



STUDENT HEALTH INSURANCE PLAN

UC SAN FRANCISCO
2021–2022

CONVENIENT AND AFFORDABLE STUDENT HEALTH INSURANCE



A Health Plan That's All About You

The sole mission of the not-for-profit University of California Student Health Insurance Plan is to offer high-quality, affordable and convenient health insurance. UC SHIP covers medical care on campus and through UC's world-class medical centers and other providers.

You're automatically enrolled in medical, pharmacy, dental and vision coverage for up to 12 months — including summer and term breaks. And you can enroll a spouse/domestic partner and/or children. Your coverage includes medical services anywhere in the world.

Welcome to the UC SHIP family! Explore to learn more.



UCOP.EDU/UCSHIP
UNIVERSITY OF CALIFORNIA



Coverage for the journey ahead

UC SHIP Mobile

The StudentHealth app puts your ID card and more within reach whenever you need it.

- Access your ID card and show it whenever you get care.
- Find the location, hours and services of the on-campus SHCS.
- Refill prescriptions.
- See medical, pharmacy, dental and vision coverage and claims information.
- Access the Delta Dental Cost Estimator tool for a real-time estimate of what you'll pay for dental work and more.
- Get notifications when there's a change in benefits or you need to take action.

Download the app from Google Play or the App Store.

No smartphone or tablet? Access the app using your computer's browser at mobilehealthconsumer.com/studenthealth.

Glossary of Terms

Annual benefit maximums: The most the plan will pay out over the coverage period.

Anthem Blue Cross PPO providers: Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network.

Coinsurance: The percentage of the maximum allowed amount that you are responsible for paying.

Copay: The set-dollar amount you are responsible for paying.

Fee schedule: The maximum amount Delta Dental will pay for services (sometimes called a plan allowance).

Separate benefit-year deductibles (annual deductible): The amount you pay before UC SHIP pays for services. Deductibles differ based on service provider.

Separate limits on your out-of-pocket costs: If your combined medical and prescription drug expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the benefit year. This includes deductibles, coinsurance and copays. Limits differ based on service provider.



Students Come First — Always

UC SHIP is built specifically for UC students, with students actively involved in its design. Since inception, the guiding principle has been simple: Your health and health needs come first — always.

UC SHIP meets the requirements of the Affordable Care Act (ACA). UC SHIP remains focused on meeting student health needs and priorities, including mental health.

You're Automatically Enrolled

Because all UC students are required to have medical insurance, UC automatically enrolls all registered students — including domestic and international students, and students in absentia — in UC SHIP medical, pharmacy, dental and vision coverage. You will find the cost of coverage (premium) on your registration bill.

You can waive UC SHIP coverage if you already have a health plan that meets the university's health coverage requirements. Go to 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 enroll 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 enroll in UC SHIP, go to ucop.edu/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 covered non-emergency medical care 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 SHCS.

Getting Care

Your First Stop for Medical Care Is ALWAYS Student Health and Counseling Services

For routine care, start at Student Health and Counseling Services (SHCS) on your campus. This is the first stop for care that is covered by UC SHIP, except for emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or LiveHealth Online virtual visits.

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 Student Health and Counseling Services

If needed, SHCS will refer you to, and coordinate, additional or specialist care outside SHCS. You will need a referral for care outside 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 bigger 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 SHCS, ask for provider recommendations.

You're Covered Around the World

Whether studying, traveling or living outside the country, you and your dependents covered under UC SHIP can get care through the Blue Cross Blue Shield Global Core program. Learn more at bcbsglobalcore.com.

Referrals Are Required

You must get an SHCS referral for care outside SHCS, regardless of the distance from campus, **except for the following:** emergency room care and visits to urgent care clinics, pediatric care, obstetrics services, gynecological care and LiveHealth Online virtual visits.

However, you will be responsible for paying a deductible and part of the cost through a copay or coinsurance (the amount you're responsible for after UC SHIP pays its share).

Learn More

To learn more about UC SHIP benefits and what they cover, go to ucop.edu/ucship, call SHCS at (415) 476-1281, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.



Student Health and Counseling Services
(415) 476-1281
studenthealth.ucsf.edu



Anthem Blue Cross
(866) 940-8306
anthem.com/ca



**In an emergency, call 911 or go to the nearest emergency room.
No referral needed.**

Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

Contacts

Medical care (non-urgent or emergency)

Student Health and Counseling Services
studenthealth.ucsf.edu

Phone:

- (415) 476-1281

In person:

- SHCS Parnassus:
Millberry Union West
500 Parnassus Ave.
Level P8, Room 005
- Mission Bay Clinic:
William J. Rutter Center
1675 Owens St.
3rd Floor, Room 330

Urgent or emergency care

Urgent care

Screening and Acute Care Clinic
400 Parnassus Ave., 1st floor
(415) 353-2602

Monday–Friday
8 a.m.–6 p.m.
Saturdays and most holidays
8 a.m.–4 p.m.

LiveHealth Online
livehealthonline.com

Mental Health Crisis after hours: (415) 476-1281, option 2

Emergency care

Call 911 or go to the nearest emergency room
505 Parnassus Ave.
(415) 353-1037

Doctors, providers and facilities outside SHCS

Anthem Blue Cross
anthem.com/ca
(866) 940-8306

StudentHealth app

Download it free from Google Play or the App Store

Dental care

Delta Dental
deltadental.com
(800) 765-6003

Vision care

Anthem Blue View Vision
anthem.com/ca
(choose Vision > Blue View Vision Insight network)
(866) 940-8306

Retail pharmacies and prescription drug costs

OptumRx
optumrx.com
(844) 265-1879

Rates for dependent and non-registered, voluntary students
studenthealth.ucsf.edu

Waive UC SHIP coverage

Student Health and Counseling Services
studenthealth.ucsf.edu

Medical Coverage

To be covered by UC SHIP, all care must start with SHCS. The chart below highlights what UC SHIP covers and how much **you pay** for services. For certain services, you will pay a deductible for care you receive outside SHCS, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage.

Non-emergency care outside SHCS requires a written referral from an SHCS provider. See *Getting Care* for exceptions.

UC Family Providers include SHCS; UCSF Medical Center; and any other UC medical centers and their affiliated facilities and professional providers.

For details, go to [ucop.edu/ucship](#) > [My Medical Coverage](#) > [UC San Francisco](#).

COVERAGE	UC FAMILY PROVIDERS	ANTHEM BLUE CROSS PPO PROVIDERS	OUT-OF-NETWORK*
BENEFIT-YEAR DEDUCTIBLES	\$0	Mental health: \$0 All other services <ul style="list-style-type: none">Individual: \$200Family: \$400	Mental health: \$0 All other services <ul style="list-style-type: none">Individual: \$750Family: \$1,500
SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
OFFICE VISITS Copay covers office visit only. Additional charges apply for other services, such as lab work and procedures. For details, visit ucop.edu/ucship > Plan Documents .	SHCS: \$0 UC Family <ul style="list-style-type: none">Primary care: \$25 copaySpecialty care: \$10 copay	Primary care: \$25 copay, deductible waived Specialty care: \$40 copay, deductible waived	Primary and specialty care: 40%
ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE	\$0	\$0, deductible waived	Not covered
MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS	SHCS: \$0 UC Family: \$0	Network providers and LiveHealth Online: \$0, deductible waived	35%, deductible waived
INPATIENT HOSPITAL CARE	UCSF Medical Center: \$0 All other UC Family: 5%	10% after \$250 copay	40% after \$500 copay and 25% penalty**
URGENT CARE	UC Family: \$25 copay	Network providers and LiveHealth Online: \$25 copay, deductible waived	40%
EMERGENCY CARE (NON-ADMISSION) Copay waived if admitted	\$125 copay	\$125 copay, deductible waived	\$125 copay, deductible waived
PEDIATRIC DENTAL AND VISION CARE Up to age 19. Separate deductibles and out of pocket maximums may apply.	N/A	Dental checkup: \$0 Dental basic and major services: 50% Vision exam, frame (formulary) and standard lenses, and contact lenses: \$0	Dental checkup: \$0 Dental basic and major services: 50% Vision: 100% after \$30 exam allowance, \$45 frame allowance and \$25 lenses allowance

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](#).

Your share of prescription drug costs counts toward the combined annual medical/pharmacy out-of-pocket limit listed above. There are more details about the combined annual out-of-pocket limits in the *Medical Coverage* chart above, or visit the UC SHIP website at [ucop.edu/ucship](#).

COVERAGE	OPTUMRX PHARMACIES***	OUT-OF-NETWORK
OUTPATIENT PRESCRIPTION DRUGS Mail order is available.	Generic: \$5 copay Brand-name formulary: \$25 copay, 30-day supply Brand-name non-formulary: \$40 copay, 30-day supply	Generic: \$5 copay Brand-name formulary: \$25 copay, 30-day supply Brand-name non-formulary: \$40 copay, 30-day supply You pay any amount above the OptumRx maximum allowed amount.

Dental Coverage

You can see any dentist you want, but you'll pay less when you see dentists in the Delta Dental PPO network. Not all expenses or services are covered by UC SHIP. For details, go to [ucop.edu/ucship](#) > [My Dental Coverage](#). Download the Delta Dental mobile app (from Google Play or the App Store) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you'll pay for dental work.

COVERAGE	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Preventive and diagnostic services: None Other services: \$25 per person	Preventive and diagnostic services: None Other services: \$50 per person
ANNUAL BENEFIT MAXIMUMS	\$1,000 per member; not to exceed a cumulative maximum of \$1,000 each benefit year for network plus out-of-network dental benefits in total	\$750 per member; not to exceed a cumulative maximum of \$1,000 each benefit year for network plus out-of-network dental benefits in total
FEE SCHEDULE	PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule.	You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. 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.
PREVENTIVE AND DIAGNOSTIC SERVICES Includes oral exams; cleanings (twice every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment	\$0	20%
BASIC SERVICES Includes fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards	20% after deductible	40% after deductible
MAJOR SERVICES Includes prosthodontics; inlays/onlays; crowns and cast restorations; implants	30% after deductible	60% after deductible

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](#).

COVERAGE	ANTHEM BLUE VIEW VISION INSIGHT NETWORK	OUT-OF-NETWORK
ROUTINE EYE EXAM (PER BENEFIT YEAR)	\$10 copay	100% after \$49 exam allowance
EYEGLASS FRAMES (PER BENEFIT YEAR)	80% after \$120 frame allowance	100% after \$50 frame allowance
EYEGLASS LENSES (STANDARD)	Single lenses: \$25 copay Bifocal lenses: \$25 copay Trifocal lenses: \$25 copay	Single lenses: 100% after \$35 lens allowance Bifocal lenses: 100% after \$49 lens allowance Trifocal lenses: 100% after \$74 lens allowance
CONTACT LENSES (PER BENEFIT YEAR) Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses).	Conventional lenses: 100% after \$120 lens allowance; receive a 15% discount Disposable lenses: 100% after \$120 lens allowance	Conventional lenses: 100% after \$92 lens allowance Disposable lenses: 100% after \$92 lens allowance

*Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.
**An additional 25% penalty is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Booklet for details.
***100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to 180-day supply.