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 absentee—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 studenthealth.ucsf.edu/insurance/waiver to learn how to waive enrollment in UC SHIP before the designated fee payment deadline date 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 enrol those eligible dependents in the same medical, pharmacy, dental and vision coverage you have for yourself during the enrollment period. For information about who you can enrol in UC SHIP, go to ucp.educ/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 and Counseling Services (SHCS). 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 SHCS.

Getting Care

Your First Stop for Medical Care is ALWAYS the Student Health and Counseling Services (SHCS) on your campus. This is the first stop for care that is covered by UC SHIP, unless it is an emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or LiveWell Online virtual visits.

The SHCS 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 physicians, certified nurse practitioners, psychiatrists, and psychologists.

You MUST Get a Referral for Medical Care Outside the Student Health and Counseling Services

If needed, the SHCS will refer you to, and coordinate, additional or specialist care outside the SHCS. You will need a referral for care outside the SHCS, 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 SHCS provider. Your diagnosis and location will determine whether a referral will be granted.

If services rendered are medically necessary and covered by the plan, 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.) Care within the UC Family is discounted for students, there are no deductibles to meet, and the plan pays a higher portion of care.

- 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).

If you are referred for services outside the SHCS, ask for provider recommendations.

UC SHIP Mobile

The StudentHealth app puts your ID card and more within reach for when you go out and play. Download the free app from Google Play or iTunes.

• Access your ID card and it whenever you get care.
• Find the location, hours and services of the on-campus SHCS.
• Refill prescriptions.
• See medical, dental, vision and claims information.
• Access the Delta Dental Cost Estimator tool for a realistic estimate of what you might pay.

You can also download the app from the Apple App Store.

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

A Health Plan That’s All About You

The sale 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 enrol 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.
Mental health:
100

UCSF Medical Center:
Dental checkup:
60

$  

UC Family:
out-of-network
out-of-network

$  

Your share of prescription drug costs counts toward the combined medical/pharmacy annual out-of-pocket limit. See details in the

Blue Cross of California, using the trade name Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Shield of California Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

U.S. Citizenship and Immigration Services (USCIS) requires a written referral from its SHCS provider.

Separate Benefit Year Deductibles
The amount you pay before UC SHIP pays for services

UCF Medical Center:
Primary care: After $25 copay
specialty care: After $10 copay

Primary care: After $35 copay, deductible waived
Specialty care: After $40 copay, deductible waived

60% for primary and specialty care

Separate Limits on Your 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.

UCF Medical Center:
All other UC Family: 95%

Network providers and LiveWell Health Online: 100% after $10 copay, deductible waived

63% deductible waived

Routine Physicals/Student Adult Preventive Care
100%

Not covered

Mental Health and Substance Use Disorder Office Visits
100%

Out-of-network

Inpatient Hospital Care
UCSF Medical Center: 100%
All other UC Family: 95%

Network providers and LiveWell Health Online: 100% after $25 copay, deductible waived

60% after $500 copay

Urgent Care
UCF Medical Center: 100%

Network providers and LiveWell Health Online: 100% after $25 copay, deductible waived

63%

Emergency Care (Non-admission)
100% after $25 copay

100% after $125 copay, deductible waived

100% after $125 copay, deductible waived

Pediatric Dental and Vision Care
Up to age 19
N/A

Dental checkup: 100%, basic and major services 10%
Vision exam, frame (formulary) and standard lenses, and contact lenses: 100%

Dental checkup: 100%, basic and major services 10%
Vision: Up to $10 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 an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP. For details, go to ucop.edu/ucship > My Pharmacy Coverage. UC San Francisco.

Network

Out-of-Network

Network Providers and LiveWell Health Online: 100% after $10 copay, deductible waived

63% deductible waived

OptumRx network pharmacies and LiveWell Online:

Note: 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 90-day supply.

Note: 100% of your covered expenses

Not covered

Routine Eye Exam (per Benefit Year)
$10 copay

Up to the $49 allowance

Contact Lenses (per Benefit Year)
Select an eyeglass frame and receive the following allowance toward the purchase price:

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

Up to $200; you pay 100% of costs exceeding $100

Contact Lenses (per Benefit Year)
Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses).

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.

Dentist visits
Copy covers office visit only. Additional charges apply for other services, such as lab work. For details, visit ucop.edu/ucship > Plan Documents.

Outpatient Prescription Drugs
Mail order is available.

Note: 100% generic copay

Note: 100% brand-name copay, 30-day supply

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

Annual Deductible
None for preventive and diagnostic services, $25 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

$1,000 per member

$75 per member

fee schedule.

Provider agrees 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.*

UCU Medical Center:
All other UC Family: 95%

Network providers and LiveWell Health Online: 100% after $25 copay, deductible waived

60% after $500 copay

UCU Medical Center:
All other UC Family: 95%

Network providers and LiveWell Health Online: 100% after $25 copay, deductible waived

60%

UCF Medical Center:
Primary care: After $25 copay
Specialty care: After $10 copay

Primary care: After $35 copay, deductible waived
Specialty care: After $40 copay, deductible waived

60% for primary and specialty care

SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS
Your share of prescription drug costs counts toward the combined medical/pharmacy annual out-of-pocket limit. See details in the MyMedical Coverage chart above about the combined annual out-of-pocket limit, or visit the UC SHIP website at ucop.edu/ucship.

Outpatient Prescription Drugs
Mail order is available.

Note: 100% generic copay

Note: 100% brand-name copay, 30-day supply

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

Annual Deductible
None for preventive and diagnostic services, $25 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

$1,000 per member

$75 per member

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

PPD 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.*

UCU Medical Center:
Primary care: After $25 copay
Specialty care: After $10 copay

Primary care: After $35 copay, deductible waived
Specialty care: After $40 copay, deductible waived

60% for primary and specialty care

Preventive and Diagnostic Services
Includes: Oral exams; cleanings (twice every 12 months); X-rays (are billing service every 6 months); fluoride treatment

100%

80%

Basic Services
Includes: Fillings and extractions; composite fillings on back teeth; embarrassment (front canal); periodontics; oral hygiene; night guards

80% after you pay deductible

60% after you pay deductible

Major Services
Includes: Prosthetics; injuries/implants; 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 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.

Network

Out-of-Network

Routine Eye Exam (per Benefit Year)
$10 copay

Up to the $49 allowance

Eyeglass Lenses (Standard)
Select an eyeglass frame and receive the following allowance toward the purchase price:

Single lenses: $25 copay
Bifocal lenses: $25 copay
Trifocal lenses: $25 copay

Single lenses: Up to $11
Bifocal lenses: Up to $49
Trifocal lenses: Up to $74

Contact Lenses (per Benefit Year)
Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses).

Conventional lenses: Up to $20; you pay anything above $20 and receive a 10% discount
Disposable lenses: Up to $120

Conventional lenses: Up to $32
Disposable lenses: Up to $120

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 > 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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