You're Automatically Enrolled
Because all UC students are required to have medical insurance, UC SHIP automatically enrolls all registered students—including domestic and international students, and students in absentee—in UC SHIP medical, 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 shcs.ucdavis.edu/insurance/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 Children, 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 that's covered 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.

UC Medical Centers.
You will be covered for 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 your 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 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 90,000 physicians and 300 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).

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 3 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.

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, unless it is emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or Livel;health 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.

Medical care (non-emergency or emergency)
Learn more at ucop.edu/ucship.

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Learn more at ucop.edu/ucship.

Learn More
To learn more about UC SHIP benefits and what they cover, go to ucop.edu/ucship, call the UC Davis student health center at (530) 752-2349, or contact Anthem Blue Cross (our medical care plan administrator) at (866) 940-8306 or anthem.com/ca.

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

The chart below highlights what UC SHIP covers and how much the plan pays for services. Except for preventive care, you will pay a deductible for services 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. For details, go to ucsop.edu/ucship / My Medical Coverage / UC Davis.

ALL CARE MUST START WITH THE SHC TO BE COVERED BY UC SHIP. Non-emergency care outside the SHC requires a written referral from an SHC provider. See Getting Care for exceptions.

SHC

Your convenient, on-campus home for medical care

OUTSIDE THE SHC

NETWORK PROVIDERS

Provides services in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family medical centers, physicians and affiliated facilities

OUT-OF-NETWORK PROVIDERS

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

SEPARATE BENEFIT YEAR DEDUCTIBLES

The amount you pay before UC SHIP pays for services

$0

$100 individual/$400 family

SEPARATE ANNUAL LIMITS ON OUT-OF-POCKET COSTS

If your medical and/or pharmacy expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the plan year.

N/A

Network providers: $1,500 individual/$1,000 family

Out-of-network providers: $6,000 individual/$2,000 family

Includes deductibles, copayments, prescription copays and medical copays.

WHAT UC SHIP COVERS

OFFICE VISITS

Covers office visit only. Additional charges apply for other services, such as lab work. For details, visit ucsop.edu/ucship / Plan Documents.

100%

Network providers:

100% after $15 copay for primary care, deductible waived

100% after $30 copay for specialty care, deductible waived

Out-of-network providers:

60% for primary and specialty care

ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE

MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS

INPATIENT HOSPITAL CARE

URGENT CARE

EMERGENCY (NON-ADMISSION)

PEdiATRIC DENTAL AND VISION CARE

Up to age 19

N/A

N/A

N/A

N/A

Dental checkup: 100% basic and major services 50%

Network vision providers: vision exam, frame (formulary) and standard lenses, and contact lenses covered at 100%

Out-of-network vision providers: Up to $30 allowance for exam, $45 for frame and $25 for lenses.

Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you’ll pay less when you use the SHC pharmacy or an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP. For details, go to ucsop.edu/ucship / My Pharmacy Coverage / UC Davis.

SEPARATE ANNUAL LIMITS ON OUT-OF-POCKET COSTS

STUDENT HEALTH CENTER, UC AND OPTUMRX PHARMACIES

ALL OTHER PHARMACIES

The amount you pay for prescription drugs counts toward the combined annual medical/pharmacy out-of-pocket cost limits shown above under medical coverage. For more details, go to ucsop.edu/ucship.

$40

$50

$100

$100

$100

$100

Network providers:

$100

$25 for lenses

Out-of-network providers:

80%

80%

80%

80%

Dental checkup: 100% basic and major services 50%

Network vision providers: vision exam, frame (formulary) and standard lenses, and contact lenses covered at 100%

Out-of-network vision providers: Up to $30 allowance for exam, $45 for frame and $25 for lenses.

UC SHIP COVERS

OUTPATIENT PRESCRIPTION DRUGS

Not listed is available.

Contraceptives: 100% with no copay for FDA-approved generic and brand name (when no generic equivalent is available). Oral contraceptives are covered for up to 180 day supply.

All other covered prescription drugs:

For a 90-day supply:

• 80% after $25 generic copay

• 100% after $25 brand-name formulary copay

• 100% after $40 brand-name non-formulary copay

For a 30-day supply:

• 100% after $5 generic copay

• 100% after $25 brand-name formulary copay

• 25% after $25 brand-name non-formulary copay

Dental checkup: 100% basic and major services 50%

Network vision providers: vision exam, frame (formulary) and standard lenses, and contact lenses covered at 100%

Out-of-network vision providers: Up to $30 allowance for exam, $45 for frame and $25 for lenses.

UC BENEFIT MAXIMIMUMS

The most the plan will pay out over the coverage period

$1,000 per member

$750 per person for other services

For a 30-day supply:

• 100% after $5 generic copay

• 100% after $25 brand-name formulary copay

• 25% after $25 brand-name non-formulary copay

Dental checkup: 100% basic and major services 50%

Network vision providers: vision exam, frame (formulary) and standard lenses, and contact lenses covered at 100%

Out-of-network vision providers: Up to $30 allowance for exam, $45 for frame and $25 for lenses.

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 ucsop.edu/ucship / My Dental Coverage. Download the Delta Dental mobile app (from Google Play or iTunes) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work.

DELTA DENTAL PPO NETWORK

OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK

ANNUAL DEDUCTIBLE

The amount you pay before UC SHIP begins paying for services

None for preventive and diagnostic services; $35 per person for other services

None for preventive and diagnostic services; $10 per person for other services

ANNUAL BENEFIT MAXIMUMS

The most the plan will pay out over the coverage period

Not to exceed a cumulative maximum of $1,000 each benefit year for in-network plus out-of-network dental benefits in total

PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule.

You are responsible for the difference between the amount Delta Dental pays and the amount of your out-of-network dentist bills.*

PREVENTIVE AND DIAGNOSTIC SERVICES

Includes: Oral exams; cleanings twice every 12 months; X-rays (see blurring series within 12 months); fluoride treatment

100%

80%

BASIC SERVICES

Includes: Fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards

80% after you pay deductible

60% after you pay deductible

MAJOR SERVICES

Includes: Prosthodontics; injuries/surgery; crowns and root restorations; implants

70% after you pay deductible

40% after you pay deductible

* Delta Dental PPO network dentists will serve you the most on your care. By comparison, you will usually have the highest out of pocket costs when you visit an out-of-network dentist. Note: Even though they are out-of-network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you will have lower costs than with other out-of-network dentists.

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/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 ucsop.edu/ucship / My Vision Coverage.

ANTHEM BLUE VIEW VISION INSIGHT PLAN NETWORK

OUT-OF-NETWORK

ROUTINE EYE EXAM (PER BENEFIT YEAR)

$10 copay

Up to the $50 allowance

EYEGLASS FRAMES (PER BENEFIT YEAR)

Select an eyeglass frame and receive the following allowance toward the purchase price.

Up to $200, then you pay 80% of costs exceeding $100

Up to $50, then you pay 100% of costs exceeding $10

EYEGLASS LENSES (STANDARD)

Single lenses: $25 copay

Bifocal lenses: $25 copay

Trifocal lenses: $35 copay

Single lenses: Up to $15

Bifocal lenses: Up to $49

Trifocal lenses: Up to $14

CONTACT LENSES (PER BENEFIT YEAR)

Select an allowance toward the cost of a supply of contact lenses (instead of disposable lenses).

Conventional lenses: Up to $20; you pay anything above $15 and receive a 15% discount.

Conventional lenses: up to $32

Disposable lenses: Up to $22

This brochure provides a summary of information. For detailed information about all benefits, terms and conditions of UC SHIP, see the benefit booklet at ucsop.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 Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims.

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