enroll online: www.CSUhealthlink.com

for students of

Cal Poly
San Luis Obispo

International Student Health Insurance

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

Anthem Blue Cross

Underwritten by:
Anthem Blue Cross Life and Health Insurance Company
Policy #175124

2008-2009

CSU INTERNATIONAL STUDENT HEALTH PLAN

Promotion of good health for our students has always been our concern. This brochure summarizes how the Student Health Insurance Plan works, what it covers and how the plan will help you with medical costs. After you've read about the Student Health Insurance Plan, keep these important facts in mind:

- Keep your insurance card with you at all times, and show it to the doctor or hospital when you seek medical treatment.
- Learn about your University's Student Health Services (SHS), its location, hours of operation, and the types of services it offers. ***If possible***, go first to your University's SHS for treatment during their regular hours of operation. The SHS
- Scan help you locate off-campus medical providers when you need additional care or specialists.
- You may choose any provider you wish, but if you use an Anthem provider, it may save you money. You can locate them on the web at ***www.anthem.com/ca*** or call ***(800) 888-2108***.
- Complete all forms you are sent accurately and respond promptly to requests for information from the claims administrator.

WHO IS ELIGIBLE TO ENROLL?

All international students, visiting faculty, scholars or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at the University who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy. Waiver may only be granted to people already insured under equivalent plans. Coverage is available for students engaged in "Practical Training." Enrollment must be accompanied by confirmation of Practical Training from campus. (A person who is an immigrant or permanent resident alien is not eligible for coverage under the international plan.)

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 the Insurer. All students must actively attend classes on campus for 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.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is a pro-rata refund of premium.

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, birth, adoption or arrival in the U.S. Spouse includes legally registered and valid domestic partners and their children. Eligible dependents are the spouse who resides with the Insured Student and unmarried children under nineteen 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. ***Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage***

WHEN COVERAGE BEGINS

Insurance under the Policy will become effective at 12:01 a.m. on ***the later of:***

- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University; or
- The day after the date of postmark if the Enrollment Form is mailed.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days to ***the earlier of;*** the term start date or up to 30 days prior to the effective date as otherwise determined above (no policy shall ever start prior to the term start date):

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 12:01 a.m. on ***the earlier of:***

- The date the policy terminates for all Insured Persons; or
- The end of the period of coverage for which premium has been paid; or
- The date the Insured Person ceases to be eligible for the insurance; or
- The date the Insured Person enters military service.
- For International Students, the date the Insured Person departs the Country of Assignment for his or her Home Country, except for school authorized breaks; or
- For International Students, the date the Insured student ceases to meet visa requirements.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage.

CONTINUATION OF BENEFITS AFTER TERMINATION

Anthem Blue Cross Life and Health Insurance Company will extend benefits under the Policy for 30 days after the Insured's coverage would otherwise end if on that date he or she is 1) Hospital Confined for an Injury or Sickness covered by the Policy, and 2) under a doctor's care. Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits. The cost of the Continuation of Benefits is one month's premium.

STUDENT HEALTH SERVICES

When medical care is needed, you are strongly encouraged to use the Student Health Services (SHS) on your campus. Services obtained at the SHS are reimbursed at the PPO rate of 100%. A SHS referral does not guarantee services received will be considered eligible expenses under the plan, nor is it a guarantee of payment.

Insured dependents are not eligible to use the SHS. The benefits listed in the Schedule of Benefits are available to the insured dependents.

REFUNDS

REFUNDS - A refund of premium will be granted for one of the two below reasons only. No other refunds will be considered.

1. If you fail to meet your plan eligibility requirements within the first 45 days of the coverage period, you will receive a full refund of the premium; provided that you did not file a medical claim during this period. Requests must be submitted within 45 days of your effective date and no partial refunds will be granted.

If you fail to meet your plan eligibility requirements after the first 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid and no refund will be granted.

2. If you enter the Armed Forces of any country you will not be covered under the Policy as of the date of such entry. A partial refund of premium will be made upon receipt of written request within 45 days of entry into the service.

If your campus requires you to have insurance as a condition of enrollment, then you must submit a refund request to the campus insurance coordinator. All other students must submit a written request to Wells Fargo Insurance Services. Approved refunds will be assessed a $25 processing fee.

REIMBURSEMENT FOR ACTS OF THIRD PARTIES

Under some circumstances, an insured person may need services under this plan for which a third party may be liable or legally responsible by reason of negligence, an intentional act or breach of any legal obligation. In that event, we will provide the benefits of this plan subject to the following:

1. We will automatically have a lien, to the extent of benefits provided, upon any recovery, whether by settlement, judgment or otherwise, that you receive from the third party, the third party's insurer or the third party's guarantor. The lien will be in the amount of benefits we paid under this plan for the treatment of the illness, disease, injury or condition for which the third party is liable.

2. You must advise us in writing, within 60 days of filing a claim against the third party and take necessary action, furnish such information and assistance, and execute such papers as we may require to facilitate enforcement of our rights. You must not take action which may prejudice our rights or interests under your plan. Failure to give us such notice or to cooperate with us, or actions that prejudice our rights or interests will be a material breach of this plan and will result in your being personally responsible for reimbursing us.

3. We will be entitled to collect on our lien even if the amount you or anyone recovered for you (or your estate, parent or legal guardian) from or for the account of such third party as compensation for the injury, illness or condition is less than the actual loss you suffered.

PPO PRUDENT BUYER NETWORK

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED. Covering all California ZIP codes, the Prudent Buyer network is the most geographically extensive PPO network in the state. The suitcase icon on your Medical ID card indicates that this plan can be used outside of California. The PPO network allows Insured's easy access to a wide range of medical services. Insured's have the option to receive care from a provider who is not participating in the PPO network. The trade-off is higher out-of-pocket expenses.

Participating providers agree to provide services to covered persons at discounted rates as payment in full. This is the incentive for Insured's to use PPO providers and protects them from being balance-billed (except for coinsurance, co-payments and deductible amounts). Providers working within a PPO facility may not always be PPO providers. You should request that all of your provider services be performed by a PPO Provider when you use a PPO facility. When Non-PPO providers are used, you may be subject to higher out-of-pocket expenses.

Additionally, PPO physicians agree to admit their patients to network hospitals, guaranteeing that discounted charges and utilization management savings will occur.

With no claim forms to file, Insured's can focus on their health, not paperwork.

Insured's can find a PPO doctor in their area by calling Anthem at ***(800) 888-2108***, or by accessing the ***"Find a Doctor"*** link on ***www.anthem.com/ca.***

COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, you should first contact Wells Fargo of California Insurance Services, Inc. You may also contact Anthem Blue Cross Life and Health at:

Anthem Blue Cross Life and Health Insurance Company
(Anthem Blue Cross Life and Health)
Customer Service
21555 Oxnard Street
Woodland Hills, CA 91367
(800) 888-2108

If the problem is not resolved, you may also contact the California Department of Insurance at:

California Department of Insurance
Claims Service Bureau, 11th Floor
300 South Spring Street
Los Angeles, California 90013
(800) 927-HELP (4357) – In California
(213) 897-8921 – Out of California
(800) 482-4833 – Telecommunication Device for the Deaf
E-mail Inquiry: "Consumer Services" link at **www.insurance.ca.gov**

ARBITRATION AGREEMENT

Any dispute or claim, of whatever nature, arising out of, in connection with or in relation to this plan or the policy or breach or rescission thereof, or in relation to care or delivery of care, including any claim based on contract, tort or statute, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court. Any dispute or claim within the jurisdictional limits of the small claims court will be resolved in such court.

The Federal Arbitration Act will govern the interpretation and enforcement of all proceedings under this Binding Arbitration provision.

The insured person and Anthem Blue Cross Life and Health agree to be bound by this Binding Arbitration provision and acknowledge that they are each giving up their right to a trial by court or jury.

The insured person and Anthem Blue Cross Life and Health agree to give up the right to participate in class arbitration against each other.

The arbitration findings will be final and binding except to the extent that California or Federal law provides for the judicial review of arbitration proceedings.

The arbitration is begun by the insured person making written demand on Anthem Blue Cross Life and Health. The arbitration will be conducted by Judicial Arbitration and Mediation Services ("JAMS") according to its applicable Rules and Procedures. If, for any reason, JAMS is unavailable on duct the arbitration, the arbitration will be conducted by another neutral arbitration entity, by mutual agreement of the insured person and Anthem Blue Cross Life and Health, or by order of the court, if the insured person and Anthem Blue Cross Life and Health cannot agree. The arbitration shall be held in the State of California.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this Insurance Plan is creditable coverage under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health insurance plan. You need such certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health insurance plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this certificate may be used to reduce or eliminate those exclusions or limitations. A Certificate of Creditable Coverage may be requested in writing from Wells Fargo of California Insurance Services, Inc.

MANDATED BENEFITS

The following benefits are mandated coverages in the state of California. They will be included in all School plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and coinsurance conditions of the Policy, as well as all other terms and conditions applicable to any other Covered Sickness.

Mandated benefits as required by the state in which the Policy is issued include: PKU Treatment Benefit; Hospital Dental Procedures; Mastectomy-Reconstructive Surgery and Rehabilitation; Laryngectomy-Prosthetic Devices; Osteoporosis Benefit; Experimental or Investigational Therapies Treatment; Diabetes Equipment, Supplies and Service; and Severe Mental Illness Treatment Benefit, which is a separate benefit from Mental and Nervous Disorders. See the policy on file with Wells Fargo of California Insurance Services, Inc. for further details on these benefits.

GUIDELINES FOR CANCER SCREENING TESTS

Anthem Blue Cross Life and Health will pay the charges incurred for the following cancer screening tests, subject to any deductibles, co-payments or coinsurance:

1. Screening mammogram performed according to the following schedule: a) A baseline mammogram for women age 35 to 39 inclusive; b) A mammogram for women age 40 to 49, inclusive, every two years or more frequently based on a Physician's recommendation; or c) A mammogram every year for women age 50 and over.
2. PAP tests for women 18 years of age and older as recommended by a Physician; and
3. Prostate cancer screening, including digital rectal examinations and prostate-specific antigen tests if recommended by a Physician, at least once a year for men 50 years of age and older until age 72.
4. Other generally accepted cancer screening tests, subject to all terms and conditions that would otherwise apply.

OES - ONLINE ENROLLEE SERVICES

Setting up your OES Account:

1. Go to ***www.csuhealthlink.com***
2. Click on "Access My Account Online"
3. Enter the requested information to create your personal account

After setting up your account you can:

- View a summary of your plan information
- Update your address and phone number
- Request a new ID card
- View your plan brochure
- View Other Insurance Plans such as: Short term Plans, Dental Plans, Vision Plans, and Travel Coverage
- Print a letter of creditable coverage
- View Frequently Asked Questions

DEFINITIONS

Contracting Hospital: is a Hospital that has a contract with Anthem Blue Cross Life and Health to provide care to our covered persons; however, this does not necessarily make it a Participating Hospital. Verify participation with your Physician.

Co-payment: is the amount of Covered Expenses you are responsible for paying. Co-payment does not include charges for services that are not Covered Services or charges in excess of Covered Expenses.

Covered Expense: is the expense you incur for Covered Services, but for some services the amount of Covered Expenses will be limited to a maximum amount that is described in the benefit section of this brochure.

Covered Services: are services that are Medically Necessary services or supplies which are listed in the benefit section of this brochure and for which you are entitled to receive benefits.

Customary and Reasonable Charge: as determined annually by Anthem Blue Cross Life and Health, is a charge which falls within the common range of fees billed by a majority of Physicians for a procedure in a given geographic region. If it exceeds that range, the expense must be justified based on the complexity or severity of treatment for a specific case.

Deductible: means the amount of Covered Expense you must pay for Covered Services before any benefits are available to you under this plan. Your annual Deductible is stated on page 6.

Diabetes Outpatient Self-Management Training Program: includes training provided to an Insured after the initial diagnosis of diabetes in the care and management of that condition, including nutritional counseling and proper use of diabetes equipment and supplies; additional, periodic or episodic continuing education training as authorized by an appropriate health care practitioner. Diabetes self-management training must be provided by a health care practitioner or provider who is licensed, registered or certified in California to provide appropriate health care services.

Doctor means:

1) A doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) who is licensed to practice where the care is provided, or

2) One of the following providers, but only when the provider is licensed to practice where the care is provided, is rendering a service within the scope of that license, is providing a service within the scope of that license, is providing a service for which benefits are specified in this brochure, and when benefits would be payable if the services were provided by a Physician as defined above:

- A dentist (D.D.S. or D.M.D.);
- An optometrist (O.D.);
- A dispensing optician;
- A podiatrist or chiropodist (D.P.M., D.S.P. or D.S.C.);
- A licensed clinical psychologist;
- A chiropractor (D.C.);
- An acupuncturist (A.C.);
- A clinical social worker (L.C.S.W.);
- A marriage and family therapist (M.F.T.);
- A physical therapist (P.T. or R.P.T.);
- A speech pathologist*;
- An audiologist*;
- An occupational therapist (O.T.R.)*;
- A respiratory care practitioner (R.C.P.)*;
- A psychiatric mental health nurse (R.N.);
- A nurse midwife;
- A registered dietician (R.D.)* for the provision of diabetic medical nutrition therapy only

Note: The providers indicated by asterisks (*) are covered only by referral of a Physician (M.D. or D.O.) as defined above.

Emergency: is a sudden, serious and unexpected acute illness, injury, condition which the insured person reasonably perceives could permanently endanger health if medical treatment is not received immediately. Anthem Blue Cross Life and Health will have sole and final determination as to whether services were rendered in connection with an emergency.

Medically Necessary: are procedures, supplies, equipment or services that are considered to be:

- Appropriate and necessary for the diagnosis or treatment of a medical condition, and
- Provided for the diagnosis or direct care and treatment of the medical condition, and
- Within the standards of good medical practice within the organized medical community, and
- Not primarily for the convenience of the patient's Physician or another provider, and
- The most appropriate procedure, supply, equipment or service which can be safely provided that must satisfy the following requirements: 1) there must be valid scientific evidence demonstrating that the expected health benefits from the procedure, supply, equipment or service are clinically significant and produce a greater likelihood of benefit, without a disproportionately greater risk of harm or complications, for the patient with the particular medical condition being treated than other possible alternatives; and 2) generally accepted forms of treatment that are less invasive have been tried and found to be ineffective or are otherwise unsuitable; and 3) for Hospital stays, acute care as an inpatient is necessary due to the kind of services the patient is receiving or the severity of the medical condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.

Negotiated Rate: means the amount a Prudent Buyer Provider will accept as payment in full for Covered Services.

Non-Contracting Hospital: is a Hospital that does not have a standard contract nor a Prudent Buyer Participating Agreement with Anthem Blue Cross Life and Health. Only a portion of the amount which a Non-Contracting Hospital charges for services will be Covered Expense. The Insured will be responsible for any billed charges over the amount allowed under this plan.

Non-Prudent Buyer Provider (Non-PPO): is one of the following providers which does NOT have a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered:

- A Hospital
- A Physician
- An Ambulatory Surgical Center
- A durable medical equipment outlet
- A clinical laboratory
- A Skilled Nursing Facility
- A facility which provides diagnostic imaging services

Only a portion of the amount which a Non-Prudent Buyer Provider charges for services will be Covered Expense. The Insured will be responsible for any billed charges over the amount allowed under this plan.

Prudent Buyer Provider (PPO): is a provider which has a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered.

SCHEDULE OF BENEFITS

Explanation of Covered Expense

In addition to dollar and percentage co-pays, insured persons (students & dependents) 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.

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 co-pay.

School Plan year deductible for all providers	$100
Deductible for emergency room services	$50/visit *(waived if admitted directly from ER)*
Annual Out-of-Pocket Maximums	$2,500/insured person/year

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

Lifetime Maximum per condition, International Students	$250,000
Lifetime Maximum per condition, Dependents	$100,000

Covered Services	PPO: Per Insured Person Co-pay	Non-PPO: Per Insured Person Co-pay
Hospital Services *(preauthorization required for inpatient services; waived for emergency admissions)*		
Semi-private room, meals & special diets, & ancillary services	0%	25%[1]
Outpatient medical care, surgical services & supplies *(hospital care other than emergency room care)*	0%	25%[1]
Ambulatory Surgical Centers		
Outpatient surgery, services & supplies	0%	25%
Related Outpatient Medical Services & Supplies		
Ground or air ambulance transportation, services & disposable supplies	10%[2]	
Emergency Care		
Emergency room services & supplies *($50 deductible waived if admitted)*	0%	0%
Inpatient hospital services & supplies	0%	0% first 48 hours; 25%[1] after 48 hours *(unless insured person can't be moved safely)*
Physician services	0%	25%
Physician Medical Services		
Office & home visits	$10/visit *(deductible waived)*	25% after $20/visit
Hospital & skilled nursing facility visits	0%	25%
Surgeon & surgical assistant; anesthesiologist or anesthetist	0%	25%
Diagnostic X-ray & Lab *(including mammograms, Pap smears, & prostate cancer screenings)* *(pre-authorization required for CT scans, MRA scans, MRI scans, MRS scans, NC scans & PET scans)*	0%	25%
Mental or Nervous Disorders		
Facility-based care *(preauthorization required; waived for emergency admissions; limited to 35 days/lifetime combined maximum with substance abuse)*	0%[4]	25%[1, 4]
Inpatient or outpatient physician visits for psychotherapy & psychological testing *(limited to $75/visit & 20 visits/benefit year)*	0%[4]	25%[4]
Substance Abuse		
Facility-based care *(preauthorization required; waived for emergency admissions; limited to 35 days/lifetime)*	0%	25%[1]
Inpatient or outpatient physician visits *(limited to $5,000/benefit year)*	0%	25%

Covered Services	PPO: Per Insured Person Co-pay	Non-PPO: Per Insured Person Co-pay
Outpatient Drugs and Medications Drugs and medications, including oral contraceptives & insulin, when dispensed by a physician or licensed pharmacist *(Benefit is on a reimbursement basis in a 30 day supply only)*	0% at SHS only	50% outside SHS
Preventive Care for Dependent Children Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam *(birth through age 12)*	$10/visit	25%
Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam *(ages 12 through 18) (limited to 3 visits/benefit year)*	$10/visit	25%
Preventive Care for Insured persons Ages 18 & Older Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam	$10/visit	25%
Physical Therapy, Physical Medicine & Occupational Therapy, including Acupuncture	0%[5]	25%[5]
Chiropractic Services *(limited to $1,000/benefit year, 50 visits/benefit year, 3 visits/week)*	0%	25%
Pregnancy & Maternity Care *(services cover insured student, spouse & dependent daughters)* Physician office visits	$10/visit *(deductible waived)*	25% after $20/visit
Elective abortion *(including the prescription drug mifepristone) (limited to $500/benefit year)*	0%	25%
Normal delivery, cesarean section, complications of pregnancy & abortion *(newborn routine nursery care covered to $1,000/benefit year when natural mother is insured student or insured spouse)*		
Inpatient physician services	0%	25%
Hospital & ancillary services	0%	25%[1]
24/7 NurseLine A 24-hour service that connects insured persons to a nurse or audio library with a toll-free call. The number is (800) 977-0027.	No co-pay	
Diabetes Education Programs *(requires physician supervision)* Teach insured persons & their families about the disease process, the daily management of diabetic therapy & self-management training	$10/visit *(deductible waived)*	25%
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	0%	25%
Durable Medical Equipment *(DME)* Rental or purchase of DME including hearing aids, dialysis equipment & supplies, & therapeutic shoes & inserts for insured persons with diabetes	0%	25%
Skilled Nursing Facility *(preauthorization required)* Semi-private room, services & supplies *(medical conditions & severe mental disorders limited to 100 days/benefit year; care in a residential treatment center for treatment of substance abuse limited to 30 days/benefit year and is charged against Skilled Nursing Facility maximum)*	0%	25%
Medical Treatment in Student's Home Country *($1,000 lifetime maximum if not covered by other plan coverage)*	0%	

[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.

[4] These limitations, co-pays and benefit maximums do not apply to severe mental disorders, including schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia, bulimia, and serious emotional disturbances of children as defined in California state law (other than primary substance abuse or developmental disorder). Severe mental disorders are subject to the same co-pays and benefit maximums applicable to other medical conditions for covered services. In order to receive maximum benefits, services must be rendered by a participating behavioral health provider. Please see the Certificate for complete information.

[5] 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.).

This Summary of Benefits is a brief review of benefits.

EXCLUSIONS & LIMITATIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for the following:

1. ***Not Medically Necessary.*** Services or supplies that are not medically necessary, as defined.
2. ***Experimental or Investigative.*** Any experimental or investigative procedure or medication. But, if you are denied benefits because it is determined that the requested treatment is experimental or investigative, you may request an independent medical review.
3. ***Crime or Nuclear Energy.*** Conditions that result from: (1) your commission of or attempt to commit a felony as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
4. ***Uninsured.*** Services received before your effective date or after your coverage ends, except as specifically stated under EXTENSION OF BENEFITS.
5. ***Excess Amounts.*** Any amounts in excess of covered expense or the Benefit Year Maximum.
6. ***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, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, benefits will be provided subject to our right of recovery and reimbursement under California Labor Code Section 4903, and as described in REIMBURSEMENT FOR ACTS OF THIRD PARTIES.
7. ***Government Treatment.*** Any services actually given to you 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 you are not required to pay for them or they are given to you for free.
8. ***Services of Relatives.*** Professional services received from a person who lives in your home or who is related to you by blood or marriage.
9. ***Voluntary Payment.*** Services for which you are not legally obligated to pay. Services for which you are not charged. Services for which no charge is made in the absence of insurance coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:
   a) It must be internationally known as being devoted mainly to medical research;
   b) At least 10% of its yearly budget must be spent on research not directly related to patient care;
   c) At least one-third of its gross income must come from donations or grants other than gifts or payments for patient care;
   d) It must accept patients who are unable to pay; and
   e) Two-thirds of its patients must have conditions directly related to the hospital's research.
10. ***Not Specifically Listed.*** Services not specifically listed in this plan as covered services.
11. ***Private Contracts.*** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act. NOTE: MAY NOT APPLY TO INTERNATIONAL STUDENTS.
12. ***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.
13. ***Mental or Nervous Disorders.*** Academic or educational testing. Mental or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specifically stated.
14. ***Nicotine Use.*** Smoking cessation programs or treatment of nicotine or tobacco use. Smoking cessation drugs.
15. ***Orthodontia.*** Braces and other orthodontic appliances or services.
16. ***Dental Services or Supplies.*** Dental plates, bridges, crowns, caps or other dental prostheses, dental implants, dental services, extraction of teeth, or treatment to the teeth or gums, or treatment to or for any disorders for the jaw joint, except as specifically stated. Cosmetic dental surgery or other dental services for beautification.
17. ***Hearing Aids or Tests.*** Hearing aids, except as specifically stated.
18. ***Optometric Services or Supplies.*** Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, except as specifically stated. Eyeglasses or contact lenses, except as specifically stated.
19. ***Outpatient Occupational Therapy.*** Outpatient occupational therapy, except by a home health agency, hospice or home infusion therapy provider as specifically stated.
20. ***Outpatient Speech Therapy.*** Outpatient speech therapy except as stated.
21. ***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.
22. ***Scalp hair prostheses, including wigs or any form of hair replacement.***
23. ***Weight Alteration Programs (Inpatient and Outpatient).*** Weight loss or weight gain programs including, but not limited to, dietary evaluations and counseling, exercise programs, behavioral modification programs, surgery, laboratory tests, food and food supplements, vitamins and other nutritional supplements associated with weight loss or weight gain, unless it is for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is not covered.
24. ***Sex Transformation.*** Procedures or treatments to change characteristics of the body to those of the opposite sex.
25. ***Reversal of sterilization.***
26. ***Infertility 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.
27. ***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 as specifically stated.
28. ***Air Conditioners.*** Air purifiers, air conditioners, or humidifiers.
29. ***Custodial Care or Rest Cures.*** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Custodial care or rest cures, except as specifically stated. 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, except as specifically stated.
30. ***Chronic Pain.*** Treatment of chronic pain, except as specifically stated.
31. ***Exercise Equipment.*** Exercise equipment, or any charges for activities, instrumentalities, or facilities normally intended or used for developing or maintaining physical fitness, including, but not limited to, charges from a physical fitness instructor, health club or gym, even if ordered by a physician.
32. ***Personal Items.*** Any supplies for comfort, hygiene or beautification.
33. ***Education or Counseling.*** Educational services, or nutritional counseling, except as specifically stated.

34. ***Telephone and Facsimile Machine Consultations.*** Consultations provided by telephone or facsimile machine.
35. ***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 specifically stated.
36. ***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.
37. ***Physical Therapy or Physical Medicine.*** Services of a physician for physical therapy or physical medicine, except as stated.
38. ***Outpatient Prescription Drugs and Medications.*** Outpatient prescription drugs or medications and insulin, except as specifically stated. Non-prescription, over-the-counter patent or proprietary drugs or medicines. Cosmetics, health or beauty aids.
39. ***Contraceptive Devices.*** Contraceptive devices prescribed for birth control except as specifically stated.
40. ***Private Duty Nursing.*** Inpatient or outpatient services of a private duty nurse.
41. ***Lifestyle Programs.*** Programs to alter one's lifestyle which may include but are not limited to diet, exercise, imagery or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.
42. ***Clinical Trials.*** Services and supplies in connection with clinical trials, except as specifically stated.
43. ***Injury*** sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except for automobile medical payments insurance.
44. ***Services*** provided normally without charge by the Recognized Student Health Center or services covered or provided by the student health fee, except as specifically provide in this Certificate.
45. ***Expenses*** incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs.
46. ***Organ or tissue transplant,*** except as specifically stated.
47. ***Diagnosis and treatment of acne and sebaceous cyst.***
48. ***Loss due to war, declared or undeclared;*** service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
49. ***Riding in any aircraft,*** except as a passenger on a regularly scheduled airline or charter flight.
50. ***Loss*** arising from participation in interscholastic, intercollegiate, club and professional sports, scuba diving, hang gliding, parachuting or bungee jumping, except as specifically provided.

MEMBER DISCOUNTS

SpecialOffers — Online Discounts that Connect to You

To help support your healthy lifestyle we provide information on discounts on a variety of dental, vision, fitness, massage therapy, yoga and hypnotherapy products and services offered by independent vendors. Here are a few examples of potential savings:

- $100 savings on BriteSmile teeth whitening
- Up to 58% off Vision exam, frames, lenses and special savings on LASIK
- 25%-60% off health club memberships at nationally recognized health clubs
- 5% off non-prescription items at drugstore.com and up to 50% off vitamins and supplements at healthydrugstore.com

The independent vendors participating in the Anthem SpecialOffers program offer you choice, flexibility and freedom through discounts that save you money! For a current listing and more information about specific vendors and discounts please visit the SpecialOffers link at ***www.anthem.com/ca***.

PRE-EXISTING CONDITION LIMITATION

Benefits are not payable for a pre-existing condition during the first six (6) months following the effective date of a Covered Person's coverage. However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, a Covered Person was covered under a prior creditable coverage as defined below, 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 be effective provided a Covered Person becomes eligible under this plan within 63 days of termination of a creditable coverage and applies for coverage under the Policy within 31 days of his or her eligibility date.

CREDITABLE COVERAGE means any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefit society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans, including Medicare or Medicaid, nonprofit medical and surgical plan or hospital service plan that provides similar benefits, Armed Forces Personnel Medical and Dental Care, Indian Health Service or tribal organization medical care program, a state health benefits risk pool, Federal Employees Health Benefit Plan, the Peace Corps Act health benefit plan, health maintenance organization, a public health plan, or University Plan. 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 a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

ONLINE HEALTH CARE ADVISOR

Subimo™ is an innovative and interactive website that provides valuable tools to help covered persons make informed decisions regarding their specific health care needs. Covered persons link to Subimo from the Anthem Blue Cross website through "Member Services" located on the home page at ***www.anthem.com/ca*** and logging in to the Secure Member Services site. First time users will need to register.

ONLINE STUDENT ASSISTANCE PROGRAM

Everyone experiences challenges in life. Usually, we can find our own solutions. But when we can't, those problems can affect our daily lives. This plan includes the Anthem Blue Cross OnLine Student Assistance Program. With OnLine, helpful information and resources for the everyday problems of living are just a mouse click away.

When you need solutions, Anthem Blue Cross OnLine can help.

With the OnLine Student Assistance Program, you and your family can access an online library of valuable articles covering mental and physical health, relationships/family issues, stress and emotional concerns and substance abuse. Browse the legal and financial resource center for general information on these topics. OnLine also provides important links to some of the most valuable Web resources available, as well as pertinent reading lists and helpful self-assessment tools.

How to access the Anthem Blue Cross OnLine Program

You and your family members can take advantage of this online resource by going to ***www.AnthemEAP.com***. Simply enter your Program Name: **CSU** for access to helpful information and resources to assist you with the normal challenges of living. Many of the OnLine resources are also available in Spanish.

HOW DO I FILE A CLAIM?

Usually, all providers of health care will bill Anthem Blue Cross Life and Health directly for services to Insureds. This is the preferred procedure - you are not bothered with claim forms, and Anthem Blue Cross Life and Health often needs more details than are ordinarily provided on bills to patients.

But sometimes a physician or an ambulance company may not bill Anthem Blue Cross Life and Health and may send the bill directly to you. ***Also, your Student Health Services and pharmacies will not bill Anthem Blue Cross Life and Health.*** In these instances, Anthem Blue Cross Life and Health has no way of knowing about your claim. So, you must mail the bills to Anthem Blue Cross Life and Health within 90 days of treatment and include a claim form. Claim forms are available at ***www.csuhealthlink.com***. You are urged to send Anthem Blue Cross Life and Health each bill immediately upon receipt. Mail to:

Anthem Blue Cross Life and Health Insurance Company
Attention: Student Health Customer Service Manager
21555 Oxnard Street; AC4G
Woodland Hills, CA 91367

Complete instructions for use of the claim form are on the form.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit stated below if an Insured Person suffers a covered Injury resulting in any of the losses stated below within 365 days after the date the covered Injury is incurred:

LOSS BENEFIT

Loss of Life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight of one eye	50% of the Principal Sum
Loss of more than one of the above losses due to one accident	100% of the Principal Sum

CLASS OF INSURED PRINCIPAL SUM

Covered Student	$ 10,000
Covered Spouse	$ 5,000
Covered Child	$ 1,000

The principal sum is the largest amount payable under this benefit for all losses resulting from any one accident. This benefit is payable in addition to any other benefits payable under the Policy.

ID CARDS

Medical ID cards may be shipped before or within 3 weeks of your policy effective date. New ID cards will not be sent if you are renewing coverage with Anthem Blue Cross and there are no benefit changes between plan years. Providers need your Member ID # from your ID card to identify you, verify your coverage and bill Anthem Blue Cross. If you need to seek medical treatment prior to receiving your ID card, please use the temporary card and write in your Member # or call ***Wells Fargo Insurance Services at (800) 853-5899*** to obtain your Member #. Renewing students will maintain the same Member #. Without a Member ID you can still seek medical treatment and submit a claim form for reimbursement.

24-HOUR NURSE ADVICE LINE

Students and insured family members may utilize the 24/7 NurseLine, the 24-Hour Nurse Advice Line, anytime they need confidential medical advice. Callers must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the 24/7 NurseLine program. This program gives access to a toll-free nurse information line, or an audio library, 24 hours a day, 7 days a week.

HERE'S HOW EASY IT IS:

1. The insured student or insured family member calls the 24/7 NurseLine.
2. A registered nurse asks questions and assesses the caller's condition.
3. If you speak a language other than English or Spanish, the registered nurse can utilize an interpreter, that will work with the nurse and the member.
4. The nurse provides information regarding care options to help the caller develop a proactive plan which could include: proceed to an urgent care or emergency facility, follow-up with your primary care provider, or develop a home care plan.
5. The nurse can provide information about your PPO network providers in the geographic area closest to your school.

One toll-free phone call is all it takes to access a wealth of useful health care information at ***(800) 977-0027***.

Anthem Blue Cross Life and Health Notice of Privacy Practices

Effective April 14, 2003

We keep our members' financial and health information private as required by law, accreditation standards and our own policies. This Notice explains your rights, our legal duties and our privacy practices.

Your Financial Information

We collect and use several types of financial information to carry out health insurance activities. This includes information that you give us on applications or other forms, such as your name, address, age and dependents. We keep records about your business with our affiliates, others, or us such as insurance coverage, premiums, and payment history.

We use physical, technical, and procedural methods to protect your private information. We share it only with our employees; affiliates or others who need it to provide service on your policy, to do insurance business, or for other legally allowed or required purposes.

Your Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We collect, use and communicate information by and about you for health care payment and operations, or when we are allowed or required by law to do so.

For Payment: We use and disclose information about you to manage your account or benefits, and to pay claims for health care you receive through your plan. For example, we keep information about your premium and deductible payments.

We may also give information to a doctor's office to confirm your benefits, or we may ask a hospital for details about your treatment so that we may review and pay the claim for your care.

For Health Care Operations: We use and disclose information about you for our operations. For example, we may use information about you:

To review the quality of care and services you receive;

To provide you case management or care coordination services, such as for asthma, diabetes, or traumatic injury; or

For quality or accreditation reviews.

We may contact you with information about treatment options or other health-related benefits and services. For example, when you or your dependents reach a certain age, we may notify you about other products or programs for which you may become eligible, such as Medicare supplements or individual coverage. We may also send reminders about routine medical check-ups and tests.

If you are in a group health plan, we may share certain health information with your employer (the plan sponsor) or other organizations that help pay for your membership in the plan, to enroll you, or so that the plan sponsor can manage the health plan. Plan sponsors that receive this information are required by law to have controls in place to protect it from improper uses.

As Allowed or Required by Law: Information about you may be shared for oversight activities required or allowed by law; for judicial or administrative proceedings; to public health authorities; for law enforcement purposes; to coroners, funeral directors or medical examiners (about decedents); for research purposes; to avert a serious threat to health or safety; for specialized government functions; and for workers' compensation purposes.

Authorization: We will get your written permission before we use or share your protected health information for any other purpose, unless otherwise stated in this notice. You may withdraw this permission at any time, in writing. We will then stop using your information for that purpose. However, if we have already used or shared your information based on your authorization, we cannot undo any actions we took before you withdrew your permission.

Your Rights

Under current federal privacy regulations, you have the right to:

See or get a copy of information that we have about you, or ask that we correct your personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, we will let you know so you can ask them to correct it.

Ask us not to use your health information for payment or health care operations activities. We are not required to agree to these requests.

Ask us to communicate with you about health matters using reasonable alternative means or at a different address, if communications to your home address could endanger you.

Receive a list of disclosures of your health information that we make on or after April 14, 2003, except when:

- You have authorized the disclosure;
- The disclosure is made for treatment, payment or health care operations; or
- The law otherwise restricts the accounting.

Potential Impact of Other Applicable Law

The HIPAA Privacy Rule generally does not "preempt" (or override) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, if any state privacy laws or other applicable federal laws provide for a stricter privacy standard, then we must follow the more strict state or federal laws.

Complaints

If you believe we have not protected your privacy, you can file a complaint with us, or with the Office for Civil Rights in the US Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact Information

If you want to exercise your rights under this notice or to talk with us about privacy issues or to file a complaint, please contact a Customer Service Representative at the phone number printed on your identification card.

Copies and Changes

You have the right to receive another copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

We reserve the right to change this notice. A revised notice will apply to information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. We will communicate any changes to our notice through subscriber newsletters, mail, and/or our website.

Optional PPO Dental Plus Plan Includes AD&D, Student Assistance Program and SpecialOffers Discounts (Student Only)

The PPO Dental Plan is an optional benefit plan, and an additional premium must be paid if you choose this coverage. Please see your enrollment form for rates.

This PPO Dental Plan (a Preferred Provider Organization plan from Anthem Blue Cross Life and Health) provides you with the freedom to select virtually any licensed dentist. This dental plan also includes Accidental Death & Dismemberment benefits, as well as, access to the online student assistance program and SpecialOffers discounts. You are responsible for the policy year deductible, the Plan's coinsurance for covered services provided by participating dentists, and any amount greater than the maximum payment amount shown in the Reimbursement Schedule for covered services provided by non-participating dentists. A list of covered services and the maximum payment amounts for non-participating dentists are available by calling (800) 627-0004.

PARTICIPATING & NON-PARTICIPATING DENTIST

If you choose a PPO participating dentist, you can take advantage of negotiated rates. The negotiated rate is the amount a participating dentist agrees to accept as payment in full for covered services. The negotiated rate is usually lower than the participating dentist's usual charge. By choosing a participating dentist, you will not be responsible for any amount in excess of the negotiated rate for covered services.

If you choose a non-participating dentist, a licensed dentist who does not participate in the PPO Dental Plan network, you are not eligible for negotiated rates and your out-of-pocket expenses may be greater. You are responsible for any amount over the maximum payment amount that is shown in the Reimbursement Schedule. You may also be asked to pay your portion of the bill at the time of service and submit claim forms for reimbursement. If you have a particular dentist in mind and he or she is not in the directory, you may call the toll-free Customer Service number on your ID card to see if the dentist has recently joined the network.

BENEFIT WAITING PERIOD

You will need to wait six months before you have coverage for simple extractions. However, you are covered immediately for examinations, routine X-rays and fillings.

FILING A CLAIM

When you use a participating dentist, your participating dentist will submit a claim form for covered dental expenses to Anthem Blue Cross Life and Health. Anthem Blue Cross Life and Health will pay the benefits of the plan directly to your dentist. If your dentist is not in the network, you may have to complete and submit your own claim forms.

PRE-AUTHORIZATION

When the anticipated expense for any course of treatment exceeds $350, it is recommended that you submit a request for pre-authorization. If you use a participating dentist, your dentist will submit the authorization form for you. If your dentist is non-participating, you will have to submit a pre-authorization form to your dentist for completion and then send it to Anthem Blue Cross Life and Health for approval.

CONDITIONS OF SERVICE

Services must be provided by a licensed dentist and must be for the prevention and treatment of dental disease, defect or injury, and are subject to any Exclusions and Limitations or Benefit Maximums specified under the Plan.

BENEFIT MAXIMUMS

Dental benefits are limited to a maximum payment for expenses incurred by each insured person during a policy year. Please refer to the amount on the chart below.

CONTINUING COVERAGE

As required by federal law, certain restrictions and conditions apply to the right to continue coverage and are described in your Certificate of Insurance.

Policy Year Deductible	$25 per plan year for each insured person for covered services
Annual Maximum Payment	$500 per plan year for each insured person
Predetermination of Benefits	Charges in excess of $350
Covered Services	*Please refer to the Benefit Schedule.*

PPO DENTAL PLAN SCHEDULE OF BENEFITS

Annual Maximum Payment $500 **per insured per plan year**
Policy Year Deductible $ 25 per insured per plan year

The following are the ***ONLY*** Covered Services:

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK
Examination*	100%	Maximum payment amount.
Routine X-Rays	100%	Maximum payment amount.
Regular Cleanings*	100%	Maximum payment amount.
Fluoride Application*	100%	Maximum payment amount.
Fillings	80%	Maximum payment amount.
Simple Extractions**	50%	Maximum payment amount.

* Limited to two per year ** After 6 months waiting period
Resin fillings in posterior teeth covered as an amalgam benefit. Other limitations and exclusions also apply, please refer to the Certificate of Insurance for a complete list.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the benefit stated below if an Insured Person suffers a covered Injury resulting in any of the losses stated below within 365 days after the date the covered Injury is incurred:

LOSS BENEFIT

Loss of Life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight of one eye	50% of the Principal Sum
Loss of more than one of the above losses due to one accident	100% of the Principal Sum

CLASS OF INSURED PRINCIPAL SUM

Covered Student ..... $ 5,000

Please Refer to Enrollment Form for Rates.

Scholastic Emergency Services, Inc.

An Assist America partner

OPERATIONS CENTER:

(800) 872-1414 (Toll-free within the United States)
(609) 986-1234 (Outside the United States)
E-mail: medservices@assistamerica.com
Reference Number: 01-AA-SOM-01034

PROGRAM GUIDELINES

- U.S. students studying in a U.S. location and their covered dependents are eligible for services when more than 100 miles away from home or campus location.
- U.S. students studying abroad and their covered dependents are eligible for services both on and off new campus location.
- Foreign national students studying at a U.S. institution and their covered dependents are eligible for SES services, both on campus and while traveling, for the duration of their studies.

KEY SERVICES

Medical Consultation, Evaluation and Referrals: Calls to SES's Operations Center are evaluated by medical personnel and referred to English-speaking, Western-trained Physicians and/or hospitals.

Hospital Admission Guarantee: SES will guarantee hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital. (Any emergency hospital admittance deposit must be repaid within 45 days.)

Emergency Medical Evacuation: If adequate medical facilities are not available locally, SES will use whatever mode of transport, equipment, and personnel necessary to evacuate a member to the nearest facility capable of providing appropriate care.

Critical Care Monitoring: SES's medical personnel will maintain regular communication with a member's attending physician and/or hospital and relay information to the family.

Medically Supervised Repatriation: If a member still requires medical assistance upon being discharged from a hospital, SES will repatriate him/her home or to a rehabilitation facility with a medical or non-medical escort, as necessary.

Prescription Assistance: If a member needs a replacement prescription while traveling, SES will help in filling the prescription.

Emergency Message Transmission: SES will receive and transmit emergency messages for the member.

Compassionate Visit: If a member is traveling alone and will be hospitalized for more than seven days, SES will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.

Care of Minor Children: SES will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

Return of Mortal Remains: SES will render every possible assistance in the event of a member's death, including arranging the preparation of the remains for transport, procuring required documentation, providing necessary shipping container as well as paying for transport.

Emergency Trauma Counseling: SES will provide initial telephone-based counseling and referrals to qualified counselors as needed or requested.

Lost Luggage or Document Assistance: SES will help members locate lost luggage, documents or personal belongings.

Interpreter & Legal Referrals: SES will refer members to interpreters and/or legal personnel, as necessary.

Pre-trip Information: SES offers members web-based country profiles that include visa requirements, immunization and inoculation recommendations, as well as security advisories for travel destination.

SES does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES. Claims for reimbursement will not be accepted.

SES's state-of-the-art Operations Centers is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors to advise and assist you quickly and professionally in a medical emergency.

Enrollment with this plan provides you with an array of global emergency assistance services provided by SES, Inc. This program immediately connects you to doctors, hospitals, pharmacies and other services when faced with a medical emergency while traveling 100 miles from your permanent address or abroad.

CONDITIONS & EXCLUSIONS

Conditions

SES will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Attempt at suicide
- Participation in acts of war or insurrection
- Commission of unlawful act(s)
- Injuries resulting from use of drugs unless prescribed by a physician
- Transfer of patient from one medical facility to another of similar capabilities providing similar level of care

SES will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors, and does not prevent the member from continuing his/her trip or returning home
- Members with infections under treatment that have not yet healed
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

Exclusions

- Travel by spouse on behalf of spouse's employer

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. SES is not responsible for failure to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including, but not limited to, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is prohibited by local law or edict. All consulting physicians and attorneys are independent contractors and not under the control of SES. SES is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of SES, Inc.

Scholastic Emergency Services, Inc.

An Assist America partner

202 Carnegie Center, Suite 302A
Princeton, NJ 08540
www.assistamerica.com

WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, 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 https://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:*	**Anthem PPO Prudent Buyer Plan** (800) 888-2108 www.anthem.com/ca
24-HOUR NURSE ADVICE LINE:	**24/7 NurseLine** (800) 977-0027
EMERGENCY TRAVEL ASSISTANCE: *(Provide this information to your Emergency Contact)*	**Scholastic Emergency Services, Inc.** 202 Carnegie Center, Suite 302A Princeton, NJ 08540 **(800) 872-1414** (Inside the U.S.) **(609) 986-1234** (Outside the U.S.) www.assistamerica.com
THE PLAN ADMINISTERED BY: *General Questions*	**Wells Fargo of California Insurance Services, Inc.** **Student Insurance Division** CA License No. 0352275 11017 Cobblerock Drive, Suite 100 Rancho Cordova, CA 95670 (800) 853-5899 or (916) 231-3399 Fax: (916) 231-3398 https://studentinsurance.wellsfargo.com www.csuhealthlink.com
THE UNDERWRITING COMPANY:	**Anthem Blue Cross Life and Health Insurance Company**

Anthem Blue Cross Life and Health Insurance Company and Anthem Blue Cross are Independent Licenses of the Blue Cross Association. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number 175124 issued to CSURMA. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

❑ NEW
❑ RENEWING
8 0 0
Wells Fargo Medical ID#

Anthem Blue Cross Life and Health Insurance Company
CAL POLY SAN LUIS OBISPO INTERNATIONAL STUDENT HEALTH INSURANCE
2008-2009 ENROLLMENT FORM
You may also purchase the insurance plan online at www.csuhealthlink.com.

STUDENT'S NAME _____
Last (Family Name) First MI

STUDENT ID # _____ DATE OF BIRTH _____
Mo. Day Year

PERMANENT U.S. MAILING ADDRESS _____
(Use school address if none) Street

_____
City State Zip

PHONE # _____ E-MAIL ADDRESS _____

❑ FEMALE ❑ MALE ❑ SINGLE ❑ MARRIED

VISA TYPE (F-1, J-1, ETC.): _____ HOME COUNTRY _____

❑ UNDERGRADUATE ❑ GRADUATE ❑ PRACTICAL TRAINING ❑ VISITING FACULTY ❑ SCHOLAR

LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT/VISITING SCHOLAR IS ALSO INSURED.
DEPENDENTS MUST BE ENROLLED ON THE DATE THE STUDENT IS ENROLLED OR WITHIN 31 DAYS OF DATE OF BIRTH, MARRIAGE OR ARRIVAL IN U.S.

	LAST NAME	FIRST NAME	MI	GENDER	DATE OF BIRTH
SPOUSE					
CHILD					
CHILD					

EMERGENCY CONTACT PERSON

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION.
YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.

Underwritten by: Anthem Blue Cross Life and Health Insurance Company 08-CPSLO-I

TO ANY PROVIDER

The bearer of this Student Identification Card has purchased Medical Insurance through a program with the University identified on the reverse side hereof. This card is provided to facilitate admittance into a lawfully operated hospital, other than a government facility, during the period the bearer's coverage is in force. Benefits are payable to the Insured, but may be assigned upon written request.

Possession of this card does not guarantee the bearer's insurance coverage is in force on the date of presentation. The Company assumes no liability unless benefits are verified in written form by:

Anthem Blue Cross Life and Health Insurance Company
21555 Oxnard Street
Woodland Hills, CA 91367
(800) 888-2108

FOLD ALONG DOTTED LINE

Identification Card

Underwritten by: Anthem Blue Cross Life and Health Insurance Company

PRINT NAME _____

MEMBER ID # 8 0 0

(See instructions on page 10 of your brochure)

Important Phone Numbers On Reverse

2008-2009 Policy #175124
Both the effective and termination dates of coverage are at 12:01 A.M. and are subject to verification by the Administration. *(Address on reverse side)*

PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED

Anthem Blue Cross Life and Health Insurance Company
CAL POLY SAN LUIS OBISPO INTERNATIONAL STUDENT HEALTH INSURANCE
2008-2009 ENROLLMENT FORM
You may also purchase the insurance plan online at www.csuhealthlink.com.

PROGRAM COSTS			
	ANNUAL 9/8/08 - 9/8/09	FALL/WINTER 9/8/08 - 3/24/09	SPRING/SUMMER 3/24/09 - 9/8/09
Student, age 30 & under	❑$ 748	❑$ 397	❑$ 353
Student, age 31-49	❑$ 843	❑$ 448	❑$ 397
Student, age 50 & over	❑$ 992	❑$ 527	❑$ 467
Spouse*	❑$2,200	❑$1,167	❑$1,034
Per Child* age 18 & under	❑$1,103	❑$ 585	❑$ 517
Premium includes travel assistance and administration services. **Dependent coverage is in addition to student coverage*			
OPTIONAL DENTAL PLAN (STUDENT ONLY)			
	9/1/08 - 9/1/09	9/1/08 - 3/1/09	3/1/09 - 9/1/09
Student Only	❑$ 286	❑$ 143	❑$ 143
Dental coverage is optional, and requires additional premium.			

Credit Card: ❑ Visa ❑ Master Card

PAYMENT METHOD *(Remit in US Funds Only):*

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expires: ☐☐☐☐

Cardholder's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Print Cardholder's Name **exactly** as it appears on card.

Or purchase online at www.csuhealthlink.com.

❑ Check/Money Order* (attach to Enrollment Form)
MAIL Enrollment Form with Check/Money Order payable to:
Wells Fargo of California Insurance Services, Inc., 11017 Cobblerock Drive, Suite 100, Rancho Cordova, CA 95670.
**(If you write a check to pay for your insurance and it is returned for insufficient funds, your insurance will be cancelled as of the effective date of coverage. If you still wish to be covered, you will have to pay the required premium plus a $25.00 fee for insufficient funds.)*

PLEASE READ CAREFULLY AND SIGN BELOW

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.
HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.
EFFECTIVE DATE: The effective date of coverage is subject to Anthem Blue Cross Life and Health approval.

COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage.
I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure.
MY SIGNATURE BELOW authorizes my school to provide Wells Fargo of California Insurance Services, Inc. with required information necessary in the event of a medical emergency.

DATE _____ SIGNATURE OF STUDENT _____

INTERNATIONAL STUDENT REFERENCE GUIDE

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:
Anthem PPO Prudent Buyer Plan
(800) 888-2108
www.anthem.com/ca

24-HOUR NURSE ADVICE LINE:
24/7 NurseLine
(800) 977-0027

EMERGENCY TRAVEL ASSISTANCE:
Scholastic Emergency Services, Inc.
(800) 872-1414 (Inside the U.S.)
(609) 986-1234 (Outside the U.S.)
www.assistamerica.com

THE PLAN ADMINISTERED BY:
General Questions
Wells Fargo of California Insurance Services, Inc.
Student Insurance Division
CA License No. 0352275
(800) 853-5899 or (916) 231-3399
https://studentinsurance.wellsfargo.com
www.csuhealthlink.com