**ELIGIBILITY**

All international and study abroad students are required and automatically enrolled in this insurance plan at registration, and the premium for coverage is added to their tuition billing.

All students from the United States are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 45 days after the date for which coverage is purchased. Please note that course credits received from TV, internet, video, satellite or any off-campus classes do not fulfill the eligibility requirements. Coverage is also available for students engaged in “Practical Training.” Enrollment must be accompanied by confirmation of Practical Training from the insured in the form of a copy of your EAD. Contact Wells Fargo Insurance Services’ Customer Service for more details. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan within 30 days of loss of coverage. These students must provide Wells Fargo Insurance Services with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of the date after the student enrolls and pays the premium or the date after prior coverage ends.

**DEPENDENT COVERAGE** - Eligible Insured Students may also purchase Dependent coverage at the time of student’s enrollment in the plan; or within 31 days of one of the following qualified events: marriage, birth, adoption or arrival in the U.S. Eligible dependents are the spouse or legally registered and valid domestic partner who resides with the Insured Student and the student’s, the spouse’s, or the domestic partner’s unmarried natural child, stepchild or legally adopted child under nineteen years of age who are not self-supporting and reside with the Insured Student, or 23 years of age if a full-time student at an accredited institution of higher learning who are not self-supporting. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when the Company is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependents must be enrolled for the same term of coverage for which the Insured Student enrolls. Dependent coverage expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

Alternative Coverage: If you do not meet the Eligibility requirements of the plan, please call (800) 853-5899 for information on alternative coverage. This information can also be accessed by visiting: studentinsurance.wellsfargo.com.

**WHEN COVERAGE BEGINS**

Coverage under the Plan will become effective at 12:01 a.m. on the later of:
- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University; or
- The day after the date of postmark if the Enrollment Form is mailed.

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

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days to the earlier of: the term start date or up to 30 days prior to the effective date as otherwise determined above (no policy shall ever start prior to the term start date):
1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

**WHEN COVERAGE ENDS**

Coverage of all Insured Persons terminates at 12:01 a.m. on the earlier of:
- The date the policy terminates for all Insured Persons;
- The end of the period of coverage for which premium has been paid;
- The date the Insured Person ceases to be eligible for the insurance; or
- The date the Insured Person enters military service.

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

**DATES OF COVERAGE**

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING/SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/09 - 2/1/10</td>
<td>2/1/10 - 8/1/10</td>
</tr>
</tbody>
</table>
**REFUNDS**

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

1. If you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.

2. If you enter the armed forces of any country you will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made for such person, upon written request received by WFIS within 45 days of entry into service.

Refund requests should be directed to Wells Fargo Student Insurance at 800-853-5899. Approved refunds will be assessed a $25 processing fee.

**STUDENT ASSISTANCE PLAN**

You have unlimited access to Anthem’s designated website with wellness and educational articles and self-assessment tools. Other information available through the website includes on-line financial planning and resources, on-line legal information, and information on key student issues such as stress, depression, suicide and eating disorders.

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**PPO PRUDENT BUYER NETWORK**

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

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

Additionally, PPO physicians agree to admit their patients to network hospitals, guaranteeing that discounted charges and utilization management savings will occur. With no claim forms to file, Insured’s can focus on their health, not paperwork.

Insured’s can find a PPO physician in their area by calling (800) 888-2108, or by accessing the “Find a Doctor” link on www.anthem.com/ca.
MANDATED BENEFITS

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

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

GUIDELINES FOR CANCER SCREENING TESTS

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

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

OES - ONLINE ENROLLEE SERVICES

Setting up your OES Account:
1. Go to studentinsurance.wellsfargo.com
2. Click on “Access My Account Online”
3. Enter the requested information to create your personal account

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

CHILD HEALTH SUPERVISION SERVICES (WELL CHILD CARE)

Child Health Supervision Services (Well Child Care) - Dependents coverage includes Child Health Supervision Services (Well Child Care), which are defined as the following: Physician-delivered or Physician-supervised services for a maximum of 18 visits at the following intervals: birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and years 2, 3, 4, 5, 6, 8, 10, 12, 14 and 16.

Services to be covered at each visit include medical history, a physical examination, testing in preparation for guidance and immunizations and lab tests. Coverage will be limited to one provider per visit for all services rendered. The Company will pay the expenses incurred not to exceed the benefit maximum of $750 per child. This benefit is subject to all terms of the policy except no deductible or co-pays will apply.

ROUTINE NEWBORN CARE

If expenses are incurred for Routine Newborn Care during the 31 days immediately following the birth of an Insured Person, the Company will pay the expenses incurred not to exceed the benefit specified in the Schedule of Benefits. Such expenses include, but are not limited to, the following: 1) Charges made by a Hospital for routine well baby nursery care when there is a distinct charge separate from the charges for the mother’s care; 2) Inpatient Physician visits for routine examinations and evaluations; 3) Charges made by Physician in connection with a circumcision; 4) Routine laboratory tests; 5) Postpartum home visits prescribed for a newborn; and 6) Follow-up office visits for the newborn subsequent to discharge from a Hospital. Benefits payable under this provision are NOT payable under the Child Health Supervision Services (Well Child Care) Benefit of the policy.

CONTINUOUS COVERAGE

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to University immediately before the current Policy; (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Policy. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Policy Year Maximum.
**DEFINITIONS**

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

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

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

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

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

**The Company**: is Wells Fargo of California Insurance Services, Inc. which administers the Plan.

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

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

**The Insurer**: is Anthem Blue Cross Life and Health Insurance Company.

**Insured Person**: is the student or dependent.

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

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

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

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

**Non-Prudent Buyer Provider (Non-PPO)**: is a provider who does NOT have a Prudent Buyer Plan Participating Provider Agreement with Anthem Blue Cross Life and Health in effect at the time services are rendered. Only a portion of the amount which a Non-Prudent Buyer Provider charges for services will be Covered Expense. The Insured will be responsible for any billed charges over the amount allowed under this plan.

**Physician** means:

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

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

**Note**: The providers indicated by asterisks (*) are covered only by referral of a Physician (M.D. or D.O.) as defined in 1 above.

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

- A Hospital
- A Physician
- An Ambulatory Surgical Center
- A durable medical equipment outlet
- A clinical laboratory
- A Skilled Nursing Facility
- A home infusion therapy
- A facility which provides diagnostic imaging services.
**SCHEDULE OF BENEFITS**

In addition to dollar and percentage co-pays, insured persons (students & dependents) are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Insured persons are also responsible for all costs over the plan maximums. Plan maximums and other important information appear in *italics*. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

### Explanation of Covered Expense

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following:

- **PPO Providers** — PPO negotiated rates. Insured persons are not responsible for the difference between the provider’s usual charges & the negotiated amount.
- **Non-PPO Providers & Other Healthcare Providers** *(includes those not represented in the PPO provider network)*— The customary & reasonable charge for professional services or the reasonable charge for institutional services.

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

#### Deductible for non-PPO hospital or residential treatment center

$500/admission *(waived for emergency admission)*

#### Deductible for non-PPO hospital, residential treatment center, or ambulatory surgical center if utilization review not obtained

$500/admission *(waived for emergency admission)*

#### Deductible for emergency room services

$100/visit *(waived if admitted directly from ER)*

#### Annual Out-of-Pocket Maximums

- For all providers:
  - $5,000/insured person/year
- The following do not apply to out-of-pocket maximums: deductibles listed above; dollar co-pays; percentage co-pays for mental or nervous disorders & substance abuse; non-covered expense. After an insured person reaches the out-of-pocket maximum, the insured person no longer pays percentage co-pays for the remainder of the year. However, insured person remains responsible for dollar co-pays; percentage co-pays for mental or nervous disorders & substance abuse; and, for non-PPO providers & other healthcare providers, costs in excess of the covered expense.

### Benefit Year Maximum

- Domestic Students & Dependents: $50,000/insured person/year
- International Students & Dependents: $50,000/illness or injury/year

### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>PPO: Per Insured Person Co-pay</th>
<th>Non-PPO: Per Insured Person Co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Services</strong> <em>(subject to utilization review for inpatient services; waived for emergency admissions)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-private room, meals &amp; special diets, &amp; ancillary services</td>
<td>No Co-pay</td>
<td>30% <em>(1)</em> <em>(($900 maximum/day)</em></td>
</tr>
<tr>
<td>Outpatient medical care, surgical services &amp; supplies <em>(hospital care other than emergency room care)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Surgical Centers</strong> Outpatient surgery, services &amp; supplies</td>
<td>No Co-pay <em>(($2,500 maximum/year)</em></td>
<td>30% <em>(($900/benefit year)</em></td>
</tr>
<tr>
<td><strong>Emergency Care</strong> Emergency room services &amp; supplies <em>(($100 deductible waived if admitted)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital services &amp; supplies</td>
<td>No Co-pay</td>
<td>No Co-pay <em>(if insured person can't be moved safely)</em></td>
</tr>
<tr>
<td><strong>Physician services</strong></td>
<td>No Co-pay</td>
<td>No Co-pay <em>(limited to $40/visit)</em></td>
</tr>
<tr>
<td><strong>Related Outpatient Medical Services &amp; Supplies</strong></td>
<td>No Co-pay</td>
<td>30% <em>(limited to $250 per tooth)</em></td>
</tr>
<tr>
<td>Ground or air ambulance transportation, services &amp; disposable supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood transfusions, blood processing &amp; the cost of unreplaced blood &amp; blood products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autologous blood <em>(self-donated blood collection, testing, processing &amp; storage for planned surgery)</em> <em>(($2,500 maximum/benefit year)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Treatment</strong> Accidental injury to natural teeth <em>(limited to $250 per tooth)</em></td>
<td>No Co-pay</td>
<td>30% <em>(limited to $5,000 benefit/year)</em></td>
</tr>
<tr>
<td><strong>Physician Medical Services</strong></td>
<td>Paid as Outpatient Med Services</td>
<td>Paid as Outpatient Med Services</td>
</tr>
<tr>
<td>Office &amp; home visits <em>(including pregnancy and maternity care)</em></td>
<td>No Co-pay</td>
<td>30% <em>(limited to $40/visit)</em></td>
</tr>
<tr>
<td>&amp; skilled nursing facility visits <em>(limited to one visit per day)</em></td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td>Surgeon &amp; surgical assistant; <em>(($5,000 benefit/year)</em></td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist or anesthetist</td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic X-ray &amp; Lab</strong> <em>(including mammograms, pap smears, &amp; prostate cancer screenings)</em> <em>(pre-authorization required for CT scans, MRI scans, MRS scans, NC scans &amp; PET scans)</em></td>
<td>Paid as Outpatient Med Services</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy, Physical Medicine &amp; Occupational Therapy, including Chiropractic Services</strong> <em>(limited to 24 visits/benefit year; additional visits may be authorized)</em></td>
<td>Paid as Outpatient Med Services</td>
<td></td>
</tr>
<tr>
<td><strong>Speech Therapy</strong> <em>(limited to 24 visits/benefit year; additional visits may be authorized)</em></td>
<td>Paid as Outpatient Med Services</td>
<td></td>
</tr>
</tbody>
</table>

* Does not apply to International Students

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*SOKA University of America*
<table>
<thead>
<tr>
<th>Covered Services (Continued)</th>
<th>PPO: Per Insured Person Co-pay</th>
<th>Non-PPO: Per Insured Person Co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental or Nervous Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility-based care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient or outpatient physician visits for psychotherapy &amp; psychological testing (limited to $75/visit, 10 days/benefit year &amp; 1 visit/day)</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Person Co-pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility-based care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient or outpatient physician visits for psychotherapy &amp; psychological testing (limited to $75/visit, 10 days/benefit year &amp; 1 visit/day)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Person Co-pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Drugs and Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and medication, including oral contraceptives &amp; insulin, when dispensed by a physician or licensed pharmacist (30-day supply) See page 12 for WellPoint Rx details. ($500 maximum/benefit year)</td>
<td>$10/generic</td>
<td>$10/generic</td>
</tr>
<tr>
<td>Person Co-pay</td>
<td>$20/brand name</td>
<td>$20/brand name plus 50% of the maximum amount allowed &amp; costs in excess of the maximum amount</td>
</tr>
<tr>
<td><strong>Well Baby &amp; Well-Child Care for Dependent Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine physical examinations (birth through age six)</td>
<td>No Co-pay</td>
<td>30% (limited to $20/exam)</td>
</tr>
<tr>
<td>Immunizations (birth through age six)</td>
<td>No Co-pay</td>
<td>30% (limited to $12/immunization)</td>
</tr>
<tr>
<td><strong>Adult Preventive Services</strong> (including mammograms, Pap smears, &amp; prostate cancer screenings)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Physical Exams for Insured persons Ages Seven &amp; Older</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine physical exams, diagnostic X-ray &amp; lab for routine physical exam (limited to $250/benefit year) Immunizations (limited to $500/benefit year)</td>
<td>No Co-pay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Acupuncture</strong> Services for the treatment of disease, illness or injury (limited to $30/visit &amp; 12 visits/benefit year)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Temporomandibular Joint Disorders</strong> Splint therapy &amp; surgical treatment</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Pregnancy &amp; Maternity Care</strong> (services cover insured student, spouse &amp; dependent daughters)</td>
<td>Paid as Outpatient Med Services</td>
<td>Paid as Outpatient Med Services</td>
</tr>
<tr>
<td>Physician office visits</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td>Prescription drug for elective abortion (mifepristone)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td>Normal delivery, cesarean section, complications of pregnancy &amp; abortion (newborn routine nursery care covered when natural mother is insured student or insured spouse)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td>Inpatient physician services</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td>Hospital &amp; ancillary services</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>24/7 NurseLine</strong> A 24-hour service that connects insured persons to a nurse or audio library with a toll-free call. The number is (800) 977-0027</td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong> Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; &amp; therapeutic shoes &amp; inserts for members with diabetes</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME)</strong> Rental or purchase of DME including hearing aids, dialysis equipment &amp; supplies (limited to $100/benefit year)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong> (subject to utilization review) Semi-private room, services &amp; supplies, (medical conditions &amp; severe mental disorders limited to 100 days/benefit year), (Treatment of substance abuse limited to 30 days/benefit year)*</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Hospice Care</strong> Inpatient or outpatient services for insured persons with up to one year life expectancy; family bereavement services</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Home Healthcare</strong> (subject to utilization review) Services &amp; supplies from a home health agency (limited to 100 visits/benefit year, one visit by a home health aide equals four hours or less; not covered while insured person receives hospice care)</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Home Infusion Therapy</strong> (subject to utilization review) Includes medication, ancillary services &amp; supplies; caregiver training &amp; visits by provider to monitor therapy; durable medical equipment; lab services</td>
<td>No Co-pay</td>
<td>30% (limited to $600/day)</td>
</tr>
<tr>
<td><strong>Diabetes Education Program</strong> (requires physician supervision) Teach Insured Persons &amp; their families about the disease process, the daily management of diabetic therapy &amp; self-management training</td>
<td>No Co-pay</td>
<td>30%</td>
</tr>
</tbody>
</table>

* Does not apply to International Students  · Footnotes listed on the following page.
EXCLUSIONS & LIMITATIONS

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

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

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

4. Crime or Nuclear Energy. Conditions that result from: (1) your commission of or attempt to commit a felony as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

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

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

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

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

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

10. Voluntary Payment. Services for which the insured person has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:
   1.) it must be internationally known as being devoted mainly to medical research;
   2.) at least 10% of its yearly budget must be on research not directly related to patient care;
   3.) at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care;
   4.) it must accept patients who are unable to pay; and
   5.) two-thirds of its patients must have conditions directly related to the hospital’s research.

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

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

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

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

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

16. Orthodontia. Braces other orthodontic appliances or orthodontic services.

17. Dental Services or Supplies. Dental plates, bridges, crowns, caps or other dental prostheses, dental implants, dental services, extraction of teeth, or treatment to the teeth or gums, or treatment to or for any disorders for the jaw joint, except as specifically stated. Cosmetic dental surgery or other dental services for beautification.


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

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


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

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

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

26. Weight Alteration Programs (Inpatient and Outpatient). Weight loss or weight gain programs including, but not limited to, dietary evaluations and counseling, exercise programs, behavioral modification programs, surgery, laboratory tests, food and food supplements, vitamins and other nutritional supplements associated with weight loss or weight gain. Dietary evaluations and counseling, and behavioral modification programs are covered for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity, including Bariatric Surgery is not covered.

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

28. Sterilization Reversal.

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

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

31. Air Conditioners. Air purifiers, air conditioners or humidifiers.

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

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

34. Exercise Equipment. Exercise equipment or any charges for activities, instrumentalities or facilities normally intended or used for developing or maintaining physical fitness including, but not limited to, charges from a physical fitness instructor, or health club or gym, even if ordered by a physician.

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

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

37. Food or Dietary Supplements. Food or dietary supplements, except as specified as covered in the Certificate.

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

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

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

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

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

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

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

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

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

47. Lifestyle Programs. Programs to alter one’s lifestyle which may include but are not limited to diet, exercise, imagery or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.

48. Sports-Related Conditions. Expenses incurred for treatment of sport-related accidents resulting from interscholastic, intercollegiate, club or professional sports.

**PRE-EXISTING CONDITION LIMITATION**

Benefits are not payable for a pre-existing condition during the first six (6) months following the effective date of a Covered Person’s coverage. However, this limitation will not apply if, during the period immediately preceding the effective date of coverage under this plan, a Covered Person was covered under a prior creditable coverage as defined below, for six (6) consecutive months. Prior creditable coverage of less than six (6) months will be credited toward satisfying the pre-existing condition limitation. This waiver of the pre-existing condition limitation will be effective provided a Covered Person becomes eligible under this plan within 63 days of termination of a creditable coverage and applies for coverage under the Policy within 31 days of his or her eligibility date.
PRE-EXISTING CONDITION LIMITATION (CONT’D)

CREDIBLE COVERAGE means any individual or group plan that provides medical, hospital, and surgical coverage, including continuation or conversion coverage, coverage under Medicare or Medicaid, TRICARE, the Federal Employees Health Benefit Plan, programs of the Indian Health Services or of a tribal organization, a state health benefits risk pool, coverage through the Peace Corps, the State Children’s Health Insurance Program, or a public health plan established or maintained by a state, the United States government, or a foreign country. Credible coverage does not include accident only, credit, coverage for onsite medical clinics, disability income, coverage only for a specified disease or condition, hospital indemnity or other fixed indemnity insurance, Medicare supplement, long-term care insurance, dental, vision, workers’ compensation insurance, automobile insurance, no-fault insurance, or any medical coverage designed to supplement other private or governmental plans. Credible coverage is used to reduce the length of pre-existing under this plan and/or to set up eligibility rules for children who cannot get a self-sustaining job due to a physical or mental condition.

CERTIFICATE OF CREDIBLE COVERAGE

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

EXCESS COVERAGE

The Insurer will reduce the amount payable under the policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The policy is secondary coverage to all other policies.

CONTINUATION OF BENEFITS AFTER TERMINATION

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

ID CARDS

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

HOW DO I FILE A CLAIM?

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

But sometimes a physician or an ambulance company may not bill Anthem Blue Cross Life and Health and may send the bill directly to you. Also, Student Health Services and pharmacies will not bill Anthem Blue Cross Life and Health. In these instances, Anthem Blue Cross Life and Health has no way of knowing about your claim. So, you must mail the bills to Anthem Blue Cross Life and Health within 90 days of treatment and include a claim form. Email address: caclaims@anthem.com

Claim forms are available at www.anthem.com/CA. You are urged to send Anthem Blue Cross Life and Health each bill immediately upon receipt.

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

REIMBURSEMENT FOR ACTS OF THIRD PARTIES

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

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

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

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

ONLINE HEALTHCARE ADVISOR

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

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

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

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

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

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

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

**COMPLAINT NOTICE**

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

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

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

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

**MEMBER DISCOUNTS**

**SpecialOffers — Online Discounts that Connect to You**

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

- Up to 30% off, frames, lenses and special savings on LASIK
- 25% up to 60% off health club memberships at nationally recognized health clubs and up to 50% off weight loss programs
- 5% off non-prescription items at drugstore.com and up to 15% off allergen avoidance products at natallergy.com
- up to 30% off of smoking cessation, stress management, alcohol management and other self-help programs up to 40% off of wellness products

The independent vendors participating in the Anthem SpecialOffers program offer you choice, flexibility and freedom through discounts that save you money! Discounts advertised may change without notice, for a current listing and more information about specific vendors and discounts please visit the SpecialOffers link at [www.anthem.com/ca](http://www.anthem.com/ca).

**URGENT CARE CENTERS**

Urgent Care Centers provide urgent medical care in a non-emergency room setting and are considerably less expensive than going to a Hospital Emergency Room. Take your insurance ID card with you for billing purposes. The nearest PPO Urgent Care Facility is located at:

Saddleback Family & Urgent Care  
Dr. Alan Berman, M.D.  
22855 Lake Forest Drive, Suite A  
Lake Forest, CA 92630  
(949) 452-7544 or (949) 452-7699

**24-HOUR NURSE ADVICE LINE**

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

**HERE’S HOW EASY IT IS:**

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

One toll-free phone call is all it takes to access a wealth of useful healthcare information at (800) 977-0027.
**WELLPOINT Rx DRUG BENEFITS**

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

The Anthem Blue Cross Life and Health formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of the Anthem Blue Cross Life and Health formulary are furnished to your providers and are available online at [www.anthem.com/ca](http://www.anthem.com/ca) under the Pharmacy section. You or your provider may also contact Anthem Blue Cross Life and Health’s Pharmacy Customer Service at (800) 700-2541.

The Prescription Drug Benefit covers the following:

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

Prescription drug co-pays are separate from the medical co-pays of the medical plan and are not applied toward the Annual Out-of-Pocket Maximums.

### Covered Services

- **Retail Pharmacy**
  - Generic drugs $10
  - Brand name drugs $20
  - Compound drugs $20

- **Mail Service**
  - Generic drugs $20
  - Brand name drugs $40

- **Specialty Pharmacy**
  - Generic drugs $10
  - Brand name drugs $20

- **Non-participating Pharmacy**
  - (compound drugs & specialty pharmacy drugs not covered)
  - Member pays the above co-pay plus: 50% of the maximum amount allowed & costs in excess of the maximum amount

### Supply Limits

- **Retail Pharmacy**
  - 30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double co-pay; 6 tablets or units / 30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)

- **Mail Service**
  - 90-day supply

- **Specialty Pharmacy**
  - 30-day supply

### Annual Benefit Maximum

- $500 per policy year

1. Immunizing agents, biological sera, blood, blood products or blood plasma
2. Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self injectable drugs or medications
3. Drugs & medications used to induce spontaneous & non-spontaneous abortions
4. Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians’ offices
5. Professional charges in connection with administering, injecting or dispensing drugs
6. Drugs & medications that may be obtained without a physician’s written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary
7. Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility
8. Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC
9. Services or supplies for which the insured person is not charged
10. Oxygen
11. Cosmetics & health or beauty aids
12. Drugs labeled “Caution, Limited by Federal Law to Investigational Use,” or Non-FDA approved investigational drugs. Any drugs or medications prescribed for experimental indications
13. Any expense for a drug or medication incurred in excess of (a) the Drug Limited Fee Schedule for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program
14. Drugs which have not been approved for general use by the State of California Department of Health Services or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition
15. Over-the-counter smoking cessation drugs. This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law
16. Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic
17. Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another covered condition
18. Anorexiants and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)
19. Drugs obtained outside the U.S., unless they are furnished in connection with urgent care or an emergency
20. Allergy desensitization products or allergy serum
21. Infusion drugs, except drugs that are self-administered subcutaneously
22. Herbal, nutritional and dietary supplements except for formulas for the treatment of phenylketonuria
23. Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective. Compound medications obtained from other than a participating pharmacy. Member will have to pay the full cost of the compound drugs if member obtains drug at a non-participating pharmacy
24. Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but, which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program

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1 Supply limits for certain drugs may be different. Please refer to the Evidence of Coverage and Disclosure form (EOC) for complete information.
**STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT**

An Accidental Death and Dismemberment Insurance benefit is payable under these conditions:
1. The death is a result of the employee’s accidental injury; and
2. The injury occurred while the employee was insured by this coverage; and
3. The death or permanent loss of a hand, foot or sight occurred within 180 days of the injury.

**Benefit Amounts:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both Feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand</td>
<td>$5,000</td>
</tr>
<tr>
<td>One Foot</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Loss of a hand means severance at or above the wrist. Loss of a foot means severance at or above the ankle. Loss of sight means total loss of sight, which cannot be recovered.

A surgically reattached hand or foot will be deemed a “permanent loss” if, 12 months after reattachment, the limb has regained less than 50% of its normal function.

**Plan Features:**
1. The full benefit amount is payable in the event of death from any cause.
2. Each student may name the beneficiary he or she desires and may change beneficiaries at any time by filing a written request.
3. Seat Belt benefit is payable for the student’s loss of life if a benefit is payable for the loss under the terms of this Accidental Death & Dismemberment Insurance coverage. But, this benefit is payable only if all of these conditions are met:
   - The student was the driver or passenger in a motor vehicle.
   - A licensed driver was operating the motor vehicle the student was riding in.
   - The driver of the motor vehicle the student was riding in was not intoxicated, impaired, or under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas, fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 as it now exists or may be amended from time to time. The laws of the state where the accidental injury was sustained will determine intoxication and impairment. For the purpose of this part, it is not necessary for a person to be convicted of being intoxicated, impaired, or under the influence to provide such a condition existed.
   - At the time of the accident, the student was using an unaltered seat belt or lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration, which had been properly installed according to the manufacturer’s specifications.
   - Conclusive proof, such as a police accident report, is provided that the belt or restraint was being worn by the student at the time of the accident.

The additional amount payable is equal to 10% of the student’s amount of insurance under coverage, but not more than $15,000.

**Exclusions for AD&D:**
No benefit will be paid for a death or loss that results from or that is caused directly, wholly or partly by:
1. An illness or mental illness.
2. Medical or surgical treatment of illness, whether the loss results directly or indirectly from the treatment.
3. Any infection, unless it is pyogenic and occurs through and at the time of an accidental cut or wound.
4. Suicide or attempted suicide while sane or insane.
5. Intentional self-injury.
6. Commission of, or attempt to commit, an assault or felony.
7. A war, or any act of war. “War” means declared or undeclared war and includes resistance to armed aggression.
8. Participation in a riot.
9. Being under the influence of any drug or substance. Conviction is not necessary for determination of being under the influence.
10. Being intoxicated. Conviction is not necessary for determination of being under the influence.
Anthem Blue Cross Life and Health
Notice of Privacy Practices

Effective July 1, 2007

We keep our current and former members’ financial and health information private as required by law, accreditation standards and our rules. This notice explains your rights, our legal duties and our privacy practices.

Your Financial Information

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

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

Your Protected Health Information

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

We may collect, use and share your Protected Health Information (PHI) for the following reasons and others as are allowed or required by law, including the HIPAA Privacy rule:

♦ For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor’s office to confirm your benefits.

♦ For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

♦ For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

♦ To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

♦ To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

♦ As Allowed or Required by Law: We may also share your PHI, as allowed by law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings with public health authorities; for federal law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers’ compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

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

Your Rights

Under federal law, you have the right to:

Send us a written request to see or get a copy of certain PHI, or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.

Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.

Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI at a different address, if communications to your home address could endanger you.

Send us a written request to ask us for a list of certain disclosures of your PHI. Call Customer Service at the phone number printed on your ID card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How We Protect Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure. We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state law. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive date is kept.

Also, where required by law, our affiliates and non-affiliates must protect the privacy of dates we share in the normal course of business. They are not allowed to give PHI to others without your written consent, except as allowed by law.

Potential Impact of Other Applicable Law

HIPAA (the federal privacy law) generally does not preempt or override other state laws that provide individuals greater privacy protections. As a result, if any state or federal privacy law requires a stricter privacy standard, then we must follow the more strict state or federal laws in addition to HIPAA.

Complaints

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

Contact Information

Please contact a Customer Service Representative at the phone number printed on your identification card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

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

We reserve the right to change this notice. A revised notice will apply to PHI we already have as well as any PHI we may receive in the future. We are required by law to follow the privacy notice that is currently in effect. We will communicate any changes to our notice through member newsletters, mail, and/or our website.
**Scholastic Emergency Services, Inc.**  
*An Assist America partner*

**OPERATIONS CENTER:**  
(800) 872-1414 (Toll-free within the United States)  
(609) 986-1234 (Outside the United States)  
E-mail: medservices@assistamerica.com

Reference Number: 01-AA-SOM-01034

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**PROGRAM GUIDELINES**

U.S. students studying in a U.S. location and their covered dependents are eligible for services when you are more than 100 miles away from your home or campus location.  
U.S. students studying abroad and their covered dependents are eligible for services both on and off your new campus location.

Foreign national students studying at a U.S. institution and their covered dependents are eligible for SES services, both on campus and while traveling, for the duration of their studies.

**KEY SERVICES**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**CONDITIONS & EXCLUSIONS**

**Conditions**

SES will not provide services in the following instances:

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

SES will not evacuate or repatriate a member:

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

**Exclusions**

- Travel by spouse on behalf of spouse’s employer

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

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**Scholastic Emergency Services, Inc.**  
*An Assist America partner*

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

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

SES’s state-of-the-art Operations Centers is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors to advise and assist you quickly and professionally in a medical emergency. Enrollment with this plan provides you with an array of global emergency assistance services provided by SES, Inc. This program immediately connects you to doctors, hospitals, pharmacies and other services when faced with a medical emergency while traveling 100 miles from your permanent address or abroad.
CLAIMS ADMINISTERED BY:  
Claims, Eligibility and Coverage Questions

Anthem Blue Cross Life and Health Insurance Company
(800) 888-2108
www.anthem.com/ca

TO FIND A DOCTOR OR PROVIDER:  
Preferred Provider:

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

PRESCRIPTIONS:

WellPoint Pharmacy Management
(800) 700-2541
www.wellpointnextrx.com

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

EMERGENCY TRAVEL ASSISTANCE:
Medical Evacuation/Repatriation

Scholastic Emergency Services, Inc.
202 Carnegie Center, Suite 302A
Princeton, NJ 08540
(800) 872-1414 (Inside the U.S.)
(609) 986-1234 (Outside the U.S.)
www.assistamerica.com

THE POLICY ADMINISTERED BY:
Enrollment, Complaints, General Questions

Wells Fargo of California Insurance Services, Inc.
Student Insurance Division
CA License No. 0352275
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
studentinsurance.wellsfargo.com

THE UNDERWRITING COMPANY:  
Anthem Blue Cross Life and Health Insurance Company

Anthem Blue Cross Life and Health Insurance Company and Anthem Blue Cross are Independent Licenses of the Blue Cross Association. Anthem Blue Cross is the trade name of Blue Cross of California. ® ANTHEM is a registered trademark. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number 175137 issued to SOKA. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.
Anthem Blue Cross Life and Health Insurance Company
SOKA UNIVERSITY OF AMERICA STUDENT HEALTH INSURANCE
2009-2010 DEPENDENT ENROLLMENT FORM

STUDENT'S NAME
Last (Family Name)    First                         MI

STUDENT ID #            DATE OF BIRTH

PERMANENT U.S. MAILING ADDRESS
(Use school address if none)
Street
City
State
Zip

PHONE #                E-MAIL ADDRESS

FEMALE  MALE  SINGLE  MARRIED

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

UNDERGRADUATE  GRADUATE  PRACTICAL TRAINING  VISITING FACULTY  SCHOLAR

LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED.

DEPENDENT ENROLLMENT MUST BE RECEIVED WITHIN 30 DAYS OF RECEIPT OF THE STUDENT ENROLLMENT OR WITHIN 31 DAYS OF A QUALIFYING EVENT.

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

EMERGENCY CONTACT PERSON
NAME ________________________ RELATIONSHIP __________________ PHONE NUMBER __________________

E-MAIL ADDRESS ____________________

PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION.

YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.

Underwritten by: Anthem Blue Cross Life and Health Insurance Company

TO ANY PROVIDER
The bearer of this Student Identification Card has purchased Medical Insurance through a program with the University. This card is provided to facilitate admittance into a lawfully operated hospital, other than a government facility, during the period the bearer’s coverage is in force. Benefits are payable to the Insured, but may be assigned upon written request. Possession of this card does not guarantee the bearer’s insurance coverage is in force on the date of presentation. The Company assumes no liability unless benefits are verified in written form by:

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

Identification Card
Underwritten by: Anthem Blue Cross Life and Health Insurance Company

PRINT NAME ______________________

MEMBER ID # XDP 800________
(See instructions on page 10)

Important Phone Numbers On Reverse

2009-2010 Policy #175137
Both the effective and termination dates of coverage are at 12:01 A.M. and are subject to verification by the Administration. (Address on reverse side)
**PROGRAM COSTS**

<table>
<thead>
<tr>
<th></th>
<th>FALL 8/1/09 - 2/1/10</th>
<th>SPRING/SUMMER 2/1/10 - 8/1/10</th>
</tr>
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<tbody>
<tr>
<td><strong>Spouse</strong></td>
<td>$1,392</td>
<td>$1,392</td>
</tr>
<tr>
<td><strong>Per Child</strong></td>
<td>$443</td>
<td>$443</td>
</tr>
</tbody>
</table>

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

- Credit Card: [ ] Visa  [ ] MasterCard
- Account No. ___________________________________________________________
- Expires: __________
- Cardholder’s Name: ____________________________________________________

Print Cardholder’s Name exactly as it appears on card.

MAIL PAYMENT & ENROLLMENT FORM TO *(Remit in US Funds):* Wells Fargo Insurance Services, 11017 Cobblerock Drive, Suite 100, Rancho Cordova, CA 95670.

**COVERAGE IS NOT AUTOMATICALLY RENEWED.** Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**PLEASE READ CAREFULLY AND SIGN BELOW**

**REQUIREMENT FOR BINDING ARBITRATION**

The following provision does not apply to class actions:

**IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE:**

**IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT, CALIFORNIA HEALTH AND SAFETY CODE SECTION 1363.1 AND INSURANCE CODE SECTION 10123.19 REQUIRE SPECIFIED DISCLOSURES IN THIS REGARD, INCLUDING THE FOLLOWING NOTICE:**

"It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN.

"I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein. It also authorizes my school to provide Wells Fargo of California Insurance Services, Inc. with required information necessary in the event of a medical emergency."

SIGNATURE OF STUDENT ____________________________  DATE ____________________________

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**STUDENT REFERENCE GUIDE**

- **CLAIMS ADMINISTERED BY:**
  - Anthem Blue Cross Life and Health Insurance Company
  - SOKA UNIVERSITY OF AMERICA STUDENT HEALTH INSURANCE
  - 2009-2010 DEPENDENT ENROLLMENT FORM

- **TO FIND A DOCTOR OR PROVIDER:**
  - Preferred Provider: PPO Prudent Buyer Plan
  - (800) 888-2108

- **PRESCRIPTIONS:**
  - WellPoint Pharmacy Management
  - (800) 700-2541

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

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

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

  - Credit Card: [ ] Visa  [ ] MasterCard
  - Account No. ___________________________________________________________
  - Expires: __________
  - Cardholder’s Name: ____________________________________________________

  Print Cardholder’s Name exactly as it appears on card.

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

- **THE PLAN ADMINISTERED BY:**
  - General Questions
  - Wells Fargo of California Insurance Services, Inc.
  - Student Insurance Division
  - (800) 853-5899 or (916) 231-3399
  - studentinsurance.wellsfargo.com

- **ACCOUNTS RECEIVABLE:**
  - Wells Fargo of California Insurance Services, Inc.
  - (800) 853-5899 or (916) 231-3399
  - studentinsurance.wellsfargo.com

- **PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED**

- **MAIL PAYMENT & ENROLLMENT FORM TO:** Wells Fargo Insurance Services, 11017 Cobblerock Drive, Suite 100, Rancho Cordova, CA 95670.

- **COVERED BENEFITS:**
  - Covered under your term's plan

- **PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED**

- **DEPENDENT PROGRAMS**

  - **Spouse**
    - [ ] $1,392
  - **Per Child**
    - [ ] $443