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 SHIP 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 (premiums) 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 re-apply to waive coverage each fall term.

You Can Cover Your Spouse, Domestic Partner and Children, 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 re-enroll dependents every term.
The UC SHIP Plans Meet Affordable Care Act (ACA) Requirements
UC SHIP is recognized by the Centers for Medicaid & Medicare Services (CMS) as Minimum Essential Coverage (MEC) in compliance with the ACA. This means UC SHIP members meet the ACA individual mandate.
UC SHIP is convenient to access through the on-campus Student Health and Counseling Services (SHCS). Start there for non-emergency medical care that’s covered and for referrals to specialists when needed.
When compared to Preferred Provider Organization (PPO) plans, UC SHIP provides a broader physician network and lower deductibles and out-of-pocket maximums.
With UC SHIP you can choose to see any provider with a referral from the SHCS.

Getting Care
Your First Stop for Medical Care is ALWAYS the Student Health and Counseling Services
For routine care, start at the Student Health and Counseling Services (SHCS) on your campus. This is the first stop for care that is covered by UC SHIP, unless it is emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or LiveHealth Online virtual visits.
The SHCS is on an 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, psychologists, a licensed clinical social worker, a registered dietitian and nurses.
You MUST Get a Referral for Medical Care Outside the Student Health and Counseling Services
If needed, the SHCS will refer you to, and coordinate additional or specialist care outside the SHCS. You will need a referral for care outside the SHCS, no matter how far from the campus you receive that care. Without it, UC SHIP will not provide any benefits. To get a referral, meet with an SHCS provider. Your diagnosis and location will determine whether a referral will be granted.
If services rendered are medically necessary and covered by the Plan, your referral gives you options for off-campus care, including:
• UC Medical Centers. Any of the five nationally ranked medical centers (at Davis, Irvine, Los Angeles, San Diego and San Francisco) or a UC-Excluded facility, doctor, or other health care provider. (Be sure to get a referral before making an appointment.) Care within the UC Family is not covered for students, there are no deductibles to meet, and the plan pays a bigger portion of care.
• Anthem Blue Cross PPO network doctors and other providers and facilities. A nationwide network of more than 5,000 physicians and 400 hospitals. You’ll first pay a deductible (see the Medical Coverage chart), then UC SHIP will pay most of the cost, and you’ll pay the rest through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share).
If you are referred for services outside the SHCS, ask for provider recommendations.

Learn More
To learn more about UC SHIP benefits and what it covers, go to ucop.edu/ucship, call SHCS at (415) 476-1189, or contact Anthem Blue Cross (our medical plan administrator) at (866) 504-8060 or anthem.com/ca.

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 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.

Contacts
Medical care
(Non-urgent or emergency)
Student Health & Counseling Services
studenthealth.ucsf.edu
Phone:
(415) 476-1189
In person:
• SHCS Parnassus
500 Parnassus Ave., Level 1st floor, Room 505
• Mission Bay Clinic
22nd & Folsom St., 3rd floor, Room 330
Urgent care
Emergency Care
Anthem Blue Cross
(866) 940-8306
HealthCareApp
Download it free from Google Play or iTunes.
Dental care
Delta Dental
deltadental.com
(800) 755-6005
Vision care
Anthem Blue View Vision
anthem.com/aca
(800) 265-1879
Off-campus pharmacies and prescription drug costs
OptumRx
OptumRx.com
(844) 207-8875
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

The chart below highlights what UC SHIP covers and how much the plan pays for services. Except for preventive care, you will pay a deductible for services you receive outside the SHCS. If you pay the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage. For details, go to ucop.edu/ucship > My Medical Coverage > UC San Francisco.

<table>
<thead>
<tr>
<th>ALL CARE MUST BE COVERED BY UC SHIP. Non-emergency care outside the SHCS requires a written referral from an SHCS provider. See “Getting Care” for exceptions.</th>
<th>NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC FAMILY PROVIDERS</td>
<td>ANTHEM BLUE CROSS PROVIDERS</td>
<td>ALL OTHER PROVIDERS</td>
</tr>
<tr>
<td>+ UCFS</td>
<td>Providers/facilities in the Anthem Blue Cross-Prudent Buyer PPO network</td>
<td>Any health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.</td>
</tr>
<tr>
<td>+ UCFS Medical Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Any other UC medical centers and their affiliated facilities and professional providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEPARATE BENEFIT-YEAR DEDUCTIBLES

The amount you pay before UC SHIP pays for services is:

- $0
- Mental Health: $0
- All other services: $200 individual/$400 family
- Mental Health: $0
- All other services: $750 individual/$1,500 family

SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS

If your medical and/or pharmacy expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the plan year:

- $2,000 individual/$4,000 family
- $5,000 individual/$10,000 family
- $6,000 individual/$12,000 family

Includes deductibles, coinsurance, medical copays and prescription copays.

UC SHIP COVERS

OFFICE VISITS

Copay varies; office visit only. Additional charges apply for other services, such as lab work. For details, visit ucop.edu/ucship > Plan Documents.

SHCS: 100% for primary care
- UC family: Primary care: 100% after $25 copay
- Specialty care: 100% after $50 copay

Primary care: 100% after $25 copay; deductible waived
- Specialty care: 100% after $40 copay; deductible waived
- LiveWell Online: 100% after $25 copay, deductible waived
- Out-of-network: 60% after $25 copay; deductible waived

60% for primary and specialty care

ROUTINE PHYSICALS/STUDENT ABDUT PREVENTIVE CARE

100%

100%, deductible waived

Not covered

MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS

SHCS: 100%
- UC family: 100%, after $5 copay

Network Providers and LiveWell Online: 100% after $15 copay, deductible waived
- LiveWell Online: 65%, deductible waived

90% after $50 copay

60% after $150 copay

INPATIENT HOSPITAL CARE

UCFS Medical Center: 100%
- All other UC family: 15%

Network Providers and LiveWell Online: 100% after $15 copay, deductible waived
- LiveWell Online: 65%, deductible waived

Dental checkup: 100%, basic and major services 50%
- Vision: Up to $10 allowance for exam, $45 for frame and $25 for lenses

Urgent Care

UC family: 100% after $25 copay

100% after $25 copay, deductible waived

60%

EMERGENCY CARE (NON-ADMISSION)

UC family: Primary care: 100% after $25 copay
- Specialty care: 100% after $50 copay

Primary care: 100% after $25 copay, deductible waived
- Specialty care: 100% after $40 copay, deductible waived

Out-of-network: 60% after $25 copay; deductible waived

Pediatric Dental and Vision Care

Up to age 19

N/A

Dental checkup: 100%; basic and major services 50%
- Vision: Up to $10 allowance for exam, $45 for frame and $25 for lenses

Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you’ll pay less when you use an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP. For details, go to ucop.edu/ucship > My Pharmacy Coverage > UC San Francisco.

<table>
<thead>
<tr>
<th>NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTUMRx PHARMACIES</td>
<td>ALL OTHER PHARMACIES</td>
</tr>
</tbody>
</table>

SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS

Your share of prescription drug costs counts toward the combined medical-pharmacy annual out-of-pocket limit. See details in the “Medical Coverage” chart above about the combined annual out-of-pocket limit, or visit the UC SHIP website at ucop.edu/ucship.

Outpatient Prescription Drugs

Mail order is available.

+ 100% after $5 generic copay

+ 100% after $25 brand-name formulary copay, 30-day supply

+ 100% after $40 brand-name non-formulary copay, 30-day supply

Note: 100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to 180-day supply.

+ 80% after you pay deductible

+ 80% after you pay deductible

+ 75% after you pay deductible

+ 70% after you pay deductible

+ 60% after you pay deductible

+ 50% after you pay deductible

= Delta Dental PPO network dentists will save you the most on your care. By comparison, you will usually have the highest out-of-pocket costs when you visit an out-of-network dentist.

For details, visit eyemedvisioncare.com.

UC SHIP COVERS

PREVENTIVE AND DIAGNOSTIC SERVICES

Includes: Oral exams/cleanings (every 24 months); X-rays (once every 6 months); fluoride treatment

100%

80%

BASIC SERVICES

Includes: Fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards

80% after you pay deductible

40% after you pay deductible

75% after you pay deductible

40% after you pay deductible

MAJOR SERVICES

Includes: Prosthodontics; injuries/injuries; crowns and cost restorations; implants

60% after you pay deductible

90%

90%

100%

* Delta Dental PPO network dentists will save you the most on your care. By comparison, you will usually have the highest out-of-pocket costs when you visit an out-of-network dentist. Note: Even though they are out of network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.

Dental Coverage

You can see any dentist you want, but you 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 DentalDental app (from Google Play or iTunes) to access the Delta Dental Cost Estimator tool for a real time estimate of what you’ll pay for dental work.

<table>
<thead>
<tr>
<th>PREVENTIVE AND DIAGNOSTIC SERVICES</th>
<th>OTHER DELTA DENTAL NETWORKS</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes: Oral exams/cleanings (every 24 months); X-rays (once every 6 months); fluoride treatment</td>
<td>None for preventive and diagnostic services; $25 per person for other services</td>
<td>None for preventive and diagnostic services, $50 per person for other services</td>
</tr>
<tr>
<td>BASIC SERVICES</td>
<td>Includes: Fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards</td>
<td>80% after you pay deductible</td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>Includes: Prosthodontics; injuries/injuries; crowns and cost restorations; implants</td>
<td>75% after you pay deductible</td>
</tr>
</tbody>
</table>

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 eyemedvisioncare.com to see if the provider is in network. Not all expenses or services are covered by UC SHIP. For details, go to ucop.edu/ucship > My Vision Coverage.

<table>
<thead>
<tr>
<th>ROUTINE EYE EXAM (PER BENEFIT YEAR)</th>
<th>ANTHEM BLUE VIEW VISION INSIGHT PLAN NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 copay</td>
<td>Up to the $95 allowance</td>
<td>Up to the $95 allowance</td>
</tr>
<tr>
<td>EYEGLASS FRAMES (PER BENEFIT YEAR)</td>
<td>Up to $230, then you pay 80% of costs exceeding $230</td>
<td>Up to $150, then you pay 100% of costs exceeding $150</td>
</tr>
<tr>
<td>CONTACT LENSES (PER BENEFIT YEAR)</td>
<td>Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses)</td>
<td>Contact lenses: Up to $75 Disposal lenses: Up to $192</td>
</tr>
</tbody>
</table>