

WHO IS ELIGIBLE TO ENROLL?

Any full-time student who is registered and attending classes at the College is automatically insured by the plan. Students may waive coverage under this plan by presenting proof of existing medical or health coverage to the Student Accounts office by the Waiver Deadline Date listed below. Coverage is available for students engaged in Practical Training. Full-time status is determined on the Add/Drop Deadline Date listed below.

	Add/Drop	Waiver
Fall	9/16/11	9/16/11
Spring	1/27/12	1/27/12

Part-time students (less than 12 units; Visual and Critical Studies graduate students - less than 9 units) are not eligible for this plan, but may elect to enroll in coverage available through other individual products. For more information, contact Wells Fargo Student Insurance Services at (800) 853-5899 or the Student Affairs Office for brochures.

An international student with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside the home country, who has not been granted permanent residency status, is required to be insured under the contract while engaged in full-time educational activities through the College. Waiver may only be granted to people already insured under other government- or embassy-sponsored plans. Contact the International Student Affairs and Programs Office for details.

Insured students must actively attend classes until the add/drop deadline for the term which coverage is purchased, except in the case of medical withdrawal. Kaiser Permanente maintains its right to investigate student status and attendance records to verify that the contract eligibility requirements have been met.

Eligible students who involuntarily lose coverage under another group health plan are also eligible to purchase the Student Health Plan within 30 days of loss of coverage. These students must provide Wells Fargo Insurance Services with proof that they have lost coverage through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Insurance Services within 30 days from loss of prior coverage.



WHO IS ELIGIBLE TO ENROLL? (CONT)

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. 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 twenty six years of age who are not self-supporting and reside with the Insured Student. 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 for 31 days after the birth (including the date of birth). Coverage may be continued for that child when Wells Fargo Insurance Services 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.**

	COST	
	FALL	SPRING/SUMMER
Effective Date	8/15/11	1/1/12
Termination Date	12/31/11	8/14/12
Student	\$ 841	\$1,393
Spouse	\$2,768	\$4,611
Child(ren)	\$ 508	\$ 845

IMPORTANT!

This is only a brief overview of the student health plan available to you at your College. For a full description of covered benefits, please visit: studentinsurance.wellsfargo.com or call the student health insurance broker, Wells Fargo Insurance Services, at (800) 853-5899, Monday-Friday 8:30am to 5:00pm (PST).

NOTE: Prior to enrolling in the health plan, you must have read and understood the full Kaiser Permanente Disclosure Document available online at studentinsurance.wellsfargo.com.

WELLS FARGO INSURANCE SERVICES USA, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

PLAN UNDERWRITTEN BY:

Eligibility and Coverage Questions

Kaiser Permanente

(800) 464-4000
www.kp.org

EMERGENCY TRAVEL ASSISTANCE:

On Call International

One Delaware Drive
Salem, NH 03079
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
www.oncallinternational.com

THE POLICY ADMINISTERED BY:

General Questions
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division
CA License No. 0D08408
(800) 853-5899 or (916) 231-3399
studentinsurance.wellsfargo.com

IMPORTANT NOTICE

This information is a brief description of the important features of the health plan. It is not a contract of coverage. The terms and conditions of coverage are set forth in the contract issued in the state in which the contract was delivered. Complete details may be found in the contract on file at your school's office. The contract is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Student Health Plan

An Overview :

California College of the Arts

2011 - 2012

CCoA
CALIFORNIA
COLLEGE
OF THE ARTS

studentinsurance.wellsfargo.com

Underwritten by:
Kaiser Permanente
Contract #603100

Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance Division

SCHEDULE OF MEDICAL BENEFITS

The Services described below are covered only if all the following conditions are satisfied:

The Services are Medically Necessary

The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside Kaiser Permanente's Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the Evidence of Coverage (EOC) for authorized referrals, hospice care, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

2011 BENEFIT SUMMARY FOR CALIFORNIA COLLEGE OF THE ARTS	STUDENT/SUBSCRIBER PAYS
Medical calendar-year deductible	None
Annual out-of-pocket maximum ¹ Individual/Family	\$3,000/\$6,000
OUTPATIENT CARE	STUDENT/SUBSCRIBER PAYS
Office visits	\$20 copay
Preventive exams	\$20 copay
Maternity/Prenatal care ²	\$15 copay
Well-child preventive care visits ³	\$15 copay
Vaccines (immunizations)	No charge
Allergy injections	\$5 copay
Occupational, physical, and speech therapy	\$20 copay
Chiropractic Care (American Specialty Health Plan Network) (30 visits per calendar year)	\$15 copay
Most labs and imaging	\$10 copay
MRI, CT, and PET scans	\$50 copay
Outpatient Surgery	\$250 copay per procedure
EMERGENCY SERVICES	STUDENT/SUBSCRIBER PAYS
Emergency Department visits, (waived if admitted directly to hospital)	\$150 copay
Ambulance services	\$150 copay
PRESCRIPTIONS ⁴	STUDENT/SUBSCRIBER PAYS
Generic (Up to a 30-day supply)	\$10 copay ⁴
Brand-name (Up to a 30-day supply)	\$30 copay ⁴
Generic mail order incentive (MOI) (Up to a 100-day supply)	\$20 copay
Brand-name mail order incentive (MOI) (Up to a 100-day supply)	\$60 copay
HOSPITAL CARE	STUDENT/SUBSCRIBER PAYS
Physician services, room and board, tests, medications, supplies, and therapies	\$500 per admission
Skilled nursing facility care (up to 100 days)	No charge
MENTAL HEALTH SERVICES	STUDENT/SUBSCRIBER PAYS
Outpatient visits	\$20 copay (for individual therapy) \$10 copay (for group therapy)
Inpatient psychiatric hospitalization and intensive psychiatric treatment programs	\$500 per admission
CHEMICAL DEPENDENCY SERVICES	STUDENT/SUBSCRIBER PAYS
Outpatient visits	\$20 copay (for individual therapy) \$5 copay (for group therapy)
Inpatient detoxification	\$500 per admission
OTHER	STUDENT/SUBSCRIBER PAYS
Certain durable medical equipment (DME) ⁵	20% coinsurance
Optical (eyewear)	Not covered ⁶
Vision exam	\$20 copay
Home health care (up to 100 two-hour visits per calendar year)	No Charge
Hospice care	No Charge

¹ The annual out-of-pocket maximum is the limit to the total amount that an individual or family must pay for certain services in a calendar year (as discussed in the Evidence of Coverage).

² Scheduled prenatal visits and the first postpartum visit.

³ For children 23 months or younger.

⁴ Prescription drugs are covered in accordance with our formulary when prescribed by a plan physician and obtained at Plan pharmacies. Some drugs have different copayments; please refer to the Evidence of Coverage for detailed information about prescription drug copayments.

⁵ Most DME for home use is not covered. Please refer to the Evidence of Coverage for a description of limited covered items.

⁶ Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be coordinated with any other Health Plan vision benefit. The discounts will not apply to any sale, promotional, or packaged eye wear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp.org/2020 for Kaiser Permanente optical locations.

EXCLUSIONS & LIMITATIONS

The following are the principal exclusions from coverage. See your Evidence of Coverage for the complete list, including details and any exceptions to the exclusions. Also, additional exclusions that apply only to a particular benefit are listed in the description of that benefit in your Evidence of Coverage.

- Care in a licensed intermediate care facility, except for covered hospice care
- Chiropractic Services, unless otherwise stated in your Evidence of Coverage
- Artificial insemination, unless otherwise stated in your Evidence of Coverage, and conception by artificial means
- Cosmetic Services, except for Services covered under "Reconstructive Surgery" and "Prosthetic and Orthotic Devices" in the Evidence of Coverage
- Custodial care, except for covered hospice care
- Dental and Orthodontic Services and X-rays, except for Services covered under "Dental and Orthodontic Services" in the Evidence of Coverage
- Disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Acetype bandages, and diapers, underpads, and other incontinence supplies
- Experimental or investigational Services, except as required by law for certain cancer clinical trials. You can request an independent medical review if you disagree with our decision to deny treatment because it is experimental or investigational (please refer to the Evidence of Coverage for details about independent medical review and other dispute resolution options)
- Eyeglasses, contact lenses, and contact lens eye examinations, unless otherwise stated in your Evidence of Coverage
- Services related to eye surgery or orthokeratologic Services for the purpose of correcting refractive defects such as myopia, hyperopia, or astigmatism
- Hearing aids, unless otherwise stated in your Evidence of Coverage
- Physical examinations related to employment, insurance, licensing, court orders, parole, or probation, unless a Plan Physician determines that the Services are Medically Necessary
- Routine foot care Services that are not Medically Necessary
- Services arising from participation in any collegiate or intercollegiate sport activities when other medical coverage is either provided or required
- Services related to conception, pregnancy, or delivery in connection with a surrogacy arrangement, except for otherwise-covered Services provided to a Member who is a surrogate
- Services related to the diagnosis and treatment of infertility, unless otherwise stated in your Evidence of Coverage
- Services related to a noncovered Service, except for Services we would otherwise cover to treat complications of the noncovered Service
- Speech therapy Services to treat social, behavioral, or cognitive delays in speech or language development, unless Medically Necessary
- Transgender surgery
- Travel and lodging expenses, except for travel and lodging expenses provided under "Bariatric Surgery" in the Evidence of Coverage
- Treatment of hair loss or growth

LIMITATIONS

Kaiser Permanente will do its best to provide or arrange for Kaiser Permanente Members' health care needs in the event of unusual circumstances that delay or render impractical the provision of Services, such as major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel at a Plan Facility, complete or partial destruction of facilities, and labor disputes. Under these extreme circumstances, if you have an Emergency Medical Condition, go to the nearest hospital as described under "Emergency Care and Post-stabilization Care from Non-Plan Providers" in the "How to obtain care" section and Kaiser Permanente will provide coverage as described in that section. Additional limitations that apply only to a particular benefit are listed in the description of that benefit in your Evidence of Coverage.

This is only a summary of Plan features. Consult the Evidence of Coverage for a more detailed description of Plan features, including benefits, exclusions, and limitations.

