2020-21 UC SAN FRANCISCO GRADUATE STUDENT
SHIP PREMIUM COST FOR DEPENDENTS OF REGISTERED STUDENTS
www.ucop.edu/ucship

Program Costs

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<tbody>
<tr>
<td>Enrollment Start Date</td>
<td>7/1/20</td>
<td>8/1/20</td>
<td>12/1/20</td>
<td>2/29/21</td>
<td>5/14/21</td>
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<td>Enrollment Deadline</td>
<td>9/1/20</td>
<td>10/1/20</td>
<td>2/1/21</td>
<td>4/29/21</td>
<td>7/14/21</td>
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Spouse/Domestic Partner Only (Medical Only Coverage)
$2,553.58 $2,553.58 $2,553.58 $2,553.58 $2,553.58

Spouse/Domestic Partner Only (Medical, Dental and Vision)
$2,628.36 $2,628.36 $2,628.36 $2,628.36 $2,628.36

Child(ren) Only (Medical Only Coverage)
$1,952.25 $1,952.25 $1,952.25 $1,952.25 $1,952.25

Child(ren) Only (Medical, Dental and Vision)
$2,027.29 $2,027.29 $2,027.29 $2,027.29 $2,027.29

Spouse/Domestic Partner and Child(ren) (Medical Only Coverage)
$4,409.58 $4,409.58 $4,409.58 $4,409.58 $4,409.58

Spouse/Domestic Partner and Child(ren) (Medical, Dental and Vision)
$4,549.29 $4,549.29 $4,549.29 $4,549.29 $4,549.29

Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student’s plan.

Required Documentation for Dependent Enrollments:

a) For spouse, a marriage certificate
b) For same-sex/opposite-sex 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
c) For natural child, a birth certificate showing the student 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 has the legal right to control the child’s health care
f) For child eligible by court order, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

Eligible dependents of an enrolled UC SHIP student include: Legally married spouse; Same or opposite sex domestic partner; Child(ren) under the age of 26; child(ren) includes: a) Biological child(ren), b) Stepchild(ren) (A stepchild becomes a dependent on the date the student marries the child’s parent.), c) Child(ren) of the insured student’s domestic partner, d) Adopted child(ren) from the date of placement as certified by the agency making the placement (includes a child placed with the student for the purpose of adoption), e) Foster child(ren) under the age of 18 (A foster child becomes a dependent from the moment of placement with the student, as certified by the agency making the placement.), f) Child(ren) for whom the insured student is legally required to provide health insurance in accordance with an administrative or court order, provided that the child otherwise meets UC SHIP eligibility requirements.

NOTE: The final cost will include a 3% processing fee if paying with credit card. You can avoid this fee if paying by ACH (electronic check).

Questions? Call 1-855-428-0723 or email ucship@ahpservice.com