Welcome to the 2015–2016 Graduate Student Health Insurance Plan (GSHIP). Below are brief highlights of plan benefits, as well as important dates and costs of coverage. Note that this plan is rated a PLATINUM level plan, as per the Affordable Care Act.

For more information, please consult the plan brochure. If the 2015–2016 brochure is not yet available, you may consult last year’s brochure for reference, making note of the changes listed below (“What’s New”).

You can find all plan materials, including information about waivers and the waiver deadline dates at www.4studenthealth.com/ucr. If you have questions about benefits or claims, please call Personal Insurance Administrators, Inc., at (855) 515-2423. If you have questions about enrollment or waivers, please call Ascension at (800) 537-1777. You may also call UCR Student Health Insurance at (951) 827-5683.

**Rates and Important Dates**

Rates include medical, dental, vision insurance premiums and administrative fees.

<table>
<thead>
<tr>
<th>Covered Person Pays</th>
<th>First Health Network PPO</th>
<th>Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible*</td>
<td>$200 per policy year**</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Office Visit Expense</td>
<td>0% after $15 per visit copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Urgent Care Expense</td>
<td>10% after $50 per visit copay</td>
<td>40% after $50 per visit copay</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$100 per visit (waived if admitted)</td>
<td>$100 per visit (waived if admitted)</td>
</tr>
<tr>
<td>Prescribed Medicine Expense</td>
<td>copy only (deductible does not apply)</td>
<td>40% after copay (deductible does not apply)</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td>$3,000 per person, per policy year</td>
<td>$6,000 per person, per policy year</td>
</tr>
</tbody>
</table>

* The deductible is waived at SHS and for specified services. See brochure for more details.

** There is a $500 per-admission deductible for inpatient hospital for Non-PPO (policy year deductible does not apply).

† Benefit levels for dependents differ from those of students. Please refer to the dependent Schedule of Benefits section of the plan brochure for more information.

**Additional Plan Information**

Please note the following levels for copays, coinsurance, deductibles, and other costs of this coverage.

**What’s Covered**

- Preventive/Wellness services – covered at 100% in-network with no copay or deductible. Includes routine screenings, gynecological care, contraceptive drugs and devices, certain immunizations, and well-baby and well-child visits.
- Doctor visits and urgent care
- Emergency expenses
- Surgery, inpatient and outpatient
- Physical therapy, acupuncture
- Tests, procedures, and laboratory services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, copays, coinsurance, and deductibles may apply. Please see the plan brochure for benefit details.

**What’s New for 2015–2016**

- The PPO Network has changed from Aetna to First Health Network. Contact First Health Network at (800) 226-5116 or www.myfirsthealth.com.
- Use an Express Scripts pharmacy when outside of SHS. To locate Express Scripts pharmacies, call (800) 447-9638 or visit www.express-scripts.com.
- Claims payer has changed from Aetna to Personal Insurance Administrators, Inc.
- Preventive Services have been expanded to include medications for breast cancer risk reduction for certain individuals.
- All individuals will be required to provide evidence of health coverage on 2015 federal tax returns.

**Referral Requirement**

A Student Health Services (SHS) referral is required for non-emergency care within a 50-mile radius from campus, unless SHS is closed or for certain preventive care. If you do not obtain a referral, benefits will not be paid, even covered benefits. See brochure for more details.