



2016-2017 Benefits Brochure

Student Health Insurance Plan (SHIP)



To download an ID card or for further information on this plan, visit:

www.4studenthealth.com/redlands

Underwritten by:
Nationwide Life Insurance Company

Policy Number:
302-138-0414



NOTICE

*This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a blanket Accident and Sickness insurance policy underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance has been issued to your school which contains the benefits and provisions that apply to the plan of insurance sponsored by your school. **Any discrepancy between this brochure and the policy will be governed by the policy.** Please keep this brochure for future reference.*

The information contained in this brochure is accurate at the time of publication, but may change in accordance with state and federal insurance regulations during the course of the policy year. The most current version of this document will be posted online at the website listed above. In the case of a discrepancy between two versions of the brochure, the most recent will apply.

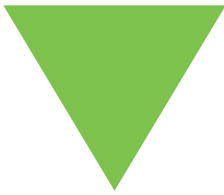
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Table of Contents

How to Use This Insurance Plan	4
ID Card	4
Eligibility	4
Enrollment.....	5
Waiving SHIP Coverage	5
Terms of Coverage	5
Insurance Costs and Important Dates	6
Refund Policy	6
Involuntary Loss of Coverage.....	6
Extension of Benefits After Termination	6
Referral Requirement.....	7
On-Campus Health Services	7
Preferred Provider Organization	7
Out-of-Pocket Maximum.....	8
Schedule of Benefits	8
State-Mandated Benefits.....	13
Accidental Death and Dismemberment.....	14
Emergency Medical Evacuation	14
Repatriation of Remains	14
General Exclusions and Limitations.....	15
Coordination of Benefits	16
Definitions.....	16
Sirona Nurseline	21
Global Emergency Services	22
Filing a Claim and Getting Your Medical Bills Paid	24
Confidential Communication Request	24
Right of Recovery	25
IRS Reporting Requirements	25
Nationwide Life Insurance Company HIPAA Notice of Privacy Practices.....	26
Certificate of Creditable Coverage	28
Authorized Representation	28
Summary of Privacy Policy	28

No-Cost Language Assistance Services for California Residents

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **(877) 246-6997**. For further help, call the CA Department of Insurance at **(800) 927-4357**.



2016-2017 Student Health Insurance Plan (SHIP) Important Contact Information and Resources

Insurance Company	
Nationwide Life Insurance Company	
Policy Number	
302-138-0414	
PPO Network	
<i>To locate PPO Physicians and facilities, visit the website, or call the number listed.</i>	First Health Network (800) 226-5116 www.myfirsthealth.com
Benefits and Claims Administrator	
<i>For questions regarding benefits or claims status, contact the claims and benefits administrator.</i>	Summit America Insurance Services, Inc. An Ascension Company (877) 246-6997 Monday–Friday, 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT
Claims Submission	
<i>For submitting claims by mail, make a copy of your insurance ID card and the bill(s) and mail to this address within 90 days.</i>	Summit America Insurance Services, Inc. P.O. Box 25936 Overland Park, KS 66225
Travel Assistance Services	
<i>Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.</i>	Scholastic Emergency Services (877) 488-9833 (in the U.S.) Call collect + 1 (609) 452-8570 (outside U.S.) Email medservices@assistamerica.com Reference Number: 01-SES-SUM-08123 Available 24/7/365
Nurseline	
<i>Contact a nurse 24/7 for information and advice on health-related issues, including how to manage chronic diseases and develop healthful habits.</i>	Sirona Nurseline (800) 557-0309 Available 24/7/365
Plan Administrator	
<i>For questions about eligibility, enrollment, and waivers.</i>	Ascension Benefits & Insurance Solutions P.O. Box 25936 Overland Park, KS 66225 (800) 955-1991 Monday–Friday, 6:30 a.m. to 3:00 p.m. PT



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www.4studenthealth.com/redlands

How to Use This Insurance Plan

Quick Insurance How-To:

1. Go to the SHC first
2. Get your ID card
3. Use a PPO provider whenever possible
4. Call 911 if it's an emergency; use an Urgent Care if it's not
5. Pay your medical bills after the insurance company pays its share.

If you experience an Injury or Sickness:

1. Insured students must use the services of the Student Health Center (SHC) first, where they will either treat your condition or concern or refer you to a local provider. See the "Referral Requirement" section of this brochure for more information.
2. Download your insurance ID card by visiting www.4studenthealth.com/redlands. If you go to a Physician's office or to the Hospital, you will need to show your insurance identification card. If the provider needs to verify your coverage, they may call Summit America Insurance Services, Inc., an Ascension Company, at **(877) 246-6997**. **Carry your insurance ID card with you at all times.**
3. If you need to seek medical treatment off campus, you may choose any Physician or Hospital; however, using In-Network (PPO) providers may decrease your share of the costs. For a complete listing of the In-Network Physicians, Hospitals, or other facilities, visit www.myfirsthealth.com.
4. In the event of an Emergency, call **911** or go to the nearest Hospital Emergency Room (ER). **Follow-up care at the ER is not covered;** you will need to seek follow-up care at the SHC or a PPO provider.
5. If it is not an Emergency but you need to seek medical treatment right away, note that using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses. To locate a local Urgent Care Center, visit www.myfirsthealth.com.
6. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from the claims administrator, Summit America Insurance Services, Inc., an Ascension Company, detailing what the insurance paid and what is your responsibility to pay. Your provider will bill you for that amount. **Do not ignore any medical bills you receive.** If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(877) 246-6997**.
7. If your provider bills you directly (instead of the insurance company) or asks you to pay up front, you will need to submit a claim. Please see "Filing a Claim and Getting Your Medical Bills Paid" for information about how to submit a claim.

ID Card

Once you are enrolled in the plan, you will receive your permanent insurance ID card in the mail after the start of your first term of coverage under SHIP. Only one permanent ID card will be mailed to you each school year. If you need to seek treatment before you receive your ID card or if you lose it, you may also download your insurance ID card at www.4studenthealth.com/redlands. If you go to a Physician's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card. **Carry your insurance identification card with you at all times.**

Eligibility

Undergraduate Students

Any full-time undergraduate student (9 credit hours or more) who is registered and attending classes at the University is eligible and is automatically insured under this plan, unless proof of comparable coverage is provided and a waiver is completed and submitted by the Waiver Deadline Date.

Domestic Graduate and Part-Time Students

Graduate and part-time students enrolled in the School of Education, School of Business, and College of Arts & Sciences may enroll in the plan on a voluntary basis. Please note, athletic department GMIs are enrolled through the athletic department.

Dependents

Coverage for Dependents is not available under this plan.

Maintaining Eligibility

Except in the case of medical withdrawal due to Sickness or Injury, students must actively attend classes for at least the first 31 days of the period for which coverage is purchased. Insureds withdrawing after such period will remain covered under the Policy for the term purchased and no refund will be allowed, except as otherwise specified herein.

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 refund of premium, less claims paid.

Enrollment

Undergraduate Students

Undergraduate students who have not waived coverage by the Waiver Deadline Date listed will be automatically enrolled in the plan, and the premium will be added to your tuition bill.

Graduate and Part-Time Students

Graduate and part-time students who are not required to have health insurance may elect to enroll in SHIP voluntarily. To enroll, visit www.4studenthealth.com/redlands and complete an online enrollment form prior to the Enrollment Deadline Date. Paper enrollment forms are also available if you prefer to pay by check or money order. If using a paper enrollment form, envelope must be postmarked by the Enrollment Deadline Date. See "Insurance Costs and Important Dates" for more information. For questions about enrollment, please contact Ascension at **(800) 955-1991**.

Waiving SHIP Coverage

Waiver Deadline Dates

Fall	Spring / Summer
06/10/2016	01/20/2017

Any full-time undergraduate student (9 credit hours or more) who is registered and attending classes at the University will be automatically enrolled in SHIP, unless proof of comparable coverage is provided and a waiver is submitted by the Waiver Deadline Date. Such students who have other health insurance, such as coverage as a Dependent under a parent's or spouse's insurance plan, and do not wish to enroll in SHIP may submit a waiver application once each semester by the deadline date. **Students who do not submit a waiver application by the deadline date each semester will be automatically enrolled in SHIP.**

Comparable coverage must meet all federal and state health insurance requirements. Travel and short-term health plans do not meet this requirement.

To waive coverage in SHIP, go to www.4studenthealth.com/redlands, click on the waiver link, and follow the prompts to submit a waiver application. For additional instructions and answers to frequently asked waiver questions, please view the Waiver FAQ, available at www.4studenthealth.com/redlands.

Graduate and part-time students are not automatically enrolled and therefore do not need to submit a waiver. These students may enroll voluntarily in SHIP. See "Enrollment" section for more information.

Terms of Coverage

Effective Date

Coverage for students will become effective at 12:01 a.m. on the effective date of the term for which premium has been paid. For students who previously waived coverage, but elect to enroll later due to Involuntary Loss of Coverage, coverage will become effective at 12:01 a.m. on the day following the date of receipt of payment of the cost of coverage by the University.

Policy Termination Date

Coverage terminates at 11:59 p.m. on the earliest of the following dates.

1. The date the Policy is terminated by the Policyholder or the Company.
2. The last day of the Term of Coverage for which premium is paid.
3. The date a Covered Person enters full-time active military service.
4. The date a Covered Person permanently returns to his or her country of origin or regular domicile.

This Policy is a one-year term Policy. There is no continuation coverage for this plan for students who are no longer eligible.

We do not send termination or renewal notices. It is the Covered Person's responsibility to renew coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to continue coverage.

If you have other insurance coverage and don't want to enroll in SHIP, you must complete a waiver application by the deadline date, or you will be automatically enrolled.

Insurance Costs and Important Dates

The costs of coverage include insurance premium and administrative fees.

Eligibility requirements must be met each time premium is paid to continue coverage. There is no continuation coverage for the Plan for students who are no longer eligible.

Dates of Coverage	Fall 08/17/2016 to 01/08/2017	Spring/Summer 01/09/2017 to 08/16/2017
Student Rate	\$685.00	\$1,038.00

Refund Policy

There are no premium refunds, except when the Covered Person enters full-time active military service or permanently returns to his or her home country or country of regular domicile, in which case a pro rata refund (for the number of full months remaining in the policy term) less any claims paid, will be issued only upon written request from the school.

Involuntary Loss of Coverage

If an eligible student has waived out of the Student Health Insurance Plan and later involuntarily loses his or her qualifying prior coverage (see the Involuntary Loss of Coverage definition), he or she may elect to enroll mid-term. It is the responsibility of the student to submit to the University written notification of his or her interest to enroll in the Student Health Insurance Plan within 31 days of the termination date of the prior coverage.

To enroll in the plan after an Involuntary Loss of Coverage, you must notify the University and submit proof of loss of coverage within 31 days of termination of prior coverage. **Premium is not pro-rated; you will be charged the full cost of the term in which you are enrolling.**

Extension of Benefits After Termination

The coverage provided under this policy ceases on the Termination Date. However, if a Covered Person is Hospital Confined on the Termination Date for an Injury or Sickness for which benefits were paid before the Termination Date, Covered Expenses for such Injury or Sickness will continue to be paid up to 90 days, or until the date of discharge, whichever is earlier. After the "Extension of Benefits after Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

The total payments made in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the maximum benefit. If the Covered Person is also an insured under the succeeding policy issued to the policyholder, this "Extension of Benefits" provision will not apply.

This Extension of Benefits provision is applicable only to the extent that the Covered Person will not be covered under this or any other health insurance policy in the ensuing term of coverage.

Referral Requirement

For outpatient services only, the Insured student must first seek services of the Student Health Center (SHC). If the SHC cannot provide the service needed, the Insured must obtain an initial referral that verifies that the services were not available at the SHC. The Insured is then free to seek services without penalty with a Provider outside of the SHC.

Expenses incurred for non-Emergency outpatient treatment rendered outside of the SHC for which no prior referral is obtained will result in an increase of the Policy Year Deductible to \$500. The referral issued by the SHC must accompany the claim when submitted.

An SHC referral for outside care is required except under the following conditions:

- Medical Emergency
- When the SHC is closed due to weekends or official school holidays, breaks, or vacation periods
- Medical care obtained when the Insured is no longer able to use the SHC due to change in eligibility status
- Pregnancy or Maternity care
- Pharmacy services
- Treatment of Mental Illness
- Routine care from a obstetrician/gynecologist
- Preventive Care
- Pediatric dental or vision services for students under age 19

A written referral from the SHC is required for any follow-up care, with a Provider other than SHC, after Emergency services. Domestic graduate and part-time students are exempt from the referral requirement.

An SHC referral does not constitute a guarantee of benefits when treatment is provided outside the SHC.

On-Campus Health Services

Covered students must consult initially with the Student Health Center (SHC) before incurring medical expenses off-campus. The Deductible will increase to \$500 for non-Emergency outpatient treatment rendered outside of the SHC without an SHC referral.

Location:	Building # 208, Brockton Avenue (behind chapel)
Appointments:	(909) 748-8021
Hours:	Monday–Friday, 8:00 a.m. to 5:00 p.m., closed 12:00 p.m. to 1:00 p.m. The center is closed on weekends, school holidays, and during semester breaks.

Preferred Provider Organization

Read the following information so you will know from whom or what group of providers health care may be obtained.

This plan utilizes a network of medical professionals, including Physicians and Hospitals, known as the Preferred Provider Organization (PPO). The Covered Person may receive care from any licensed provider (subject to the Referral Requirement, terms, and conditions outlined in this brochure), but utilizing a Preferred Provider may significantly lower out-of-pocket costs.



This PPO network is available through the First Health Network. Network access provides benefits nationwide for Covered Charges incurred at 80% of the Preferred Allowance when treated by network providers (PPO). Benefits are provided worldwide for Covered Charges incurred at 60% of Reasonable and Customary Expenses (R&C) when treated by non-network providers (non-PPO). However, if such treatment is received by a non-PPO provider or facility due to an Emergency medical condition, benefits for Covered Charges are payable at the PPO level.

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

Always confirm that your selected healthcare provider is participating in the PPO network. This information can be found on the network website. Be aware that if you are treated at a PPO hospital, it does not mean that all providers at that hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab.

For a current listing of PPO network Hospitals, Physicians, and facilities, please visit www.myfirsthealth.com or call **(800) 226-5116**.

In most cases, you must have a referral from SHC to see another Physician (unless it's an emergency).

Go to the Student Health Center first for treatment or a referral.

For a current listing of PPO providers, visit www.myfirsthealth.com.

Out-of-Pocket Maximum

When a Covered Person has incurred \$6,350 of out-of-pocket Covered Charges when treated by In-Network providers during a policy year, the Company payment for Covered Charges incurred will increase to 100% of the Preferred Allowance (PA) for In-Network providers for the remainder of the policy year, up to the Maximum Benefit. Out-of-pocket expenses include Copays, as well as any Deductible and Coinsurance amounts paid, but exclude non-covered medical expenses.

Schedule of Benefits

	In-Network (PPO)	Out-of-Network (non-PPO)
Policy Year Aggregate Maximum Benefit:	Unlimited	
Policy Year Deductible The Covered Person is responsible for paying the Deductible amount listed before the Company will begin paying benefits, except as indicated below.	\$250 per policy year <i>The Deductible increases to \$500 if Covered student seeks treatment off campus without an SHC referral. See "Referral Requirement" section for more information.</i>	
Insured Percent:	80% of the Preferred Allowance (PA)	60% of the Reasonable and Customary Charges (R&C)
Office Visit Copay:	None (Coinsurance applies)	
Urgent Care Copay:	None (Coinsurance applies)	
Emergency Room Copay:	None (Coinsurance applies)	
Out-of-Pocket Maximum: <ul style="list-style-type: none"> Includes Copayments, Deductibles & Prescription Drug Copayments; Excludes out-of-network and non-covered medical expenses; Any Coinsurance paid by the Covered Person is applied to the Out-of-Pocket Limit per Policy Year; Once the Out-of-Pocket Limit is reached by the Covered Person, the Insured Percent paid by the Company will increase to 100% of PA for In-Network services. 	\$6,350 per person	none

PREVENTIVE CARE (see Definition for additional information)	IN-NETWORK	OUT-OF-NETWORK
Preventive Services	100% of PA DEDUCTIBLE WAIVED	60% of R&C
OUTPATIENT SERVICES (other than Surgery or Maternity)	IN-NETWORK	OUT-OF-NETWORK
Office Visits (including Specialists/Consulting Physicians) Performed and billed by a Physician's office, including Family or General Practice, Pediatrician, Internal Medicine, or OB/GYN, when acting as a primary care Physician.	80% of PA	60% of R&C
Diagnostic Imaging Includes X-ray services that are diagnostic or therapeutic.		
Laboratory Services Includes laboratory services that are diagnostic or therapeutic.		
CT Scans, MRI, and/or PET Scans		
Injections or Infusions Done in an Outpatient Health Care Facility or Physician's office.		
Radiation/ Chemotherapy		
Dialysis and Filtration Procedures Hemodialysis and peritoneal dialysis and filtration procedures in home or office setting for acute or chronic renal failure; includes administration and supplies.		

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Schedule of Benefits (continued)

INPATIENT SERVICES (other than Surgery or Maternity)	IN-NETWORK	OUT-OF-NETWORK
Miscellaneous Hospital Services Includes meals and prescribed diets, Diagnostic Imaging, Laboratory, pharmaceuticals administered while an Inpatient, use of operating room, anesthesia, therapeutic services, supplies, dressings, blood and blood plasma, oxygen, radiation therapy, chemotherapy, miscellaneous items used in association with a surgical event, Pre-Admission Testing and Inpatient Rehabilitation.	80% of PA	60% of R&C
Room and Board Expense At the daily semi-private room rate and general nursing care provided by the Hospital. <i>Note: Only one (1) Copayment amount, if any, for Room and Board and Intensive Care Room applies to each admission for the same Condition.</i>		
Intensive Care Room <i>Note: Only one (1) Copayment amount, if any, for Room and Board and Intensive Care Room applies to each admission for the same Condition.</i>		
Physician Visit During Confinement in a Hospital or skilled Nursing/Sub Acute Facility. Includes Specialist/Consultant.		
Skilled Nursing Facility and Sub-Acute Care Facility Includes semi-private room and board, general nursing services, meals and prescribed diets, supplies, diagnostic imaging, laboratory, and rehabilitation.		
Inpatient Rehabilitation Facility Includes physical therapy, occupational therapy, restorative speech therapy, cardiac therapy, and pulmonary therapy.		
SURGICAL SERVICES (Inpatient and Outpatient)	IN-NETWORK	OUT-OF-NETWORK
If multiple surgeries are performed through the same incision at the same operative session, the Company will pay an amount not to exceed 50% of the Benefit otherwise payable for the secondary procedure.		
Surgeon	80% of PA	60% of R&C
Assistant Surgeon		
Anesthetist Services		
Inpatient Surgical Miscellaneous Includes supplies, drugs, facility fee, and miscellaneous items used in association with the surgical event.		
Outpatient/ Day Surgical Miscellaneous Includes supplies, drugs, facility fee, anesthesia, diagnostic imaging, laboratory and miscellaneous items used in association with the surgical event.		
General Anesthesia for Dental Services		
Major Oral or Dental Procedures To prepare the jaw for radiation treatment of oral or throat cancers.		
Surgery for Treatment of Morbid Obesity The Covered Person must complete pre-surgical education in order to qualify for benefits under this Policy. Limited to one (1) bariatric surgical procedure per lifetime.		
Reconstructive Surgery Includes Medically Necessary breast reduction and varicose vein removal; post-mastectomy reconstruction of the impacted and non-impacted breast to achieve symmetrical appearance.		
Organ Transplant Surgery Limited to heart, heart/lung, lung, islet tissue, liver, adrenal gland, bone, cartilage, muscle, skin, tendon, heart valve, blood vessel, parathyroid, kidney, cornea, allogenic bone marrow, pancreas, and autologous bone marrow transplants only.		
Donor Services Covered only for services not covered by the donor's own plan. Excluded for a Covered Person donating to a recipient not covered by this Policy.		

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Schedule of Benefits (continued)

REPRODUCTIVE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Voluntary Sterilization Surgery <i>Note: Sterilization services for women are covered under Preventive Care.</i>	80% of PA	60% of R&C
Elective Termination of Pregnancy	80% of PA	60% of R&C
MATERNITY CARE	IN-NETWORK	OUT-OF-NETWORK
Includes forty-eight (48) hours of Inpatient care following a normal delivery and ninety-six (96) hours of Inpatient care following a cesarean delivery, unless after conferring with the mother or a person responsible for the mother or newborn, the Attending Physician or a certified nurse-midwife who consults with a Physician decides to discharge the mother or newborn child sooner. In the event of early discharge, Home Health Care visits will be provided.		
Routine Prenatal Exams, First Post-Natal Exam, Routine Tests and Ultrasounds	100% of PA DEDUCTIBLE WAIVED	60% of R&C
Delivery and Inpatient Services for Mother and Baby Includes room and board, general nursing care, meals and prescribed diets, pharmaceuticals administered while an Inpatient, anesthesia, dressings, other miscellaneous items, rooming-in for maternity care, delivery, routine newborn care, including circumcision, or sick newborn care.	80% of PA	60% of R&C
Diagnostic Services Performed and billed by a Physician's office, including ultrasounds and amniocentesis.	80% of PA	60% of R&C
MENTAL ILLNESS AND SUBSTANCE USE DISORDER (including Severe Mental Illness or Serious Emotional Disturbance of a Child – see Definitions)	IN-NETWORK	OUT-OF-NETWORK
Inpatient Services Including alcoholism and drug detoxification.	80% of PA	60% of R&C
Outpatient Office Visits Includes partial, residential, or day treatment	80% of PA	60% of R&C
Outpatient Other Services Anything outside of an Office Visit, Emergency Services, or prescription drugs, including but not limited to: diagnostic testing and evaluations, Outpatient surgery, facility charges for day treatment centers, laboratory charges, or any other required medical items or treatment.	80% of PA	60% of R&C
URGENT CARE AND EMERGENCY SERVICES	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Facility Non-Emergency services.	80% of PA	60% of R&C
Emergency Services* Visits to an Emergency room for stabilization or the initiation of treatment for an Emergency Condition. Includes Physician's fees, Diagnostic Imaging, Laboratory, Injections, use of Emergency Room and supplies and facility charges. Includes Emergency services for Mental Illness and Substance Use Disorder.	80% of PA	80% of PA
Follow-up Care at Emergency Room Follow-up care must be received from your primary care physician or student health center.	Not Covered	
Emergency Medical Transportation Services Including non-Emergency licensed ambulance and psychiatric transport van services.	80% of actual charges	

* Emergency Care received by non-PPO providers and/or facilities will be paid at 80% of PA.

Schedule of Benefits (continued)

OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Allergy Testing One (1) series of tests per policy year.	80% of PA	60% of R&C
Allergy Injections/ Treatment Includes treatment of anaphylaxis and angioedema, severe chronic sinusitis not responsive to medications and asthma not responsive to usual treatments. Also includes the administration of allergy therapy, injections, allergy serum, and supplies used for allergy therapy.	80% of PA	60% of R&C
Clinical Trials Includes coverage for routine patient costs associated with a Covered Person's participation in a clinical trial. Coverage does not include the studied device, equipment, drug, data collections services, and any service not associated with direct clinical care of the Covered Person.	80% of PA	60% of R&C
Habilitative Care Only when prescribed by the attending Physician; includes Outpatient physical therapy, occupational therapy, and speech therapy for a function that did not previously exist but would normally be expected to exist.	80% of PA	60% of R&C
Rehabilitative Care Only when prescribed by the attending Physician; includes Outpatient physical therapy, occupational therapy, and restorative speech therapy.	80% of PA	60% of R&C
Pulmonary Therapy	80% of PA	60% of R&C
Cardiac Therapy	80% of PA	60% of R&C
Respiratory Therapy	80% of PA	60% of R&C
Acupuncture Typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain.	80% of PA	60% of R&C
Dermatology	80% of PA	60% of R&C
Podiatry	80% of PA	60% of R&C
Home Health Care Services Deductible of \$50 applies; Policy Year Deductible does not apply.	80% of PA	60% of R&C
Hospice	80% of PA	60% of R&C
Diabetic Treatment and Education	80% of PA	60% of R&C
Prosthetic and Orthotic Devices Includes replacement, repair, fitting and adjustment.	80% of PA	60% of R&C
Durable Medical Equipment (DME)	80% of PA	60% of R&C
Formulas and Low-Protein Modified Foods Prescribed enteral formulas and services provided to Covered Persons suffering from an inherited metabolic disorder, such as PKU.	80% of PA	60% of R&C
TMJ (Temporomandibular Joint Disorder) Treatment for the dysfunction of the temporomandibular joints, including surgery of the jaw to correct or treat TMJ	80% of PA	60% of R&C
Hearing Screenings For Covered Persons 19 years of age and older (under age 19 covered under Preventive Services).	80% of PA	60% of R&C
Specialty Lenses Special contact lenses for aniridia when prescribed by an optometrist or other Physician are limited to two (2) Medically Necessary contact lenses per eye (including fitting and dispensing) in any Policy Year to treat aniridia; and up to six (6) Medically Necessary aphakic contact lenses per eye (including fitting and dispensing) per Policy Year to treat aphakia for Covered Persons through age nine (9).	80% of PA	60% of R&C

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Schedule of Benefits (continued)

ELECTIVE TREATMENT	IN-NETWORK	OUT-OF-NETWORK
Chiropractic or Osteopathic Manipulative Medicine (OMM) Includes X-ray, office visits, laboratory services, manipulations, and modalities (i.e., hot packs, cold packs, ultrasounds, etc.), regardless of provider type. Only when prescribed by the attending Physician. Up to a Maximum of ten (10) visits per policy year.	80% of PA	60% of R&C
Private Duty Nursing for Inpatient Care	80% of PA	60% of R&C
Dental Treatment Due to injury to a Sound, Natural Tooth.	80% of PA	80% of R&C
Repair of Eyeglasses, Contact Lenses, Hearing Aids When required as a direct result of an Injury.	80% of PA	60% of R&C
Non-Emergency Coverage Outside of U.S. If not covered by any other coverage.	60% of R&C	
Medical Evacuation Services	100% of charges	
Repatriation Services	100% of charges	
PEDIATRIC DENTAL & VISION SERVICES (ONLY for Covered Persons under the age of 19)	IN-NETWORK	OUT-OF-NETWORK
Refer to the pediatric vision services and pediatric dental services in the Policy for a complete list of covered services, including applicable limitations and exclusions.		
Pediatric Dental Preventive & Diagnostic Services For Covered Persons under age nineteen (19). Limited to 2 exams/prophylaxis/topical fluoride treatments per Policy Year. Includes: <ul style="list-style-type: none"> • X-rays – bitewing, full-mouth and panoramic • Sealants (for permanent first and second molars only, as needed) 	100% of R&C	
Basic Restorative Services For Covered Persons under age nineteen (19). Includes: <ul style="list-style-type: none"> • Emergency palliative treatment of pain • Fillings (amalgam, resin-based composite) • Simple extractions 	70% of R&C	
Major Services For Covered Persons under age nineteen (19). Includes: <ul style="list-style-type: none"> • Prosthodontics, crowns, bridges, and dentures - 1 per tooth/arch every 60 months • Endodontics (root canals)/ periodontics • Oral surgery • General anesthesia – in conjunction with complex oral surgery 	50% of R&C	
Orthodontia For Covered Persons under age nineteen (19). Medically Necessary orthodontia services. Subject to a twelve (12) month waiting period.	50% of R&C	
Pediatric Vision Services Routine Vision for Covered Persons under age nineteen (19). One exam/fitting per Policy Year, including prescription eyeglasses (lenses and frames, limited to one per year) or one year supply contact lenses (in lieu of eyeglasses).	100% of actual charge up to \$150; 50% thereafter	

(CONTINUED)

Schedule of Benefits (continued)

OUTPATIENT PRESCRIPTION DRUGS	RETAIL PHARMACY
RETAIL PRESCRIPTION DRUGS	
Coinsurance applies per prescription or refill, subject to dispensing limits.	
Tier 1 – Generic Drugs	80% of actual charges
Tier 2 – Preferred Brand Drugs	80% of actual charges
Tier 3 – Non-Preferred Brand and Specialty Drugs	80% of actual charges
To fill a prescription, you must show your insurance ID card to the pharmacist. Normally there are no claims to file. If you forget your ID card, you may be asked to pay for prescriptions up front then file a claim for reimbursement. Claim forms can be found at www.4studenthealth.com/redlands .	
Note the following:	
<ul style="list-style-type: none"> Retail Prescription Drugs will be considered an Essential Health Service unless prescribed drug is related to an Elective Treatment, subject to exclusions and other limitations of the Policy. The Policy Year Deductible applies. Only a thirty (30) day supply can be dispensed at any time (certain exceptions apply as specified by the retail pharmacy). No cost-sharing applies to Generic contraceptives or other Preventive Services drugs. Includes FDA-approved prescription and over-the-counter contraceptives and contraceptive devices for women, preventive over-the-counter drugs when prescribed by a Physician on the USPSTF A&B recommendations list, and FDA-approved smoking deterrent prescription and over-the-counter medications for a 90-day treatment regimen when prescribed by a Provider. Cost sharing for oral anticancer medications will be capped at \$200 per thirty (30) day supply. Coverage will include Medically Necessary disposable devices for administering a covered outpatient Prescription Drug, such as spacers and inhalers for aerosol drugs and syringes for drugs that are not dispensed in pre-filled syringes. Coverage is provided for appropriately prescribed pain management medications for terminally ill patients when Medically Necessary. 	

State-Mandated Benefits

Benefits are subject to applicable Deductible, Coinsurance, and Copayments as outlined in the Schedule of Benefits. Additionally, further restrictions, such as age limits, may apply to certain benefits. Please see Policy on file with the Policyholder for further information. Note: Wellness/Preventive Benefits under the Affordable Care Act (ACA) are required to meet federal regulations; no cost sharing will apply to these benefits for In-Network services. Under the ACA, states retain the ability to mandate benefits beyond those established by the federal mandate.

The State of California mandates coverage for certain benefits which are covered by this plan of insurance, including the following:

- Acupuncture
- AIDS Vaccine
- Alcoholism Treatment
- Alpha Feto Protein (AFP) Program
- Alzheimer's Disease
- Behavioral Health Treatment for Pervasive Developmental Disorder or Autism
- Breast Cancer Screening, Diagnosis, and Treatment
- Blood Lead Levels Screening
- Cancer Clinical Trials
- Cancer Screening
- Cervical Cancer Screening
- Contraceptives
- Diabetes
- Diabetic Daycare Self-Management and Education Programs
- Diethylstilbestrol Exposure
- General Anesthesia for Dental Procedures
- HIV Testing
- Home Health Care
- Jawbone Surgery
- Laryngectomy Prosthetics
- Mammography
- Mastectomy and Reconstructive Surgery
- Maternity and Postpartum Care
- Nicotine Treatment
- Off-label Prescription Drug Use
- Oral Anticancer Medication
- Orthotic and Prosthetic Devices and Services
- Osteoporosis
- Pediatric Asthma Management
- Phenylketonuria (PKU)
- Prenatal Diagnosis of Genetic Disorders of Fetus
- Prostate Cancer Screening
- Reconstructive Surgery
- Second Opinion
- Severe Mental Illness at Any Age and Serious Emotional Disturbance of a Child
- Special Footwear for Person Suffering from Foot Disfigurement
- Transplantation services for persons with HIV

This Plan will cover any additional benefit mandated by the State of California currently not listed here. Please see the Policy on file with the University for further details.



Accidental Death and Dismemberment

When, as a result of an Injury, the Covered Person sustains a loss as shown below within 180 days of such Injury, the Company will pay the applicable benefit for the loss.

For Loss of:	Benefit Amount
Life.....	\$ 5,000
Both hands or both feet or the entire sight of both eyes.....	\$ 5,000
One hand or one foot	\$ 2,500
Entire sight of one eye	\$ 2,500
More than one of the above losses due to one Accident	\$ 5,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight means total irrecoverable loss of the entire sight.

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by:

1. Bodily or mental infirmity;
2. Bacterial infections except: a) infections that occur simultaneously with or through a cut or wound; or b) the accidental ingestion of a contaminated substance;
3. Medical or surgical treatment, except losses from surgical operations;
4. Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Physician; or
5. Participation in an attempt to commit a felony.

In addition to the above, this provision is subject to the General Exclusions as provided.

Emergency Medical Evacuation

If the Covered Person sustains an Injury or becomes ill while insured under the Policy, the Company will pay for the actual charges incurred for a medical evacuation of the Covered Person to or back to the Covered Person's home state, country, or country of regular domicile, subject to all provisions of the Policy. Before the Company will make any payment, written certification by the Physician that the evacuation is Medically Necessary is required. Any expense for medical evacuation requires prior approval and coordination by the plan administrator, Scholastic Emergency Services, an Assist America Partner. For international students, once evacuation is made outside the country, coverage terminates.

See "Global Emergency Services" section for details on how to contact Scholastic Emergency Services.

Repatriation of Remains

If the Covered Person dies while insured under the Policy, the Company will pay for the actual charges incurred, for embalming and/or cremation and returning the body to the place of residence in the home state, home country, or country of regular domicile, subject to the provisions of the Policy. Expenses for repatriation of remains require the Policyholder's and the Company's prior approval, and must be coordinated through Scholastic Emergency Services, an Assist America Partner. This benefit does not include the transportation expense of anyone accompanying the body, visitation expenses, or funeral expenses.

See "Global Emergency Services" section for details on how to contact Scholastic Emergency Services.

General Exclusions and Limitations

Unless otherwise specifically included, no benefits will be paid for loss or expense caused by, contributed to, or resulting from, or treatment, services, or supplies for, at, or related to:

1. Eyeglasses, contact lenses, routine eye refractions, eye examinations, orthoptic therapy, visual training, or radial keratotomy or similar surgical procedures to correct vision; except as provided herein or when due to a disease process. Repair or replacement of eye glasses or contact lens except when required as a direct result of an Injury. This exclusion does not apply to preventive services mandated by the Affordable Care Act.
2. Hearing aids and the fitting or repairing of hearing aids, except in the case of Accident or Injury.
3. Vaccines and immunizations (except as specifically provided in the policy) required for travel or required for employment.
4. Treatment (other than surgery) of chronic conditions of the foot including: weak feet, fallen arches, flat foot, pronated foot, subluxations of the foot, foot strain, care of corns, calluses, toenails, or bunions; any type of massage procedure on the foot; corrective shoes or shoe inserts; unless Medically Necessary for treatment of disease or injury.
5. Cosmetic treatment, cosmetic surgery, plastic surgery, resulting complications, consequences, and aftereffects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy. Improvements of physical function do not include improvement of self-esteem, personal concept of body image, or relief of social, emotional, or psychological distress. Procedures not covered include but are not limited to: face-lifts; sagging eyelids; prominent ears; skin scars; warts, nonmalignant moles and lesions, unless Medically Necessary; hair growth; hair removal; correction of breast size, asymmetry, or shape by means of reduction, augmentation, or breast implants (except for correction of deformity resulting from mastectomies or lymph node dissections); and deviated nasal septum. This exclusion does not include Reconstructive Surgery when the service is incidental to or follows surgery resulting from trauma, Injury, infection or other diseases of the involved part.
6. Sexual/gender reassignment surgery, except as provided when determined to be Medically Necessary or when treatment is otherwise Covered under the Policy in the absence of a diagnosis of gender dysphoria. This exclusion does **not** include related mental health counseling or hormone therapy.
7. Treatment, service, or supply that is not Medically Necessary for the diagnosis, care, or treatment of the Sickness or Injury involved, except as specified herein. This applies even if they are prescribed, recommended, or approved by the student health center or by the Covered Person's attending physician or dentist.
8. Treatments that are considered to be unsafe, Experimental, or Investigational by the American Medical Association (AMA) and resulting complications, except in connection with an Approved Clinical Trial.
9. Custodial care and long-term care.
10. Dental care or treatment of the teeth, gums, or structures directly supporting the teeth, including surgical extractions of teeth, except as specified herein. This exclusion does not apply to preventive services mandated by the Affordable Care Act.
11. Reproductive/infertility services, including but not limited to: treatment of infertility (male or female), including diagnosis, diagnostic tests, medication, surgery, supplies, and fertilization procedures rendered for the purpose or with the intent of inducing conception; premarital examination; impotence, organic or otherwise; sterilization reversal; vasectomy reversal. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, artificial insemination, embryo transfer, or similar procedures that augment or enhance the Covered Person's reproductive ability.
12. Hospital Confinement or any other services or treatment that are received without charge or legal obligation to pay.
13. Services provided normally without charge by the health service of the Policyholder, or services covered or provided by a student health fee.
14. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
15. Any services of a Physician or Nurse who is a family member..
16. Services received after the Covered Person's coverage ends, except as specifically provided under the Extension of Benefits provision.
17. Services for the treatment of any Injury or Sickness incurred while committing or attempting to commit a felony.

Exclusions are services not covered by this plan.

(CONTINUED)

General Exclusions (continued)

18. Under the Outpatient Prescription Drug benefit shown in the Schedule of Benefits, any drug or medicine:
 - a) Obtainable Over the Counter (OTC) except as specifically provided under Preventive Care;
 - b) For the treatment of alopecia (hair loss) or hirsutism (hair removal);
 - c) For the purpose of weight control;
 - d) Anabolic steroids used for bodybuilding;
 - e) For the treatment of infertility;
 - f) Cosmetic, including but not limited to the removal of wrinkles or other natural skin blemishes due to aging or physical maturation;
 - g) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - h) For an amount that exceeds a thirty (30) day supply;
 - i) Drugs labeled "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - j) Purchased after coverage under the Policy terminates;
 - k) Consumed or administered at the place where it is dispensed;
 - l) If the FDA determines that the drug is:
 - Contraindicated for the treatment of the condition for which the drug was prescribed; or
 - Experimental for any reason, except in connection with an Approved Clinical Trial.
19. Vitamins, minerals, food supplements.
20. Modifications made to dwellings, property, or automobiles such as ramps, elevators, stair lifts, swimming pools, spas, air conditioners, or air-filtering systems; equipment that may increase the value of the residence; or car hand controls; whether or not their installation is for a purpose of providing therapy or easy access, or are portable to other locations.
21. War or any act of war, declared or undeclared; while on active duty in the armed forces of any country.
22. General fitness, exercise programs, health club memberships, and weight management programs; exercise machinery or equipment, including but not limited to treadmill, stair steps, trampolines, weights, sports equipment, support braces used primarily during any sport or in the course of employment, or any equipment obtainable without a Physician's prescription.
23. Treatment received outside of the United States of America, except when Medically Necessary for an Emergency Confinement in a Hospital, or as specified herein.
24. Elective treatment and surgery except as specified in the Schedule of Benefits.
25. Services and supplies related to hypnosis.

Coordination of Benefits

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered expenses. See the Policy on file with the University for further details.

Definitions

Accident means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

Approved Clinical Trials means a Phase I, Phase II, Phase III, or Phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is one of the following:

1. A federally funded or approved trial;
2. A clinical trial conducted under an FDA investigational new drug application; or
3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

Coinsurance means the percentage of the expense for which the Covered Person is responsible for a covered service. The Coinsurance is separate and not a part of the Deductible and Copayment.

Company means Nationwide Life Insurance Company.

Condition means sickness, ailment, Injury, or pregnancy of a Covered Person.

Copayment or Copay means a specified dollar amount a Covered Person must pay for specified covered services. The Copayment is separate from and not a part of the Deductible or coinsurance.

(CONTINUED)

Definitions (continued)

Covered Charge(s) or Covered Expense means those charges for any treatment, services, or supplies:

1. For preferred providers, not in excess of the Preferred Allowance;
2. For out-of-network providers not in excess of the Reasonable and Customary Expense; and
3. Not in excess of the charges that would have been made in the absence of this insurance; and
4. Not otherwise excluded under this Policy; and
5. Incurred while this Policy is in force as to the Covered Person, except with respect to any covered expense payable under the Extension of Benefits Provision.

Covered Person or Insured means a person: 1) who is eligible for coverage; and 2) who has paid the required premium; and 3) whose coverage has become effective and has not terminated.

Deductible means the amount of expenses for covered services and supplies which must be incurred by the Covered Person before specified benefits become payable.

Dependent means a person who is the insured student's:

1. Legally married spouse, who is not legally separated from the insured student and resides with the insured student;
2. Domestic/Civil Union Partner who resides with the insured student;
3. Child who is under the age of 26; or
4. Disabled child who has attained the age of twenty-six (26).

The term "child" refers to the insured student's:

1. Natural child, from the moment of birth;
2. Stepchild or foster child; a stepchild is a Dependent on the date the Insured marries the child's parent.
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
4. Foster child is a Dependent from the moment of placement with the Insured as certified by the agency making the placement.

"Disabled child" is a child, who at the time of attaining age 26, is incapable of self-support because of a physical or mental disability which existed continuously from a date prior to attainment of age 26, and until termination of such incapacity.

Domestic/ Civil Union Partner means two (2) individuals who, together, each meet all of the following criteria set forth below:

1. Both persons are capable of consenting to the Domestic/Civil Union Partnership;
2. Are not legally married to, nor the Domestic/Civil Union Partner of, any other person that has not been terminated, dissolved, or adjudged a nullity; and
3. Are not related by blood in a way that would prevent them from being married to each other in the state in which they reside.

Elective Treatment means those services that do not fall under the definition of Essential Health Benefits. Medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Covered Person's Effective Date of Coverage. Elective Benefits are shown on the Schedule of Benefits, as applicable.

Emergency means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms that are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

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

Experimental/Investigational means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication. For further explanation, see Medically Necessary/Medical Necessity provision.

(CONTINUED)

Definitions (continued)

Essential Health Benefits has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act, and is further defined by the Secretary of the United States Department of Health and Human Services, and includes the following categories of Covered Services: ambulatory patient services; Emergency services; Hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; Rehabilitative and Habilitative services and devices; laboratory services; Preventive and Wellness services and chronic disease management; and pediatric services, including oral and vision care (in accordance with the applicable state or federal benchmark plan).

Family Member means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally-adopted child, stepchild, or foster child). A Family Member includes an individual who normally lives in the Covered Person's household.

Habilitative Treatment or Therapy means health care services and devices that help a Covered Person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of Inpatient or Outpatient settings, or both.

Home Country means the Insured's country of regular domicile.

Hospital means a facility which provides diagnosis, treatment, and care of persons who need acute Inpatient Hospital care under the supervision of Physicians. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

Hospital also includes an Ambulatory Surgical Center or ambulatory medical center, and a birthing facility certified and licensed as such under the laws where located. It shall also include Rehabilitative facilities if such is specifically required for treatment of physical disability.

Facilities primarily treating drug addiction or Alcoholism that are licensed to provide these services are also included in this definition. Hospital does not include an institution, or part thereof, which is, other than incidentally, a place for rest, the aged, a place for educational or Custodial Care or Hospice.

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

In-Network Benefit means the level of payment made by the Company for Covered Services received by a Preferred Provider under the terms of the Policy. Payment is based on the Preferred Allowance unless otherwise indicated.

Injury means bodily injury due to a sudden, unforeseeable, external event which results solely, directly, and independently of disease, bodily infirmity, or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Involuntary Loss of Coverage means that prior coverage has been involuntarily terminated due to no fault of the Covered Person, which includes coverage that terminates due to a loss of employment by the student or the student's spouse or parent. This definition does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, and does not apply to coverage that has been voluntarily terminated.

Maximum Benefit means the maximum amount of benefits the Company will pay for all conditions each Policy Year for each Covered Person.

Medically Necessary means treatment or services that are: 1) required to meet the health care needs of the Covered Person; and 2) consistent (in scope, duration, intensity, and frequency of treatment) with current scientifically based guidelines of national medical or research organizations or governmental agencies; and 3) consistent with the diagnosis of the condition; and 4) required for reasons other than the comfort or convenience of the Covered Person or provider; and 5) of demonstrated medical value and medical effectiveness.

A treatment, drug, device, procedure, supply, or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient's family, Physician, Hospital, or any other Physician;
3. Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the patient's condition or the quality of medical care;

(CONTINUED)

Definitions (continued)

5. Involves treatment with or the use of a medical device, drug, or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the Medical Literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, coverage will be provided, subject to the exclusions and limitations of the Policy.

Mental Illness means a Sickness that is a mental, emotional or behavioral disorder listed in the mental health or psychiatric diagnostic categories in the current Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Expense.

Morbid Obesity means body mass index that is greater than 40 kilograms per meter squared; or, equal to or greater than 35 kilograms per meter squared with a co-morbid medical condition, including hypertension, a cardiopulmonary condition, sleep apnea, or diabetes.

Out-of-Network Benefit Level means the lowest level of payment made by the Company for Covered Services under the terms of the Policy. Payment is based on Reasonable and Customary charges unless otherwise indicated.

Out-of-Network Providers means Physicians, Hospitals and other Providers who have not agreed to any pre-arranged fee schedules. See the definition of Out-of-Network Benefit Level.

Out-of-Pocket Maximum means the most the Covered person will pay during a Policy Year before the Plan begins to pay 100% of the allowed amount. This limit will never include Premium, balance-billed charges or health care the Plan does not cover.

Outpatient means not Confined in a Hospital, Skilled Nursing facility or Hospice as a registered bed patient.

Outpatient Office Visit means a patient encounter with a health care provider in an office, clinic or ambulatory care facility as an Outpatient.

Outpatient Other Services means medical and other services provided to a non-admitted patient by a Hospital or other qualified facility such as mental health clinic, rural health clinic, mobile X-ray unit, free standing dialysis unit. Examples include Physical Therapy, diagnostic X-ray, lab tests and any Ambulatory service.

Pediatric Dental Care means:

1. Preventive and diagnostic services, including X-rays (bitewing, full-mouth, and panoramic) and sealants (for permanent first and second molars only, as needed);
2. Basic restorative services, including Emergency palliative treatment of pain, fillings (amalgam, resin-based composite), and simple extractions;
3. Major services, including prosthodontics, crowns, bridges, and dentures (one per tooth/arch every 60 months); endodontics, (root canals), periodontics, oral surgery, and general anesthesia in conjunction with complex oral surgery; (note: all major services require pre-authorization); and
4. Medically Necessary orthodontia services. Medically Necessary Orthodontia services means the patient must have a severe and handicapping malocclusion, and the child's condition must be severe enough to impact their ability to function such as having trouble eating and/or speaking. See policy for details.

Physician means a health care professional practicing within the scope of his or her license and is duly licensed by the appropriate State Regulatory Agency to perform a particular service which is covered under the Policy, and who is not: 1) the Covered Person; 2) a Family Member of the Covered Person; or 3) a person employed or retained by the Policyholder.

Physician includes but is not limited to a: Doctor of Medicine (M.D.); Doctor of Osteopathy (D.O.); Doctor of Dentistry (D.D.S. or D.M.D.); Doctor of Podiatry (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor's Assistant (P.A.); Psychologist (Ph.D.); Nurse (R.N. or L.P.N.), which may include a Nurse Midwife, Nurse Anesthetist, and Nurse Practitioner; Licensed Clinical Social Worker (L.C.S.W.); Physical Therapist (P.T. or R.P.T.); Occupational Therapist (O.T.R.); Speech Pathologist; Audiologist; Marriage and Family Therapist (M.F.T. or M.S.W.); Respiratory Care Practitioner; or Registered Dietitian (R.D.).

Policyholder means University of Redlands.

Preferred Allowance (PA) means the amount a Preferred Provider has agreed to accept as payment in full for Covered Charges.

(CONTINUED)

Definitions (continued)

Preventive Care provides for periodic health evaluations, immunizations and laboratory services in connection with periodic health evaluations, as specified in the Schedule of Benefits. Well Baby and Child Care, and Well Adult Care Benefits will be considered based on the following:

1. Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, except that the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention of breast cancer shall be considered the most current other than those issued in or around November 2009;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
3. With respect to infants, children, and adolescents, evidence-informed Preventive Care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. With respect to women, such additional Preventive Care and screenings, not described in subparagraph (1) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Please visit www.hhs.gov/healthcare/prevention for more details on what is included under the federal preventive services requirement.

Provider means a Physician, dentist, Health Care Facility, or Urgent Care Facility that is licensed or certified to provide medical services or supplies.

Reasonable and Customary (R&C) means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of: 1) the actual amount charged by the Provider; 2) the negotiated rate, if any; or 3) the fee often charged for in the geographical area where the service was performed.

The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 90th percentile of Fair Health Inc. schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

For a Provider who has a reimbursement agreement, the Reasonable Charge is equal to the Preferred Allowance under any reimbursement agreement with Us, either directly or indirectly through a third party, as described in the Preferred Provider Benefit provision. If a Provider accepts as full payment an amount less than the rate negotiated under the reimbursement agreement, the lesser amount will be the maximum Reasonable Charge.

Rehabilitative means the process of restoring a person's ability to live and work after a disabling Condition by: 1) helping the person achieve the maximum possible physical and psychological fitness; 2) helping the person regain the ability to care for himself or herself; 3) offering assistance with relearning skills needed in everyday activities, with occupational training and guidance and with psychological readjustment.

Sickness means illness, disease, or condition, including pregnancy and complications of pregnancy, that impairs a Covered Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Sound Natural Tooth means the major portion of the individual natural tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

Specialty Drugs means Prescription Drugs including injectable drugs, infusion, and oral drugs prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis, and which are listed in the specialty care drug list.

Special Providers means the student health center (SHC) and any other University provider.

Substance Use Disorder means a Sickness that is listed as an alcoholism and substance use disorder in the current Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Expense.

Sirona Nurseline

The Nurseline is just for students and is available 24/7. The Nurseline is a great source of reliable and caring health information, education, and support. Simply call **(800) 557-0309** for quick, sound medical advice from specially trained RNs.

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- Call anytime—24 hours a day, 365 days per year
- Registered Nurses (RNs) provide information based on physician-approved guidelines
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have a medical question.



Global Emergency Services

The following description of the Scholastic Emergency Services Program has been included in this brochure for the convenience of the student and in no way affects the coverage provided by the Student Health Insurance Plan described herein. Scholastic Emergency Services is not insurance. It does not pay for transportation or medical costs. Global emergency services are provided by Scholastic Emergency Services (SES), an Assist America partner.

Scholastic Emergency Services (SES) is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150 km) away from home or campus, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus.

One simple phone call to the number on your SES identification card will connect you to:

- A state-of-the-art Operations Center
- Worldwide response capabilities
- Experienced crisis management professionals
- Air and ground ambulance service providers

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus. SES is not insurance; rather it is a provider of global emergency services. SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

Key Services

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Emergency medical evacuation and repatriation of remains
- Prescription assistance
- Compassionate visit
- Care of minor children
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more...

All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by your school's program administrator and/or the fulfillment material provided by SES.

How to Access Services

If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call the SES Operations Center at **(877) 488-9833** (inside USA), **+1 (609) 452-8570** (outside USA), or email medservices@assistamerica.com. Please download an ID card from www.4studenthealth.com/sample and carry it with you at all times.

Please provide the following information when you call:

- Your name, telephone number, and relationship to the patient
- Patient's name, age, gender, reference number, and school
- Name, location, and telephone number of hospital or treating doctor if applicable
- Reference Number **01-SES-SUM-08123**

(CONTINUED)

Global Emergency Services (continued)

Conditions

SES will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a 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 do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

Exclusions

- Trips exceeding 120 days from legal residence or campus without prior notification to SES (separate purchase of Expatriate coverage is available)

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 failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or 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 or liable for any malpractice committed by professionals rendering services to a member.



Filing a Claim and Getting Your Medical Bills Paid

1. If your provider files the claim on your behalf:

- The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage. You will only need to do this once per academic year. You can find the **Other Insurance Information** form in the claims section on our website at www.4studenthealth.com/redlands.
- Send your SHC referral form (be sure to include your name and student ID) to the claims administrator at the following address:

Summit America Insurance Services, Inc.
P.O. Box 25936
Overland Park, KS 66225

- You will receive an Explanation of Benefits that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
- The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. *Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.*
- If you have any questions about your claim, contact Summit America Insurance Services, Inc., an Ascension Company, at **(877) 246-6997**, Monday–Friday, 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

2. If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

- Download a claim form from www.4studenthealth.com/redlands and fill it out completely.
- Include your policy number (as shown on your ID card) on the claim form.
- Attach the health center referral form.
- Attach bills for medicines, X-rays, laboratory charges, etc.
- Send your claim form, referral form (if applicable), and all bills pertaining to this claim to Summit America Insurance Services, Inc., an Ascension Company, at the address below. Try to have all itemized bills attached to the same claim form.

Summit America Insurance Services, Inc.
P.O. Box 25936
Overland Park, KS 66225

- If you have questions about the status of your claim after it has been submitted, please call Summit America Insurance Services, Inc., an Ascension Company, at **(877) 246-6997**, Monday–Friday, 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

3. For prescription drug claims:

- If you have to pay for your prescription in full at the time of pickup, complete a Prescription Drug Claim Form, which you can download from www.4studenthealth.com/redlands (Use Your Insurance section).
- Mail the claim form, along with a copy of the full prescription drug receipt (*not* the cash register receipt) to the claims administrator at the address below:

Summit America Insurance Services, Inc.
P.O. Box 25936
Overland Park, KS 66225

The completed claim, including all Hospital and medical bills, must be submitted for payment within 90 days after the date loss occurs, or as soon thereafter as is reasonably possible. You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity.

Always keep a copy of all documents submitted for claims.

Confidential Communication Request

If you would like to have confidential medical information from the claims administrator sent to an address other than the address on file with the University, you can download a Confidential Communication Request, fill out the form, and send it to the address listed. This form is available from www.4studenthealth.com/redlands in the “Use Your Insurance” section, under “Claims”.

Right of Recovery

If the amount of the payment made is more than should have been paid under this Policy, the Company may recover the excess from one or more of: 1) the person paid; 2) the person for whom payment was made; 3) insurance companies or any other plan; or 4) other organization. The amount of the payments made includes the reasonable cash value of any benefit provided in the form of services.

IRS Reporting Requirements

Due to ACA reporting requirements under Internal Revenue Service Code Section 6055, information must be provided to the IRS about health plan coverage for individuals. The additional reporting is intended to provide the government with data to administer certain ACA requirements, such as the individual mandate (that is, the requirement that individuals obtain acceptable health insurance coverage for themselves and their family members or pay a penalty).

Effective Date

Reporting requirements went into effect for the 2015 tax year and will continue until further notice. Although students may be enrolled for all or part of the academic year, only the coverage information for the relevant tax year is included in that tax year's reporting. For example, if you enroll in coverage that begins 08/01/2016 through 07/31/2017, only coverage that falls in the 2016 calendar year (08/01/2016 through 12/31/2016) will be sent to the IRS for 2016 reporting.

Reporting Responsibility for the Student

The responsible individual will be required to provide evidence of health insurance that meets Minimum Essential Coverage requirements on their federal tax return, whether they are filing individually, jointly with a spouse, or as a tax dependent on a parent's plan. If an individual cannot provide evidence of Minimum Essential Coverage, they (or their family member who is the primary taxpayer) will be charged a tax penalty. Each family member must provide evidence of this coverage to avoid a tax penalty.

Because IRS will be matching the data submitted from the health insurance issuer to each individual's federal tax return, the social security number is the primary identifier, and will therefore be requested at the time of enrollment into the insurance plan.

Reporting Responsibility for Issuer

Issuers for student health insurance plans are generally the insurance companies or carriers. All health insurance issuers that provide Minimum Essential Coverage will be required to file an annual return with the IRS to report information for each individual who is provided with this coverage. Related statements will also be sent to the covered student. *Note: This student health insurance plan meets Minimum Essential Coverage requirements.* Students and their covered dependents will be listed on the same form. Employer group plans and coverage through the Exchange have different forms but the same requirements, so a family could have different forms from their different insurance providers.

Reporting Responsibility for School

Although there is no reporting responsibility for the school, social security numbers for all covered students and dependents will be requested to complete the IRS reporting forms. School administrators may request a student's social security number, and provide it in the eligibility data sent to the plan administrator and/or issuer, for the convenience of the student (so that the student will not have to request proof of coverage).



Nationwide Life Insurance Company HIPAA Notice of Privacy Practices

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.

This Notice of Privacy Practices (the "Notice") applies to Nationwide¹ and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your Protected Health Information ("PHI" as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law. Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

Uses and Disclosures of Your Protected Health Information

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on the authorization. Once we receive your written revocation, it will only be effective for future uses and disclosures.

Disclosures for Treatment, Payment or Health Care Operations. We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we may use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Plan Administration. We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

¹ Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company* that performs healthcare functions.

Nationwide Privacy Practices (continued)**Other Privacy Laws and Regulations**

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the "Contact Information" section, below.

Rights That You Have

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Amendments to Your PHI. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the "Contact Information" section.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Request for Confidential Communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Right to be Notified of a Breach. You have the right to be notified in the event we discover a breach of your unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Contact Information

If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling (800) 468-4343 or mail your request to:

Marcos Rolon, Privacy Officer
 Personal Insurance Administrators, Inc.
 An Ascension Company
 P.O. Box 6040
 Agoura Hills, CA 91376-6040

Effective date

This Notice is effective 9/15/2015.



Certificate of Creditable Coverage

If you are no longer eligible to be insured under the plan and need to obtain proof of insurance, you may request a Certificate of Creditable Coverage from the plan administrator (Ascension Benefits & Insurance Solutions). This request can be made by phone or in writing, and it must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

Authorized Representation

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Ascension at the address below or download a form at www.4studenthealth.com/redlands and mail it to the address below.

Summary of Privacy Policy

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

Marcos Rolon, Privacy Officer
Personal Insurance Administrators, Inc.
An Ascension Company
P.O. Box 6040
Agoura Hills, CA 91376-6040

Website: www.4studenthealth.com
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