

## 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/forms](http://healthcenter.ucsc.edu/forms) to learn how to waive enrollment in UC SHIP before the waiver deadline for your campus.

**Note:** You must re-apply 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](http://ucop.edu/ucship) > **Eligibility and Enrollment**.

**Note:** You must re-enroll dependents every term.

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

UC SHIP is recognized by the Centers for Medicaid & Medicare 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 SHIP Mobile

The StudentHealth app puts your ID card and more within reach whenever you need it. Download the free app from Google Play or iTunes.



- 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, 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 iTunes. Then click "Register Now" and enter:

- Your first and last name
- Your student ID number
- Your date of birth (mm/dd/yyyy)

No smartphone or tablet? Access the app using your computer's browser at [mobilehealthconsumer.com/studenthealth](http://mobilehealthconsumer.com/studenthealth).

Google Play



iTunes



# UC

## STUDENT HEALTH INSURANCE PLAN

UC SANTA CRUZ  
2019–2020

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.



[WWW.UCOP.EDU/UCSHIP](http://WWW.UCOP.EDU/UCSHIP)

## 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 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'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).

## 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](http://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 will be responsible for paying 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 it covers, go to [ucop.edu/ucship](http://ucop.edu/ucship), call the SHC at (831) 459-2211 or Counseling and Psychological Services at (831) 459-2628, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or [anthem.com/ca](http://anthem.com/ca).



**Student Health Center**  
(831) 459-2211  
[healthcenter.ucsc.edu](http://healthcenter.ucsc.edu)



**Anthem Blue Cross**  
(866) 940-8306  
[anthem.com/ca](http://anthem.com/ca)



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.*

## Contacts

### Medical care (non-urgent or emergency)

**Student Health Services**  
[healthcenter.ucsc.edu](http://healthcenter.ucsc.edu)  
[healthcenter@ucsc.edu](mailto:healthcenter@ucsc.edu)

### Phone:

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

### In person:

- 1156 High Street (across from Colleges 9 & 10)

### Urgent or emergency care

**After-Hours Advice Nurse**  
(831) 459-2591

### After-Hours Urgent Care

- Dominican Hospital  
Emergency Department  
(831) 476-1000

- Doctors on Duty  
(831) 425-7991

**LiveHealth Online**  
[livehealthonline.com](http://livehealthonline.com)

### Emergency Care

Dial 911 or use a Campus Emergency Phone or go to the nearest emergency room

### Doctors, providers and facilities outside the SHC

**Anthem Blue Cross**  
[anthem.com/ca](http://anthem.com/ca)  
(866) 940-8306

### StudentHealth app

Download it free from Google Play or iTunes

### Dental care

**Delta Dental**  
[deltadental.com](http://deltadental.com)  
(800) 765-6003

### Vision care

**Anthem Blue View Vision**  
[anthem.com/ca](http://anthem.com/ca)  
(choose Vision > Blue View Vision Insight network)  
(866) 940-8306

### Off-campus pharmacies and prescription drug costs

**OptumRx**  
[Optumrx.com](http://Optumrx.com)  
(844) 265-1879

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

[healthcenter.ucsc.edu](http://healthcenter.ucsc.edu)

### Waive UC SHIP coverage

**Student Health Services website**  
[healthcenter.ucsc.edu](http://healthcenter.ucsc.edu)

## 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 [ucop.edu/ucship](https://ucop.edu/ucship) > [My Medical Coverage](#) > [UC Santa Cruz](#).

	SHC	OUTSIDE THE SHC
<b>ALL CARE MUST START WITH THE SHC TO BE COVERED BY UC SHIP.</b> Non-emergency care outside the SHC requires a written referral from an SHC provider. See "Getting Care" for exceptions.	Your convenient, on-campus health home away from home	<b>NETWORK PROVIDERS</b> Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family medical centers, affiliated facilities and professional providers <b>OUT-OF-NETWORK PROVIDERS</b> Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.
<b>BENEFIT-YEAR DEDUCTIBLES</b> The amount you pay before UC SHIP pays for services	\$0	\$300 individual/\$600 family
<b>SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS</b> 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	<b>Network providers:</b> \$3,000 individual/\$6,000 family <b>Out-of-network providers:</b> \$6,000 individual/\$12,000 family
<b>UC SHIP COVERS</b>		
<b>OFFICE VISITS</b> Copay covers office visit only. Additional charges apply for other services, such as lab work. For details, visit <a href="https://ucop.edu/ucship">ucop.edu/ucship</a> > <a href="#">Plan Documents</a> .	100%	<b>Network providers:</b> 100% after \$10 copay for primary and specialty care, deductible waived <b>Out-of-network providers:</b> 60% for primary and specialty care
<b>ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE</b>	100%	<b>Network providers:</b> 100%, deductible waived <b>Out-of-network providers:</b> 60%
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS</b>	100%	<b>Network providers:</b> 100% after \$10 copay, deductible waived <b>LiveHealth Online:</b> 100% after \$10 copay, deductible waived <b>Out-of-network providers:</b> 60%, no copay
<b>INPATIENT HOSPITAL CARE</b>	N/A	<b>Network providers:</b> 85% <b>Out-of-network providers:</b> 60% after \$500 copay
<b>URGENT CARE</b>	N/A	<b>Network providers:</b> 100% after \$25 copay, deductible waived <b>LiveHealth Online:</b> 100% after \$10 copay, deductible waived <b>Out-of-network providers:</b> 60%
<b>EMERGENCY CARE (NON-ADMISSION)</b>	N/A	<b>Network providers:</b> \$125 copay <b>Out-of-network providers:</b> \$125 copay <i>Copay waived if admitted.</i>
<b>PEDIATRIC DENTAL AND VISION CARE</b> Up to age 19	N/A	<b>Dental checkup:</b> 100%; basic and major services 50% <b>Vision exam, frame (formulary) and standard lenses, and contact lenses:</b> 100%

## Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you'll pay less when you use the pharmacy in Cowell Student Health Center or an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP. For details, go to [ucop.edu/ucship](https://ucop.edu/ucship) > [My Pharmacy Coverage](#) > [UC Santa Cruz](#).

	NETWORK		OUT-OF-NETWORK
	SHC	OPTUMRX PHARMACIES	ALL OTHER PHARMACIES
<b>SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS</b>	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 <a href="https://ucop.edu/ucship">ucop.edu/ucship</a> .		
<b>UC SHIP COVERS</b>			
<b>OUTPATIENT PRESCRIPTION DRUGS</b>	<ul style="list-style-type: none"> <li>100% after \$5 generic copay</li> <li>100% after \$25 brand-name formulary copay, 30-day supply</li> <li>100% after \$40 brand-name non-formulary copay, 30-day supply</li> <li>100% after \$60 specialty copay, 30-day supply</li> </ul>	<ul style="list-style-type: none"> <li>100% after \$10 generic copay</li> <li>100% after \$40 brand-name formulary copay, 30-day supply</li> <li>100% after \$60 brand-name non-formulary copay, 30-day supply</li> <li>100% after \$80 specialty copay, 30-day supply</li> </ul>	<ul style="list-style-type: none"> <li>\$10 generic copay</li> <li>\$40 brand-name formulary copay, 30-day supply</li> <li>\$60 brand-name non-formulary copay, 30-day supply</li> <li>\$80 specialty copay, 30-day supply</li> </ul> <i>You pay any amount above the OptumRx maximum allowed amount.</i>
	<b>Note:</b> 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 180-day supply.		

## Dental Coverage

You can see any dentist you want, but you 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](https://ucop.edu/ucship) > [My Dental Coverage](#). Download the DeltaDental 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
<b>ANNUAL DEDUCTIBLE</b> The amount you pay before UC SHIP begins paying for services	None for preventive and diagnostic services, \$25 per person for other services	None for preventive and diagnostic services, \$50 per person for other services
<b>ANNUAL BENEFIT MAXIMUMS</b> The most the plan will pay out over the coverage period	\$1,000 per member	\$750 per member
	<b>Note:</b> Not to exceed a cumulative maximum of \$1,000 each benefit year for network plus out-of-network dental benefits in total	
<b>FEE SCHEDULE</b> The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance	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 your out-of-network dentist bills.*
<b>UC SHIP COVERS</b>		
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b> Includes: Oral exams; cleanings (twice every 12 months); X-rays (one bite-wing series within 12 months); fluoride treatment	100%	80%
<b>BASIC SERVICES</b> 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
<b>MAJOR SERVICES</b> Includes: Prosthodontics; inlays/onlays; crowns and cast restorations; implants	70% after you pay deductible	40% after you pay deductible

\*Delta Dental PPO network dentists will save 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 would 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—including the SHC Vision Clinic—for exams, glasses or lenses. Before you buy glasses or contacts, check [eyemedvisioncare.com](https://eyemedvisioncare.com) to see if the provider is in network. Not all expenses or services are covered by UC SHIP. For details, go to [ucop.edu/ucship](https://ucop.edu/ucship) > [My Vision Coverage](#).

	ANTHEM BLUE VIEW VISION INSIGHT PLAN NETWORK	OUT-OF-NETWORK
<b>ROUTINE EYE EXAM (PER BENEFIT YEAR)</b>	\$10 copay	Up to the \$49 allowance
<b>EYEGLASS FRAMES (PER BENEFIT YEAR)</b> Select an eyeglass frame and receive the following allowance toward the purchase price.	Up to \$120, then you pay 80% of costs exceeding \$120	Up to \$50, then you pay 100% of costs exceeding \$50
<b>EYEGLASS LENSES (STANDARD)</b>	<b>Single lenses:</b> \$25 copay <b>Bifocal lenses:</b> \$25 copay <b>Trifocal lenses:</b> \$25 copay	<b>Single lenses:</b> Up to \$35 <b>Bifocal lenses:</b> Up to \$49 <b>Trifocal lenses:</b> Up to \$74
<b>CONTACT LENSES (PER BENEFIT YEAR)</b> Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses).	<b>Conventional lenses:</b> Up to \$120; you pay anything above \$120 with a 15% discount. <b>Disposable lenses:</b> Up to \$120	<b>Conventional lenses:</b> Up to \$92 <b>Disposable lenses:</b> Up to \$92

This brochure provides a summary of information. For detailed information about all benefits, terms and conditions of UC SHIP, see the Benefit Booklet at [ucop.edu/ucship](https://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.

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