

# University of California Student Health Insurance Plan (UC SHIP) UC San Francisco Dependent Health & Pharmacy Plan

Coverage Period: 2013-2014 Plan Year

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Dependent Plan Type: Custom PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the **Benefit Booklet** [www.ucop.edu/ucship](http://www.ucop.edu/ucship) or by calling 1-866-940-8306.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>\$400 per dependent</b> Does not apply to In-Network Preventive Care or Prescription Drugs.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Deductible is waived for Adult Dependents at the Student Health and Counseling Services. Check your <b>Benefit Booklet</b> to see when the <u>deductible</u> starts over. See the chart starting on page 3 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No	-----None-----
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes, In-Network Provider per dependent: <b>\$6,000</b>	The <u>out-of-pocket limit</u> is the most you could pay in <u>coinsurance</u> during a coverage period (usually 12 months) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Balance-Billed Charges, the <u>deductible</u> , Health Care This Plan Doesn't Cover, Premiums, <u>copayments</u> .	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No. This policy has no overall annual limit on the amount it will pay each year.	The chart starting on page 3 describes any limits on what the plan will pay for <u>specific</u> covered services.

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Does this plan use a network of providers?	Yes, See <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call 1-866-940-8306 for a list of Participating providers.	Adult dependents (age 18 or older) must seek care from the UCSF Student Health and Counseling Services prior to seeking primary or specialty care. If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 3 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <b>specialist</b> ?	Yes. Adult dependents must receive a referral from the Student Health Services prior to seeking care.	This plan will pay some or all of the costs to see a <b>specialist</b> for covered services, but only if you are treated by a participating provider.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 11. See your <b>Benefit Booklet</b> for additional information about <b>excluded services</b> .

## Glossary



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percentage of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$100. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**.
- This plan requires you to use an **In-Network Provider**.
- A **Referral** is a written authorization given by the Student Health and Counseling Services to seek care outside of the Student Health and Counseling Service for medically necessary care.

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Common Medical Event	Services You May Need	Your Cost If You Use a In-Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>Coinsurance</u>	Not covered	Adult dependents must seek care at the Student Health and Counseling Services.
	Specialist visit	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care with a specialist.
	Other practitioner office visit	<u>Chiropractor</u> 20% <u>Coinsurance</u> per visit  <u>Acupuncture</u> 20% <u>Coinsurance</u> per visit	Not covered	<u>Chiropractor</u> Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care with a specialist.  <u>Acupuncturist</u> Coverage is limited to a total of 20 visits per Benefit Year. Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care with to a specialist.

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	Preventive care/cancer screening/*immunizations/Well-woman, Well-child, and contraceptive care	No Charge	Not covered	*Adult dependents must seek care at the Student Health and Counseling Services. The following is a partial list of immunizations covered at 100%: Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Varicella, Influenza, Hepatitis A, Hepatitis B, Pneumococcal, Meningococcal, Polio, and Human Papillomavirus (HPV).  Preventive care, screening and immunizations are <u>not</u> covered at Non-Network Providers.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>Coinsurance</u> for Lab and X-Ray	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care.
	Imaging (CT/PET scans, MRIs)	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care.

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<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://www.ventegra.net">www.ventegra.net</a></p>	Generic drugs	\$5 <u>Copayment</u>	Not covered	Covers up to a 30 day
	Preferred brand drugs	30% of negotiated fees	Not covered	Covers up to a 30 day supply
	Non-preferred brand drugs	30% of negotiated fees	Not covered	Covers up to a 30 day supply

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If you have outpatient surgery	Facility (e.g., ambulatory surgery center)	20% <u>Coinsurance</u> for dependents	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care. UCSF Medical Center has agreed to waive the dependent's <u>deductible</u> and <u>Coinsurance</u> .
	Physician/surgeon	20% <u>Coinsurance</u> for dependents	Not covered	Prior authorization from Anthem Blue Cross may be required. Adult dependents must seek care at the Student Health and Counseling Services to obtain referral to a specialist.
If you need immediate medical attention	Emergency room services	\$100 <u>Copayment</u> + 20% <u>Coinsurance</u>	\$100 <u>Copayment</u> + 20% <u>Coinsurance</u>	<u>Copayment</u> is waived if admitted inpatient. This is for the hospital/facility charge only. If treated at a non-participating facility, you may be responsible for charges above the <u>allowed amount</u> .

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	Emergency medical transportation	20% <u>Coinsurance</u> for ground ambulance and air ambulance	20% <u>Coinsurance</u> for ground ambulance and air ambulance	The percentage of coverage is based on billed charges.
	Urgent care	\$50 <u>Copayment</u> , plus 20% <u>Coinsurance</u> /Visit	<b>Not covered</b>	Costs may vary by site of service. You should refer to your Benefit Booklet coverage for details.
<b>If you have a hospital stay</b>	Facility (e.g., hospital room)	20% <u>Coinsurance</u> for dependents	<b>Not covered</b>	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking care. UCSF Medical Center has agreed to waive the dependent's <u>deductible</u> and <u>coinsurance</u>

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	Physician/surgeon fee	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required. UCSF Medical Center has agreed to waive the dependent's <u>deductible</u> and <u>coinsurance</u> .
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If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health office visit and outpatient services	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services.
	Mental/Behavioral health services during a hospital stay	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required.
	Substance use disorder office visits and outpatient services	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services.
	Substance use disorder services during a hospital stay	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required.

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<b>If you are pregnant</b>	Prenatal and postnatal care	<b>20% <u>Coinsurance</u></b> for initial visit only. All other visits have no charge.	<b>Not covered</b>	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services.
	Delivery and all services in the hospital related to delivery	<b>20% <u>Coinsurance</u></b> for dependents	<b>Not covered</b>	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required. UCSF Medical Center has agreed to waive the dependent's <b><u>deductible</u></b> and <b><u>coinsurance</u></b> .

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If you need help recovering or have other special health needs	Home health care	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required
	Rehabilitation services	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services.
	Habilitation services	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services.
	Skilled nursing care	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required
	Durable medical equipment	20% <u>Coinsurance</u>	Not covered	Adult dependents must get a referral from the Student Health and Counseling Services prior to seeking services. Prior authorization from Anthem Blue Cross is required

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## Excluded Services & Other Covered Services: Services Your Plan Does NOT Cover (This isn't a complete list. Check your Benefit Booklet for other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Erectile dysfunction medications
- Exams or tests required for participation in an academic, recreational, or employment activity
- Experimental or unnecessary medical treatment
- Infertility diagnosis & treatment
- Intercollegiate sports injuries
- Long-term care
- Private-duty nursing
- Routine eye care
- Routine foot care unless you have been diagnosed with diabetes. Consult your Benefit Booklet
- Services performed without a Student Health referral
- Weight Loss programs
- Work-related conditions covered by Workers Compensation

## Other Covered Services (This isn't a complete list. Check your Benefit Booklet for other covered services and your costs for these services.)

- Bariatric surgery is covered only for morbid obesity
- Hearing aids (every 4 years)
- Most coverage provided outside the United States. See [www.bcbs.com/bluecardworldwide](http://www.bcbs.com/bluecardworldwide). See the UC SHIP Benefit Booklet for Medical Evacuation and Repatriation benefits

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## Your Rights to Continue Coverage:

If you lose coverage under the plan, you may be eligible for Conversion to an Anthem Blue Cross Individual Plan. The premium may be significantly higher than the premium you pay while covered under this plan and the benefit plan design will be different.

For more information on your rights to continue coverage, contact the plan at 1- 800-777-6000. You can review instructions for enrolling in an Anthem Blue Cross Individual plan at [www.ucop.edu/ucship](http://www.ucop.edu/ucship), click on your campus in the left navigation bar, then click on Medical Services under Online Services, and scroll down to Conversion Enrollment Information.

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

Anthem BlueCross  
ATTN: Appeals  
P.O. Box 4310  
Woodland Hills, CA 91365-4310

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## Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'i, shikáa adoolwol iinizinigo t'áá diné k'éjügo, t'áá shoodí ba na'alnihí ya sidáhi bich'i naabidúilkiid. Eí doo biigha daago ni ba'nija'go ho'aalagú bich'i hodiilní. Hai'daq iini'taago eíya, t'áá shoodí diné ya atáh halne'ígú ní béesh bee hane'i wólta' bi'ki si'niilígú bi'kéhgo bich'i hodiilní.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6960
- Patient pays \$580

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$400
Copayments	\$60
Coinsurance	1548
Limits or exclusions	0
<b>Total</b>	<b>\$2,008</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4690
- Patient pays \$710

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$400
Copayments	\$0
Coinsurance	\$1000
Limits or exclusions	\$0
<b>Total</b>	<b>\$1,400</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any dependent covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

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# University of California Dependent Health Insurance Plan (UC SHIP) UC San Francisco Dependent Health & Pharmacy Plan

Coverage Period: 2013-2014 Plan Year

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Dependent Plan Type: Custom PPO

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## Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-866-940-8306 or visit us at [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

If you aren't clear about any of the underlined terms used in this form, see the Glossary (pg.2). You can view the Glossary at [www.anthem.com/ca](http://www.anthem.com/ca) or call 1-866-940-8306 to request a copy.

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*The University of California Dependent Health Insurance Plan is a self-funded Student Health Plan which voluntarily complies with the benefits of the Affordable Care Act.*