


**UC EXTENSION  
2010 STUDENT INJURY AND SICKNESS INSURANCE PLAN  
IDENTIFICATION CARD**

This is your Student Health Insurance Identification Card.  
Cut it out and keep it with you at all times.  
This card can be used to verify your coverage (and coverage for dependents, if applicable).

**ID CARD**

 *cut out along dashed line*

**PLEASE NOTE THERE IS A \$75 DEDUCTIBLE PER CONDITION**

The Deductible is waived if the insured student first utilizes  
and/or is first referred by the approved University Student Health  
Center (UCLA Medical Center for students at UCLA).

**Covered Person (Name of Student)**

Both the effective and termination dates of coverage are at 12:01 a.m. and  
are subject to verification by the Company.



For information on Preferred Providers,  
visit [www.myfirsthealth.com](http://www.myfirsthealth.com) or call **1-800-226-5116**

For participating eyecare providers, call the Eye Care Network  
at **1-800-793-9288** or visit [www.ecndiscount.com](http://www.ecndiscount.com)

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**2010 INSURANCE IDENTIFICATION CARD  
UNITED STATES FIRE INSURANCE COMPANY**

If a premium has been paid, the Student whose name appears above has  
been insured under a policy issued to:

**University of California—Extension  
English Language and International Education Programs**

School Name	Policy Number
University of California, Berkeley—Extension	US002589
University of California, Davis—Extension	US002590
University of California, Irvine—Extension	US002591
University of California, Los Angeles—Extension	US002592
University of California, Riverside—Extension	US002593
University of California, San Diego—Extension	US002594
University of California, Santa Barbara—Extension	US002595
University of California, Santa Cruz—Extension	US002596
Mills College—English Center	US002597

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**IMPORTANT TO MEDICAL PROVIDER**

This plan incorporates a cost containment program which requests pre-admission certification of all non-Medical Emergency admissions and notification within two (2) working days of all Medical Emergency admissions. For information or notification, call First Health Network at **1-800-572-5508**.

**SUBMIT CLAIMS ELECTRONICALLY:** PAYER ID 95397

**TO VERIFY ELIGIBILITY AND BENEFITS OR TO SUBMIT CLAIMS BY MAIL:**

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll-Free 1-800-468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

**NOTE:** Benefits are subject to payment of appropriate premium  
and verification of eligibility.

*Claims must be submitted to the Company within 90 days after the date of  
treatment.*