



The following changes have been made to your plan:

Please note that, unless otherwise indicated, all changes listed below are retroactive to your plan’s effective date.

Issue Date:

State: California

1. Restating the “Referral Requirements” on page 9 of the “Description of Benefits” Chart as follows.

| REFERRAL REQUIREMENTS |
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| <p>A referral from Tang Center is required for most services performed outside of the Tang Center. Except in specific instances; (e.g. emergency care or urgent care), a referral is required from Tang Center prior to receiving treatment outside of the Tang Center.</p> <p>A separate per service referral is required for each individual condition at the beginning of each semester prior to receiving care for ongoing conditions. Referrals for Outpatient Mental Health counseling are required once per Policy Year. If a referral is not obtained, a \$500 per service penalty will be applied.</p> <p>A referral is not required in the following circumstances:</p> <ul style="list-style-type: none"> • Treatment is for an Emergency Medical Condition, • Treatment is for an Emergency Mental Health Condition, • Services in an Urgent Care setting, • Obstetric and Gynecological Treatment, • Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnose or treat an Accident or Sickness). |

2. Restating the following Pediatric Vision and Pediatric Dental benefits on pages 12-13 of the “Description of Benefits” Chart.

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| <p>Pediatric Vision Care Exam Expense Exams are limited to 1 visit per Policy Year.</p> <p>Supplies are limited to 1 pair of Glasses (lenses and frames) per Policy Year</p> <p>Covered Medical Expenses include</p> | <p>100% of the Negotiated Charge*</p> | <p>60% of the Recognized Charge*</p> |
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| <p>routine vision exam (including refraction & Glaucoma Testing), non-cosmetic eyeglass frames, prescription lenses or prescription contact lenses (not both).</p> <p>Coverage is limited to covered persons until the end of the month in which the covered person turns 19.</p> | | |
| <p>Pediatric Dental Diagnostic and Preventive Care</p> <p>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</p> <p>Coverage is limited to covered persons until the end of the month in which the covered person turns 19.</p> | <p>100% of the Negotiated Charge*</p> | <p>70% of the Recognized Charge</p> |
| <p>Pediatric Dental Basic Restorative Care</p> <p>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</p> <p>Coverage is limited to covered persons until the end of the month in which the covered person turns 19.</p> | <p>70% of the Negotiated Charge*</p> | <p>50% of the Recognized Charge</p> |

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| <p>Pediatric Dental Major Restorative Care</p> <p>Covered dental expenses include charges made by a dental provider for the dental services listed in the Pediatric Dental Care Schedule. To view the Pediatric Dental Care Schedule please refer to the University of California, Berkeley page on the Aetna Student Health website, www.aetnastudenthealth.com</p> <p>Coverage is limited to covered persons until the end of the month in which the covered person turns 19.</p> | <p>50% of the Negotiated Charge*</p> | <p>50% of the Recognized Charge</p> |
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The following changes have been made to your plan:

Please note that, unless otherwise indicated, all changes listed below are retroactive to your plan's effective date.

Issue Date: 2/12/16

State: California

1. Updating page 6 to remove the following:

Excess Provision

This Plan is an excess only Plan. As an excess only Plan, this Plan pays its Covered Medical Expenses after any other medical coverage. This Plan's liability will be determined without consideration to any limitation clause or clauses regarding other coverage contained in any other medical coverage. Benefits Payable under this Plan shall be limited to the Plan's Covered Medical Expenses and reduced by the amount paid or payable by any other medical coverage. However, consideration will be given to the other medical coverage's liability due to a provider contract or other reasons when calculating this Plan's Benefits Payable.

For the purposes of calculating a benefit under this Plan, the liability of the other medical coverage shall be considered and shall not depend upon whether timely application for benefits from other medical coverage is made by the covered person or on the covered person's behalf. If any other medical coverage provides benefits on an excess only basis, the coverage for the covered person which has been in effect the longest shall pay benefits first. "Other medical coverage" means any reimbursement for or recovery of any element of incurred covered charges available from any other source whatsoever whether through an insurance policy or other type of coverage, except gifts and donations, including but not limited to the following:

- Any group, accident-only, blanket or franchise policy of accident, disability, health, or accident and sickness insurance.
- Any arrangement of benefits for members of a group, whether insured or uninsured.
- Any prepaid service arrangement such as Blue Cross or Blue Shield or group practice plans or health maintenance organizations.
- Any amount payable as a benefit for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under the medical expense payment provision (or, by whatever terminology used to include such benefits mandated by law) of any motor vehicle insurance policy.
- Any amounts payable for injuries related to the covered person's job to the extent that he or she actually received benefits under a Workers' Compensation Law.
- Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to the covered person after the covered person becomes disabled while insured hereunder.
- Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

- HMO/PPO Provision – In the event that expenses are denied under a Health Maintenance Organization, Preferred Provider Organization (PPO) or other group medical plan the covered person has in force, and such denial is because care or treatment was received outside of the network’s geographic area, benefits will be payable under this coverage, provided the expense is a Covered Medical Expense.

2. Updating page 6 to add the following:

Coordination of Benefits

A Coordination of Benefits (COB) provision applies to the Plan when you have medical and /or dental coverage under more than one Plan.

The Order of Benefit Determination Rules determines which plan will pay as the primary plan. The primary plan pays first; without regard to the possibility that another plan may cover some expenses. A secondary plan pays after the primary plan; and may reduce the benefits it pays; so that payments from all group plans do not exceed 100% of the total allowable expense. For more information about the Coordination of Benefits procedure, including the Order of Benefits Determination Rules, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits procedure is contained in the Master Policy issued to the University of California, Berkeley, and may be viewed online at www.aetnastudenthealth.com.

Issue Date: 2/4/16

State: California

3. Updating page 6 to remove the following:

Excess Provision

This Plan is an excess only Plan. As an excess only Plan, this Plan pays its Covered Medical Expenses after any other medical coverage. This Plan’s liability will be determined without consideration to any limitation clause or clauses regarding other coverage contained in any other medical coverage. Benefits Payable under this Plan shall be limited to the Plan’s Covered Medical Expenses and reduced by the amount paid or payable by any other medical coverage. However, consideration will be given to the other medical coverage’s liability due to a provider contract or other reasons when calculating this Plan’s Benefits Payable.

For the purposes of calculating a benefit under this Plan, the liability of the other medical coverage shall be considered and shall not depend upon whether timely application for benefits from other medical coverage is made by the covered person or on the covered person’s behalf. If any other medical coverage provides benefits on an excess only basis, the coverage for the covered person which has been in effect the longest shall pay benefits first. “Other medical coverage” means any reimbursement for or recovery of any element of incurred covered charges available from any other source whatsoever whether through an insurance policy or other type of coverage, except gifts and donations, including but not limited to the following:

- Any group, accident-only, blanket or franchise policy of accident, disability, health, or accident and sickness insurance.
- Any arrangement of benefits for members of a group, whether insured or uninsured.

- Any prepaid service arrangement such as Blue Cross or Blue Shield or group practice plans or health maintenance organizations.
- Any amount payable as a benefit for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under the medical expense payment provision (or, by whatever terminology used to include such benefits mandated by law) of any motor vehicle insurance policy.
- Any amounts payable for injuries related to the covered person's job to the extent that he or she actually received benefits under a Workers' Compensation Law.
- Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to the covered person after the covered person becomes disabled while insured hereunder.
- Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.
- HMO/PPO Provision – In the event that expenses are denied under a Health Maintenance Organization, Preferred Provider Organization (PPO) or other group medical plan the covered person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Medical Expense.

4. Updating page 6 to add the following:

Coordination of Benefits

A Coordination of Benefits (COB) provision applies to the Plan when you have medical and /or dental coverage under more than one Plan.

The Order of Benefit Determination Rules determines which plan will pay as the primary plan. The primary plan pays first; without regard to the possibility that another plan may cover some expenses. A secondary plan pays after the primary plan; and may reduce the benefits it pays; so that payments from all group plans do not exceed 100% of the total allowable expense. For more information about the Coordination of Benefits procedure, including the Order of Benefits Determination Rules, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits procedure is contained in the Master Policy issued to the University of California, Berkeley, and may be viewed online at www.aetnastudenthealth.com.

Issue Date: 1/16/16

State: California

1. Updating the "Exclusions" section on page 20 to remove the following:

28. Expense incurred for injury resulting from the play or practice of intercollegiate sports; (participating in sports clubs; or intramural athletic activities; is not excluded).

