Find below the text of the GHI Waiver site. If you have received a pre-approved waiver you agree to abide by the following GHI Waiver Criteria and waiver Terms & Conditions for the 2015-2016 Academic Year.

If you have questions regarding this information, please contact the UCSB Student Health insurance office - shswaivers@sa.ucsb.edu or (805) 893-2592.

By receiving an approved GHI waiver you agree that your medical plan meets the minimum coverage requirements defined here: UC Standard Waiver Criteria Page.

INSURANCE REQUIREMENT

The University of California, Santa Barbara, as directed by the UC Regents, requires all students to have adequate health insurance. All registered students are automatically enrolled in the University-sponsored Student Health Insurance Plan (UCSB GHI) unless they choose to submit a waiver of enrollment and demonstrate that they have health insurance that meets the University's minimum criteria for health care insurance.

GHI YEARLY OPEN ENROLLMENT PERIOD

The Open Enrollment period for 2015-2016 GHI Insurance and Waivers begins June 1st 2015 and ends September 1st 2015. During this time you have the opportunity to waive out of, or enroll in, the UCSB GHI medical/dental/vision plan. Once you are waived, you cannot cancel your waiver and enroll in GHI unless you lose medical coverage. Please contact the UCSB SHS Insurance Office for further details.

UCSB GHI/WAIVER COVERAGE PERIODS

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<th>Quarter</th>
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<td>September 23, 2015</td>
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<td>Winter</td>
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<td>Spring/Summer Term</td>
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2015-16 ENROLLMENT/WAIVER DEADLINES

Eligible students will be automatically enrolled in the GHI Plan unless a completed Waiver has been received by the University prior to the end of the Open Enrollment Period.

Waiver Deadline Dates
What is UCSB Gaucho Health Insurance (GHI)?

UCSB GHI is an affordable health insurance plan tailored to the health care needs of UCSB students. It features year-round, world-wide coverage. UCSB GHI provides optimal coverage for services in the Santa Barbara community, and peace of mind for both parents and students.

Are you considering waiving UCSB GHI?

Students (and parents) should ask: “Am I sufficiently covered to ensure that my career at UCSB will be successful?” Please consider the following:

- Many insurance plans will only cover urgent care or emergency room services outside of the plan’s network. Some insurance plans require that you visit their own network providers to receive care such as minor illnesses, lab tests, X-rays, or care by specialists, and in some cases such networks may not be available within a reachable distance from UC Santa Barbara where you will be spending most of your time while attending school.
- Many students enroll in UCSB GHI to supplement their existing coverage.

What to know before you start the Waiver process:

- Please have your INSURANCE CARD available before you enter your waiver. We will ask for your Insurance Company/Carrier information, Policy Number/Member ID and optionally, a Group Number.
- Please enter ALL numbers and letters (no spaces) when entering your Policy Number and/or Group Number. Zeros (0) are considered numbers. Please enter all leading and trailing zeros.
- You will only need to submit your waiver request once while you are enrolled at UCSB. You will have the option of cancelling your waiver once per year during the annual Fall GHI Open Enrollment period. A waiver cannot be cancelled unless certain conditions are met (loss of medical coverage).
- Once your waiver has been submitted, you will receive a U-Mail e-mail confirmation that your waiver request was received or is being processed. If you do not receive this U-Mail confirmation email, your waiver was not successfully submitted and you are not waived.
- After we receive your waiver request, we will send you a U-Mail Gateway secure email notifying you of our waiver decision, or requesting additional information (a copy of your insurance card). This process will take ~10 business days.
- We are here to help! If you have questions about this information or the waiver process, please contact the UCSB Student Health Service Insurance Office via e-mail: shswaivers@sa.ucsb.edu or call (805) 893-2592.

Your waiver request must be submitted no later than September 1, 2015, unless you register after September 1, 2015. If you submit your waiver after September 1, but before September 23, a $50 late waiver fee will be charged to your BARC account. GHI coverage begins on September 24th, 2015 and waivers will not be accepted after September 23rd.

Your waiver will be denied if your medical plan is NOT ELIGIBLE or Inactive or you do not respond to U-Mail Gateway message requests for additional information (a copy of your insurance card). Please read all Gateway Secure Messages for more information.
You will need to have your insurance card to fill out your waiver. You will be asked to provide us your Insurance Carrier information, Policy Number/Member ID, and optionally, your Group Number. We will also need to know your parent or guardian’s name, date of birth, gender, and optionally their e-mail address.

**IMPORTANT NOTICE:** Your waiver insurance is subject to verification. If the coverage information you provide cannot be electronically verified you will be asked to provide a copy of your insurance card. If you do not provide a copy of your card, or your plan cannot be verified, you will be enrolled in GHI.

Your waiver application is subject to audit for which you may be asked to provide additional information regarding your health insurance plan. If your medical plan does not meet the University criteria, you will be notified and enrolled in UCSB GHI and the GHI premium fee will be charged to your campus BARC account.

**UC SYSTEMWIDE WAIVER CRITERIA**

Your medical insurance plan must meet the criteria defined below in order to waive.

To satisfy the UC health insurance requirement for students, the plan held by the student must:

1) Be a Medi-Cal, Medicare or Tricare/military insurance policy

OR

2) Be an employer-sponsored group health plan or individual plan (including plans purchased through Covered California) that meets the following criteria:

   a. Has no maximum lifetime benefit limit

   b. Has an annual out-of-pocket maximum of up to $6,600 for an individual but no more than $13,200 for a family. Deductibles, copayments and coinsurance paid by the member accrue toward meeting the out-of-pocket maximum. A higher out-of-pocket maximum is allowed if the subscriber has a Health Savings Account (HSA) or a Health Reimbursement Account (HRA)

   c. Covers the following services (ACA Essential Health Benefits):

      i. Preventive health care services, including an annual physical exam, preventative immunizations and laboratory/diagnostic tests to help determine your state of health

      ii. Chronic disease management for such conditions as asthma, diabetes or other chronic medical conditions

      iii. Hospital stays for medical and surgical care

      iv. Hospital stays for mental health and alcohol/drug abuse conditions, covered the same as any other medical condition

      v. Doctor office visits for medical, mental health, and alcohol/drug abuse conditions

      vi. Emergency room services
vii. Diagnostic services including laboratory tests

viii. Medications prescribed by a doctor (including contraceptives)

ix. Pre-natal and maternity care, with no pre-existing condition limitation

3) Provide unrestricted access to an in-network hospital or doctor providing full, non-emergency medical and behavioral health care within reasonable distance of campus or the student’s place of residence while attending school. For UCSB the recommended maximum commuting distance is 50 miles. This generally works out to a 2 hour round trip commute by private auto, 3 hours if using public transportation.

4) For international students, the following criteria also apply. The plan must:

i) have no pre-existing condition exclusion; if the plan has a pre-existing condition waiting period, that period has expired

ii) have no per-injury or per-illness maximum benefit limits

iii) cover medical services for injury from participation in all types of recreational activities or amateur sports

iv) not be a health care reimbursement arrangement with the student’s home country or another party.

v) have policy written in standard English with benefits expressed in U.S. dollars

vi) have a claims payment office with an address in the United States

vii) pay at least $10,000 annually for medical evacuation

viii) pay at least $7,500 for repatriation of remains

NOTE: Foreign government health care reimbursement that is not insurance will not be accepted to waive enrollment in UCSB Gaucho Health Insurance Plan.

GHI WAIVER TERMS & CONDITIONS

By submitting a waiver, or having your waiver pre-approved by UCSB Student Health, I agree to the following:

I certify that the information I have provided is true and accurate and that my insurance plan meets all criteria required to waive out of the Gaucho Health Insurance. I understand that if this information is found to be inaccurate, invalid, or does not meet the criteria for waiving out of UCSB GHI, I will be enrolled in UCSB GHI and the appropriate fee will be billed to my student BARC account.

I agree to provide a copy of my health insurance identification card or other documentation as requested by the University or its agent. I understand that if I fail to provide this documentation upon request, I will be enrolled in UCSB GHI and the premium for the full coverage period ($924 per quarter) will be billed to my student account.

I agree that I will maintain health insurance meeting the University's criteria for health insurance at all times
during this waiver period. If my health insurance is terminated for any reason, I will notify my campus Student Health Center Insurance Office immediately.

I understand that the insurance information I provide will be verified and may be verified at various times throughout the academic year.

For my own safety and financial protection, I am responsible to ensure that my medical insurance plan covers services performed by local specialists, primary care providers, and emergency room medical staff. I have read this statement and acknowledge my responsibility to confirm that my medical insurance plan covers services rendered by medical providers, including emergency services, in the area local to my home campus (within 50 miles is recommended) while I am a student of this University. I further acknowledge that lack of local network providers available under my health plan could result in a delay in receiving necessary medical or mental health care or result in costly medical bills.