CONVENIENT AND AFFORDABLE STUDENT HEALTH INSURANCE

A Health Plan That’s All About You

The sole mission of the not-for-profit University of California Student Health Insurance Plan is to offer high-quality, affordable and convenient health insurance. UC SHIP covers medical care on campus and through UC’s world-class medical centers and other providers.

You’re automatically enrolled in medical, pharmacy, dental and vision coverage for up to 12 months — including summer and term breaks. And you can enroll a spouse/domestic partner and/or children. Your coverage includes medical services anywhere in the world.

Welcome to the UC SHIP family! Explore to learn more.

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 healthcenter.ucsc.edu/billing-insurance/index.html 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 quarter.

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 covered non-emergency medical care and for referrals to specialists when needed.

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 with a referral from the SHC.
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. There is also a full-service pharmacy.

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants.

You MUST Get a Referral for Medical Care Outside the Student Health Center

If needed, the SHC will refer you to, and coordinate, additional or specialist care outside the SHC. You will need a referral for care outside the SHC, no matter how far from the campus you receive that care. Without it, UC SHIP will not provide any benefits. To get a referral, meet with an SHC provider.

Your referral gives you options for off-campus care, including:

- 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. (Be sure to get a referral before making an appointment.)

- 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 may have to 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).

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.

Referrals Are Required

You must get an SHC referral for care outside the SHC, regardless of the distance from campus, except for the following: emergency room care and visits to urgent care clinics, pediatric care, obstetrics services, gynecological care and LiveHealth Online virtual visits.

However, you may have to pay a deductible and part of the cost 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 ucpop.ucop.edu/ucship, call the SHC at (831) 459-2211, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.

Contacts

Medical care (non-urgent or emergency)

Student Health Services
healthcenter.ucsc.edu
healthcenter@ucsc.edu

Phone:
• Main number: (831) 459-2211
• Counseling and Psychological Services: (831) 459-2628

In person:
• 525 McLaughlin Drive

Urgent or emergency care

After-hours advice nurse
(831) 459-2591

After-hours urgent care
• Dominican Hospital Emergency Department (831) 462-7700
• Doctors on Duty (831) 425-7991

LiveHealth Online
livehealthonline.com

In an emergency, call 911 or go to the nearest emergency room. No referral needed.

Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

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Rates for dependent and non-registered, voluntary students
healthcenter.ucsc.edu/billing-insurance/index.html

Waive UC SHIP coverage
healthcenter.ucsc.edu/billing-insurance/index.html

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

OptumRx
optumrx.com
(844) 265-1879

Off-campus pharmacies and prescription drug costs

Dental care

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deltadental.com
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Vision care
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Student Health app
Download it free from Google Play or the App Store
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-acute 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 Santa Cruz.

Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you'll pay less when you use the Cowell Student Health Center pharmacy or an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP.

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

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 SHP website at ucop.edu/ucship.

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 Apple Store) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work.

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 — including the SHC Vision Clinic — for exams, glasses or lenses. Before you buy glasses or contacts, check Anthem.com/ca/find-doctor 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.

This brochure provides a summary of information. For detailed information about benefits, terms, and conditions of UC SHIP, see the benefit booklet at ucop.edu/ucship > Plan Documents. What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received.

Anthem Blue Cross & Blue Shield and Anthem Blue Cross & Blue Shield of California are independent licensees of the Blue Cross Association. Anthem Blue Cross is a registered trademark of Anthem Blue Cross & Blue Shield.

Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>UC SHIP</th>
<th>Network Providers</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate Benefit-Year Deductibles</td>
<td>$0</td>
<td>Individual $100, Family $200</td>
<td>Individual $100, Family $200</td>
</tr>
<tr>
<td>Separate Limits on Your Out-of-Pocket Costs</td>
<td>$0</td>
<td>Individual $1,000, Family $2,000</td>
<td>Individual $6,000, Family $12,000</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$0</td>
<td>Primary and specialty care: $10 copay, deductible waived</td>
<td>Primary and specialty care: 40%</td>
</tr>
<tr>
<td>Routine Physical/Student Adult Preventive Care</td>
<td>$0</td>
<td>$0, deductible waived</td>
<td>40%</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Office Visits</td>
<td>$0</td>
<td>$0, deductible waived</td>
<td>40%</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>N/A</td>
<td>11%</td>
<td>40% after $100 copay and 25% penalty **</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>N/A</td>
<td>20 copay, deductible waived</td>
<td>40%</td>
</tr>
<tr>
<td>Emergency Care (Non-admission)</td>
<td>N/A</td>
<td>25 copay, deductible waived</td>
<td>40%</td>
</tr>
</tbody>
</table>

Pharmacy Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>UC SHIP***</th>
<th>OptumRx Pharmacies***</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>Generics: $15 copay, Brand-name formulary: $40 copay, 30-day supply</td>
<td>Generics: $30 copay, Brand-name formulary: $120 copay, 30-day supply, Specialty: $60 copay, 30-day supply</td>
<td>Generics: $120 copay, Brand-name formulary: $420 copay, 30-day supply, Specialty: $120 copay, 30-day supply</td>
</tr>
</tbody>
</table>

Dental Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Delta Dental PPO Network</th>
<th>Other Delta Dental Network 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>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>$700 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. Note: Even though they are out-of-network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.</td>
</tr>
</tbody>
</table>

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 $120 frame allowance</td>
<td>100% after $120 frame allowance</td>
</tr>
<tr>
<td>Contact Lenses (Per Beneficiary Year)</td>
<td>Conventional lenses: 100% after $150 lens allowance, receive a 15% discount</td>
<td>Conventional lenses: 100% after $150 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.

**An additional 25% penalty is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Booklet for details.

***100% 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.

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