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: 2/14/14
State: California

Effective 2/17/2014

1. Updating the “General Provisions” section on page 54 to remove the following:

   **Coordination of Benefits**
   If the Covered Person is insured under more than one group health plan, the benefits of the plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Covered Person under any auto insurance, Workers’ Compensation, Medicare, or other coverage. The Plan pays in accordance with the rules set forth in the Policy.

2. Updating the “General Provisions” section on page 54 to add 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.

**Issue Date:** 1/16/14  
**State:** California

1. Restating the “Ambulance Expense” benefit in the “Summary of Benefits Chart – Student Plan” on page 14 as follows:

   **Ambulance Expense**

   **Covered Medical Expenses** are payable for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.

   **Covered Medical Expenses** are payable as follows:

   - **Preferred Care:** 90% of the Negotiated Charge
   - **Non-Preferred Care:** 90% of the Actual Charge

2. Restating the “Ambulance Expense” benefit in the “Summary of Benefits Chart – Dependent Plan” on page 35 as follows:
Ambulance Expense

**Covered Medical Expenses** are payable for the services of a professional ambulance to or from a hospital, when required due to the emergency nature of a covered Accident or Sickness.

**Covered Medical Expenses** are payable as follows:
- Preferred Care: 80% of the Negotiated Charge.
- Non-Preferred Care: 80% of the Actual Charge.

**Issue Date:** 12/12/13  
**State:** California

1. Restating “Newborn Infant and Adopted Child Coverage” under the “Dependent Coverage” section on page 8 as follows:

**NEWBORN INFANT AND ADOPTED CHILD COVERAGE**
A child born to a Covered Person shall be covered for Accident, Sickness, Routine Care, premature birth, medically diagnosed congenital defects, and birth abnormalities for 31 days from the date of birth. At the end of this 31 day period, coverage will cease under the UC Berkeley Student Health Insurance Plan. To extend coverage for a newborn past the 31 days, the Covered Student must: 1) enroll the child within 31 days of birth, and 2) pay the additional premium, starting from the date of birth.

Coverage is provided for a child legally placed for adoption with a Covered Student for 31 days from the moment of placement provided the child lives in the household of the Covered Student, and is dependent upon the Covered Student for support. To extend coverage for an adopted child past the 31 days, the Covered Student must 1) enroll the child within 31 days of placement of such child, and 2) pay any additional premium, if necessary, starting from the date of placement.

For information or general questions on dependent enrollment, contact Aetna Student Health at, **(866) 639-3703.**

**Issue Date:** 11/21/13  
**State:** California

1. Updating the “Exclusions” section on page 57 to remove the following:

20. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.

2. Restating the “Elective Treatment” definition on page 61 as follows:
**Elective Treatment**: medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the covered person’s effective date of coverage. **Elective treatment** includes; but is not limited to:
- breast reduction;
- treatment for weight reduction;
- treatment of infertility

**Issue Date**: 8/29/13
**State**: California

1. Updating the “Exclusions” section to remove the following:

Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.