UC SHIP Mobile

The StudentHealth app puts your ID card and more within reach whenever you need it.

- Access your ID card and show it whenever you get care.
- Find the location, hours and services of the on-campus SHC.
- Refill prescriptions.
- See medical, pharmacy, dental and vision coverage and claims information.
- Access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work and more.
- Get notifications when there’s a change in benefits or you need to take action.

Download the app from Google Play or the App Store.

No smartphone or tablet? Access the app using your computer’s browser at mobilehealthconsumer.com/studenthealth.

Glossary of Terms

Annual benefit maximums: The most the plan will pay out over the coverage period.

Anthem Blue Cross PPO providers: Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network.

Coinsurance: The percentage of the maximum allowed amount that you are responsible for paying.

Copay: The set-dollar amount you are responsible for paying.

Fee schedule: The maximum amount Delta Dental will pay for services (sometimes called a plan allowance).

Separate benefit-year deductibles (annual deductible): The amount you pay before UC SHIP pays for services. Deductibles differ based on service provider.

Separate limits on your out-of-pocket costs: If your combined medical and prescription drug expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the benefit year. This includes deductibles, coinsurance and copays. Limits differ based on service provider.

Students Come First — Always

UC SHIP is built specifically for UC students, with students actively involved in its design. Since inception, the guiding principle has been simple: Your health and health needs come first — always.

UC SHIP meets the requirements of the Affordable Care Act (ACA). UC SHIP remains focused on meeting student health needs and priorities, including mental health.

You're Automatically Enrolled

Because all UC students are required to have medical insurance, UC automatically enrolls all registered students — including domestic and international students, and students in absentia — in UC SHIP medical, pharmacy, dental and vision coverage. You will find the cost of coverage (premium) on your registration bill.

You can waive UC SHIP coverage if you already have a health plan that meets the university's health coverage requirements. Go to health.ucmerced.edu/waiver to learn how to waive enrollment in UC SHIP before the waiver deadline for your campus.

Note: You must reapply to waive coverage each academic year.

You Can Cover Your Spouse, Domestic Partner and Child(ren), Too

If you're enrolled in UC SHIP and are married and/or have children, you can enroll those eligible dependents in the same medical, pharmacy, dental and vision coverage you have for yourself. For information about who you can enroll in UC SHIP, go to ucop.edu/ucship > Eligibility and Enrollment.

Note: You must reenroll dependents every term.

The UC SHIP Plans Meet Affordable Care Act (ACA) Requirements

UC SHIP is recognized by the Centers for Medicare & Medicaid Services (CMS) as minimum essential coverage (MEC) in compliance with the ACA. This means UC SHIP members meet the ACA individual mandate.

UC SHIP is convenient to access through the on-campus student health center (SHC). Start there for non-emergency medical care.

When compared to preferred provider organization (PPO) plans, UC SHIP provides a broader physician network and lower deductibles and out-of-pocket maximums.

With UC SHIP, you can choose to see any provider in the Anthem Blue Cross Prudent Buyer PPO network.
Getting Care

Your First Stop for Medical Care Is ALWAYS the Student Health Center

For routine care, start at the student health center (SHC) on your campus. This is the first stop for care that is covered by UC SHIP, except for emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or LiveHealth Online virtual visits.

The SHC is an on-campus outpatient health center offering a range of health services — from primary care to routine checkups, mental health and substance use disorder services, and general care for unexpected issues, like sore throats or swollen ankles.

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants. Mental health and substance use disorder services are provided through Counseling and Psychological Services (CAPS), which is also in the building.

Other Care Options

If needed, the SHC will refer you to, and coordinate, additional or specialist care outside the SHC. Get in-network off-campus care through:

- **UC medical centers.** Any of the five nationally ranked medical centers (at Davis, Irvine, Los Angeles, San Diego and San Francisco) or a UC-affiliated facility, doctor or other health care provider. You pay the same discounted rates for care within the UC Family as you do within the Anthem Blue Cross Prudent Buyer PPO network.

- **Anthem Blue Cross Prudent Buyer PPO network doctors and other providers and facilities.** A nationwide network of more than 50,000 physicians and 400 hospitals. You’ll first pay a deductible (see the Medical Coverage chart), then UC SHIP will pay most of the cost, and you’ll pay the rest through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share).

Learn More

To learn more about UC SHIP benefits and what they cover, go to ucop.edu/ucship, call the SHC at (209) 228-2273 or Counseling and Psychological Services at (209) 228-4266, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.

You’re Covered Around the World

Whether studying, traveling or living outside the country, you and your dependents covered under UC SHIP can get care through the Blue Cross Blue Shield Global Core program. Learn more at bcbsglobalcore.com.

Contacts

**Medical care**

(non-urgent or emergency)

Student Health Services
health.ucmerced.edu

Phone:

- Main number: (209) 228-2273
- Counseling and Psychological Services: (209) 228-4266

In person:

- H. Rajender Reddy
  Health Center
  5200 North Lake Road
  Merced

**Dental care**

Delta Dental
deltadental.com
(800) 765-6003

**Vision care**

Anthem Blue View Vision
anthem.com/ca
(choose Vision > Blue View Vision Insight network)
(866) 940-8306

**Off-campus pharmacies and prescription drug costs**

OptumRx
optumrx.com
(844) 265-1879

**Rates for dependent and non-registered, voluntary students**

health.ucmerced.edu

**Waive UC SHIP coverage**

Student Health Services
health.ucmerced.edu

**Urgent or emergency care**

After-hours urgent care
Mercy Medical Center
Merced (209) 564-5000

Patients First Medical Center & Urgent Care
(209) 383-3990

Fountain View Urgent Care
(209) 384-5766

Castle Urgent Care
(209) 381-2027

LiveHealth Online
livehealthonline.com

Emergency care
Call 911

Campus Police
(209) 228-2677

**Doctors, providers and facilities outside the SHC**

Anthem Blue Cross
anthem.com/ca
(866) 940-8306

StudentHealth app
Download it free from Google Play or the App Store

In an emergency, call 911 or go to the nearest emergency room.

Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.
### Medical Coverage
To be covered by UC SHIP, all care must start with the SHC. The chart below highlights what UC SHIP covers and how much you pay for services. For certain services, you will pay a deductible for care you receive outside the SHC, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage.

Non-emergency care outside the SHC requires a written referral from an SHC provider. See Getting Care for exceptions.

Network providers are those in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family medical centers, affiliated facilities, and professional providers. For details, go to ucop.edu/ucship > My Medical Coverage > UC Merced.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>SHC</th>
<th>NETWORK PROVIDERS</th>
<th>OUT-OF-NETWORK*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit-Year Deductibles</td>
<td>$0</td>
<td>Individual: $100</td>
<td>Individual: $200</td>
</tr>
<tr>
<td>Separate Limits on your Out-of-Pocket Costs</td>
<td>N/A</td>
<td>Individual: $1,000</td>
<td>Individual: $6,000</td>
</tr>
<tr>
<td>Office Visits</td>
<td>N/A</td>
<td>Specialties: $20 copay</td>
<td>Primary care: $20 copay, deductible waived</td>
</tr>
<tr>
<td>Routine Physicals/Student Physicals</td>
<td>N/A</td>
<td>Specialty care: $20 copay, deductible waived</td>
<td>Primary and specialty care: 40%</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Disorder Office Visits</td>
<td>N/A</td>
<td>$15 copay</td>
<td>$15 copay, deductible waived</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>N/A</td>
<td>$100 copay, deductible waived</td>
<td>$100 copay, deductible waived</td>
</tr>
<tr>
<td>Emergency Care (Non-Accident)</td>
<td>N/A</td>
<td>$100 copay, deductible waived</td>
<td>$100 copay, deductible waived</td>
</tr>
<tr>
<td>Pediatric Dental and Vision Care</td>
<td>N/A</td>
<td>$100 copay, deductible waived</td>
<td>$100 copay, deductible waived</td>
</tr>
</tbody>
</table>

### Pharmacy Coverage
You can fill prescriptions at any pharmacy, but you’ll pay less when you use an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP.

For details, go to ucop.edu/ucship > My Pharmacy Coverage > UC Merced.

Your share of prescription drug costs counts toward the combined annual medical/pharmacy out of pocket limit listed above. There are more details about the combined annual out of pocket limits in the Medical Coverage chart above, or visit the UC SHIP website at ucop.edu/ucship.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>OPTUMRx PHARMACIES***</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>Generic: $1 copay</td>
<td>Generic: $1 copay</td>
</tr>
<tr>
<td></td>
<td>Brand-name formulary: $25 copay, 30-day supply</td>
<td>Brand-name formulary: $25 copay, 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Brand-name non-formulary: $40 copay, 30-day supply</td>
<td>Brand-name non-formulary: $40 copay, 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Specialty: $40 copay, 30-day supply</td>
<td>Specialty: $40 copay, 30-day supply</td>
</tr>
</tbody>
</table>

### Dental Coverage
You can see any dentist you want, but you’ll pay less when you see dentists in the Delta Dental PPO network. Not all expenses or services are covered by UC SHIP. For details, go to ucop.edu/ucship > My Dental Coverage.

Download the Delta Dental mobile app (from Google Play or the App Store) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>DELTA DENTAL-PPO NETWORK</th>
<th>OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>Preventive and diagnostic services: None</td>
<td>Preventive and diagnostic services: None</td>
</tr>
<tr>
<td></td>
<td>Other services: $25 per person</td>
<td>Other services: $25 per person</td>
</tr>
<tr>
<td>Annual Benefit Maximums</td>
<td>$1,000 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out-of-network dental benefits in total</td>
<td>$750 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out-of-network dental benefits in total</td>
</tr>
<tr>
<td>Fee Schedule</td>
<td>PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule.</td>
<td>You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills.</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>Includes oral exams; cleanings (once every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment</td>
<td>Preventive and diagnostic services: None</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>Other services: $25 per person</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Includes fillings and extractions; composite fillings on front teeth; endodontics (root canal); periodontics; oral surgery; night guards</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>Includes prosthodontics; inlays/Onlays/crowns and cast restorations; implants</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Maxillofacial Prosthetics and Implants</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Vision Coverage
You can see any vision provider you want, but you’ll pay less when you see an Anthem Blue View Vision Insight network provider for exams, glasses or lenses. Before you buy glasses or contacts, check anthem.com/vision to see if the provider is in the Insight network. Not all expenses or services are covered by UC SHIP. For details, go to ucop.edu/ucship > My Vision Coverage.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ANTHEM BLUE VIEW VISION INSIGHT NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam (Per Benefit Year)</td>
<td>$10 copay</td>
<td>100% after $49 exam allowance</td>
</tr>
<tr>
<td>Eyeglass Frames (Per Benefit Year)</td>
<td>80% after $10 frame allowance</td>
<td>100% after $10 frame allowance</td>
</tr>
<tr>
<td>Eyeglass Lenses (Standard)</td>
<td>Single lenses: $15 copay</td>
<td>Single lenses: 100% after $25 lens allowance</td>
</tr>
<tr>
<td></td>
<td>Bifocal lenses: $25 copay</td>
<td>Bifocal lenses: 100% after $49 lens allowance</td>
</tr>
<tr>
<td></td>
<td>Trifocal lenses: $35 copay</td>
<td>Trifocal lenses: 100% after $74 lens allowance</td>
</tr>
<tr>
<td>Contact Lenses (Per Benefit Year)</td>
<td>Select an allowance toward the cost of a supply of contact lenses (instead of eyeglass lenses)</td>
<td>100% after $50 lens allowance</td>
</tr>
</tbody>
</table>

*Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.

**No additional deductible is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Booklet for details.

***100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to 30-day supply.

This brochure provides a summary of information. For detailed information about all benefits, terms and conditions of UC SHIP, see the benefits booklet or call the UC SHIP Customer Service Center.