2015-2016 Student Health Insurance

Middlebury Institute of International Studies

studentinsurance.wellsfargo.com

Plan Brokered by:
Wells Fargo Insurance Services USA, Inc.
CA License No. 0D08408
IMPORTANT NOTICE
This is just a brief description of your benefits. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at 800-888-2108 or call Wells Fargo Insurance at 800-853-5899. You will be able to obtain a copy of the full Master Policy as soon as it is available.

HEALTH CARE REFORM NOTICE
This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Review Services, we may be required to make additional changes to this summary of benefits.

WHEN COVERAGE BEGINS
Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the later of:
- The Master 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 Wells Fargo Insurance, 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. Final decisions regarding coverage effective dates are made by Anthem Blue Cross Life and Health.

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. 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.

CONTINUOUS COVERAGE
This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the SHIP or policies issued to Middlebury Institute of International Studies 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. Benefits shall not 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 Benefit Year Maximum.

WHEN COVERAGE ENDS
Insurance of all Insured Persons terminates at 12:01 a.m. on the earlier of:
- Date the Master Policy terminates for all Insured Persons;
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.
Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

PLAN COST

<table>
<thead>
<tr>
<th></th>
<th>ANNUAL</th>
<th>FALL</th>
<th>SPRING/SUMMER 1 (New Students Only)</th>
<th>SPRING/SUMMER 2 (Renewing Students Only)</th>
<th>SPRING (New or Renewing Students)</th>
<th>SUMMER</th>
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<tbody>
<tr>
<td>Student only</td>
<td>$3,059.25</td>
<td>$1,318.54</td>
<td>$2,017.16</td>
<td>$1,797.01</td>
<td>$1,070.19</td>
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<td>Spouse only</td>
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<td>$2,839.69</td>
<td>$4,346.70</td>
<td>$3,872.84</td>
<td>$2,304.49</td>
<td>$1,568.86</td>
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<td>Per Child age 0-25 only</td>
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<td>$1,646.36</td>
<td>$2,518.84</td>
<td>$2,244.26</td>
<td>$1,335.92</td>
<td>$909.48</td>
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NOTE: Costs below are in addition to the student premium.

Rates include premium payable to Anthem Blue Cross Life and Health Insurance Company, as well as administrative fees payable to Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: studentinsurance.wellsfargo.com or call 800-853-5899 to request a paper copy free of charge.
ELIGIBILITY

Students enrolled at the Middlebury Institute of International Studies for six (6) or more credit hours for Fall or Spring and four (4) or more credit hours for Summer semesters are required to be insured. Spring students will pay for Spring/Summer or Spring Only coverage at the beginning of the spring semester. All international students, possessing and maintaining a current passport and valid visa status (J-1), engaged in educational activities at the Institute who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured. Waiver may only be granted to people already insured under equivalent plans. Coverage is available to students engaged in practical training, on campus internships, and off campus internships located at school approved locations. Contact Student Services for more information. Please note that course credits received from TV, internet, video, satellite or any other off-campus classes do not fulfill the eligibility requirements.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Insurance for details.

Anthem Blue Cross and Wells Fargo Insurance maintain the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever Anthem Blue Cross and/or Wells Fargo Insurance discover that the Policy eligibility requirements have not been met, the only obligation is a refund of unused premium.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Student Health Insurance Plan. 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 the student enrolls and pays the premium or the day after prior coverage ends.

DEPENDENT COVERAGE - Eligible Insured Students with J1 visas 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, addition of domestic partner, birth, or adoption. Eligible dependents are the spouse or legally registered and valid domestic partner which resides with the Insured Student and the student’s, the spouse’s, or the domestic partner’s natural child, stepchild or legally adopted child under 26 years of age. 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 Wells Fargo Insurance 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.

CREDITABLE COVERAGE

CREDITABLE 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. Creditable 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. Creditable coverage is used to set up eligibility rules for children who cannot get a self-sustaining job due to a physical or mental condition.
PREMIUM REFUND/CANCELLATION

Refund requests should be directed to Wells Fargo Insurance at (800) 853-5899 or via email at studentinsurance@wellsfargo.com. A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first 45 days of the coverage period, you and your insured dependents will receive a full refund of the insurance premium provided that you and your insured dependents 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 and your insured dependents' coverage will remain in effect until the end of the term for which you have paid the premium.

2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Insurance Services within 45 days of entry into service.

3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK
(Note: personal checks are not always a payment option. Please check your school’s enrollment form for available payment options.) If you make your or your dependents’ insurance payment via personal check payable to Wells Fargo Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents’ insurance coverage will be terminated retroactive to the effective date of the enrolled term.

REIMBURSEMENTS 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, an 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 has 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, and 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 the Insurer’s 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.

EXCESS COVERAGE

The Insurer will reduce the amount payable under the Plan 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 Insured Person is entitled, whether or not a claim is made for the benefits. The Plan is secondary coverage to all other policies.
**ARBITRATION AGREEMENT**

Any dispute or claim, of whatever nature, arising out of, in connection with, or in relation to this plan or the Master 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 Insurance Company 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 Insurance Company 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. If you need to seek medical treatment prior to receiving your ID card, please call Wells Fargo Insurance at (800) 853-5899 to obtain your Member ID Number. Renewing students will maintain the same Member ID Number. Without a Member ID Number you can still seek medical treatment and submit a claim form for reimbursement.

**MANDATED BENEFITS**

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

Mandated benefits as required by the state in which the Master 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; Severe Mental Illness Treatment Benefit, which is a separate benefit from Mental and Nervous Disorders; and Pervasive Developmental Disorder or Autism. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call Anthem Blue Cross Life and Health Insurance Company at 800-888-2108 or call Wells Fargo Insurance at 800-853-5899. You will be able to obtain a copy of the full Master Policy as soon as it is available.

**ID CARDS**

Medical ID cards may be shipped 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 Number 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 call Wells Fargo Insurance at (800) 853-5899 to obtain your Member ID Number. Renewing students will maintain the same Member ID Number. Without a Member ID Number you can still seek medical treatment and submit a claim form for reimbursement.

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<td>Please read the following information so you will know from whom or what group of providers health care 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 Insureds easy access to a wide range of medical providers. Insureds 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 Insureds 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 (example: a hospital) may not always be PPO providers. <strong>You should request that all of your provider services be performed by a PPO Provider when you use a PPO facility.</strong> 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, Insureds can focus on their health, not paperwork. Insureds can find a PPO physician in their area by calling Anthem at (855) 296-0864, or by accessing the “Find a Doctor” link on <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>.</td>
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Middlebury Institute of International Studies
Accidental injury is physical harm or disability which is the result of a specific unexpected incident caused by an outside force. The physical harm or disability must have occurred at an identifiable time and place. Accidental injury does not include illness or infection, except infection of a cut or wound. Ambulatory surgical center is a freestanding outpatient surgical facility. It must be licensed as an outpatient clinic according to state and local laws and must meet all requirements of an outpatient clinic providing surgical services. It must also meet accreditation standards of the Joint Commission on Accreditation of Health Care Organizations or the Accreditation Association of Ambulatory Health Care. 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 a part of the Maximum Allowed Amount you are responsible for paying. Co-payment does not include charges for services that are not Covered Services or charges in excess of the Maximum Allowed Amount. Payment of the dollar Co-payment will be required at the time services are provided. 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. Deductible: is a part of the Maximum Allowed Amount you must pay for Covered Services before any benefits are available to you under this plan. Your Plan Year Deductible is stated on page 8. Emergency: is a sudden, serious and unexpected acute illness, injury, condition (including without limitation sudden and unexpected severe pain), or a psychiatric emergency medical 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. Maximum Allowed Amount: is the maximum amount of reimbursement that is allowed for covered medical services and supplies under the plan. 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
- Not more costly than an equivalent service or sequence of services that is medically appropriate and is likely to produce equivalent therapeutic or diagnostic results in regard to the diagnosis or treatment of the patient’s illness, injury, or condition; 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.

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 considered covered. The Insured will be responsible for any billed charges over the Maximum Allowed Amount. 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 considered covered. The Insured will be responsible for any billed charges over the Maximum Allowed Amount. 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, and such license is required to render that service, and is providing a service for which benefits are specified in this brochure:

- 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 licensed 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
- A nurse practitioner
- A physician assistant
- A licensed educational psychologist for the provision of behavioral health treatment services for the treatment of pervasive developmental disorder or autism 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 facility which provides diagnostic imaging services
- A home health agency
- A home infusion therapy provider
- A licensed ambulance company
- A licensed qualified autism service provider
The benefits listed below are available to the insured dependents. The coverage under this policy is secondary coverage to all other policies. In addition to dollar and percentage copays, 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. Benefits are subject to all terms, conditions, limitations, and exclusions of the Master Policy.

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

- **PPO Providers** — The rate the provider has agreed to accept as reimbursement for covered services. Insured persons are not responsible for the difference between the provider’s usual charges and the maximum allowed amount.
- **Non-PPO Providers & Other Health Care Providers** (includes those not represented in the PPO provider network) — Reimbursement amount is based on the Insurer’s rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Insured persons are responsible for the difference between the provider’s usual charges and the maximum allowed amount.

**DEDUCTIBLE DOES NOT APPLY TO THE SHC, OUTPATIENT PHYSICIAN VISITS, MEDICAL EMERGENCIES, OR PRESCRIPTION DRUGS.**

All copays are due at time of visit and are in addition to the plan deductible.

- **Benefit year Medical deductible for all providers** .................................................................$250/insured person
- **Deductible for non-PPO hospital, residential** .................................................................$500/admission (waived for emergency admission)
- **Benefit year Dental deductible for all providers** .................................................................$60/insured person
- **Deductible for emergency room services** .................................................................$250/visit (waived if admitted directly from ER)

**Annual Out-of-Pocket Maximums**
- **PPO Providers, Non-PPO, & Other Health Care Providers** ..............................................$5,000/insured person/year; $10,700/family/year
- **Pediatric Dental** ..............................................................................................................$1,000/insured person/year

The following do not apply to out-of-pocket maximums: pharmacy copays, charges above allowed amount and non-covered services. After an insured person reaches the out-of-pocket maximum, the insured person no longer pays copays for the remainder of the year.

**Lifetime Maximum** ...........................................................................................................Unlimited

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<th>COVERED SERVICES</th>
<th>PPO</th>
<th>NON-PPO</th>
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<tr>
<td><strong>Hospital Medical Services</strong>, (subject to utilization review for inpatient services; waived for emergency admissions)</td>
<td></td>
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<tr>
<td>Semi-private room, meals &amp; special diets, &amp; ancillary services, Outpatient medical care, surgical services &amp; supplies</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient medical care, surgical services &amp; supplies (hospital care other than emergency room care)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Ambulatory Surgical Centers</strong>, Outpatient surgery, services &amp; supplies</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>(Maximum daily benefit of $350)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong>, (subject to utilization review) Semi-private room, services &amp; supplies</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>(limited to 100 days/calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic X-ray &amp; Lab</strong></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Well Baby &amp; Well-Child Care for Dependent Children</strong>, Routine physical examinations (birth through age six)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations (birth through age six)</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>(deductible waived)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office &amp; home visits</td>
<td>$35/visit²</td>
<td>50%</td>
</tr>
<tr>
<td>Surgeon &amp; surgical assistant; anesthesiologist or anesthetist</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Physical Therapy, Physical Medicine &amp; Occupational Therapy</strong>, including Chiropractic Services (limited to 24 visits/benefit year; additional visits may be authorized)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Acupuncture</strong>, Services for the treatment of disease, illness or injury (limited to 12 visits/benefit year)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Temporomandibular Joint Disorders</strong>, Splint therapy &amp; surgical treatment</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Pregnancy &amp; Maternity Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician office visits</td>
<td>$35/visit² (deductible waived)</td>
<td>50%</td>
</tr>
<tr>
<td>Normal delivery, cesarean section, complications of pregnancy &amp; abortion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient physician services</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Hospital &amp; ancillary services</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Well Woman Visits</strong>, Breastfeeding support, supplies and counseling*, Prescription contraceptives (birth control) and counseling for women, Permanent surgical contraception (sterilization) for women, Counseling for sexually transmitted infections, Counseling and screening for HIV, Screening and counseling for interpersonal and domestic violence, Screening for gestational diabetes, HPV testing</td>
<td>100% (deductible waived)</td>
<td>50%</td>
</tr>
<tr>
<td>*Breast pumps must be purchased from an in-network durable medical equipment (DME) outlet to get 100% coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹These providers are not represented in the PPO network.
²The dollar copay applies only to the visit itself. An additional 20% copay applies for any services performed in office (i.e., X-ray, lab, surgery).

Continued on Next Page
<table>
<thead>
<tr>
<th>SCHEDULE OF BENEFITS (CONTINUED)</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERED SERVICES (CONTINUED)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI Testing (Certain STI testings are covered under your “Preventive Care Services” benefit. Please see that provision for details)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Diabetes Education Programs (requires physician supervision) Teach insured persons &amp; their families about the disease process, the daily management of diabetic therapy and self-management training</td>
<td>$35/visit² (deductible waived)</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetic Devices 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 insured persons with diabetes</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Durable Medical Equipment, Rental or purchase of DME including hearing aids, dialysis equipment &amp; supplies (hearing aid benefit is available for one hearing aid per ear every three years)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Related Outpatient Medical Services &amp; Supplies, Ground or air ambulance transportation, services &amp; disposable supplies Blood transfusions, blood processing &amp; the cost of unreplace blood &amp; blood products Autologous blood (self-donated blood collection, testing, processing &amp; storage for planned surgery)</td>
<td>80%¹</td>
<td>80%¹</td>
</tr>
<tr>
<td>Emergency Care, Emergency room services &amp; supplies, ($250 deductible waived if admitted) Inpatient hospital services &amp; supplies Physician services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Mental or Nervous Disorders and Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Care Facility-based care (subject to utilization review; waived for emergency admission) Inpatient physician visits</td>
<td>80%</td>
<td>50%¹</td>
</tr>
<tr>
<td>Outpatient Care Facility-based care (subject to utilization review; waived for emergency admission) Outpatient physician visits</td>
<td>80%</td>
<td>50%¹</td>
</tr>
<tr>
<td>$35/visit² (deductible waived)</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Prescription Medications (prescription oral contraceptives, contraceptive diaphragms, injectable drugs and implants for birth control are covered under Preventive Services. Please refer to policy for daily supply limits)</td>
<td>$15 Generic/$35 Brand/$70 Non-Formulary/20% Specialty up to $150; for 30 day supply</td>
<td>$15 Generic/$70 Brand/$140 non-formulary/20% Specialty up to $300; for 90 day supply</td>
</tr>
<tr>
<td>Home Delivery Drugs and Medications (90 day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care Services, Routine physical exams, immunizations, routine radiology and laboratory services, health screenings including: breast cancer, cervical cancer, including human papillomavirus (HPV), prostate cancer, colorectal cancer, and other medically accepted cancer screening tests, blood lead levels, high blood pressure, type 2 diabetes mellitus, cholesterol, and obesity</td>
<td>100% (deductible waived)</td>
<td>N/A</td>
</tr>
<tr>
<td>Dental Expenses, made necessary for injury to sound, natural tooth.</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

¹These providers are not represented in the PPO network.
²The dollar copay applies only to the visit itself. An additional 20% copay applies for any services performed in office (i.e., X-ray, lab, surgery).
EXCLUSIONS AND LIMITATIONS

This list is only a partial list. Please refer to the School’s Certificate of Coverage online at studentinsurance.wellsfargo.com for a complete list of exclusions.

The Master Policy does not cover nor provide benefits for:

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 investigational, 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) the insured person’s commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.

5. **Not Covered.** Services received before the insured person’s policy 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 the maximum allowed amount 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 spent 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. **Orthodontia.** Braces, other orthodontic appliances or orthodontic services, except as specified in the Certificate for members under age 19.

15. **Dental Services or Supplies.** For dental treatment, regardless of origin or cause, except as specified below. “Dental treatment” includes but is not limited to preventative care and fluoride treatments; dental x rays, supplies, appliances, dental implants and all associated expenses; diagnosis and treatment related to the teeth, jawbones or gums, including but not limited to:

   - Extraction, restoration, and replacement of teeth;
   - Services to improve dental clinical outcomes.

   This exclusion does not apply to the following:

   - Services which we are required by law to cover;
   - Services specified as covered in this booklet;
   - Dental services to prepare the mouth for radiation therapy to treat head and/or neck cancer. *Services for members under age 19.

16. **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.

17. **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.

18. **Outpatient Speech Therapy.** Outpatient speech therapy, except as specified as covered in the Certificate.

19. **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.

20. **Scalp hair prostheses.** Scalp hair prostheses, including wigs or any form of hair replacement.

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

22. **Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary

Continued on Next Page
evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.

23. **Sterilization Reversal.** 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.

24. **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.

25. **Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

26. **Orthopedic Supplies.** Orthopedic shoes and shoe inserts. This exclusion does not apply to orthopedic footwear used as an integral part of a brace, shoe inserts that are custom molded to the patient, or therapeutic shoes and inserts designed to treat foot complications due to diabetes, except as specified as covered in the Certificate.

27. **Air Conditioners.** Air purifiers, air conditioners or humidifiers.

28. **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.

29. **Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

30. **Personal Items.** Any supplies for comfort, hygiene or beautification.

31. **Education or Counseling.** This plan does not cover:
   - Educational or academic counseling, remediation, or other services that are designed to increase academic knowledge or skills.
   - Educational or academic counseling, remediation, or other services that are designed to increase socialization, adaptive, or communication skills.
   - Academic or educational testing.
   - Teaching skills for employment or vocational purposes.
   - Teaching art, dance, horseback riding, music, play, swimming, or any similar activities.
   - Teaching manners and etiquette or any other social skills.
   - Teaching and support services to develop planning and organizational skills such as daily activity planning and project or task planning. This exclusion does not apply to the medically necessary treatment of pervasive developmental disorder or autism, to the extent stated.

32. **Food or Dietary Supplements.** Nutritional and/or dietary supplements, and counseling, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

33. **Telephone, Facsimile Machine, Consultations.** Consultations provided using telephone, facsimile machine, or electronic mail.

34. **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.

35. **Acupuncture.** Acupuncture treatment, except as specified as covered in the Certificate. Acupuncture 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.

36. **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.

37. **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.

38. **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.

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

40. **Private Duty Nursing.** Private duty nursing services.

41. **Sports-Related Conditions.** Expenses incurred for treatment of sport-related accidents resulting from interscholastic, intercollegiate, club or professional sports. Treatment arising from a condition sustained while participating in scuba diving, parachuting, hang gliding, or bungee jumping.

42. **Third Party Liability — Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

43. **Excess Coverage — Anthem Blue Cross Life and Health Insurance Company will reduce the amount payable under this plan if expenses are covered under any other plan. We 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 insured person is entitled, whether or not a claim is made for the benefits.

44. **Varicose Vein Treatment.** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

The coverage under this policy is secondary coverage to all other policies. Any exclusion above will not apply to the extent that coverage is specifically provided by name in the Master Policy; or coverage of the charges is required under any law that applies to the coverage.
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.

HOW DO I FILE A CLAIM?

Usually, all providers of healthcare 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. 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. 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. Mail to:

Anthem Blue Cross Life and Health Insurance Company
P.O. Box 60007
Los Angeles, CA 90060

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

COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, you may contact Anthem Blue Cross Life and Health at:

Anthem Blue Cross Life and Health Insurance Company
(Anthem Blue Cross Life and Health)
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

ONLINE HEALTH CARE 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 Blue Cross 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.

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 30% 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 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.
Information that’s important to you: Every year, we’re required to send you specific information about your rights, your benefits and more. This can use up a lot of trees, so we’ve combined a couple of these required annual notices. Please take a few minutes to read about:

- State notice of privacy practices
- HIPAA notice of privacy practices
- Breast reconstruction surgery benefits

Want to save more trees? Go to anthem.com/ca and sign up to receive these types of notices by e-mail.

State notice of privacy practices: As mentioned in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to health, dental and vision benefits that you may have.

Your personal information: We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. We may collect PI about you from other persons or entities, such as doctors, hospitals or other carriers. We may share PI with persons or entities outside of our company — without your OK in some cases. If we take part in an activity that would require us to give you a chance to opt out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity. You have the right to access and correct your PI. Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you. A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

HIPAA notice of privacy practices: This notice describes how health, vision and dental information about you may be used and disclosed, and how you can access this information with regard to your health benefits. Please review it carefully. We keep the health and financial information of our current and former members private, as required by law, accreditation standards and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information: We may collect, use and share your Protected Health Information (PHI) for the following reasons and others as 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 federal 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 law enforcement reasons, and with coroners, funeral directors or medical examiners (about deceased). PHI can also be shared with organ donation groups for certain reasons, 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. If you are enrolled with us through an employer-sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK 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 OK, we cannot undo any actions we took before you told us to stop.

Genetic Information: If we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

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
- As allowed or required by law:
  - 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 to an address other than your home if sending it to your home could place you in danger.
  - 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 identification (ID) card to use any of these rights. Customer Service representatives 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, and have 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 laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These 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 data is kept. Also, where required by law, our affiliates and nonaffiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential impact of other applicable laws: HIPAA (the federal privacy law) generally does not preempt, or override, other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints: If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact information: Please call Customer Service at the phone number printed on your ID card. Representatives can help you apply your rights, file a complaint or talk with you about privacy issues.

Copies and changes: You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes.”

Breast reconstruction surgery benefits: If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your benefits comply with the Women’s Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

All applicable benefit provisions will apply, including existing deductibles, copayments and/or co-insurance. Contact Customer Service for more information.
ON CALL GLOBAL RESPONSE CENTER:
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
One Delaware Drive
Salem, NH 03079
E-mail: mail@oncallinternational.com
www.oncallinternational.com

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

PROGRAM GUIDELINES
U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence or campus location for up to one year. Medical transportation services and repatriation of deceased remains services are available at campus location.*
U.S. students studying abroad are eligible for services both at and away from their new campus location for up to one year.*
Foreign national students studying in the U.S. are eligible for On Call International’s services, both on or away from campus while traveling in a country that is not their country of origin.*
*Member shall be eligible for services during the term of his/her defined Program as long as his/her program is still effective and the membership fee has been paid prior to departure.

KEY SERVICES

Medical Monitoring
On Call’s medical staff will communicate with the member’s attending physician and obtain a full understanding of the situation. Medical professionals will stay in regular communication with local medical personnel and relay necessary information to the Member and Family.

Emergency Medical Evacuation
If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

Medical Repatriation
If after seeking medical attention, it is medically advisable for the member to seek further care at home, On Call will transport the member home or to a medical facility closer to home with a medical or non-medical escort, as necessary.

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

Care of Minor Children
If a member is traveling with dependent children and is hospitalized as a result of a medical emergency for more than seven days, On Call will arrange for the transportation of the unattended children to their home, with an attendant if necessary.

Return of Deceased Remains
On Call will assist with the logistics of returning a member’s remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Medical, Dental and Pharmacy Referrals
On Call will provide referrals to medical, dental professionals and pharmacies in the given geographic locations of western style medical facilities and English speaking providers in an area served by On Call to the extent possible.

Hospital Admission Guarantee
On Call will guarantee hospital admission by validating a member’s health coverage or by advancing funds to the hospital. (Any advance of funds shall be charged to the member’s credit card at the time of service).

Prescription Assistance
If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member’s responsibility.

Emergency Message Transmission
On Call will receive and transmit authorized emergency messages for members.

Legal Consultation and Referral
If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

Lost Luggage Assistance
On Call will assist the member with the tracking of luggage lost or delayed in transit.

Lost/Stolen Travel Document Assistance
On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member’s responsibility.

Interpreter & Legal Referrals
On Call will refer members to local translators and interpreters if communication problems cannot be solved via telephone.

Pre-trip Information
On Call offers members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the-art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.
CONDITIONS & EXCLUSIONS

On Call International will not pay for services in the following instances:

* Services rendered without the coordination and approval of On Call
* Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
* Expenses incurred if the original or ancillary purpose of the member’s trip is to obtain medical treatment.
* Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country.
* Participation in an international authority flight in aircraft being used for experimental purposes, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
* Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient.
* Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member or employer.
* Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.
* Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
* A member on an organ transplant list prior to enrollment will not be entitled to a transport for that transplant.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call’s recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call’s actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.

Emergency Assistance Services
Provided by: **On Call International**
(877) 318-6901 (Toll-free within the U.S.)
(603) 328-1909 (Outside the U.S.)
[www.oncallinternational.com](http://www.oncallinternational.com)
To get a prescription filled, you will only need to take your prescription to a participating pharmacy and present your member 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.

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication.

The plan’s 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 formulary list are furnished to your providers and are available online at www.anthem.com/ca. You or your provider may also contact Anthem Blue Cross Life and Health’s 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 contraceptives; including oral contraceptives, diaphragms, and patches. Contraceptives may be covered as preventive care services. In order to be covered as preventive care, the contraceptives must be generic drugs or single source brand name drugs that you get from a Retail Pharmacy or through the home delivery program.
- 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).
- Prescribed 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, subject to the brand name co-pay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

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.

<table>
<thead>
<tr>
<th>Covered Services (outpatient prescriptions only)</th>
<th>Per Member Co-pay for Each Prescription or Refill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Participating Pharmacy (exception: Preventive immunizations administered by a retail pharmacy &amp; prescription contraceptives per insured co-pay is no charge)</td>
<td>Generic drugs $15 (includes diabetic supplies)</td>
</tr>
<tr>
<td></td>
<td>Brand drugs $35</td>
</tr>
<tr>
<td></td>
<td>Non-Formulary drugs $70 (includes compound drugs)</td>
</tr>
<tr>
<td></td>
<td>Self-administered injectable drugs $20% of prescription drug maximum allowed amount (maximum $150 copay per fill)</td>
</tr>
<tr>
<td>Home Delivery (exception: prescription contraceptives per insured co-pay is no charge)</td>
<td>Generic drugs $15 (includes diabetic supplies)</td>
</tr>
<tr>
<td></td>
<td>Brand drugs $70</td>
</tr>
<tr>
<td></td>
<td>Non-Formulary drugs $140</td>
</tr>
<tr>
<td></td>
<td>Self-administered injectable drugs $20% of prescription drug maximum allowed amount (maximum $300 copay per fill)</td>
</tr>
<tr>
<td>Specialty Pharmacy Program Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply.</td>
<td>Applicable copay applies</td>
</tr>
<tr>
<td></td>
<td>Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at anthem.com/ca. From our home page: Click on Customer Care; Then select “I need to: Choose: Download Forms”; In the pharmacy library section, click on “Specialty Drug List.”</td>
</tr>
<tr>
<td>Supply Limits Retail Pharmacy (participating and non-participating)</td>
<td>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 copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)</td>
</tr>
<tr>
<td></td>
<td>90-day supply</td>
</tr>
<tr>
<td></td>
<td>30-day supply</td>
</tr>
</tbody>
</table>

1. Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.
2. Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified “dispense as written” (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.
3. Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.
4. Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information.
CLAIMS AND COVERAGE QUESTIONS:  
Anthem Blue Cross  
Life and Health Insurance Company  
P.O. Box 60007  
Los Angeles, CA 90060  
(855) 296-0864 (Toll-Free)  
studentinsurance.wellsfargo.com

EMERGENCY TRAVEL ASSISTANCE:  
(Provide this information to your Emergency Contact)  
On Call International 24/7 Emergency Travel Assistance Services  
(877) 318-6901 (within U.S.).  
If outside the U.S., call collect by dialing the U.S. access code plus (603) 328-1909.  
www.oncallinternational.com/

TO FIND A DOCTOR OR PREFERRED PROVIDER:  
PPO Prudent Buyer Plan  
(855) 296-0864 (Toll-Free)  
studentinsurance.wellsfargo.com

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

ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:  
Wells Fargo Insurance  
Student Insurance  
(800) 853-5899  
Fax: (877) 612-7966  
Email: studentinsurance@wellsfargo.com  
studentinsurance.wellsfargo.com

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 of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

IMPORTANT NOTE
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 278547 issued to Middlebury Institute of International Studies. The Master 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
MIDDLEBURY INSTITUTE OF INTERNATIONAL STUDIES (MIS)
2015-2016 ENROLLMENT FORM

1. **NEW**
2. **RENEWING**

Wells Fargo Insurance Medical ID #

**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

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**STUDENT’S NAME**

<table>
<thead>
<tr>
<th>LAST / SURNAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
</tr>
</thead>
</table>

**STUDENT I.D. #**

<table>
<thead>
<tr>
<th>DATE OF BIRTH (Month, Day, Year)</th>
<th>SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only)</th>
</tr>
</thead>
</table>

**U.S. MAILING ADDRESS**

(Use school address if none)

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>APARTMENT #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**PHONE #**

**EMAIL ADDRESS (REQUIRED)**

Please check appropriate box:

- [ ] FEMALE
- [ ] MALE
- [ ] SINGLE
- [ ] MARRIED

**VISA TYPE** (if applicable: F-1, J-1, etc.)

**HOME COUNTRY:** (if applicable)

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

(Dependents must be enrolled on the date the student is enrolled or within 31 days of date of birth, marriage, or arrival in U.S.)

**SPOUSE**

<table>
<thead>
<tr>
<th>LAST / SURNAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>GENDER</th>
<th>DATE OF BIRTH (Month, Day, Year)</th>
</tr>
</thead>
</table>

**CHILD**

<table>
<thead>
<tr>
<th>LAST / SURNAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>GENDER</th>
<th>DATE OF BIRTH (Month, Day, Year)</th>
</tr>
</thead>
</table>

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**WELLS FARGO INSURANCE PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our customers or former customers to anyone, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. 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.

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**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

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You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: studentinsurance.wellsfargo.com or call 800-853-5899 to request a paper copy free of charge.

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**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. Anthem Blue Cross 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

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**2015 - 2016 Identification Card**

Underwritten by: Anthem Blue Cross Life and Health Insurance Company

<table>
<thead>
<tr>
<th>PRINT NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MEMBER ID #</th>
<th>8 0</th>
</tr>
</thead>
</table>

(See temporary ID card instructions on page 5 in your brochure)

Policy #278547

**Important Phone Numbers On Reverse**

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)
Anthem Blue Cross Life and Health Insurance Company
MIDDLEBURY INSTITUTE OF INTERNATIONAL STUDIES (MIIS)
2015-2016 ENROLLMENT FORM

PAYMENT IN FULL IS REQUIRED FOR THE TERM PURCHASED

<table>
<thead>
<tr>
<th></th>
<th>ANNUAL</th>
<th>FALL</th>
<th>SPRING/SUMMER 1</th>
<th>SPRING/SUMMER 2</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term Dates</td>
<td>8/25/15</td>
<td>8/25/15</td>
<td>1/1/16</td>
<td>1/26/16</td>
<td>1/26/16</td>
<td>6/1/16</td>
</tr>
<tr>
<td>-</td>
<td>-8/25/16</td>
<td>-1/26/16</td>
<td>-8/25/16</td>
<td>-8/25/16</td>
<td>-6/1/16</td>
<td>-8/25/16</td>
</tr>
<tr>
<td>Student only</td>
<td>☐ $3,059.25</td>
<td>☐ $1,318.54</td>
<td>☐ $2,017.16</td>
<td>☐ $1,797.01</td>
<td>☐ $1,070.19</td>
<td>☐ $728.19</td>
</tr>
<tr>
<td>Spouse only</td>
<td>☐ $6,594.42</td>
<td>☐ $2,839.69</td>
<td>☐ $4,346.70</td>
<td>☐ $3,872.84</td>
<td>☐ $2,304.49</td>
<td>☐ $1,568.86</td>
</tr>
<tr>
<td>Per Child age 0-25 only</td>
<td>☐ $3,821.89</td>
<td>☐ $1,646.36</td>
<td>☐ $2,518.84</td>
<td>☐ $2,244.26</td>
<td>☐ $1,335.92</td>
<td>☐ $909.48</td>
</tr>
</tbody>
</table>

NOTE: Costs below are in addition to the student premium.

Rates include premium payable to Anthem Blue Cross Life and Health Insurance Company, as well as administrative fees payable to Wells Fargo Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

PAYMENT METHOD (Remit in US Funds Only)

☐ Check/Money Order – MAKE CHECKS PAYABLE TO: Wells Fargo Insurance

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Account Number: ___________________________ Expires (month, year): _______ – _______

Cardholder’s Name: ____________________________________________

(Print Cardholder’s name exactly as it appears on card.)

Mail or fax enrollment form and payment to: Wells Fargo Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966

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.

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 Insurance Services USA, Inc. with required information necessary in the event of a medical emergency.

SIGNATURE OF STUDENT ___________________________________________ DATE ______________________

COVERAGE QUESTIONS

Wells Fargo Insurance
10940 White Rock Road
 Rancho Cordova, CA 95670

To Find a Doctor or Provider:
Preferred Provider:
PPO Prudent Buyer Plan
(800) 888-2108
www.anthem.com/ca

Prescriptions:
Pharmacy Benefits Manager
(800) 700-2541
www.anthem.com/ca

24/7 NurseLine
(800) 977-0027

Emergency Travel Assistance:
On Call International
One Delaware Drive
Salem, NH 03079

(603) 328-1909 (Outside the U.S.)

(877) 318-6901 (Toll-free within the U.S.)

www.oncallinternational.com

Anthem Blue Cross
Claims, Eligibility and Coverage Questions
(800) 888-2108
www.anthem.com/ca

Anthem Blue Cross Life and Health Insurance Company
CA License No. 0D08408
(800) 853-5899

www.studentinsurance.wellsfargo.com

Wells Fargo Insurance
Student Insurance
(800) 853-5899

studentinsurance.wellsfargo.com