

What is my co-pay and insurance cost?

UC Student Health Insurance Plan (UC SHIP) 2019-2020

Student Health and Counseling is your Primary Care Provider (PCP). ALL specialty visits, including laboratory and diagnostic services, must be pre-authorized by Student Health. Urgent care visits at UCSF Acute Care Clinic while SHCS is closed must be retro-authorized. To make an appointment, call (415) 476-1281.

Medical Plan - Anthem Blue Cross PPO

| | UC Family* | In-Network | Out-of-Network |
|--------------------------------|---|--|-------------------------|
| Annual Deductible | \$0 | \$200 per individual | \$750 per individual |
| Out-of-Pocket Maximum | \$2000 | \$3000 | \$6000 |
| Specialty Office Visits | \$10 co-pay | \$40 co-pay* | 40% |
| Inpatient Hospital Services | \$0 @ UCSF @; 5% @ other UC Medical Centers | 10% + \$250/Admit | 40% + \$500/Admit |
| Outpatient Hospital Services | 5% | 10% | 40% |
| Outpatient Surgery | 5% | 10% + \$250 co-pay | 40% + \$250 co-pay |
| Physical Therapy | \$10 co-pay | \$25 co-pay* | 40% |
| Chiropractic | \$10 co-pay | \$25 co-pay* | 40% |
| Acupuncture Visits | \$10 co-pay | \$25 co-pay* | 40% |
| Prenatal & Postnatal Care | \$25 co-pay first visit <i>No co-pay subsequent visits</i> | \$25 co-pay first visit* <i>No co-pay subsequent visits</i> | 40% |
| Maternity | \$0 @ UCSF @; 5% @ other UC Medical Centers | 10% | 40% |
| Urgent & ER Care | | | |
| Urgent Care Visit | \$25 co-pay <i>SHCS referral required</i> | \$25 co-pay* | 40% |
| Emergency Room | \$125 co-pay | \$125 co-pay* | \$125 co-pay* |
| Mental Health Plan | | | |
| Behavioral Health Outpatient | \$5 co-pay | \$15 co-pay* | 35%* |
| Behavioral Health Inpatient | 5% | 10% + \$250/Admit ⁺ | 40% + \$500/Admit |
| Prescription Plan | | | |
| Rx Generic/Brand/Non-Formulary | N/A | \$5 / \$25 / \$40 | 40% of billable charges |
| Prescription Max | Unlimited | | |

*Physician and specialty visits are not subject to the annual deductible.

⁺UCSF Langlely Porter waives the 5% co-insurance for behavioral inpatient services if students apply and qualify for financial need.

Dental Care - Delta Dental

| | In-Network | Out-of-Network |
|---------------------------|------------|----------------|
| Annual Deductible | \$25 | \$50 |
| Annual Maximum | \$1000 | \$750 |
| Diagnostic & Preventative | \$0 | 20% |
| Basic | 20% | 40% |

Vision Care - Anthem Blue Vision

| | Co-Pay | Maximum Benefit |
|----------|--------|-------------------------------|
| Exam | \$10 | \$120 |
| Lenses | \$25 | \$120 graded for lens upgrade |
| Frames | \$0 | \$120 w/ 20% discount |
| Contacts | \$0 | \$120 w/ 15% discount |

What do I do if I get a bill?

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It is your responsibility to understand your insurance plan benefits and review all statements and bills. If you receive a bill, read it **carefully**. The steps below will assist you in resolving most billing issues.

Step 1: Is it a bill?

Confirm it is a bill and **not** an explanation of benefits (EOB). It should be from a provider of care and explicitly state that “you owe” a certain amount or to “please pay this amount.”

Step 2: Did the provider bill your insurance?

Confirm that the billing provider (e.g. doctor’s office) has billed your insurance. Did you give the provider your Insurance Card or Member ID number?

If you are not sure whether Anthem or Delta has been billed, call Anthem or Delta directly. The phone numbers are listed below.

Step 3: Was your visit authorized? *(Applies to Medical Bills only.)*

Did you get authorization from Student Health & Counseling for your visit? Does Anthem have the authorization information? If you received a statement that says your insurance claim was “denied,” Anthem may not have received your authorization from Student Health. Contact Anthem to see if you have authorization for your visit.

If you do not have authorization for your visit, contact Student Health.

Step 4: Is the amount I owe my deductible, co-pay or co-insurance?

Review your bill and calculate whether or not the amount owed is correct. Use the chart on the reverse side of this sheet to see if the amount owed is equivalent to your deductible, co-insurance payment, or co-pay.

Medical

Anthem Blue Cross PPO
Policy # 275958
1-800-888-2108

Prescription

Optum Rx
BIN # 610011
1-844-265-1879

Vision

Anthem Blue View
1-866-940-8306

Dental

Delta Dental of California
1-800-765-6003

Step 5: What do I do with a UCSF bill?

If the amount owed is equivalent to your co-insurance for an inpatient stay call Patient Financial Services at 1-866-433-4035 and inform them you are a UCSF student and per the memorandum of agreement between Student Health and Counseling Services and UCSF Medical Center the inpatient 5% coinsurance is eligible to be waived.

If your billing question is not addressed by following these step, please call SHCS at (415) 476-1281.

Definitions:

Co-pay: The set amount you pay for each visit.

Deductible: The amount you pay before your insurance plan begins to pay for covered services.

Co-insurance: This is the percentage of costs you need to pay. Co-insurance applies after the co-pay and deductible are paid.

Out-of-Pocket Maximum: The most you would pay during a coverage period for your share of the cost of covered services.

Visit studenthealth.ucsf.edu/insurance to get access to your Insurance ID number, locate network providers, download authorization forms and get more information about Anthem and Delta Dental.