

University of California—Extension

English Language and International Education Programs

2017 HEALTH INSURANCE PLAN SUMMARY

This is a brief description of the Student Health Plan. The University of California – Extension Health Insurance Plan is available for students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions governing this insurance are contained in the Master Policy issued to the University of California – Extension Health Insurance Plan and may be viewed online at www.aetnastudenthealth.com. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

Policy Information

Insurance Company: Aetna Student Health

Coverage available within the coverage period: 12/31/2016 to 12/31/2017

To download the plan brochure or an online ID card, visit www.4studenthealth.com/extension.

School Name	Policy Number
University of California, Berkeley—Extension	686139
University of California, Davis—Extension	686140
University of California, Irvine—Extension	686141
University of California, Los Angeles—Extension	686142
University of California, Riverside—Extension	686143
University of California, San Diego—Extension	686144
University of California, Santa Barbara—Extension	686145
University of California, Santa Cruz—Extension	686146

Eligibility and Enrollment

A student, visiting faculty, scholar, or other person with a current passport and non-immigrant visa temporarily located outside his or her home country or country of residence who has not been granted permanent residency status in the United States while engaged in educational activities through his or her University is required to be insured under the Policy. The University may grant a waiver to people already insured under other government- or embassy-sponsored plans. For questions about enrollment, please contact Ascension at **(800) 537-1777**.

If you withdraw from school within the first 31 days of a coverage period, or the entire coverage period, whichever is the lesser, you will not be covered under the Policy. There are no premium refunds. Please contact the International Student Office at your school with any questions. Exception: A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro rata refund of premium will be made for such person, and any covered dependents, upon written request received by Aetna within 90 days of withdrawal from school.

Students engaged in Optional Practical Training (OPT) or Curricular Practical Training (CPT) can also be covered under this policy, provided: 1) the student's OPT/CPT immediately follows a course of study; and 2) the student's OPT/CPT is no longer than 12 months in duration. Contact the International Student Office at your school for details.

Covered students may also enroll their lawful spouse, domestic partner, and their dependent children under age of 26. Eligible Dependents must be enrolled on the date the student enrolls or within 31 days of birth, adoption, marriage, arrival in the U.S., or termination of other coverage (proof of date may be requested). Students who wish to enroll their eligible Dependents must contact your school. Enrollment and full premium payment for all newly acquired Dependents (spouse and/or children) must be submitted within 31 days of the attainment of such Dependents. Otherwise, enrollment cannot be accepted after the Enrollment Deadline.

ID Card

Your school administrator will give you your insurance ID card. If you do not receive a card or lose the card you are given, you may download an ID card at www.4studenthealth.com/extension. You should carry your insurance ID card with you at all times. Your ID card may also be used for your covered dependents.

Where and How to Obtain Treatment

Student Health Center

Student health centers often offer a wide range of medical treatment at a reduced cost to students. The Deductible is waived if you first utilize and/or are referred by the approved student health center. (Note: UC Extension Dependents and UC Santa Cruz Extension students are not eligible to access student health centers; therefore, the Deductible will not be waived for any UC Extension Dependents or UC Santa Cruz students.) You should seek medical care at the health center at the University where you are enrolled before seeking medical treatment off campus whenever possible. (Note: UCLA students should go to the UCLA Medical Center, not the UCLA student health center.) Contact your University's student health center to see if they accept this insurance plan. You may be charged a visit fee, which must be paid at the time of the visit, or you may have to pay up front for services and then submit a claim for reimbursement for the portion the Company is responsible for paying. In this case, you will need to request an itemized billing statement and submit it with your claim.

The University of California - Extension Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

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Where and How to Obtain Treatment (continued)

Preferred Provider Network (PPN)

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community. A complete list of providers can be found by using Aetna's electronic on line directory DocFind® Service at www.aetnastudenthealth.com (search your specific University of California – Extension School).

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

If a service or supply that a covered person needs is covered under the Plan but not available from a Preferred Care Provider, covered persons should contact Member Services for assistance at the toll-free number on the back of the ID card. In this situation, Aetna may issue a pre-approval for a covered person to obtain the service or supply from a Non-Preferred Care Provider. When a pre-approval is issued by Aetna, covered medical expenses are reimbursed at the Preferred Care network level of benefits.

Prescriptions

When you fill your prescriptions at an Aetna Preferred pharmacy, prescriptions will be covered at 100% of the Negotiated Charge, after a \$35 Copay for each Formulary Brand Name Prescription Drug, a \$50 Copay for each Non-Formulary Brand Name Prescription Drug, or a \$10 Copay for each Generic Prescription Drug. If you fill a prescription at a Non-Preferred pharmacy, you must pay for them in full at the time of pickup and then submit a claim for 50% reimbursement of charges. You can find a full listing of Preferred pharmacies at www.aetnastudenthealth.com (search your specific University of California – Extension School).

Emergency Room vs. Urgent Care Center

In the case of an emergency, call **911** or go to the nearest emergency room (ER). If the health center or your doctor's office is closed and you need immediate attention but the illness or injury is NOT life-threatening, you should try to visit a Preferred Provider Network urgent care center instead of a hospital emergency room. These facilities are often open evenings and weekends, and you will usually pay less money out-of-pocket than you would at an ER. A complete list of providers can be found by using Aetna's electronic on line directory DocFind® Service at www.aetnastudenthealth.com (search your specific University of California – Extension School).

Pre-Certification Program

Your Plan requires pre-certification for a hospital stay, including emergency admissions. Pre-certification simply means calling Aetna Student Health prior to treatment to get approval for a medical procedure or service or after an emergency admission. Pre-certification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Aetna Student Health at **(877) 480-4161**.

Using the Insurance and Getting Your Bills Paid

After you are enrolled in the plan:

1. If you need medical care, go to the health center at the University where you are enrolled before seeking medical treatment off campus whenever possible. (Note: UCLA students should go to the UCLA Medical Center, not the UCLA student health center.) Contact your University's student health center to see if they accept this insurance plan. You may be charged a visit fee, which must be paid at the time of the visit, or you may have to pay up front for services and then submit a claim for reimbursement for the portion the Company is responsible for paying. In this case, you will need to request an itemized billing statement and submit it with your claim.
2. If you are unable to go to your health service on campus, use Preferred Provider Network (PPN) providers. A complete list of providers can be found by using Aetna's electronic on line directory DocFind® Service at www.aetnastudenthealth.com (search your specific University of California – Extension School). Contact the provider prior to your visit to confirm their membership in the network.
3. If you have an emergency, call **911** or go to the nearest hospital emergency room. Please contact Aetna Student Health at **(877) 480-4161** within 1 business day if you are admitted to hospital (with a stay of 18 hours or more) following an emergency.
4. For scheduled hospitalizations, including inpatient surgery, you must pre-certify 3 business days in advance by calling Aetna Student Health at **(877) 480-4161**.
5. When you go to a doctor's office, urgent care center, or hospital, show them your insurance ID card. They may call Ascension at **(800) 537-1777** to verify enrollment.
6. After you receive treatment at a Preferred provider, the provider will submit the claim for you. You will receive an Explanation of Benefits indicating what the insurance covered, and then the provider will bill you for any remaining charges. *The insurance company may contact you for follow up information.*
7. If the Provider does not file the claim directly with Aetna Student Health, then you can file the claim by submitting an Aetna Claim Form along with an itemized bill and proof of payment (if you paid for the service) immediately after treatment. Always retain copies for your records. Fax your completed Aetna Claim Form receipts to **(859) 455-8650** or mail it to:
Aetna Student Health Claims, P.O. Box 981106, El Paso, TX 79998
8. If you have questions about the status of your claim after it has been submitted or for any questions about the Plan benefits, please call Customer Service at **(877) 480-4161**.

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Schedule of Benefits

Following is a condensed description of the benefits available under the Plan. Please see the Plan Design and Benefits Summary for a more complete explanation of benefits and limitations.

REFERRAL REQUIREMENT: A referral is not required before being able to seek care or treatment from an off-campus provider. However, the Policy Year Deductible will be waived when treatment is rendered at the on Campus Student health center first and when referred by the Student Health Center. All non-students (i.e. dependents, visiting scholars) are not eligible to utilize the services of the SHC and are therefore not eligible to waive the Preferred Care Deductible. Note: Per visit or admission Deductibles do not apply towards satisfying the Policy Year Deductible.

	Preferred Care	Non-Preferred Care
MAXIMUM BENEFIT	Unlimited, except as noted	
DEDUCTIBLE (per individual, per policy year)	\$100	\$200
OUT-OF-POCKET MAXIMUM	\$6,350 per individual/ \$12,700 per family, per policy year	
PREVENTIVE/WELLNESS SERVICES	Preferred Care	Non-Preferred Care
Includes Pap Smear Screening Expense, Immunizations Expense, Pediatric Preventive Care Expense, Routine Physical Exam Expense, Routine Screening for Sexually Transmitted Disease Expense*	100% of Negotiated Charge	50% of Recognized Charge
Pediatric Dental Care limited to Covered Persons under the age of 19*	See <i>Plan Design and Benefits Summary</i> for details	
Pediatric Vision Care limited to Covered Persons under the age of 19*	See <i>Plan Design and Benefits Summary</i> for details	
INPATIENT HOSPITALIZATION BENEFITS	Preferred Care	Non-Preferred Care
Hospital Confinement, Miscellaneous Hospital Expense, Non-Surgical Physicians Expense	100% of Negotiated Charge	50% of Recognized Charge
SURGICAL EXPENSE (INPATIENT AND OUTPATIENT)	Preferred Care	Non-Preferred Care
Surgical Expense, Assistant Surgeon Expense, Ambulatory Surgical Expense	100% of Negotiated Charge	50% of Recognized Charge
Anesthesia Expense	100% of Negotiated Charge	100% of Recognized Charge
OUTPATIENT EXPENSE	Preferred Care	Non-Preferred Care
Hospital Outpatient Expense, Walk-in Clinic Expense	100% of Negotiated Charge	50% of Recognized Charge
Emergency Room Expense	100% of Negotiated Charge after a \$75 Copay per visit (waived if admitted)	100% of Actual Charge after a \$75 Deductible per visit (waived if admitted)
Urgent Care Expenses	100% of Negotiated Charge after a \$25 Copay per visit	50% of Recognized Charge after a \$25 Deductible per visit
Ambulance Expense	100% of Negotiated Charge	100% of Recognized Charge
Physician's Office Visit Expense, Consultant Expense	100% of Negotiated Charge	50% of Recognized Charge
Laboratory and X-ray Services, High Cost Procedures Expense (Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests)	100% of Negotiated Charge	50% of Recognized Charge
Physical Therapy Expense, Therapy Expense (Includes Speech, Occupational and Chiropractic expenses)	100% of Negotiated Charge	50% of Recognized Charge
Durable Medical and Surgical Equipment Expense, Prosthetic and Orthotic Devices Expense	100% of Negotiated Charge	50% of Recognized Charge
Dental Injury Expense, Dental Expense for Impacted Wisdom Teeth	100% of Negotiated Charge	100% of Recognized Charge
TREATMENT OF MENTAL AND NERVOUS DISORDERS/ALCOHOLISM AND DRUG ADDICTION	Preferred Care	Non-Preferred Care
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Inpatient Expense, Mental and Nervous Disorders, Alcoholism and Drug Addiction Treatment Inpatient Expense	100% of Negotiated Charge	50% of Recognized Charge
Severe Mental Illness of persons of any age and Serious Emotional Disturbances of a Child Outpatient Expense, Mental and Nervous Disorders, Alcoholism and Drug Addiction Treatment Outpatient Expense	100% of Negotiated Charge	100% of Recognized Charge
MATERNITY BENEFITS	Preferred Care	Non-Preferred Care
Includes Maternity Expense, Prenatal Care/Comprehensive Lactation Support and Counseling Services, Breast Feeding Durable Medical Equipment, Well Newborn Nursery Care Expense, Family Planning Expense*	100% of Negotiated Charge	50% of Recognized Charge
PRESCRIPTION DRUG COVERAGE	Preferred Care	Non-Preferred Care
Prescribed Medicines Expense For assistance and a complete list of excluded medications, or drugs requiring prior authorization, please contact Aetna Pharmacy Management at (888) RX-AETNA (available 24 hours). Aetna Specialty Pharmacy provides specialty medications and support to members living with chronic conditions. For additional information please go to www.AetnaSpecialtyRx.com .	100% of Negotiated Charge, after Copay: • \$35 Formulary Brand Name • \$50 Non-Formulary Brand Name • \$10 Generic	50% of Recognized Charge
OTHER	Preferred Care	Non-Preferred Care
Mandated and Other Benefits Expenses, including Prenatal Diagnosis of Genetic Disorders of the Fetus, Diabetic Testing Supplies, Outpatient Diabetic Self-Management Education Programs, Temporomandibular Joint Dysfunction, Nicotine Treatment, Dermatological, Transfusion or Dialysis of Blood, Clinical Trials Second Surgical Opinion, Acupuncture In Lieu Of Anesthesia, Phenylketonuria Services, Mastectomy and Breast Reconstruction, Human Organ Transplant, Bariatric Surgery, Basic Infertility	Payable in accordance with the type of expense incurred and the place where service is provided	
Hospice Benefit, Home Health Care Expense, Licensed Nurse Expense	100% of Negotiated Charge	50% of Recognized Charge
Skilled Nursing Facility Expense, Rehabilitation Facility Expense	100% of Negotiated Charge for semi-private room rate	50% of Recognized Charge for semi-private room rate
Cochlear Implant Expense	100% of Negotiated Charge	50% of Recognized Charge
Elective Abortion Expense	100% of Negotiated Charge	50% of Recognized Charge
Acupuncture Expense	100% of Negotiated Charge	50% of Recognized Charge

* Annual Deductible does not apply to these services.

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Exclusions

This Plan does not cover nor provide benefits for:

1. Expense incurred for dental treatment, services and supplies except for those resulting from injury to sound natural teeth or for extraction of impacted wisdom teeth and those as specifically covered under the Policy.
2. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or prescriptions or examinations except as required for repair caused by a covered injury.
3. Expense incurred for services normally provided without charge by the Policyholder's school health services; infirmary or hospital; or by health care providers employed by the Policyholder.
4. Expense for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
5. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro rata premium will be refunded to the Policyholder.
6. Expense incurred for treatment provided in a governmental hospital unless there is a legal or regulatory obligation to pay such charges in the absence of insurance.
7. Expense incurred for elective treatment or elective surgery except as specifically covered under the Policy and provided while the Policy is in effect.
8. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to: Improve the function of a part of the body that: a) is not a tooth or structure that supports the teeth; and b) is malformed: as a result of a severe birth defect; including cleft lip/cleft palate; webbed fingers; or toes; or as direct result of: disease; or surgery performed to treat a disease or injury.
9. Expense paid by any other valid and collectible medical, health or accident insurance.
10. Expense incurred as a result of commission of a felony.
11. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits provision.
12. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
13. Expense for injury to the extent first party medical benefits are paid under any state no-fault automobile coverage or any other mandatory No-fault law.
14. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
15. Expense incurred for custodial care, including assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine). This exclusion does not apply to assistance with activities of daily living that is provided as part of covered hospice, skilled nursing facility, home health care, or inpatient hospital care.
16. Expense incurred for the removal of an organ from a covered person for the purpose of donating or selling the organ to any person or organization except as specifically covered in the Policy. This limitation does not apply to a donation by a covered person to a spouse; child; brother; sister; or parent.
17. Expense incurred for, or in connection with, drugs, devices, procedures, or treatments that are experimental or investigational except as specifically covered under the Policy.
18. Expenses incurred for breast reduction/mammoplasty except when medically necessary.
19. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
20. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person's home country; if the covered person's home country has a socialized medicine program.
21. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy unless specifically covered under the Policy.
22. Expense paid under other valid and collectible automobile medical payment insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not paid under the automobile medical payment insurance Policy.
23. Expense incurred for hearing exams, hearing aids; the fitting; or prescription of hearing aids except as specifically covered under the Policy. Not covered are:
 - Any hearing service or supply that does not meet professionally accepted standards;
 - Hearing exams given during a stay in a hospital or other facility;
 - Any tests, appliances, and devices for the improvement of hearing, including aids, hearing aids and amplifiers, or to enhance other forms of communication to compensate for hearing loss or devices that simulate speech; and
 - Routine hearing exams, except for routine hearing screenings as specifically described under Preventive Care Benefits.
24. Expense for telephone consultations (except Telemedicine Services); charges for failure to keep a scheduled visit; or charges for completion of a claim form.
25. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
26. Expense for services or supplies provided for the treatment of obesity and/or weight control except as specifically covered under the Policy. Not covered is any treatment, drug service or supply intended to decrease or increase body weight, control weight or treat obesity including but not limited to: Liposuction; Stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications unless a prescription drug is needed for the treatment of morbid obesity; Counseling, coaching, training, hypnosis, or other forms of therapy; and Exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy, or other forms of activity or activity enhancement.
27. Expense for incidental surgeries; and standby charges of a physician.
28. Expense for services and supplies for or related to gamete intrafallopian transfer; artificial insemination; in-vitro fertilization (except as required by the state law); or embryo transfer procedures; male or female elective sterilization reversal unless specifically covered in the Policy.
29. Expenses incurred for massage therapy.
30. Expense incurred for non-preferred care charges that are not recognized charges.
31. Expense for treatment of covered students who specialize in the mental health care field; and who receive treatment as a part of their training in that field.
32. Expense incurred for routine physical exams, routine eye exams, routine dental exams, routine hearing exams and other preventive services and supplies, except as specifically covered in the Policy.
33. Expense incurred for a treatment; service; prescription drug, or supply; which is not medically necessary for the diagnosis, care, or treatment of the sickness or injury involved, the restoration of physiological functions, or covered preventive services. This includes behavioral health services that are not primarily aimed at treatment of sickness, injury, restoration of physiological functions or that do not have a physiological or organic basis. This applies even if they are prescribed; recommended; or approved; by the person's attending physician, dentist, or vision provider.
34. Expense incurred for contraception except as specifically covered in the Policy.

The Pediatric Dental Services benefit is subject to additional exclusions and limitations. See Plan Design and Benefits Summary for details. Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.