

# **UC**

## **Student Health Insurance Plan**

### **UC San Francisco**

**University of California**



**[www.ucop.edu/ucship](http://www.ucop.edu/ucship)**

# *UC San Francisco Student Health & Counseling Services*

Hours of operation are subject to change during holidays, exam periods and academic break periods. Please refer to the Student Health & Counseling Services website for current hours.

## **UC San Francisco –**

Student Health & Counseling Services:

415-476-1281

## **Parnassus Location Hours:**

Monday and Friday

8:00 a.m. to 5:00 p.m.

Tuesday through Thursday

8:00 a.m. to 8:00 p.m.

(by appointment-only after 5:00 p.m.)

## **Mission Bay Clinic Hours:**

Monday through Friday

8:00 a.m. to 5:00 p.m.

(closed daily from 1 p.m. to 2 p.m. for lunch)

## **Website**

<http://studenthealth.ucsf.edu>

## **After-hours Mental Health**

**Crisis Line:**

415-476-1281, option 7

***[www.studenthealth.ucsf.edu](http://www.studenthealth.ucsf.edu)***  
***[www.ucop.edu/ucship](http://www.ucop.edu/ucship)***

*For more information, please visit **[www.ucop.edu/ucship](http://www.ucop.edu/ucship)***

University of California  
Student Health Insurance Plan (UC SHIP)

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For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

# Welcome to your health care program for UC San Francisco Students

## **How the UC Student Health Insurance Plan (UC SHIP) fits into your health care program**

As a registered student at a University of California campus, you have an outstanding health care program available to you. This brochure explains the UC Student Health Insurance Plan (UC SHIP) and how it fits into the program. To understand how UC SHIP works, it is important to understand that your health care consists of two parts:

### **1. Student Health & Counseling Services (SHCS)**

Student Health & Counseling Services is a complete outpatient health center for students, providing medical, mental health and preventive care. SHCS clinicians provide your primary care while you're on campus. All registered students may use the services of SHCS, regardless of what type of major medical insurance they have. Services are partially supported by registration fees and/or health care fees. Visit <http://studenthealth.ucsf.edu/> for more information on available services and fees.

### **2. The UC Student Health Insurance Plan (UC SHIP)**

The University of California requires all students to have major medical insurance and provides the UC Student Health Insurance Plan (UC SHIP) to meet this requirement. UC SHIP is a major medical, mental health, dental and vision plan. While SHCS (above) provides primary care to students on campus, UC SHIP covers care outside of SHCS, including hospitalization, off-campus or out-of-area care while traveling, and some specialty services not available at SHCS. Students are automatically enrolled in UC SHIP, and there is a charge on your campus billing statement. Students can choose to keep UC SHIP or they can waive enrollment if they have comparable coverage. Most students keep their UC SHIP enrollment because it is a solid, comprehensive and affordable plan that offers excellent benefits. As long as students are registered, it covers them 12 months a year anywhere in the world. Also, UC SHIP and SHCS work hand-in-hand (See section – *How UC SHIP works in conjunction with SHCS*).

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

## **More about SHCS**

Student Health and Counseling Services is staffed by board-certified physicians, nurse practitioners, therapists and nurses, who are experts in graduate student health needs. Please visit <http://studenthealth.ucsf.edu/> for a complete list of health care services available on campus.

## **How UC SHIP works in conjunction with SHCS**

Most of the health care services you will need are available at the Student Health & Counseling Services and are covered by UC SHIP. When you need care, simply call the Student Health & Counseling Services to make an appointment. SHCS can provide information about fees for services, if any. SHCS fees are generally lower than those charged by local doctors' offices and hospitals.

If you need services at another health care facility, UC SHIP and SHCS work together to provide comprehensive health care. SHCS clinicians coordinate medical services, and Student Health Insurance Office staff provides referrals for covered services and ensures that claims are handled accurately. For off-campus care, UC SHIP contracts with Anthem Blue Cross to provide access to medical and mental health services through an extensive network of hospitals and providers.

## **The UC Student Health Insurance Plan (UC SHIP)**

### **What does UC SHIP cover?**

**Note:** The following is a brief summary of benefits. Please see *Description of UC SHIP Benefits* in this brochure for extended information. Full benefits are described in the *Benefit Booklet* available at [ucop.edu/ucship](http://ucop.edu/ucship).

- **UC SHIP medical coverage uses an Anthem Blue Cross Preferred Provider Organization (PPO).**

Student benefits include 100% coverage of office visits after a \$15 or \$20 copayment (not subject to the deductible), 100% coverage of emergency care after a \$100 copayment (not subject to the deductible), 90% hospital coverage, plus 90% coverage for outpatient services such as lab work and X-rays provided by Anthem Blue Cross network providers. A \$200 annual deductible applies to services outside SHCS that have coinsurance. The deductible does not apply to medical or mental health visits, prescription medications or other services with a set-dollar copayment. Student members are covered for emergency and authorized non-emergency medical care

anywhere at any time. For more on student benefits, see page 16; for dependent benefits, see page 24.

- **UC SHIP coverage of SHCS fees.** Most services provided at SHCS are pre-paid through registration fees. If you incur fees for services at the SHCS, the plan will cover the service according to the benefits listed starting on page 16. In most cases, there are no claims to file for UC SHIP members.
- **UC SHIP vision coverage,** offered by Anthem Blue Cross, provides annual eye exams for a \$10 exam copay, lenses once every benefit year for a \$25 copay, and frames or contact lenses at no cost up to a \$120 value once every benefit year. Also, plan members receive a 20% discount on lens options and a 15%–20% discount on Lasik or PRK refractive surgeries.
- **UC SHIP dental coverage,** provided by Delta Dental, includes the following benefits when using a Delta Dental PPO Dentist: 100% coverage of preventive services such as exams, cleanings and X-rays with no deductible; 80% coverage of basic dental care and 50% coverage of major services, with a \$25 annual deductible.

## ***Who may enroll in UC SHIP?***

Groups eligible for UC SHIP include:

- All registered graduate students at the University of California, San Francisco, including registered international students and students registered in-absentia, who are automatically enrolled in the University's Student Health Insurance Plan and charged a health insurance fee on their registration bill.
- All non-registered "Filing Fee" status students who are completing work under the auspices of the University of California, but are not attending classes. Students on "Filing Fee" status must purchase UC SHIP through Wells Fargo Insurance Services at 800-853-5899 (they are not automatically enrolled). "Filing Fee" students are allowed to purchase UC SHIP for a maximum of one quarter. The student must have been covered by the plan in the term immediately preceding the term the student wants to purchase, or, if the student waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

- All non-registered students who are on a planned educational leave or approved leave of absence. While in either status, these students may purchase plan coverage for a maximum of two quarters. These students must purchase UC SHIP through Wells Fargo Insurance Services at 800-853-5899 (they are not automatically enrolled). The student must have been covered by the plan in the term immediately preceding the term the student wants to purchase, or, if the student waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.
- All former students who have completed their degree (graduated) during the term immediately preceding the term for which they want to purchase coverage. These individuals may purchase plan coverage through Wells Fargo Insurance Services at 800-853-5899, for a maximum of one quarter, and must have been enrolled in the plan in the preceding term.
- Individuals on the UC San Francisco campus who are non-registered students, scholars and/or researchers engaged in a program or academic pursuit approved or recognized by the campus. These scholars and researchers are automatically enrolled in the plan.
- Dependents of an enrolled student, scholar or researcher can enroll within the first 31 days of each coverage period during the benefit year. Dependents include a spouse, same-sex domestic partner, or opposite-sex domestic partner if one or both partners are age 62 or over and eligible for Social Security benefits based on age. Natural-born or adopted children up to age 26, or foster children up to age 18, are eligible for enrollment. An unmarried adult child over the age of 26 may be eligible if the child is chiefly dependent on the student, spouse or domestic partner for support and is incapable of sustaining employment due to a physical or mental condition. See the Benefit Booklet for a complete description of eligible dependents.
- Newborns are covered for the first 31 days from birth under the student plan at 90% in-network, or 60% non-network, up to a \$25,000 lifetime maximum. For coverage beyond the first 31 days after birth or \$25,000 of claim expenses, whichever occurs first, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth by contacting Wells Fargo Insurance Services at 800-853-5899.
- Non-registered students and dependents of students must enroll within 31 days of the start of the coverage period.



**Enrolled students may purchase coverage for their dependents by contacting Wells Fargo Insurance Services at 800-853-5899.**

**The following documentation is required for dependent enrollments:**

- a) **For spouse**, a marriage certificate
- b) **For domestic partner**, a Declaration of Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership form issued by the University
- c) **For natural child**, a birth certificate showing the student, spouse or domestic partner is the parent of the child
- d) **For stepchild**, a birth certificate and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
- e) **For adopted or foster child**, documentation from the placement agency showing that the student, spouse or domestic partner has the legal right to control the child's health care

## ***Periods of Coverage***

Periods of coverage and dates of coverage vary by program in which the student is enrolled. Please visit

<http://studenthealth.ucsf.edu/insurance/coveragedates> for information on coverage periods.

## ***How do I waive UC SHIP coverage?***

Registered students may provide evidence of health coverage through another plan and request to waive enrollment in UC SHIP. The coverage must meet minimum benefit criteria established by the University. Waiver applications are completed online during the fall, winter, or spring quarter waiver period.

Visit <http://studenthealth.ucsf.edu/waiver> to complete the online waiver application. Deadlines for submitting a waiver are posted on the website. A waiver application must be submitted by the deadline to be eligible to waive.

The fall quarter waiver is good for one academic year. A new waiver must be completed again during the fall waiver period prior to each academic year that the student is registered. A student who waived UC SHIP enrollment in the fall does not need to complete another waiver application in the winter or spring terms. However, a winter and spring waiver is available for students registering for the first time in the winter or spring, or who did not waive enrollment in a prior term but want to waive for the winter or spring term. A winter or spring waiver is valid for the remainder of that academic year. Visit <http://studenthealth.ucsf.edu/waiver> for waiver deadline dates.

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

# ***How do I use UC SHIP?***

## ***Introduction to the UC Student Health Insurance Plan***

**If you are enrolled under this plan as a student and you need medical care you must first go to Student Health & Counseling Services (SHCS) for treatment during their regular hours of operation. Student Health & Counseling Services will help you locate providers and issue referrals to medical providers when additional care or a specialist is needed.**

Student Health & Counseling Services (SHCS) will diagnose and treat most illnesses and injuries, coordinate all of your health care and provide a referral to a participating provider or nonparticipating provider. Referrals are made at the sole and absolute discretion of SHCS. **The referral does not guarantee payment or coverage.** The services must be medically necessary and a covered benefit under this plan.

**If you receive medical care without prior referral from SHCS, the expenses will not be covered, except for urgent or emergency care of a medical or psychiatric emergency.**

Payment of emergency room claims is subject to review by the claims administrator. The claims administrator, Anthem Blue Cross, makes the final determination regarding whether services were rendered for an emergency.

**NOTE:** Adult dependents must seek a referral from the SHCS before seeking care from a network provider. Dependent children may access network providers without SHCS referral. To avoid denial of benefits, make sure your dependent uses only providers who participate in Anthem Blue Cross' preferred provider organization program called the Prudent Buyer Plan.

## ***When you are on campus and need care***

- Call or visit the Student Health & Counseling Services to make an appointment for medical care.
- Be sure to bring your Student ID card and UC SHIP Anthem Blue Cross card to your appointment. If you lose your Anthem Blue Cross card, contact Customer Service at 866-940-8306 and they will assist you with creating a temporary ID card.
- For vision care, use the [www.ucop.edu/ucship](http://www.ucop.edu/ucship) website to review benefits and find a provider near you.
- For dental care, coverage is provided through Delta Dental. With this program, you select a provider from a nationwide network of participating dentists, many of whom are located close to campus. When you make your appointment, let the dentist know you have coverage through Delta Dental. To find a dentist and manage your claims, visit the Delta Dental website at [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship).

## ***When you need care off campus***

Students must obtain a written referral from your SHCS clinician prior to receiving most non-emergency medical and mental health care services outside of SHCS in order for the care to be a covered benefit of the plan.

Services must also be medically necessary, and not otherwise excluded, to be covered benefits under UC SHIP. A referral does not guarantee payment or coverage.

Services outside SHCS that do not require a referral include:

- Services in a hospital emergency room or urgent care center for treatment of a sudden, serious or acute injury, illness or condition
- Prescriptions filled outside of SHCS
- Services provided under the dental coverage or vision services coverage of UC SHIP

Dependents covered under UC SHIP are not required to obtain a SHCS referral to obtain care from Anthem network providers.

For off-campus care, UC SHIP contracts with Anthem Blue Cross to provide medical and mental health services through their extensive network of hospitals and providers. If providers or facilities are used that are not part of the Anthem Blue Cross PPO Provider Network, claims will be paid at a percentage of customary and reasonable, which is often significantly lower than the network rate. When you call for a referral, the Student Health & Counseling Services staff will help you locate an Anthem Blue Cross PPO Provider.

With very limited exceptions, covered dependents must use Anthem Blue Cross network providers (see page 24). Be sure to bring your Anthem Blue Cross card to your appointment.

## ***Emergency care***

In case of emergency (see *Definitions of insurance terms*), students should report directly to the emergency department of the nearest hospital.

SHCS referrals are not required for emergency or urgent care.

## ***Filing claims for services***

For services received at the SHCS, in most cases claims will be submitted to Anthem Blue Cross on the student's behalf.

Students may pay the portion of the charges for which they are responsible at the time of service.

When students receive care outside the SHCS, the health care provider may require payment of the student's portion of fees at the time of service or they may send a bill after UC SHIP has paid the covered amount. Most health care providers will submit bills directly to Anthem Blue Cross. If a student receives a bill for the full cost of services, the student should contact Anthem Blue Cross for assistance or seek guidance at the SHCS. Expect to receive an Explanation of Benefits from Anthem Blue Cross, showing what was paid on your claim, within six weeks after submitting a bill. For questions about claims or the Explanation of Benefits, call the Student Health & Counseling Services or Anthem Blue Cross at 866-940-8306.

## ***UC SHIP and your privacy***

Student Health & Counseling Services is committed to protecting your privacy and the confidentiality of your health information. Your health information will be used or disclosed for purposes related to your treatment, payment of your fees and insurance claims, and for SHCS and UC SHIP operations. Your health information cannot be disclosed to anyone for any other purpose, unless allowed by law, without your written authorization. SHCS and UC SHIP privacy policies are available on the website [www.ucop.edu/ucship](http://www.ucop.edu/ucship). Comments or concerns about privacy issues may be sent to the Student Health & Counseling Services.

If students do not pay their portion of SHCS fees, or if a SHCS service is denied coverage by UC SHIP, the student's campus account may be billed for the outstanding amount. The billing statement will state only that the charges were incurred at SHCS. No health information is released to the campus billing office. For services outside SHCS, charges will be sent directly to the insured's (student's) address.

## ***When you are covered by UC SHIP and another health plan***

Please call Anthem Blue Cross Customer Service at 866-940-8306 or go online to [www.ucop.edu/ucship](http://www.ucop.edu/ucship) and complete the Coordination of Benefits (COB) questionnaire with information about your other health plan. UC SHIP covers services at the SHCS regardless of whether students have coverage through an additional medical plan. SHCS will submit claims to Anthem Blue Cross for students in most cases. After students pay the coinsurance amount that UC SHIP considers their responsibility, students may submit claims to their other plans for reimbursement of that amount. SHCS does not submit claims to other insurance plan carriers.

For services received outside of the SHCS, the student's other medical plan will be considered the primary plan, meaning that plan must pay claims first. After the primary plan processes and pays a claim, any remaining charges may be submitted to UC SHIP (the secondary plan). This holds true for all medical plans except Medi-Cal, MRMIP and TriCare; if a student has Medi-Cal, MRMIP or TriCare, UC SHIP will be the primary plan, and Medi-Cal/MRMIP/TriCare the secondary plan. For questions about coordination between plans, call Anthem Blue Cross Customer Service at 866-940-8306.

## ***Insurance after graduation***

If you are graduating or if you are losing UC SHIP eligibility because you are no longer a registered student, it is important to plan ahead for continuing health coverage. Graduating students may purchase UC SHIP for one additional quarter immediately following graduation if they were enrolled in the plan during their final academic term.

A variety of plans are available to you once your UC SHIP coverage ends. Plan types include short-term coverage, individual plans, a Conversion plan for persons with ongoing medical conditions, and public health insurance programs. Visit <http://studenthealth.ucsf.edu/insurance/other> for more information.

## ***Important phone numbers and website addresses***

Anthem Blue Cross and Blue View Vision

Customer Service: **866-940-8306**

[www.ucop.edu/ucship](http://www.ucop.edu/ucship)

24/7 NurseLine: **877-351-3457**

Future Moms: **866-664-5404**

Delta Dental: **800-765-6003**

[www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship)

Wells Fargo Insurance Services Customer Care: (provides enrollment services for students purchasing UC SHIP voluntarily for themselves or their dependents) **800-853-5899**

*This brochure provides a summary of information. For complete information on all benefits, terms and conditions of the plan, see the Benefits Booklet at [www.ucop.edu/ucship](http://www.ucop.edu/ucship).*

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

## ***Definitions of insurance terms***

**Ancillary Services:** Services rendered by health care providers other than a physician, such as laboratory, radiology or other diagnostic imaging, physical therapy or other services.

**Anthem Blue Cross Network Rate/Negotiated Fee:** Negotiated Fee or Network Rate is the amount Participating Providers agree to accept as payment in full for covered services. It is usually lower than their normal charge. These rates are determined by the Anthem Blue Cross PPO Participating Provider Agreements.

**Copayment (copay):** The amount that an insured person must pay for a covered service, usually due at the time the service is provided. Office visit copays are not subject to the plan-year deductible.

**Coinsurance:** Coinsurance is similar to copayment, except that it is a percentage of the total charges, rather than a set dollar amount. Example: copayment is \$15 per visit (regardless of the total charges), coinsurance is 10% of total covered charges for the visit.

**Customary and Reasonable (C&R):** A Customary and Reasonable charge, as determined annually by Anthem Blue Cross, is a charge that falls within the common range of fees billed by a majority of physicians for a procedure in a given geographic region, or that is justified based on the complexity or the severity of treatment for a specific case. When a non-Anthem Blue Cross PPO physician is used, the patient is responsible for payment of all charges in excess of the Anthem Blue Cross C&R payment.

**Deductible:** The amount of money you need to pay out of pocket before the insurance carrier will pay for services.

**Emergency:** An emergency is a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross has sole and final determination as to whether services were rendered in connection with an emergency.

**Inpatient:** A patient who is admitted to the hospital.

**Non-network/Fee Schedule:** The amount paid to providers who are not members of the Anthem Blue Cross PPO Plan, usually a percentage of customary and reasonable (see above) charges. Only a portion of the amount that a nonparticipating provider charges for services is a covered expense under UC SHIP; the patient is responsible for all charges above the coverage level.

**Preferred Provider Organization (PPO):** A group of medical providers who contract with an insurance carrier to provide the insured with reduced rates.

# *Description of UC SHIP benefits*

## ***Medical and mental health benefits for students and dependents***

### **Please note:**

- Students and adult dependents must seek all non-emergency medical and mental health care at Student Health & Counseling Services first. All non-emergency services must be authorized with a referral by the Student Health & Counseling Services in order to ensure payment for services. Coverage is worldwide for emergency services and other authorized care.
- There is a \$200 deductible each benefit year for services provided to students outside of SHCS. The dependent benefit year deductible is \$400 per covered dependent. The annual deductible applies to all services except those requiring a set-dollar copayment and services requiring no coinsurance or copayment, such as preventive exams and certain immunizations. Home Health Care is an exception and is subject to the deductible. The deductible does not apply to pharmacy services for students or dependents.
- In order to be considered a covered expense of the plan, all services must be medically necessary. Anthem Blue Cross makes the final determination of medical necessity.
- For the maximum benefit of 90%, members must receive care within the Anthem Blue Cross PPO Network. If providers or facilities are used that are not part of the Anthem Blue Cross PPO Network, student claims will be paid at 60% of the non-network rate: out-of-pocket costs increase.
- For services provided at SHCS, UC SHIP members pay the portion for which they are responsible at the time of service. SHCS files a claim with UC SHIP for the remainder of charges. For services received outside of SHCS with a referral, the provider or patient submits itemized bills to Anthem Blue Cross. Claims must be received no later than 11 months after the date the health care service is rendered.

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

- Students are responsible for no more than \$3,000 of out-of-pocket coinsurance for in-network services each benefit year, or \$6,000 for non-network services. If you have paid \$3,000 in coinsurance, you will no longer be required to pay coinsurance for in-network services for the remainder of the benefit year. The out-of-pocket maximum does not apply to set dollar copayments, amounts exceeding stated benefit limits (for example, Pharmacy or Physical Therapy limits) or to services not covered by the plan. The in-network and out-of-network coinsurance maximums are separate; neither accumulates toward the other. The dependent out-of-pocket maximum per individual per benefit year is \$6,000 for coinsurance.
- Students and dependents have access to a nurse 24 hours a day, 365 days a year through Anthem's NurseLine. You can call the **24/7 NurseLine** any time to speak with a registered nurse who is trained to help you make more informed decisions about your health situation. For accurate, confidential health information, call **877-351-3457**.
- In addition to the 24/7 NurseLine, students or their dependents who are pregnant have access to a Registered Nurse 24 hours a day, seven days a week to answer questions about important topics related to pregnancy, such as labor, nursing, postpartum depression, etc. For enrolling in Anthem's **Future Moms** program, Anthem will send the member a \$30 Babies "R" Us® gift card. Register for the Future Moms program at no additional cost by calling the toll-free number: **866-664-5404**.

## ***UC Student Health Insurance Plan benefits for students***

**Lifetime Maximum: \$ 400,000**

**Benefit Year Deductible:**  
**At SHCS:** Does not apply  
**Outside of SHCS: \$200**  
The annual deductible applies to all services listed below, except where noted.



## **Inpatient hospital services**

Including: medical services, mental health and maternity services. Non-network hospital or residential treatment center requires a \$500 deductible per admission (waived if emergency).

<i>Semi-private room</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>Lab tests, X-rays and imaging</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>General supplies</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>Nursing services</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>Medication</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>Physicians and specialists</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.
<i>Transgender surgery</i>	Pays 90% of Anthem Blue Cross Network rates; non-network providers are not covered.
<i>Inpatient surgery</i>	Pays 90% of Anthem Blue Cross Network rates, 60% of non-network rates.

- Inpatient hospital care in connection with childbirth will be covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).
- Non-network hospital penalty: covered expenses will be reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission.
- Newborns are covered for the first 31 days from birth under the student plan at 90% in-network, or 60% non-network, up to a \$25,000 lifetime maximum. For coverage beyond the first 31 days after birth or \$25,000 of claim expenses, whichever occurs first, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth by contacting Wells Fargo Insurance Services at 800-853-5899.

For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

<b>Emergency room services</b>	
<i>Emergency room</i>	Pays 100% after \$100 copay (Copay waived if admitted). Deductible waived.
<i>Attending physicians</i>	Pays 100%. Deductible waived.

<b>Outpatient services</b>	
<i>Medical office visits</i>	<p><b>At SHCS:</b> Services are pre-paid through health fees. There is no office visit copay to be seen by a SHCS provider.</p> <p><b>Outside of SHCS:</b> Pays 100% after \$15 copay for primary care, \$20 copay for specialty care from Anthem Blue Cross Network providers (deductible waived). Plan pays 60% of non-network rates, subject to deductible.</p>
<i>Mental health office visits</i>	<p><b>At SHCS:</b> There is no office visit copay for mental health visits. Visits are limited to 10 per academic year.</p> <p><b>Outside of SHCS:</b> Pays 100% after \$15 copay for Anthem Blue Cross Network providers (deductible waived). Plan pays 60% of non-network rates, subject to deductible.</p>
<i>Lab tests, imaging, X-rays, mammograms</i>	<p><b>At SHCS:</b> Services are paid through health fees. There is no copay to be treated at SHCS.</p> <p><b>Outside of SHCS:</b> Pays 90% of Anthem Blue Cross in-network rates and 60% for non-network rates.</p>

*Continued*

<b>Outpatient services</b>	
<i>Surgery</i>	<p>Pays 90% of Anthem Blue Cross Network rates, or 60% of non-network rates, for services of physicians and anesthesiologists. Pays 90% of Anthem Blue Cross Network rates for outpatient surgery center facilities.</p> <p>Non-network hospital penalty: covered expense will be reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission.</p>
<i>Urgent care</i>	Pays 100% after \$50 copayment for Anthem Blue Cross Network provider (deductible waived). Plan pays 60% of non-network rates (subject to deductible).
<i>Hearing aids</i>	One hearing aid per ear, every four years. Pays 90% of Anthem Blue Cross Network rates. Non-network providers are not covered.
<i>Routine physicals/student adult preventive care</i>	<p><b>At SHCS:</b> Services are paid through health fees. There is no copay to be treated at SHCS.</p> <p><b>Outside of SHCS:</b> Pays 100% of Anthem Blue Cross in-network rates (deductible waived), or 60% of non-network rates.</p>

*Continued*

Outpatient services	
<i>Prescription drugs</i>	<p>Prescriptions filled through an Anthem participating pharmacy will have a copay of \$5 for generic, \$25 for brand, and \$40 for non-formulary (30-day supply).</p> <p>Prescription medications are not subject to the deductible. <b>The pharmacy benefit is limited to a maximum of \$10,000 per benefit year.</b> Students may participate in a mail-order pharmacy program. See the Benefit Booklet for details, available online at <a href="http://www.ucop.edu/ucship">www.ucop.edu/ucship</a>.</p> <p>SHCS offers a limited supply of contraceptive pills for sale at a discounted rate with a prescription. Visit <a href="http://studenthealth.ucsf.edu/prices">studenthealth.ucsf.edu/prices</a> for current medications and prices.</p>
<i>Contraceptives</i>	<p>Pays 90% of Anthem Blue Cross Network rates or 60% of non-network rates for services and supplies provided in connection with the following methods of contraception:</p> <ul style="list-style-type: none"> <li>• Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary.</li> <li>• Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician if medically necessary.</li> <li>• Professional services of a physician in connection with the prescribing, fitting, and insertion of intrauterine contraceptive devices or diaphragms.</li> </ul> <p>The above services and supplies are charged in addition to the office visit copayment. If your physician determines that none of these contraceptive methods are appropriate for you based on your medical or personal history, coverage will be provided for another prescription contraceptive method that is approved by the Food and Drug Administration (FDA) and prescribed by your physician (see copayments under prescription drugs).</p>

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<b>Outpatient services</b>	
<i>Acupuncture</i>	Pays 100% after \$20 copayment (deductible waived) up to 20 visits a year, combined with chiropractic and spinal manipulation.
<i>Allergy testing and injections</i>	Pays 90% of Anthem Blue Cross Network rates, or 60% of non-network rates.
<i>Ambulance - ground</i>	Pays 90% of customary and reasonable charges if patient receives emergency care or is hospitalized.
<i>Ambulance - air</i>	Pays 100% of customary and reasonable charges, if patient receives emergency treatment or is hospitalized; up to a maximum of \$25,000 per benefit year.
<i>Chiropractic services</i>	Pays 100% after \$20 copayment for Anthem Blue Cross Network providers (deductible waived) for 60% non-network rates, up to a maximum of 20 visits a year combined with acupuncture and osteopathic manipulation.
<i>Dental care</i>	UC SHIP members receive dental coverage through Delta Dental. See Dental benefits information following this section.
<i>Dental injury</i>	Pays 90% of Anthem Blue Cross Network rates, or 60% of non-network rates, for injury to natural teeth.
<i>Durable medical equipment</i>	Pays 90% of rental or purchase of medical equipment and supplies that are ordered by a Physician and are of no further use when medical need ends, when obtained from a durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin) up to a maximum of \$5,000 per benefit year.

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For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

<b>Outpatient services</b>	
<i>Home health visits</i>	Pays 100% in Anthem Blue Cross Network; 60% of non-Network, up to 100 visits per benefit year.
<i>Hospice care</i>	Pays 90% of Anthem Blue Cross rates, or 60% of non-network rates, up to \$5,000 maximum per benefit year, including bereavement counseling.
<i>Immunizations</i>	<p>Pays 100% of SHCS charges or Anthem Blue Cross Network rates (deductible waived), or 60% of non-Network rates for the following immunizations: Diphtheria/Tetanus/Pertussis; Measles, Mumps and Rubella; Meningococcal; Varicella; Influenza; Hepatitis A and Hepatitis B; Pneumococcal; Polio; and Human Papillomavirus (up to age 27).</p> <p>All other immunizations covered at 90% of charge at SHCS, or 90% of Anthem Blue Cross Network rates or 60% of non-network rates.</p>
<i>Maternity, prenatal care, abortion</i>	<p>Prenatal: \$15 copay for first visit; 100% covered for subsequent visits in-network. Deductible waived.</p> <p>Maternity: 90% in-network; 60% non-network</p> <p>Abortion: 90% in-network; 60% non-network</p>
<i>Physical therapy, physical medicine, occupational therapy and speech therapy</i>	Pays 100% after \$20 copay for services with an Anthem network provider (deductible waived). Pays 60% for non-network provider. This benefit has a \$5,000 maximum per benefit year.
<i>Podiatric services</i>	Pays 90% Anthem Blue Cross Network rates, or 60% of non-network.

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<b>Outpatient services</b>	
<i>Skilled nursing</i>	Pays 90% of Anthem Blue Cross Network facility rates, or 60% of non-network rates, up to a maximum of 100 days per benefit year.
<i>Medical evacuation</i>	The plan pays necessary expenses up to \$10,000 for return to your home country when prior authorization has determined medical necessity. Deductible waived.
<i>Repatriation</i>	If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500 to prepare your remains and transport your body to your home country. Deductible waived.

## ***Coverage abroad with BlueCard Worldwide***

Whether traveling or living outside of the country, you can use the BlueCard Worldwide program when you need care. Here's how it works when you need care while traveling or living abroad:

1. Before leaving the U.S., call the Customer Service number on the back of your ID card (866-940-8306) to find out exactly how you're covered abroad.
2. Call the SHCS to obtain information on coverage for international vaccines, supplemental travel coverage for UCSF students, and the University Travel Assistance Program.
3. Always carry your up-to-date Anthem member ID card.
4. In an emergency, go to the nearest hospital.
5. If you need non-emergency care, please contact the SHCS for a referral to ensure that your claim for covered services will be paid according to plan benefits.
6. If you need help finding a doctor or hospital, or have any questions about getting care abroad, call the BlueCard Worldwide Service Center toll free at 800-810-BLUE (2583) or collect at 804-673-1177, 24 hours a day, seven days a week. Someone will help you and, along with a medical professional, will arrange for you to see a doctor or have a hospital stay, if needed.
7. If you need to be admitted to the hospital, call the BlueCard Worldwide Service Center toll free at 800-810-BLUE (2583) or collect at 804-673-1177.

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

## How do I file a claim?

If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay (deductible, copay, coinsurance).

For outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the health care provider and submit an international claim form with the original bills to the Service Center.

International claim forms are available by calling the Customer Service number on your ID card (866-940-8306) or the Service Center by going online to [BCBS.com/bluecardworldwide](https://BCBS.com/bluecardworldwide).

Or call BlueCard Worldwide Service Center at 800-810-2583, or collect: 804-673-1177.

## UC Travel Accident Policy

The University also provides a travel accident policy for students traveling on University business which is administered by the UC Office of the President at no additional cost to students.

For more information about this benefit, please go to:

[http://atyourservice.ucop.edu/employees/health\\_welfare/\\_biz\\_trvl\\_accident.html](http://atyourservice.ucop.edu/employees/health_welfare/_biz_trvl_accident.html)

Please note that in order to receive coverage for this benefit (which includes medical evacuation and repatriation of remains while studying and researching in a foreign country) you **MUST** register prior to your trip. Registration is simple and takes less than 5 minutes. You may register here:

<https://www.uctrips-insurance.org/servlet/guest?service=0&formId=2>

UCSF students have access to additional travel coverage through International SOS. Please visit the UCSF website at <http://studenthealth.ucsf.edu> for more information.

## UC Student Health Insurance Plan benefits for dependents

Benefits for dependents enrolled in UC SHIP vary from student member benefits. For dependents, UC SHIP is an Exclusive Provider Organization (EPO).

EPO members must receive health care services from Anthem Blue Cross PPO (Prudent Buyer) network providers, unless they receive authorized referrals from an Anthem PPO provider or need emergency and/or out-of-area urgent care. Emergency services received from a non-PPO hospital and without an authorization are covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.



**Lifetime Maximum: \$ 400,000 per person**

**Benefit Year Deductible: \$400 per person**

The annual deductible applies to all services listed below, except where noted.

**Inpatient hospital services**

Including: medical services, mental health and maternity services

<i>Semi-private room</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Lab tests, X-rays and imaging</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>General supplies</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Nursing services</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Medication</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Physicians and specialists</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Inpatient surgery</i>	Pays 80% of Anthem Blue Cross Network rates.

- Inpatient hospital care in connection with childbirth will be covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).
- Newborns are covered for the first 31 days from birth under the student plan at 90% in-network, or 60% non-network, up to a \$25,000 lifetime maximum. For coverage beyond the first 31 days after birth or \$25,000 of claim expenses, whichever occurs first, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth by contacting Wells Fargo Insurance Services at 800-853-5899.

For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

<b>Emergency room services</b>	
<i>Emergency room</i>	\$100 copay (waived if admitted). Pays 80% of Anthem Blue Cross Network rates. Pays 80% of non-network rates for emergency services only.
<i>Attending physicians</i>	Pays 80% of Anthem Blue Cross Network rates.

<b>Outpatient services</b>	
<i>Medical office visits</i>	Pays 80% of Anthem Blue Cross Network office visits rates.
<i>Mental health office visits</i>	Pays 80% of Anthem Blue Cross Network office visits rates.
<i>Lab tests, imaging, X-rays, mammograms</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Surgery</i>	Pays 80% of Anthem Blue Cross Network rates for services of physicians and anesthesiologists, and for outpatient surgery center facilities.
<i>Prescription drugs</i>	Pays 100% after a \$5 copay for generic medications. Pays 70% for brand medications (30-day supply). All prescriptions must be filled at an Anthem participating pharmacy to be covered by the plan. Certain medications must be obtained through the specialty pharmacy program. See the Benefit Booklet for information about this program. Prescription medications are not subject to the deductible. The pharmacy benefit is limited to a maximum of \$5,000 per benefit year.

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<b>Outpatient services</b>	
<i>Acupuncture</i>	Pays 80% of Anthem Blue Cross negotiated rates per visit per day up to 20 visits per benefit year, combined with chiropractic and osteopathic manipulation.
<i>Urgent care</i>	\$50 copayment, then the plan pays 80% of Anthem Blue Cross Network rates. Deductible waived.
<i>Hearing aids</i>	One hearing aid per ear, every four years. Pays 80% of Anthem Blue Cross Network rates.
<i>Routine physicals/adult preventive care</i>	Pays 100% of Anthem Blue Cross Network rates. Deductible waived.
<i>Allergy testing and injections</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Ambulance - ground</i>	Pays 80% of customary and reasonable rates if patient receives emergency care or is hospitalized.
<i>Ambulance - air</i>	Pays 80% of customary and reasonable charges, if patient receives emergency treatment or is hospitalized; up to a maximum of \$25,000 per benefit year.
<i>Chiropractic services</i>	Pays 80% of Anthem Blue Cross Network rates per visit per day up to a maximum of 20 visits a year combined with acupuncture and osteopathic manipulation.
<i>Dental care</i>	UC SHIP members receive dental coverage through Delta Dental. See Dental benefits information following this section.
<i>Dental injury</i>	Pays 80% of Anthem Blue Cross Network rates for injury to natural teeth.

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For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

Outpatient services	
<i>Durable medical equipment</i>	Pays 80% of Anthem Blue Cross Network rates for rental or purchase of medical equipment and supplies that are ordered by a Physician and are of no further use when medical need ends, when obtained from a durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin) up to a maximum of \$5,000 per benefit year.
<i>Home health visits</i>	Pays 80% of Anthem Blue Cross Network rates, up to 100 visits per benefit year.
<i>Contraceptives</i>	<p>Pays 80% of Anthem Blue Cross Network rates for services and supplies provided in connection with the following methods of contraception:</p> <ul style="list-style-type: none"> <li>• Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary.</li> <li>• Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician if medically necessary.</li> <li>• Professional services of a physician in connection with the prescribing, fitting, and insertion of intrauterine contraceptive devices or diaphragms.</li> </ul> <p>The above services and supplies are charged in addition to the office visit. If your physician determines that none of these contraceptive methods are appropriate for you based on your medical or personal history, coverage will be provided for another prescription contraceptive method that is approved by the Food and Drug Administration (FDA) and prescribed by your physician (see copayments under prescription drugs).</p>

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<b>Outpatient services</b>	
<i>Hospice care</i>	Pays 80% of Anthem Blue Cross Network rates, pays up to \$5,000 maximum per benefit year, including bereavement counseling.
<i>Immunizations</i>	<p>Pays 100% of Anthem Blue Cross Network rates for the following immunizations (deductible waived):  Diphtheria/Tetanus/Pertussis; Measles, Mumps and Rubella; Meningococcal; Varicella; Influenza; Hepatitis A and Hepatitis B; Pneumococcal; Polio; Human Papillomavirus (up to age 27).</p> <p>Pays 80% of Anthem Blue Cross Network rates for all other immunizations.</p>
<i>Maternity, prenatal care, abortion</i>	<p>Prenatal: Pays 80% of Anthem Blue Cross Network rates for first visit, then 100%.</p> <p>Maternity: Pays 80% of Anthem Blue Cross Network rates.</p> <p>Abortion: Pays 80% of Anthem Blue Cross Network rates.</p>
<i>Physical therapy, physical medicine, occupational therapy and speech therapy</i>	Pays 80% of Anthem Blue Cross Network rates, limited to \$5,000 per year.
<i>Podiatric services</i>	Pays 80% of Anthem Blue Cross Network rates.
<i>Skilled nursing</i>	Pays 80% of Anthem Blue Cross facility Network rates, up to a maximum of 100 days per benefit year.
<i>Medical evacuation</i>	The plan pays necessary expenses up to \$10,000 for return to your home country when prior authorization has determined medical necessity. Deductible waived.
<i>Repatriation</i>	If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500 to prepare your remains and transport your body to your home country. Deductible waived.

*This is a summary of benefits. For a full list of covered benefits, see the Benefit Booklet at [www.ucop.edu/ucship](http://www.ucop.edu/ucship).*

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

# UC SHIP Vision benefits for students and dependents

UC SHIP Vision plan benefits for graduate students and their dependents include:

Vision Care Service	In-Network	Out-of-Network
Routine Eye Exam (per benefit year)	\$10 copay	\$49 allowance
Eyeglass Frames <i>You may select an eyeglass frame and receive the following allowance toward the purchase price (per benefit year).</i>	\$120 allowance; then 20% of remaining balance	\$50 allowance
Eyeglass Lenses (standard) <ul style="list-style-type: none"> <li>Single lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$25 copay \$25 copay \$25 copay	\$35 allowance \$49 allowance \$74 allowance
Contact Lenses <i>You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses (per benefit year).</i> <ul style="list-style-type: none"> <li>Conventional lenses</li> <li>Disposable lenses</li> </ul>	\$120 allowance; then 15% off remaining balance  \$120 allowance	\$92 allowance  \$92 allowance
Contact Lenses Fitting and Follow-up <i>One contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.</i> <ul style="list-style-type: none"> <li>Standard contact lenses fitting</li> </ul>	Member cost up to \$55	Discounts not available Out-of-Network

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Vision Care Service	In-Network	Out-of-Network
Lasik Surgery	15% discount through Anthem's Special Offers	

Blue View Vision Insight Network has 3,800 California and 35,000 providers nationwide. For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship) or call Anthem Blue Cross Blue View Vision at 866-940-8306.

### UC SHIP Dental benefits for students and dependents

UC SHIP provides a Preferred Provider (PPO) dental plan through Delta Dental. The PPO plan is designed to give you the highest benefits **only** when you receive services from a **Delta Dental PPO dentist**. Additionally, PPO dentists have agreed to discount their fees for students enrolled in a PPO plan, so your out-of-pocket costs will be lower. Delta Dental has many different types of networks available, so be sure you select a PPO dentist from our list at [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship). Or, if you currently have a dentist, ask that dentist if he or she is a **Delta Dental PPO dentist**. If you choose a dentist who is not a **Delta Dental PPO dentist** (such as a Delta Dental Premier dentist), your benefits will be significantly reduced and your out-of-pocket expenses will be higher. Go to the Delta Dental UC SHIP website [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship) to learn more about your dental program.

<b>If the care is provided by...</b>	<b>a Delta Dental PPO dentist:</b>	<b>a dentist who is not a Delta Dental PPO dentist:</b>
<i>Deductible</i>	<b>\$25 per person per benefit year, waived for diagnostic and preventive</b>	<b>\$50 per person, per benefit year</b>
<i>Preventive and diagnostic services</i> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Cleanings (once every 6 months)</li> <li>• X-rays (one bite-wing series within 12 months)</li> <li>• Fluoride treatment</li> </ul>	The plan pays 100% of negotiated fees that PPO dentists have agreed to accept as payment in full	The plan covers 80% of the maximum plan allowance, which may be less than the amount submitted, resulting in additional fees charged to the patient
<i>Basic services</i> <ul style="list-style-type: none"> <li>• Fillings and extractions</li> <li>• Endodontics (root canal)</li> <li>• Periodontics</li> <li>• Oral surgery</li> </ul>	The plan pays 80% of negotiated fees after a \$25 annual deductible	The plan covers 60% of the maximum plan allowance after a \$50 annual deductible
<i>Major services</i> <ul style="list-style-type: none"> <li>• Prosthodontics</li> <li>• Inlays/onlays</li> <li>• Crowns and cast restorations</li> </ul>	The plan pays 50% of negotiated fees after a \$25 annual deductible	The plan covers 40% of the maximum plan allowance after \$50 annual deductible
<i>Not covered</i> <ul style="list-style-type: none"> <li>• Maxillofacial prosthetics and implants</li> <li>• Orthodontics</li> </ul>		
<i>Benefit maximums</i> Not to exceed a cumulative maximum of \$1,000 per benefit year for all dental benefits	\$1,000 per member per benefit year	\$750 per member per benefit year

For complete terms and conditions of coverage, visit [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship) or call Delta Dental Customer Service at 800-765-6003.



# **Medical Exclusions and Limitations**

## **Medical care that is not covered by UC SHIP (Anthem Blue Cross)**

*This is a summary only. Please refer to your Benefit Booklet for all terms and conditions of the plan. Sections named in capital letters below refer to the sections in the Benefit Booklet. The Benefit Booklet is available online at [www.ucop.edu/ucship](http://www.ucop.edu/ucship).*

*No payment will be made under this plan for expenses incurred for or in connection with any of the items below. (The titles given to these exclusions and limitations are for ease of reference only; they are not meant to be an integral part of the exclusions and limitations and do not modify the intent of the provision or limitations.)*

**Acupuncture.** Acupuncture treatment except as specifically stated in the “Acupuncture” provision of MEDICAL CARE THAT IS COVERED. Acupressure, or massage, to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

**Air Conditioners.** Air purifiers, air conditioners, or humidifiers.

**Clinical Trials.** Services and supplies in connection with clinical trials, except as specifically stated in the “Cancer Clinical Trials” provision under the section MEDICAL CARE THAT IS COVERED.

**Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as stated in the “Bariatric Surgery” provision of MEDICAL CARE THAT IS COVERED.

**Contraceptive Devices.** Contraceptive devices prescribed for birth control except as specifically stated in the “Contraceptives” provision in MEDICAL CARE THAT IS COVERED.

**Cosmetic Surgery.** Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance.

This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

**Crime or Nuclear Energy.** Conditions that result from: (1) your commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

**Custodial Care or Rest Cures.** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Custodial care or rest cures, except as specifically provided under the “Hospice Care” or “Home Infusion Therapy” provisions of MEDICAL CARE THAT IS COVERED. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility, except as specifically stated in the “Skilled Nursing Facility” provision of MEDICAL CARE THAT IS COVERED.

**Dental Services or Supplies.** Dental plates, bridges, crowns, caps or other dental prostheses, dental implants, dental services, extraction of teeth, or treatment to the teeth or gums, or treatment to or for any disorders for the jaw joint, except as specifically stated in the “Dental Care” or “Jaw Joint Disorders” provisions of MEDICAL CARE THAT IS COVERED. Cosmetic dental surgery or other dental services for beautification.

**Diabetic Supplies.** Prescription and non-prescription diabetic supplies, except as specifically stated in “YOUR PRESCRIPTION DRUG BENEFITS” section of the Benefit Booklet.

**Education or Counseling.** Any educational treatment or nutritional counseling, or any services that are educational, vocational, or training in nature except as specifically provided or arranged by us. Such services are provided under the “Home Infusion Therapy,” “Pediatric Asthma Equipment and Supplies,” or “Diabetes” provisions of MEDICAL CARE THAT IS COVERED. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

**Excess Amounts.** Any amounts in excess of covered expense or the benefit year Maximum.

**Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if you are denied benefits because it is determined that the requested treatment is experimental or investigative, you may request an independent medical review as described in INDEPENDENT MEDICAL REVIEW OF DENIALS OF EXPERIMENTAL OR INVESTIGATIVE TREATMENT.

**Eye Surgery for Refractive Defects.** Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

**Government Treatment.** Any services actually given to you by a local, state or federal government agency, or by a public school system or school district, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to you for free.

**Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

**Hearing Aids or Tests.** Hearing aids, except as specifically stated in the “Hearing Aid Services” provision of MEDICAL CARE THAT IS COVERED. Routine hearing tests, except as specifically provided under “Physical Exam” and “Hearing Aid Services” provisions of MEDICAL CARE THAT IS COVERED.

**Infertility Treatment.** Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to, diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal, and gamete intrafallopian transfer.

**Inpatient Diagnostic Tests.** Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

**Lifestyle Programs.** Programs to alter one’s lifestyle which may include but are not limited to diet, exercise, imagery or nutrition.

This exclusion will not apply to cardiac rehabilitation programs approved by us.

*For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)*

**Mental or Nervous Disorders or Substance Abuse.** Academic or educational testing, counseling, and remediation. Any treatment of mental or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specifically stated in the “Mental or Nervous Disorders or Substance Abuse” provision of MEDICAL CARE THAT IS COVERED.

Any educational treatment or any services that are educational, vocational, or training in nature except as specifically provided or arranged by us.

**Non-licensed Providers.** Treatment or services rendered by non-licensed health care providers and treatment or services for which the provider of services is not required to be licensed. This includes treatment or services from a non-licensed provider under the supervision of a licensed physician, except as specifically provided or arranged by us.

**Not Covered.** Services received before your effective date or after your coverage ends, except as specifically stated under CONTINUATION OF BENEFITS.

**Not Medically Necessary.** Services or supplies that are not medically necessary, as defined.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Optometric Services or Supplies.** Optometric services are covered under a separate Vision Plan (see the Blue View Vision Plan Benefit Booklet, available at your Student Health & Counseling Services or on the plan website). Eye exercises including orthoptics. Routine eye exams and routine eye refractions, except as specifically provided under “Physical Exam” provision of MEDICAL CARE THAT IS COVERED. Eyeglasses or contact lenses, except as specifically stated in the “Prosthetic Devices” provision of MEDICAL CARE THAT IS COVERED.

**Orthodontia.** Braces and other orthodontic appliances or services.

**Orthopedic Supplies.** Orthopedic shoes (other than shoes joined to braces) or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related foot complications as specifically stated in the “Prosthetic Devices” provision of MEDICAL CARE THAT IS COVERED.

**Outpatient Occupational Therapy.** Outpatient occupational therapy, except by a home health agency, hospice or home infusion therapy provider as specifically stated in the “Home Health Care,” “Hospice Care,” “Home Infusion Therapy,” or “Physical Therapy, Physical Medicine And Occupational Therapy” provisions of MEDICAL CARE THAT IS COVERED.

**Outpatient Prescription Drugs and Medications.** Outpatient prescription drugs or medications and insulin, except as specifically stated in the YOUR PRESCRIPTION DRUG BENEFITS section of this booklet and under the “Home Infusion Therapy” and “Therapeutic/Elective Abortion” provisions of MEDICAL CARE THAT IS COVERED section.

Non-prescription, over-the-counter patent or proprietary drugs or medicines. Cosmetics, health or beauty aids.

**Personal Items.** Any supplies for comfort, hygiene or beautification.

**Physical Therapy or Physical Medicine.** Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement, or as specifically stated in the “Home Health Care,” “Hospice Care,” “Home Infusion Therapy” or “Physical Therapy, Physical Medicine and Occupational Therapy” provisions of MEDICAL CARE THAT IS COVERED.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Private Duty Nursing.** Inpatient or outpatient services of a private duty nurse.

**Routine Exams or Tests.** Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by the DMV, for voluntary participation in any academic, recreational or other program, for employment or by government authority, except as specifically stated in the “Well-Baby and Well-Child Care,” “Physical Exam,” “Adult Preventive Services,” “Breast Cancer” or “Screening For Blood Lead Levels” provisions of MEDICAL CARE THAT IS COVERED.

**Scalp hair prostheses.** Scalp hair prostheses, including wigs or any form of hair replacement.

**Services of Relatives.** Professional services received from a person who lives in your home or who is related to you by blood or marriage, except as specifically stated in the “Home Infusion Therapy” provision of MEDICAL CARE THAT IS COVERED.

**Sex Transformation.** Procedures or treatments to change characteristics of the body to those of the opposite sex except as specifically stated in the TRANSGENDER SURGERY BENEFITS section of this booklet.

**Sports-related Conditions.** Expenses incurred for treatment of sport-related accidental injury resulting from intercollegiate and professional sports.

**Sterilization Reversal.** Reversal of sterilization.

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**Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Unauthorized Services.** With respect to students only: Services not referred by Student Health & Counseling Services. This exclusion does not apply to urgent care or emergency room care.

**Voluntary Payment.** Services for which you are not legally obligated to pay. Services for which you are not charged. Services for which no charge is made in the absence of insurance coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:

1. It must be internationally known as being devoted mainly to medical research;
2. At least 10% of its yearly budget must be spent on research not directly related to patient care;
3. At least one-third of its gross income must come from donations or grants other than gifts or payments for patient care;
4. It must accept patients who are unable to pay; and
5. Two-thirds of its patients must have conditions directly related to the hospital's research.

**Work-related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.

## ***Vision Exclusions and Limitations***

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from a Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

**Combined Offers.** Not combined with any offer, coupon, or in-store advertisement.

**Crime or Nuclear Energy.** Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available.

**Excess Amounts.** Any amounts in excess of covered vision expense.

**Experimental or Investigative.** Any experimental or investigative services or materials.

**Eye Surgery.** Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Frames.** Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

**Government Treatment.** Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

**Hospital Care.** Inpatient or outpatient hospital vision care.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

**Non-prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Routine Exams or Tests.** Routine examinations required by an employer in connection with insured person's employment.

**Safety Glasses.** Safety glasses and accompanying frames.

**Services of Relatives.** Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

**Sunglasses.** Sunglasses and accompanying frames.

**Uninsured.** Services received before insured person's effective date or after coverage ends.

**Voluntary Payment.** Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

**Work-related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

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## ***Dental Exclusions***

- Services for injuries or conditions that are covered under workers' compensation or employer's liability laws.
- Services which are provided to the enrollee by any federal or state governmental agency or are provided without cost to the enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.
- Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
- Any single procedure, bridge, denture or other prosthodontic service which was started before the enrollee was covered by the plan.
- Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
- Experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- Anesthesia, except for general anesthesia or I.V. sedation given by a licensed Dentist for oral surgery services and select endodontic and periodontic procedures.
- Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants, except as described in the plan Evidence of Coverage.
- Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Occlusal guards and complete occlusal adjustment.
- Orthodontic services (treatment of mal-alignment of teeth and/or jaws).
- Diagnostic casts.







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