
7:30 AM – 4:00 PM, Friday 7:30 AM – 1:00 PM (during the summer)

Pacific McGeorge School of Law Clinic Hours of Operation:

Wednesdays: 8:00 AM - 12:00 PM

Thursdays: 8:00 AM – 6:00 PM (during the summer and academic year)

Arthur A. Dugoni School of Dentistry Clinic Hours of Operation:

Tuesdays: 9:00 AM - 6:00 PM

Wednesdays: 11:00 AM - 6:00 PM

Thursdays: 9:00 AM - 6:00 PM

IMPORTANT!

This is only a brief overview of the student health insurance plan available to you at your University. For a full version of the health insurance brochure please visit: studentinsurance.wellsfargo.com or call the student health insurance broker, Wells Fargo Insurance Services, at (800) 853-5899, 8:30am to 5:00pm (PST), Monday through Friday.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic 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 nonpublic personal information. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

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

ON CALL INTERNATIONAL

One Delaware Drive
Salem, NH 03079
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
www.oncallinternational.com

PRESCRIPTIONS

Pharmacy Benefits Manager
(800) 700-2541
www.anthem.com/ca

24-HOUR NURSE ADVICE LINE:

24/7 NurseLine
(800) 977-0027

THE POLICY ADMINISTERED BY:

General Questions
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
CA License No. 0D08408
(800) 853-5899 or (916) 231-3399
studentinsurance.wellsfargo.com

IMPORTANT NOTICE

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

ARTHUR A. DUGONI
SCHOOL of DENTISTRY

University of the
Pacific

HEALTH
INSURANCE

Domestic/International

studentinsurance.wellsfargo.com

Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division

Underwritten by:
Anthem Blue Cross Life and
Health Insurance Company
Policy #276470

Anthem 
Blue Cross



SCHEDULE OF BENEFITS

This summary of benefits is a brief overview of benefits. For further details of coverage, including exclusions, any reductions or limitations to the terms under which the policy may continue in force, and to download the most current insurance brochure visit studentinsurance.wellstargo.com.

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

Benefit Year Maximum

Domestic & International Students Unlimited
Annual Out-Of-Pocket Maximum \$2,500/insured person/year

Covered Services	PPO: Per Insured Person Co-pay	Non-PPO: Per Insured Person Co-pay
Hospital Medical Services (subject to utilization review for inpatient services; waived for emergency admissions) Semi-private room, meals & special diets, & ancillary services Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	20% 20%	40% ² 40% ²
Ambulatory Surgical Centers , Outpatient surgery, services & supplies	20%	40%
Skilled Nursing Facility (subject to utilization review), semi private room, services & supplies	20%	40%
Hospice Care , Inpatient or outpatient services for insured persons; family bereavement services		20% ¹
Related Outpatient Medical Services & Supplies , Ground or air ambulance transportation, services & disposable supplies		20% ¹
Home Health Care , (subject to utilization review), Services & supplies from a home health agency, (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)	20%	40%
Home Infusion Therapy (subject to utilization review) Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services	20%	40% (benefit limited to \$600/day)
Physician Medical Services Office & home visits	\$20/visit ³ (deductible waived)	40%
Hospital & skilled nursing facility visits, Surgeon & Surgical assistant; anesthesiologist	20%	40%
Diagnostic X-ray & Lab	20%	40%
Preventive Care Services , Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam (7 years of age and older)	No Co-pay/exam (deductible waived)	Not Covered
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 (limited to \$30/visit & 12 visits/benefit year)	20% ⁴	40% ⁴
Temporomandibular Joint Disorders Splint therapy & surgical treatment	20%	40%
Pregnancy & Maternity Care , physician office visits	\$20/visit ³ (deductible waived)	40%
Bariatric Surgery , (subject to utilization review)		20%
Diabetes Education Programs (requires physician supervision)	\$20/visit (deductible waived)	40%
Prosthetic Devices	20%	40%
Durable Medical Equipment (DME)	20%	40%
Outpatient Drugs & Medications (Unlimited Benefit Maximum)	\$10 Generic; \$20 Brand; \$30 Non-Formulary	
Mail Service Drugs and Medications (90 day supply):	\$20 Generic; \$40 Brand; \$60 Non-Formulary	
Emergency Care , Emergency room services & supplies (\$50 deductible waived if admitted)	0%	0%
Mental or Nervous Disorders , Inpatient Care, Outpatient Care	20%	40% ²

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

⁴ 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.).

EXCLUSIONS & LIMITATIONS

We will not pay benefits for:

- Not Medically Necessary.**
- Experimental or Investigative.**
- 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.**
- Not Covered.** Services received before the insured person's effective date.
- 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.
- Government Treatment.** Any services the insured person actually received that were provided by a local, state or federal government agency.
- 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.
- Not Specifically Listed.**
- Private Contracts.**
- 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.** 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**, except as specified as covered in the Certificate.
- Cosmetic Surgery.**
- 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.**
- 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. Surgical treatment for morbid obesity is covered as described in the Certificate.
- Sex Transformation.**
- Sterilization Reversal.**
- Infertility Treatment.**

- 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.
- 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, except 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.**
- Pre-Existing Condition Exclusion**
- 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.

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