Get the Care You Need

Go to Student Health & Counseling Services. This is the required first step — except in an emergency — to get care that’s covered. SHCS is your health home at UC Davis. Contact them at (530) 752-2300.

Get a referral. If you need non-emergency care outside of SHCS, get a referral from SHCS.** This referral is an “okay” to receive additional care. Without it, your care won’t be paid for by the Plan. This referral is required regardless of the distance from the campus that care is received. Referrals are not required for emergency room services or Urgent Care Clinic visits.

Make the most of network coverage. Use your SHCS referral* with UC Davis Medical Center providers and other members of the UC Family’s nationally ranked medical centers, affiliated facilities and professional providers — you’ll receive specialty care at lower student rates wherever you go.

Where to Find SHCS
Online: www.shcs.ucdavis.edu
Locations:
- SHCS Medical Services at the Student Health & Wellness Center
- La Rue Road, between Hutchison Drive and Orchard Road
- SHCS Counseling Services
219 North Hall, next to Dutton Hall and South Hall

NEW! Going Mobile
Today you use your smartphone or tablet to connect with friends and family, manage your schedule, organize homework, get online and more. In October, we will replace paper ID cards with the new StudentHealth app through Anthem Blue Cross. Now, you will be able to use your smartphone or tablet to quickly and easily access UC SHIP. Include:
- Your UC SHIP member ID card
- Student Health & Counseling Services (SHCS) — location, hours, services
- A description of your UC SHIP plan benefits
- Anthem Blue Cross — for medical claims and other plan benefits
- myCatamaranRx — to manage your prescriptions
- Delta Dental — for dental coverage and claims information
- And much more!
Just download the StudentHealth app from the Apple App Store or Google Play, and in a few minutes you’ll be on your way.

All in the UC Family
As a member of UC SHIP, you have access to the UC Family of five nationally ranked medical centers at Davis, Irvine, Los Angeles, San Diego and San Francisco — along with their affiliated facilities and professional providers — where you’ll pay lower student rates. Be sure to get a referral from SHCS* before making an appointment with a UC Family provider outside of SHCS, or with other Anthem Blue Cross Preferred Provider network providers. Referrals are not required for emergency room services or Urgent Care Clinic visits.

Coverage and Choices
All registered students — including registered domestic and international students, and students in absensta — at UC Davis have mandatory Medical, Pharmacy, Dental and Vision coverage. Dependents
If you are covered under UC SHIP, you have the option of enrolling eligible dependents in their own plan. Medical, Dental and Vision coverage can be purchased through the Wells Fargo Insurance Services Customer Care for UC SHIP Volunteer Student and Dependent Coverage by calling (800) 855-1399. There is a $13,200 out-of-pocket maximum for family coverage. Wells Fargo can provide you with information about Dependent Plan rates.

A Quick How-To on Waiving Coverage
All UC students are required to have medical insurance, which is why UC SHIP automatically covers all registered students, including registered domestic and international students, and students in absensta. You’ll find the cost of coverage (premium) on your registration bill. If you already have a health plan that meets the University’s health coverage requirements, see the SHCS website to learn how to waive enrollment in UC SHIP.

Care on the Go
Go mobile with our new apps for your Medical, Pharmacy and Dental Plans. Prescription refills and health coverage information at your fingertips, any time you need them.

UC SHIP Makes It Easy
Whenever you go, you’ll find care is close at hand:
- On campus at Student Health & Counseling Services (SHCS)
- At any UC medical center, affiliated facilities and professional providers (you’ll get an additional UC Family discount)
- Throughout the United States with providers in the Anthem Blue Cross Preferred Provider (PPO) network.

Get help. If you have questions, call SHCS at (530) 752-2300 (main number). Or contact Anthem Blue Cross (Anthem) — our medical plan administrator — at (866) 940-8306 or anthem.com/ca.

In an emergency. Go to the nearest emergency room — no referral needed.

You’re still financially responsible for:
- *No referral needed for pediatricians, obstetricians for pre-natal or maternity care, or to visit a gynecologist if care is not provided at SHCS, or if you’re away from campus.
- The deductible for medical coverage includes emergency and urgent care services provided anywhere in the world.
- The deductible for dental coverage includes emergency and urgent care services provided anywhere in the world.

Get a referral. If you need non-emergency care outside of SHCS, get a referral from SHCS.** This referral is an “okay” to receive additional care. Without it, your care won’t be paid for by the Plan. This referral is required regardless of the distance from the campus that care is received. Referrals are not required for emergency room services or Urgent Care Clinic visits.

In an emergency. Go to the nearest emergency room — no referral needed.

You’re still financially responsible for:
- *No referral needed for pediatricians, obstetricians for pre-natal or maternity care, or to visit a gynecologist if care is not provided at SHCS, or if you’re away from campus.
Your Medical Coverage

Highlights of your UC SHIP coverage are shown below. The Benefit Year Deductible applies unless stated otherwise. Visit www.ucop.edu/ucship for details. Certain expenses and services are excluded from Medical coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP site at www.ucop.edu/ucship.

**Networks**

- **UC FAMILY PROVIDERS**
  - SPCS: UC San Diego Health System, UC San Diego Medical Center
  - Any other UC medical centers and their affiliated clinics and professional providers

- **ANTHEM BLUE CROSS PROVIDERS**
  - Delta Dental PPO network

- **ALL OTHER PROVIDERS**
  - Any health care provider or facility you choose; however, Anthem Blue Cross’ negotiated rates will not apply

**Benefit Year Deductibles**

- The amount you pay before UC SHIP begins paying for services in each category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Delta Dental</th>
<th>Other Delta Dental Networks</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$200</td>
<td>$200</td>
<td>$500</td>
</tr>
<tr>
<td>Routine Physicals/Student Adult Preventive Care</td>
<td>100%</td>
<td>100%, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Behavioral Health Office Visits</td>
<td>100% after $50 copay</td>
<td>100% after $50 copay, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>100%</td>
<td>100%</td>
<td>60% after $500 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100% after $50 copay</td>
<td>100% after $50 copay, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency</td>
<td>100% after $500 copay</td>
<td>100% after $500 copay, deductible waived</td>
<td>60%</td>
</tr>
</tbody>
</table>

**SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS**

- Please refer to the UC SHIP online section for details.

<table>
<thead>
<tr>
<th>Category</th>
<th>Delta Dental</th>
<th>Other Delta Dental Networks</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>$750 per member</td>
<td>$750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>None</td>
<td>None</td>
<td>$10 per member</td>
</tr>
</tbody>
</table>

**Annual Deductible**

- The amount you pay before UC SHIP begins paying for services.

**Annual Benefit Maximums**

- The most the plan will pay out over the coverage period.

**PPO Schedule**

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.

**Outpatient Prescription Drugs**

- Certain expenses and services are excluded from Pharmacy coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP website at www.ucop.edu/ucship.

- **Catamaran Pharmacy Services**
  - You can take your prescription to any pharmacy, but you’ll pay the lowest costs if you take it to the SHCS pharmacy or any other Catamaran network pharmacy.
  - Certain expenses and services are excluded from Pharmacy coverage.
  - UC SHIP covers a greater portion of your fees when you use a retail provider.
  - The amount you pay before UC SHIP begins paying for services.

- **Your Vision Coverage**

  - UC SHIP covers a greater portion of your fees when you receive services from dentists in the Delta Dental PPO network. You decide how you want to manage costs by selecting a network or out-of-network dentist.

  - Certain expenses and services are excluded from Dental coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP site at www.ucop.edu/ucship.

**Your Pharmacy Coverage**

- Catamaran is the new pharmacy benefit administrator for UC SHIP. You can take your prescription to any pharmacy, but you’ll pay the lowest costs if you take it to the SHCS pharmacy or any other Catamaran network pharmacy.

- Certain expenses and services are excluded from Pharmacy coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP website at www.ucop.edu/ucship.

**Your Dental Coverage**

- UC SHIP provides the highest benefits when you receive services from dentists in the Delta Dental PPO network. You decide how you want to manage costs by selecting a network or out-of-network dentist.

- Certain expenses and services are excluded from Dental coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP site at www.ucop.edu/ucship.

**Your Vision Coverage**

- UC SHIP covers a greater portion of your fees when you receive exams, glasses or lenses from a provider in the Anthem Blue View Vision Insight Plan network. Manage your budget wisely — if you use a retail provider, be sure to determine whether it is a network Anthem Blue View Vision Insight Plan provider before you make a purchase. Certain expenses and services are excluded from Vision coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP website at www.ucop.edu/ucship.

**Networks**

- **Delta Dental PPO Network**
  - None for preventive and diagnostic services, $10 per person for other services

- **Other Delta Dental Networks**
  - None for preventive and diagnostic services

**SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Delta Dental</th>
<th>Other Delta Dental Networks</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>$750 per member</td>
<td>$750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>None</td>
<td>None</td>
<td>$10 per member</td>
</tr>
</tbody>
</table>

**PPO Schedule**

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.

**Outpatient Prescription Drugs**

- Certain expenses and services are excluded from Pharmacy coverage.

**Your Vision Coverage**

- UC SHIP covers a greater portion of your fees when you receive exams, glasses or lenses from a provider in the Anthem Blue View Vision Insight Plan network. Manage your budget wisely — if you use a retail provider, be sure to determine whether it is a network Anthem Blue View Vision Insight Plan provider before you make a purchase. Certain expenses and services are excluded from Vision coverage. You’ll find a list in the “Access Benefits Administration Info” section on the UC SHIP website at www.ucop.edu/ucship.

**Networks**

- **Delta Dental PPO Network**
  - None for preventive and diagnostic services, $10 per person for other services

- **Other Delta Dental Networks**
  - None for preventive and diagnostic services

**SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Delta Dental</th>
<th>Other Delta Dental Networks</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>$750 per member</td>
<td>$750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>None</td>
<td>None</td>
<td>$10 per member</td>
</tr>
</tbody>
</table>

**PPO Schedule**

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.

**Outpatient Prescription Drugs**

- Certain expenses and services are excluded from Pharmacy coverage.