

UC

STUDENT HEALTH INSURANCE PLAN

UC HASTINGS
2013–2014



UNIVERSITY
OF
CALIFORNIA

WWW.UCOP.EDU/UCSHIP

GETTING HEALTH CARE UNDER UCSHIP IS EASY!



1 START YOUR CARE AT SHS

If you need health care, visit SHS first, right on campus. Make an appointment with a primary care clinician

NEED A REFERRAL?

Your SHS clinician will provide you with a REFERRAL to visit a provider outside SHS, if needed.* This is when the Anthem PPO plan is used. *UCH does not require referrals during the summer and school holidays*



2

3

KEEP YOUR COSTS LOW

To keep your expenses low, go to an Anthem Network Provider when you receive your REFERRAL



SHS STAFF CAN HELP

If you have questions, the SHS staff can assist you. You can also call Anthem Customer Service at (866) 940-8306 or log in to Anthem.com/ca

4



EXCEPTION

RUSH TO EMERGENCY CARE

Emergency care or urgent care clinic visits when SHS is closed: No REFERRAL is needed

CONVENIENT, AFFORDABLE, CARING

7 Ways to Make the Most of Student Health Services (SHS) & the UC Student Health Insurance Plan (UC SHIP)

1

Schedule a free wellness physical. All you have to do is make the appointment. UC leads the way in free preventive care.

2

Quit that bad habit. Find resources that will help you understand and make changes. Manage stress. Lose weight. Eat right. Sleep. Stop smoking.

3

Talk over what's worrying you. In a safe space, with someone who knows what it's like to struggle and will listen carefully to you.

4

Get your shots. Convenience when you need it. Many preventive immunizations are free.

5

See better. (It might help your grades!) With this coverage, pay as little as \$10 for an eye exam. Save on glasses and contact lenses, too.

6

Have your teeth checked. Dental care is an option you don't want to pass up. Choose a network dentist and your six-month check-up is free when you have this coverage.

7

Learn how to save on health care costs. Call on experts at SHS to guide you through the world of copayments, deductibles and coinsurance. They actually like this stuff.

UC STUDENT HEALTH INSURANCE PLAN (UC SHIP)

TABLE OF CONTENTS

At a glance	6
Welcome to your health home	7
Keep track of your eligibility.....	13
Healthy user guide	17
Wise user guide.....	35
Your dental coverage	43
Your vision care coverage	47
Optional UC SHIP benefits for dependents	51
Definitions of insurance terms.....	56
How to get in touch with SHS, UC SHIP and your insurance carriers	57

FAQs

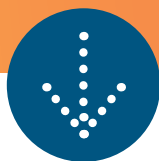
How do I enroll in UC SHIP?

All full-time registered students, including registered international students, are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill unless they successfully waive coverage. Registered students covered under UC SHIP may elect to cover their eligible dependents. For more information, including an explanation of how to waive coverage, see the section of this brochure called, “Keep track of your eligibility.”

What kinds of care does SHS offer?

SHS is an outpatient health center that provides on-campus medical and preventive care.

AT A GLANCE



WHAT UC SHIP COVERS FOR STUDENTS

SHS and UC SHIP work together to make your health care choices affordable and worry free while you are a student. UC SHIP is a state-of-the-art, comprehensive health care plan designed to comply with the Affordable Care Act (ACA).

UC SHIP MEDICAL COVERAGE

- Automatic for all registered students
- Gives UCH students access to quality health care
- Considers SHS your health home
- Offers comprehensive preventive care for free at SHS
- Refers you to an Anthem Blue Cross-managed network of health care providers outside of SHS
- Ensures that UC SHIP members have coverage for emergency and authorized non-emergency medical care 24/7 anywhere in the world

UC SHIP DENTAL COVERAGE

Provides a PPO dental plan that covers network and non-network services

UC SHIP VISION COVERAGE

Covers routine eye exams, eyeglasses and contact lenses offered by network and non-network providers

WELCOME
TO YOUR
HEALTH
HOME

INFO YOU'LL FIND IN THIS SECTION

Your health home is SHS.....	9
You are automatically enrolled in UC SHIP.....	9
You can make choices about your coverage.....	9
How SHS and UC SHIP work together.....	10
How long coverage lasts.....	10
Preventive care is free of charge.....	10
Well-women care is free of charge.....	11
Every student should have a primary care clinician.....	11
You need a referral to have UC SHIP pay your medical benefits.....	11
If you go to a provider with a referral.....	11
Care must be considered medically necessary.....	12
You can cover dependents.....	12
Vision and dental coverage too.....	12

FAQs

How long am I covered with UC SHIP?

Coverage usually begins at fall term enrollment and continues through the summer until the next fall term begins. There is no gap in coverage during term breaks.

Do I need to be covered by UC SHIP to use SHS?

No. All registered students can use SHS, no matter what kind of medical insurance they have.

YOUR HEALTH HOME IS SHS

SHS is an outpatient health center that provides on-campus medical and preventive care. SHS is staffed by board-certified physicians, nurse practitioners, physician assistants and nurses who are experts in student health needs.

SHS clinicians provide primary care for UC SHIP members and coordinate any needed additional care. All registered students may use the services of SHS, regardless of what type of medical insurance they have. SHS does not directly bill insurance plans other than UC SHIP.

Students who waive UC SHIP enrollment are responsible for payment of SHS fees, if any. Visit the SHS website at www.uchastings.edu/about/admin-offices/health-services/index.php for more information on available services and fees.

YOU ARE AUTOMATICALLY ENROLLED IN UC SHIP

The University of California requires all students to have major medical insurance. It provides UC SHIP to meet this requirement. UC SHIP is a major medical, behavioral health, pharmacy, dental and vision care plan. It covers hospitalization, off-campus or out-of-area care while traveling, and some specialty services not available at SHS.

All registered students, including registered international students, are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill, except those who successfully waive coverage because their health insurance meets the university's insurance requirements.

YOU CAN MAKE CHOICES ABOUT YOUR COVERAGE

The mandatory plan at UC Hastings includes medical, dental and vision coverage.

Students who have private health insurance may apply to waive enrollment in UC SHIP. However, private health insurance plans must satisfy the criteria for required health care coverage established by the University of California.

Most students keep their UC SHIP enrollment because it is a comprehensive and affordable plan with excellent benefits. As long as students are registered at the University of California, UC SHIP covers them 12 months a year anywhere in the world.

HOW SHS AND UC SHIP WORK TOGETHER

SHS and UC SHIP work together to provide comprehensive medical care that addresses the diverse, individual needs of our students. SHS is a convenient health home where care and UC SHIP coverage are handled seamlessly.

SHS manages the claims submissions for services provided at SHS for students covered by UC SHIP. SHS has insurance experts to work with students who have more complex medical needs.

When you are covered by UC SHIP, you must first seek non-emergency medical care by meeting with your primary care clinician at SHS. If you need to see a specialist, SHS clinicians will issue referrals for care outside of SHS. The insurance office staff will help you find Anthem Blue Cross Prudent Buyer network providers so you can pay lower out-of-pocket fees.

During summer months and breaks when SHS is closed, contact a primary care clinician from the Anthem Blue Cross Prudent Buyer network if you need a referral to a specialist.

HOW LONG COVERAGE LASTS

Coverage usually begins when fall classes start and continues through the summer until the next fall term begins. Your coverage premiums are paid with your tuition bill for each semester in the school year.

PREVENTIVE CARE IS FREE OF CHARGE

The university believes that a healthy lifestyle is essential for learning and growing while at UC Hastings. Free access to preventive care is designed to keep students healthy, detect and treat disease early on, and manage care for any new or chronic conditions.

UC has led the way in broad, affordable preventive care for students, offering it before health care reform mandated free preventive care. Even though UC is not required to comply with those guidelines, we felt that having a preventive care focus to our approach to care represented the high standards that are appropriate for our UC students.

Accessing free preventive care couldn't be easier — it's right on campus at SHS.

WELL-WOMEN CARE IS FREE OF CHARGE

At SHS, you can receive a wide range of preventive exams and cancer screenings. UC SHIP covers free FDA-approved contraception and mammograms as well as breast-feeding support. For covered dependents, there is free well-child care through Anthem Blue Cross network physicians. These are just a few examples of the coverage we provide for services and care attuned to a woman's health concerns throughout her lifespan.

EVERY STUDENT SHOULD HAVE A PRIMARY CARE CLINICIAN

An ongoing relationship with a primary care clinician is as important to your total health as exercise. The relationship will help ensure that your unique health care needs get close attention. Make an appointment early in your first year on campus so you can select a provider and receive care and guidance that are tailored to your health history.

YOU NEED A REFERRAL TO HAVE UC SHIP PAY YOUR MEDICAL BENEFITS

Care received in an emergency department or at an urgent care clinic does not require a referral from SHS, but the cost will not be covered unless Anthem Blue Cross determines services were rendered in connection with an emergency or urgent medical condition. If you access other medical services outside SHS without a referral, your costs will not be covered.

Also, keep in mind that if you are covered by UC SHIP, you can access dental and vision providers without receiving a referral.

IF YOU GO TO A PROVIDER WITH A REFERRAL

The referral you receive from SHS will be bound by visit limits and/or time limits. They define your period of eligibility for UC SHIP coverage for this care. You can contact SHS for a new or extended referral if you need additional care.

When you choose the provider to whom you will take your referral, work with SHS or Anthem Blue Cross to look for options that will give you the lowest possible out-of-pocket cost. For example, you will have the option to use non-network physicians, but your costs will be higher and you will have to handle your own claims paperwork since you aren't using a network provider.

CARE MUST BE CONSIDERED MEDICALLY NECESSARY

In order to be considered a covered expense under UC SHIP, all services must be deemed medically necessary by Anthem Blue Cross. Things they take into account when they assess medical necessity include, for example, whether the care follows generally accepted medical practices, whether it is safe and effective, and whether it is required for diagnosis and treatment.

YOU CAN COVER DEPENDENTS

UC SHIP offers students a valuable coverage option. If you are covered under UC SHIP, you can enroll eligible dependents for medical, dental and vision care coverage within the first 31 days of each coverage period.

Dependents have a separate medical plan and choices about dental and vision care coverage. Check out the specific sections of this brochure for details.

VISION AND DENTAL COVERAGE TOO

The mandatory plan for UC Hastings students includes dental and vision coverage. Descriptions of these plans can be found in subsequent sections of this brochure.

KEEP TRACK OF YOUR ELIGIBILITY

INFO YOU'LL FIND IN THIS SECTION

If you are a registered student.	15
Registered students who waive coverage	15
If you have eligible dependents.	17
When you graduate or if you are no longer registered.	17
Periods of coverage	18

FAQs

How and when am I charged for care at SHS?

Most SHS services are pre-paid through your campus health fees. Students pay the portion of charges for which they are responsible at the time of service.

I'm graduating. When does my coverage end?

Your coverage ends with your final academic term (or to the end of the summer if you graduate in the spring term). You may purchase UC SHIP for one additional term if you were covered under UC SHIP during your final academic term.

IF YOU ARE A REGISTERED STUDENT

All registered full-time students, including registered international students, who are automatically enrolled in UC SHIP are charged a health insurance premium on their registration bill. The mandatory program includes medical, pharmacy, dental and vision coverage.

REGISTERED STUDENTS WHO WAIVE COVERAGE

You may provide evidence of health coverage through another plan and request to waive enrollment in UC SHIP. To qualify for a waiver, the coverage must meet benefit criteria established by the University of California.

Waiver applications are completed online during the fall semester waiver period. Visit the SHS website at www.uchastings.edu/about/admin-offices/health-services/index.php to view waiver deadlines and complete the online waiver application.

Registered students will be automatically enrolled in UC SHIP if a waiver application is not submitted by the deadline.

FAQS

Do I have to waive coverage every fall?

Yes. The fall semester waiver is good for one academic year. A new waiver must be completed again during the fall waiver period prior to each academic year that the student is registered.

Are waivers available in the spring term?

Yes. A student who waived UC SHIP enrollment in the fall does not need to complete another waiver application in the spring term. However, a spring waiver is available for students registering for the first time in the spring, or who did not waive enrollment in a prior term but want to waive for the spring term. A spring waiver is valid through the end of the summer.

How do I pay for care at SHS if I waive UC SHIP?

Students not enrolled in UC SHIP can receive care at SHS, but SHS does not directly bill insurance plans other than UC SHIP. Students who waive UC SHIP enrollment are personally responsible for payment.

IF YOU HAVE ELIGIBLE DEPENDENTS

Students who are enrolled in UC SHIP can sign up their dependents for coverage within the first 31 days of each coverage period during the benefit year. For full details, refer to the later section on dependent coverage in this brochure.

WHEN YOU GRADUATE OR IF YOU ARE NO LONGER REGISTERED

If you are graduating from UC or if you are losing UC SHIP eligibility because you are no longer a registered student, it is important to plan ahead for continuing health coverage.

Students graduating from UC may purchase UC SHIP for one additional semester after coverage ends if they were enrolled in the plan during their final academic term. You must call Wells Fargo Insurance Services before the additional semester begins at (800) 853-5899 to purchase coverage for that time period.

Once your UC SHIP coverage is terminated, you have other coverage choices. Plan types include short-term coverage, individual plans, a conversion plan for individuals with ongoing medical conditions and public health insurance programs.

Contact SHS for help determining which of these options will best fit your needs. Find UC SHIP online at www.ucop.edu/ucship. Then click on “Tell me more about UC SHIP.” Click on “Insurance after UC SHIP” in the left-hand navigation bar to review your insurance options when your UC SHIP coverage ends.

PERIODS OF COVERAGE

The periods of coverage follow the semesters scheduled for your school year. This is also the schedule for your automatic coverage payments.

TERM	EFFECTIVE DATE	TERMINATION DATE
RETURNING STUDENTS		
Fall	8/12/13	1/8/14
Spring	1/9/14	8/10/14
LEOP + LLM STUDENTS		
Fall	8/5/13	1/8/14
Spring	1/9/14	8/10/14
FOREIGN EXCHANGE STUDENTS		
Fall	8/12/13	1/8/14
Spring	1/9/14	8/10/14
NEW IL, XFER, MSL STUDENTS		
Fall	8/12/13	1/8/14
Spring	1/9/14	8/10/14

HEALTHY USER GUIDE

INFO YOU'LL FIND IN THIS SECTION

Beginning this year, most coverage caps removed	21
When you go to SHS	21
Make the most of free preventive care	21
If you need non-emergency medical care for injury or illness	22
If you need counseling or psychiatric services	22
You can talk with a nurse 24/7	22
If you need to be hospitalized	22
If you have an emergency	23
If you are an expectant parent	23
If you become a new mother or father	24
If you need a prescription filled	24
How to make the most of your benefits	25
Benefit year deductible	25
Annual limit on your out-of-pocket costs	26
What is covered	26
What is not covered	34

FAQs

Do I have to make an appointment to visit SHS?

No. You can drop in whenever you need care or want to talk things over; however, an appointment is strongly recommended. There are two ways to make an appointment. You can call (415) 565-4612 or you can stop by SHS.

What happens if I get care outside of SHS during a school term without getting a referral first?

All your health care starts at SHS. When covered students do not obtain a written referral from SHS during school terms before receiving non-emergency medical or behavioral health care outside SHS, the services they receive are not covered. During summer months and breaks when SHS is closed, make an appointment with a primary care clinician from the Anthem Blue Cross Prudent Buyer network if you need care or a referral to a specialist. You do not need a referral from SHS to receive care in an emergency department or at an urgent care clinic.

BEGINNING THIS YEAR, MOST COVERAGE CAPS REMOVED

Beginning with the UC SHIP student and dependent coverage for the 2013–2014 school year, there are:

- No lifetime limits on your medical and behavioral health benefits
- No limits on pharmacy prescription benefits
- No caps on essential health benefits as defined under the Affordable Care Act (ACA)

We are voluntarily providing you with this valuable benefit to align with the Affordable Care Act (ACA) — even though we are not subject to the legislation — because we believe it is in the best interests of our students.

WHEN YOU GO TO SHS

Most of your health care needs can be handled by the staff at SHS. Consider it your health home, where you can obtain the care of your primary care clinician, nurses, nurse practitioners, other professional health care providers and insurance specialists. You can visit SHS with or without an appointment, although an appointment is highly recommended. To make an appointment, call SHS at (415) 565-4612 or visit the SHS website at www.uchastings.edu/about/admin-offices/health-services/index.php.

If you are enrolled under UC SHIP as a student and you need non-emergency medical care during the school year, you must first go to SHS for treatment or to obtain a written referral. During summer months and breaks when SHS is closed, you do not need a referral. Contact a primary care clinician from the Anthem Blue Cross Prudent Buyer network if you need care or a referral to a specialist.

MAKE THE MOST OF FREE PREVENTIVE CARE

Getting free preventive care couldn't be easier — it's right on campus at SHS. Look at this list of covered services. It is a selection of the free preventive care available to you at SHS through UC SHIP.

- Annual routine physical exam
- Cervical cancer screening
- Prostate cancer screening
- Preventive immunizations
- Tuberculosis screening

IF YOU NEED NON-EMERGENCY MEDICAL CARE FOR INJURY OR ILLNESS

Your primary care clinician at SHS is the place to start. If you need care that can't be handled at SHS, your primary care clinician will provide you with a referral and SHS will help you link with the Anthem Blue Cross network of specialists, hospitals and other providers. Referrals are not required during the summer and breaks when SHS is closed.

IF YOU NEED COUNSELING OR PSYCHIATRIC SERVICES

Visit SHS to make an appointment with a mental health provider. If you receive a referral from your SHS clinician, you can search www.anthem.com/ca for a therapist or psychiatrist who specializes in your area of concern, such as eating disorders, depression, grief counseling or other areas of specialization.

During summer months and breaks when SHS is closed, you can make an appointment directly with a mental health provider who is a member of the Anthem Blue Cross Prudent Buyer network listed on www.anthem.com/ca.

UC SHIP's mental health benefits comply with the California Mental Health Parity Law, which requires that mental health conditions be covered as any other medical illness would be for both inpatient and outpatient treatment.

YOU CAN TALK WITH A NURSE 24/7

Covered students and dependents have access to a nurse 24 hours a day, 365 days a year through the Anthem Blue Cross 24/7 NurseLine by calling (877) 351-3457.

IF YOU NEED TO BE HOSPITALIZED

Students covered by UC SHIP are required to work with SHS to plan a hospitalization. If covered dependent children need hospitalization, you can work directly with Anthem Blue Cross.

Your SHS primary care clinician can help you find a hospital that qualifies as a network facility under Anthem Blue Cross and that has agreed to accept Anthem Blue Cross' negotiated rates, which will help make your stay more affordable.

If you choose to receive care at a non-network hospital, you will pay an inpatient deductible and non-network rates that will be higher, generally, than at a network facility.

In addition to contacting SHS, you can call the Anthem Blue Cross customer service telephone number on your ID card for help in finding a network hospital.

IF YOU HAVE AN EMERGENCY

In case of emergency, you should report directly to the emergency department of the nearest hospital. SHS referrals are not required for care provided in an emergency department or at an urgent care clinic.

Anthem Blue Cross defines an emergency as a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

IF YOU ARE AN EXPECTANT PARENT

In addition to the Anthem Blue Cross 24/7 NurseLine, students or their covered dependents who are pregnant have access to a registered nurse 24 hours a day, seven days a week to answer expectant or new parents' questions about important topics related to pregnancy such as labor, nursing, postpartum depression, etc.

Anthem Blue Cross offers a **Future Moms** program to help with wellness and preparation of pregnant UC SHIP members. If you enroll, Anthem Blue Cross will send you a \$30 Babies"R"Us® gift card. Register for the Future Moms program at no additional cost by calling toll free (866) 664-5404.

Inpatient hospital care in connection with childbirth will be covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).

IF YOU BECOME A NEW MOTHER OR FATHER

Notify Anthem Blue Cross within 31 days after the birth so your baby will be eligible for the following benefits.

- Coverage up to the first 31 days after birth or up to a maximum lifetime benefit of \$25,000 (whichever occurs first) is provided for the baby under the student's plan. Coverage is 90% of the maximum allowed amount for Anthem Blue Cross network providers or 60% of the maximum allowed amount for non-network providers.
- For coverage beyond the first 31 days after birth or beyond \$25,000 in benefits, enroll the newborn in UC SHIP as a dependent within 31 days of birth. Coverage is 80% of the maximum allowed amount for Anthem Blue Cross network providers' services. Students can enroll newborns by contacting Wells Fargo Insurance Services at (800) 853-5899.

IF YOU NEED A PRESCRIPTION FILLED

Starting with the 2013–2014 plan year, Ventegra Pharmacy Services is the pharmacy benefit administrator for UC SHIP. You can contact them at (877) 867-0943. This information is also conveniently accessible on your Anthem Blue Cross ID card or you can log in at <https://members.rxclearinghouse.com/Login.aspx> to find out more about your pharmacy benefits.

To get a prescription filled, take your prescription to a network pharmacy and present your Anthem Blue Cross ID card. The amount you pay for a covered prescription — your copay — will be determined by whether the drug is a generic, brand-name formulary or brand-name non-formulary medication. You may also use the Ventegra Pharmacy Services mail-order program.

If you choose to fill your prescription at a non-network pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must complete and sign the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

If you submit claims from non-network pharmacies, your reimbursement will be based on a limited-fee schedule. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

Covered prescriptions are listed in a formulary that includes brand and generic medications that have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. You can see the list online at www.ucop.edu/ucship under the Description of Benefits section on your campus home page.

HOW TO MAKE THE MOST OF YOUR BENEFITS

With medical coverage that exceeds the high standards set by the Affordable Care Act (ACA), UC SHIP makes a healthy UC experience affordable. Read over your coverage, make thoughtful choices and you'll make the most of the savings available to you.

During the school year, all your health care starts at SHS. If you are enrolled under UC SHIP as a student and you need non-emergency medical care, you must first go to SHS for treatment or to obtain a written referral. If students do not obtain a written referral from SHS before receiving off-campus non-emergency medical or behavioral health care, the services will not be covered under UC SHIP. Care in an emergency department or at an urgent clinic does not require a referral from SHS.

During summer months and breaks when SHS is closed and no referral is required, contact a primary care clinician from the Anthem Blue Cross PPO Prudent Buyer network if you need care or a referral to a specialist.

For the maximum benefit payment, you must receive care within the Anthem Blue Cross PPO Prudent Buyer network. If you use providers or facilities that are not part of the Anthem Blue Cross PPO Prudent Buyer network, your claims will be paid based on the lower non-network maximum allowed amount.

BENEFIT YEAR DEDUCTIBLE

The deductible is the amount of money you pay out of your own pocket before Anthem Blue Cross begins paying for services.

- You pay no deductible when you go to SHS for care.
- You pay a \$200 deductible toward care outside of SHS.

The benefit year deductible applies to all services listed in the following "What is covered" section, except where noted. The deductible does not apply to pharmacy services.

ANNUAL LIMIT ON YOUR OUT-OF-POCKET COSTS

Once you pay \$3,000 in coinsurance for network services, or separately \$6,000 for non-network services, you are not required to pay coinsurance toward these services for the remainder of the benefit year.

The maximum out-of-pocket limit does not apply to set-dollar copayments, amounts exceeding stated benefit limits (see explanation of maximum allowed amounts in the next section on “What is covered”) or to services not covered by the plan. The network and non-network coinsurance maximums are separate; neither accumulates toward the other.

WHAT IS COVERED

This is a brief summary of your medical benefits. Find a full list of covered services at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

Keep in mind that Anthem Blue Cross sets allowed maximums for services provided by network and non-network providers. The following benefit summary lists the percentage of the allowed maximum that the plan pays. For example, if the summary lists coverage at 90% and there is a \$100.00 allowed maximum amount for a treatment, then the plan pays \$90.00 toward the bill.

THE ANNUAL DEDUCTIBLE APPLIES TO ALL SERVICES LISTED BELOW, EXCEPT AT SHS AND WHERE NOTED

OUTPATIENT SERVICES

Medical office visits	At SHS	Outside of SHS
	100%	Network providers 100% after \$15 copayment for primary care, \$20 copayment for specialty care, deductible waived Non-network providers 60%

OUTPATIENT SERVICES

Behavioral health office visits	At SHS 100%	Outside of SHS Network providers 100% after \$15 copayment, deductible waived Non-network providers 60%
Routine physicals/ student adult preventive care	At SHS 100%	Outside of SHS Network providers 100%, deductible waived Non-network providers 60%
Urgent care		Outside of SHS Network providers 100% after \$50 copayment, deductible waived Non-network providers 60%
Prescription drugs (Not subject to deductible)	Mail-order pharmacy program available; see the Pharmacy booklet at www.ucop.edu/ucship for details	Ventegra network pharmacy <ul style="list-style-type: none"> • \$5 generic • \$25 brand-name formulary, 30-day supply • \$40 brand-name non-formulary, 30-day supply
		100% for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available

OUTPATIENT SERVICES

Contraceptives

Network providers
100%,
deductible waived
Non-network providers
60%

Coverage for FDA-approved services and supplies provided in connection with the following methods of contraception:

- Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary
- Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician, if medically necessary
- Professional services of a physician in connection with the prescribing, fitting and insertion of intrauterine contraceptive devices or diaphragms
- If referred by SHS, IUD device and insertion at UCSF is 100% covered

If your physician determines that none of these prescription contraceptive methods is appropriate for you based on your medical or personal history, coverage will be provided for an alternative method that is approved by the FDA and prescribed by your physician.

Mammograms, preventive

Outside of SHS
Network providers
100%,
deductible waived
Non-network providers
60%

Lab tests, X-rays and imaging

At SHS
90%

Outside of SHS
Network providers
90%
Non-network providers
60%

OUTPATIENT SERVICES

Surgery	Physicians and anesthesiologists
	Network providers
	90%
	Non-network providers
	60%
	Outpatient surgery center
	90%

Maximum allowed amount reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission

Acupuncture (20-visit maximum per benefit year)	Outside of SHS
	Network providers
	100% after \$20 copayment, deductible waived
	Non-network providers
	60%

Allergy testing and injections	Outside of SHS
	Network providers
	90%
	Non-network providers
	60%

Ambulance — ground	90% if patient receives emergency care or is hospitalized
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Ambulance — air	100% if patient receives emergency care or is hospitalized
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Chiropractic services and osteopathic manipulation	Outside of SHS
	Network providers
	100% after \$20 copayment, deductible waived
	Non-network providers
	60%

OUTPATIENT SERVICES

Dental care	UC SHIP members receive dental coverage through Delta Dental. See the “Your Dental Coverage” section of this brochure.	
Dental injury to natural teeth	Outside of SHS	Network providers
	90%	Non-network providers
	60%	
Durable medical equipment (DME)	90% of rental or purchase of medical equipment and supplies, including rental or purchase of diabetic equipment and supplies (but excluding insulin), that are ordered by a physician, obtained from a network durable medical equipment supplier and are of no further use when medical need ends	
Home health visits	Outside of SHS	Network providers
	100%	Non-network providers
	60%	
Hospice care and bereavement counseling	Outside of SHS	Network providers
	90%	Non-network providers
	60%	
Immunizations	Diphtheria/tetanus/pertussis; measles, mumps and rubella; meningococcal; varicella; influenza; hepatitis A and hepatitis B; pneumococcal; polio; and human papillomavirus (first injection in the series must be administered before age 27)	
	At SHS	Outside of SHS
	100%	Network providers
		100%, deductible waived
	At UCSF SHCS	Non-network providers
	100%	60%

OUTPATIENT SERVICES

Other Immunizations	At SHS 90%	Outside of SHS Network providers 90% Non-network providers 60%
Tuberculosis screening and testing	For preventive exams, campus-required activities and non-campus requirements for employment and other programs At SHS 100%	
	For medical reasons	
	At SHS 90%	Outside of SHS Network providers 90% Non-network providers 60%
Prenatal care, maternity and abortion	Prenatal care	Outside of SHS Network providers After \$15 copayment for first office visit, 100% for in-network office visits, deductible waived
	Maternity	Outside of SHS Network providers 90% Non-network providers 60%
	Abortion	Outside of SHS Network providers 90% Non-network providers 60%

OUTPATIENT SERVICES

Physical therapy, physical medicine, occupational therapy and speech therapy	At SHS 100% after \$20 copayment	Outside of SHS Network providers 100% after \$20 copayment, deductible waived Non-network providers 60%
Podiatric services		Outside of SHS Network providers 90% Non-network providers 60%
Psycho-educational testing	90% of billed charges up to \$2,000 lifetime maximum For psycho-educational testing conducted by a licensed clinical, educational, or counseling psychologist or neuropsychologist to assess and diagnose functional limitations due to learning disabilities	
Hearing aids	90% of maximum allowed amount for one hearing aid per ear, every four years Non-network provider not covered	
Skilled nursing		Outside of SHS Network providers 90% Non-network providers 60%
Medical evacuation	Necessary expenses up to \$10,000, deductible waived, for return to your home country when prior authorization has determined medical necessity	

OUTPATIENT SERVICES

Repatriation	If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500, deductible waived, incurred to meet the minimum legal requirements for transportation of human remains. This benefit includes preparation and transport of your remains from the United States to the country of your permanent legal residence or, if you are a permanent legal resident of the United States, from the country in which you are traveling to the United States.
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EMERGENCY ROOM SERVICES

Emergency room	100% after \$100 copayment, deductible waived
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Copayment waived if admitted

Note: Emergency room services received at a non-network hospital or from non-network clinicians at an in-network hospital will result in additional charges to the student after Anthem Blue Cross pays the claim at 100% of the maximum allowed amount.

Attending physicians	100%, deductible waived
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INPATIENT HOSPITAL SERVICES

- Includes medical services, behavioral health and maternity services
- Non-network hospital or residential treatment center requires a \$500 deductible per admission, waived in cases of emergency admission
- **Coverage reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission**

	NETWORK	NON-NETWORK
Semi-private room	90%	60%
Inpatient surgery	90%	60%
Physicians and specialists	90%	60%
Nursing services	90%	60%
Lab tests, X-rays and imaging	90%	60%
Medication	90%	60%
General supplies	90%	60%
Sex reassignment surgery	90%	Not covered

WHAT IS NOT COVERED

Some of the expenses and services that are excluded from coverage by UC SHIP are listed below. For a complete list of the items and services that the plan excludes, go to www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.” You can also contact Anthem Blue Cross Customer Service at (866) 940-8306.

Don't forget! If you obtain non-emergency medical services outside of SHS during the school year without first obtaining a written referral from SHS, your costs will not be paid by UC SHIP.

During summer months and breaks when SHS is closed and referrals are not required, contact a primary care clinician from the Anthem Blue Cross PPO Prudent Buyer network if you need a referral to a specialist.

Here is a partial list of exclusions:

- Amounts in excess of covered expenses or any benefit maximum
- Clinical trials except cancer clinical trials that are specifically listed as covered
- Commercial weight loss programs and health club memberships
- Contraceptive devices that are not specifically listed as covered
- Cosmetic surgery
- Custodial care or rest cures
- Diabetic supplies that are not specifically listed as covered
- Education or counseling that is not specifically provided or arranged by Anthem Blue Cross
- Experimental or investigative procedures or medications, although you may request an independent medical review
- Eye surgery for refractive defects such as nearsightedness or astigmatism; contact lenses or eyeglasses required as a result of such surgery
- Food or dietary supplements
- Government-provided treatments
- Infertility treatments
- Inpatient diagnostic tests that could have been performed safely on an outpatient basis
- Lifestyle programs
- Non-licensed health care providers
- Not medically necessary
- Orthopedic supplies that are not specifically listed as covered

- Outpatient prescription drugs or medications that are not specifically listed as covered
- Personal items for comfort, hygiene or beautification
- Private-duty nursing
- Services not specifically listed in the Benefit Booklet as covered services
- Services of relatives
- Services received before your effective date or after your coverage period ends, except as covered under continuation of benefits
- Sports-related conditions resulting from intercollegiate or professional sports
- Sterilization reversal
- Surrogate mother services
- Work-related conditions if benefits can be recovered under workers' compensation coverage or law

WISE USER GUIDE

INFO YOU'LL FIND IN THIS SECTION

Your Anthem Blue Cross ID card	39
Your Anthem Blue Cross contract.....	39
You need a referral for care outside of SHS.....	39
Your dependents don't need a referral.....	40
Emergency care.....	40
Filing a medical or counseling and psychological services claim ..	40
Payment of a bill can be denied.....	41
If you are covered by UC SHIP and a second insurance plan	41
Your privacy	42
Coverage during term breaks.....	43
If you travel outside the United States	43

FAQs

If I have an emergency what should I do?

Report directly to the emergency department of the nearest hospital. Referrals are not required if you receive care in an emergency department or at an urgent care clinic, but treatment will be covered only if Anthem Blue Cross determines it was an urgent or emergency situation.

I need care during a term break. What do I do?

During summer months and breaks when SHS is closed, select a doctor who is listed as a member of Anthem Blue Cross' Prudent Buyer network at www.anthem.com/ca or contact Anthem Blue Cross Customer Service at (866) 940-8306. UC SHIP contracts with Anthem Blue Cross to provide medical and behavioral health services through their extensive Prudent Buyer network of hospitals and providers.

YOUR ANTHEM BLUE CROSS ID CARD

You need to show you have coverage each time you get care. Bring your student ID card and your UC SHIP Anthem Blue Cross ID card when you go to SHS or a provider off campus. If you lose your Anthem Blue Cross ID card, contact Customer Service at (866) 940-8306 for assistance in creating a temporary ID card.

YOUR ANTHEM BLUE CROSS CONTRACT

This brochure describes the highlights of your UC SHIP coverage. The Benefit Booklet developed by Anthem Blue Cross provides the wide range of details on your coverage and will govern in all cases. Find it at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.” You can also contact Anthem Blue Cross Customer Service at (866) 940-8306.

YOU NEED A REFERRAL FOR CARE OUTSIDE OF SHS

If you want coverage for care outside of SHS during school terms, it's important to complete all of these steps.

1. You've got to start at SHS to receive a written referral from your primary care clinician before you receive care outside SHS.

You must complete this step for most non-emergency medical and behavioral health care services outside of SHS in order for the care to be covered by UC SHIP. Otherwise, the claims will not be covered under UC SHIP.

2. When you receive a referral, you will need to choose a health care provider for your care. UC SHIP contracts with Anthem Blue Cross to provide medical and behavioral health services through its extensive Prudent Buyer network of hospitals and providers.

If you choose a non-network provider, claims will be paid at a lower percentage; note that the provider's charges may be significantly higher than Anthem Blue Cross' maximum allowed amount. In this case, you will be responsible for paying the difference between the provider's billed charge and the maximum allowed amount. SHS staff can help students locate Anthem Blue Cross PPO providers.

3. Referrals are made at the sole and absolute discretion of SHS. The referral does not guarantee payment or coverage. Check to make sure the care you plan to receive is a covered benefit under UC SHIP and deemed medically necessary by Anthem Blue Cross by calling Anthem Blue Cross Customer Service at (866) 940-8306 or read the details of your coverage by reviewing the Benefit Booklet. Find it at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

During summer months and breaks when SHS is closed, contact a primary care clinician from the Anthem Blue Cross network if you need a referral to a specialist.

YOUR DEPENDENTS DON'T NEED A REFERRAL

Dependents covered under UC SHIP are not required to obtain an SHS referral to obtain care from Anthem Blue Cross network providers. However, to avoid denial of benefits, make sure your dependents use only providers who participate in the Anthem Blue Cross PPO Prudent Buyer network. For more information see the section of this brochure called “Optional UC SHIP benefits for dependents.”

EMERGENCY CARE

In case of emergency, students should report directly to the emergency department of the nearest hospital.

SHS referrals are not required if you receive care in an emergency department or at an urgent care clinic, but the cost will be covered only if Anthem Blue Cross determines it was an emergency situation. Anthem Blue Cross defines an emergency as a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the final determination of what qualifies as an emergency.

FILING A MEDICAL OR COUNSELING AND PSYCHOLOGICAL SERVICES CLAIM

For services provided at SHS, students pay the portion of charges for which they are responsible at the time of service. SHS files a claim with UC SHIP for the remainder of the charges, if any.

For services received outside of SHS during school terms with a written referral, either you or your provider submits the itemized bills to Anthem Blue Cross. Claims must be received no later than 11 months after the date the health care service is rendered.

Here's how it typically works. Most health care providers require payment of the student's portion of fees at the time of service. Network providers will submit a claim for the remaining portion of the bill directly to Anthem Blue Cross for you. Non-network providers usually require members to submit their own claim to Anthem Blue Cross. If you receive a bill for the full cost of services, contact Anthem Blue Cross for assistance or seek guidance at SHS.

Expect to receive an Explanation of Benefits (EOB) from Anthem Blue Cross within six weeks after submitting a bill showing what was paid on your claim. For questions about claims or the EOB, call Anthem Blue Cross at (866) 940-8306.

PAYMENT OF A BILL CAN BE DENIED

Please note that Anthem Blue Cross can deny payment of a bill if you do not follow the plan guidelines. There are numerous examples of how that can come about, but the most frequently occurring reason is if you skip care at SHS and go directly to providers without receiving a referral from SHS. If you have not received a referral from SHS, Anthem Blue Cross can deny payment of your bill.

There are details throughout this brochure that alert you to choices that will cause you to lose eligibility for coverage. Contact SHS or Anthem Blue Cross Customer Service at (866) 940-8306 if you have any questions about qualifying for coverage.

IF YOU ARE COVERED BY UC SHIP AND A SECOND INSURANCE PLAN

To get the most out of your coverage, you need to become familiar with how the two plans work together, which is called coordination of benefits.

Please call Anthem Blue Cross Customer Service at (866) 940-8306. Find information online at www.ucop.edu/ucship. Click on "Tell me more about UC SHIP" and select your campus home page from the left-hand navigation bar and go to "Do you have other insurance?" and

complete the Coordination of Benefits (COB) questionnaire with information about your other health plan.

UC SHIP covers services at SHS regardless of whether the students have coverage through another health plan. SHS will submit claims to Anthem Blue Cross for SHS services. After the student pays the copayment or coinsurance amount that UC SHIP considers the student's responsibility, the student must submit the claims to their other insurance carrier for reimbursement of that amount. SHS does not submit claims to other health plans.

For services received outside of SHS, the student's other medical plan will be considered the primary plan, meaning that plan must pay claims first. After the primary plan processes and pays a claim, any remaining charges may be submitted to UC SHIP (the secondary plan). This holds true for all medical plans except Medi-Cal, MRMIP and TriCare. If a student is covered by any of these plans, UC SHIP will be the primary plan, and Medi-Cal/MRMIP/TriCare will be the secondary plan.

For questions about coordination between plans, call Anthem Blue Cross Customer Service at (866) 940-8306.

YOUR PRIVACY

SHS is committed to protecting your privacy and the confidentiality of your health information. Specifically, your health information will be used or disclosed only for purposes related to your treatment, payment of your fees and insurance claims, and for SHS and UC SHIP operations. Unless allowed by law, your health information cannot be disclosed to anyone for any other purpose without your written authorization.

Comments or concerns about privacy issues may be sent to SHS. SHS and UC SHIP privacy policies are available online. Click to the the UC SHIP home page from www.ucop.edu/ucship.

Here is an example of our privacy practices. If students do not pay their portion of SHS fees, or if SHS service is denied coverage by UC SHIP, the student's campus account may be billed for the outstanding amount. The billing statement will state only that the charges were incurred at SHS. No health information is released to the campus billing office. For services outside SHS, charges will be sent directly to the insured's (student's) address.

COVERAGE DURING TERM BREAKS

Students who are actively enrolled in UC SHIP are covered even when they are off campus on break. Remember, the cost of your care will be less if you use an Anthem Blue Cross network provider. In the next section, you will find a description of the travel medical coverage UC SHIP provides.

There is no gap in coverage during term breaks. If SHS is closed, you can select a network provider at www.anthem.com/ca or by calling Anthem Blue Cross Customer Service at (866) 940-8306.

SHS referrals are not required if you receive care in an emergency department or at an urgent care clinic, but the cost will be covered only if Anthem Blue Cross determines it was an emergency situation.

IF YOU TRAVEL OUTSIDE THE UNITED STATES

Whether traveling or living outside of the country, you and your dependents covered under UC SHIP can use the BlueCard Worldwide program when care is needed. You may also be eligible for travel accident coverage if you are traveling on UC business.

Here's what to do before you leave:

- Before leaving the United States, call the Customer Service number on the back of your Anthem Blue Cross ID card to find out exactly how you are covered abroad.
- Call SHS to obtain information on coverage for international vaccines and the additional UC Travel Accident Policy, which is described below.
- If you are a student who is traveling on university business, check to see if you are eligible for travel accident insurance administered by the UC Office of the President at no additional cost to students. You must register before you leave on your trip to receive the coverage. Registration is simple and takes less than five minutes. For more information and to register, go to www.ucop.edu/risk-services/.
- Make a record of important SHS phone numbers and pack your UC and Anthem Blue Cross ID cards. The Anthem Blue Cross phone numbers are on your ID card.

Here's what to do when you are traveling:

- Always carry your up-to-date UC and Anthem Blue Cross ID cards.
- In an emergency, go to the nearest hospital.
- If you need non-emergency care, contact SHS for a referral to ensure that your claim for covered services will be paid according to plan benefits.
- If you need help finding a doctor or hospital, or if you have any questions about getting care abroad, call the BlueCard Worldwide Service Center toll free at (800) 810-BLUE (2583) or collect at (804) 673-1177, 24 hours a day, seven days a week. Someone will help you and, along with a medical professional, arrange for you to see a doctor or have a hospital stay, if needed.
- If you need to be admitted to the hospital, call the BlueCard Worldwide Service Center toll free at (800) 810-BLUE (2583) or collect at (804) 673-1177.

Here's what happens if you need to file a claim:

- If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay (e.g., deductible, copayment, coinsurance).
- For outpatient and doctor care or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the health care provider and submit an international claim form with the original bills to the Service Center.
- International claim forms are available by calling the Customer Service number on your ID card or the Service Center by going to www.bcbs.com/bluecardworldwide. Or call the BlueCard Worldwide Service Center toll free at (800) 810-2583 or collect at (804) 673-1177.

YOUR DENTAL COVERAGE

INFO YOU'LL FIND IN THIS SECTION

How to enroll.....	46
You select the practitioner.....	46
What is covered.....	47
What is not covered.....	47

FAQs

Am I automatically enrolled in the dental care plan?

Yes. Enrollment in UC SHIP for registered students includes dental coverage.

How do I find a dentist?

You can select a dentist from the Delta Dental preferred provider network of dentists. The list is available online or by phone through Delta Dentist Customer Service.

You may also use a dentist that is not part of the Delta Dental preferred provider network and pay more toward your care. You do not need a referral to receive dental care.

HOW TO ENROLL

Students covered by UC SHIP are automatically enrolled in the dental care plan. You can also enroll eligible dependents within the first 31 days of each coverage period.

YOU SELECT THE PRACTITIONER

UC SHIP provides coverage under the Delta Dental PPO network. You also have coverage for other Delta Dental dentists and non-network dentists. The plan pays the highest benefits when you receive services from Delta Dental PPO dentists.

Delta Dental has many different types of networks available, so be sure you select a dentist from the Delta Dental PPO network. You can find this list online at www.deltadentalins.com/ucship or call Delta Dental Customer Service at (800) 765-6003.

Remember, if you go to a dentist belonging to another Delta Dental network, like Delta Dental Premier, your costs will be higher.

YOUR DENTAL COVERAGE

WHAT IS COVERED

Delta Dental sets a maximum plan allowance on the fees for each treatment. Delta Dental PPO providers have agreed to a fee schedule, but non-network providers have not.

IF YOUR DENTIST CHARGES MORE THAN THE PLAN ALLOWANCE FOR DELTA DENTAL PPO SERVICES, YOU WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF THE EXCESS FEES.

	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR NON-NETWORK
Fee schedule	Agreed-to Delta Dental PPO maximum allowed fee schedule	If fees are higher than the Delta Dental PPO maximum allowed fee schedule, you pay the excess
Annual deductible	None for preventive and diagnostic services \$25 per person for other services	None for preventive and diagnostic services \$50 per person for other services
Preventive and diagnostic services	100% <ul style="list-style-type: none">• Oral exams• Cleanings (once every 6 months)• X-rays (one bite-wing series within 12 months)• Fluoride treatment	80%
Basic services	80% after you pay deductible <ul style="list-style-type: none">• Fillings and extractions• Endodontics (root canal)• Periodontics• Oral surgery	60% after you pay deductible
Major services	70% after you pay deductible <ul style="list-style-type: none">• Prosthodontics• Inlays/onlays• Crowns and cast restorations	40% after you pay deductible

	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR NON-NETWORK
Maxillofacial prosthetics and implants	Not covered	Not covered
Orthodontics	Not covered	Not covered
Annual benefit maximums	\$1,000 per member	\$750 per member
	Not to exceed a cumulative maximum of \$1,000 per benefit year for all dental benefits	

WHAT IS NOT COVERED

Some of the categories of expenses and services that are excluded from coverage by Delta Dental are listed below.

For a complete list and further details, read the full description of plan benefits called “Evidence of Coverage.” Find the details at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar. Find the “Description of Benefits” link, then “Evidence of Coverage.” You can also check with Delta Dental Customer Service at (800) 765-6003.

Examples of dental plan exclusions:

- Anesthesia, except for general anesthesia or IV sedation given by a licensed dentist for oral surgery services and select endodontic and periodontic procedures
- Cosmetic surgery or surgery for conditions that are a result of hereditary or developmental defects
- Diagnostic casts
- Occlusal guards and complete occlusal adjustment
- Replacement of existing restoration for any purpose other than active tooth decay
- TMJ diagnosis or treatment

YOUR VISION CARE COVERAGE

INFO YOU'LL FIND IN THIS SECTION

How to enroll.....	50
You select the provider for eye exams, frames and contact lenses	50
What is covered.....	51
What is not covered	52
Be a wise user	52

FAQs

Am I automatically enrolled in the vision care plan?

Yes. If you are enrolled in UC SHIP, you are also enrolled in the vision care plan.

How can I make the most of my coverage?

Your insurance will cover a greater portion of your fees if you receive exams, glasses or lenses from a provider in the Anthem Blue View Vision Insight network.

HOW TO ENROLL

You are automatically enrolled in the vision care plan. You can enroll eligible dependents within the first 31 days of each coverage period during the year.

YOU SELECT THE PROVIDER FOR EYE EXAMS, FRAMES AND CONTACT LENSES

UC SHIP provides vision plan benefits through the Anthem Blue View Vision Insight network of providers. Find a full list of providers near you at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar and go to “Vision Services.” Or call Anthem Blue View Vision at (866) 940-8306.

YOUR VISION CARE COVERAGE

WHAT IS COVERED

Here is a brief summary of your vision plan benefits. Find a full list of covered services near you at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar and go to “Description of Benefits,” where you will find a link for the “Blue View Vision Plan.”

	ANTHEM BLUE VIEW VISION INSIGHT	
	NETWORK	NON-NETWORK
Routine eye exam (per benefit year)	\$10 copayment	\$49 allowance
Eyeglass frames	You may select an eyeglass frame and receive the following allowance toward the purchase price (per benefit year)	
	Up to \$120, then member pays 80% of costs exceeding \$120	Up to \$50, then member pays 100% of costs exceeding \$50
Eyeglass lenses (standard)		
• Single lenses	\$25 copayment	Up to \$35
• Bifocal lenses	\$25 copayment	Up to \$49
• Trifocal lenses	\$25 copayment	Up to \$74
Contact lenses (per benefit year)	You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses	
Conventional lenses	Up to \$120; member pays anything above \$120 less a 15% discount	Up to \$92
Disposable lenses	Up to \$120	Up to \$92

WHAT IS NOT COVERED

For a complete list of the items and services that Anthem Blue View Vision excludes, read the full description of plan benefits at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar and go to “Description of Benefits” where you will find a link for the “Blue View Vision Plan.” You can also check with Anthem Blue View Vision at (866) 940-8306.

BE A WISE USER

To make the most of your coverage, find in-network Anthem Blue View Vision Insight providers. It takes just a minute to put more money into your pocket — money you can use for lots of other pressing needs.

And remember to check before you buy those sunglasses or take that store offer. They are on the list of items that aren't covered, so you'll pay the total cost out of your own pocket.

Before you say yes to your next purchase, make a quick check at the www.ucop.edu/ucship home page for your campus and click on or call Anthem Blue View Vision at (866) 940-8306.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

INFO YOU'LL FIND IN THIS SECTION

If you elect dependent coverage, UC SHIP covers medical, dental and vision care	55
Students have dependents of all ages	55
How to enroll.....	55
UC SHIP dependent medical coverage is different from the student plan	56
To be paid, medical services must be obtained from Anthem Blue Cross network providers	56
If there is an emergency	56
Annual deductible	56
Annual limit on your out-of-pocket costs	56
What is covered.....	57
UC SHIP dependent dental and vision plans are the same as the student plans.....	57

FAQs

When do I purchase dependent insurance?

UCH students covered under UC SHIP may enroll eligible dependents within the first 31 days of each coverage period in the benefit year. Dependents must be re-enrolled each coverage period during the year, typically at the start of each semester.

How should I handle emergency care for my covered dependents?

Go immediately to the nearest emergency department or urgent care clinic for care. Then call Anthem Blue Cross within 48 hours for authorization using the telephone number listed on the dependent's ID card.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

IF YOU ELECT DEPENDENT COVERAGE, UC SHIP COVERS MEDICAL, DENTAL AND VISION CARE

UC SHIP is proud to offer broad, affordable dependent coverage options to our students. Dependents of students enrolled in UC SHIP can be signed up within the first 31 days of each coverage period during the benefit year. Dependents can be enrolled in either medical only or medical/dental/vision as a package.

STUDENTS HAVE DEPENDENTS OF ALL AGES

Dependents include:

- A spouse or same-sex domestic partner
- An opposite-sex domestic partner, if one or both partners are age 62 or over and eligible for Social Security benefits based on age
- Unmarried natural-born or adopted children up to age 26
- Unmarried adult children over the age of 26 if chiefly dependent on the student, spouse or domestic partner for support and incapable of sustaining employment due to a physical or mental condition
- Unmarried foster children up to age 18

To be covered by UC SHIP, a newborn should be enrolled as a dependent within 31 days of birth.

HOW TO ENROLL

Students enrolled in UC SHIP may enroll their eligible dependents within the first 31 days of each coverage period or, for newborns, within 31 days of the birth, by contacting Wells Fargo Insurance Services at (800) 853-5899 to purchase dependent insurance.

There are other life events like marriage and adoption that may enable you to enroll dependents. Check the Benefit Booklet that can be found on your campus homepage at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

UC SHIP DEPENDENT MEDICAL COVERAGE IS DIFFERENT FROM THE STUDENT PLAN

For dependents, UC SHIP coverage involves an exclusive provider organization called the Anthem Blue Cross Prudent Buyer network of providers. Dependents are not eligible for services at SHS, so dependent coverage is not subject to the SHS referral requirement.

TO BE PAID, MEDICAL SERVICES MUST BE OBTAINED FROM ANTHEM BLUE CROSS NETWORK PROVIDERS

Dependents must use Anthem Blue Cross PPO Prudent Buyer network providers to be covered under UC SHIP, except in an emergency. The plan pays claims only for medical services obtained from a member of the Exclusive Provider Organization or because a member of the Exclusive Provider Organization has provided written authorization to go out-of-network for care.

Claim payments are based on the maximum allowed amounts determined by Anthem Blue Cross.

IF THERE IS AN EMERGENCY

In an emergency or out-of-area urgent care situation, go immediately to the nearest facility for care. Then call Anthem Blue Cross within 48 hours for authorization using the telephone number listed on the dependent's ID card. Inpatient care received from a non-network hospital without an authorization from Anthem Blue Cross is covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.

ANNUAL DEDUCTIBLE

Each plan member pays an annual \$400 deductible toward covered services before the plan pays benefits. Some services like pharmaceuticals are covered immediately, though. See the summary of benefits in the section below for information about services for which the deductible is waived.

ANNUAL LIMIT ON YOUR OUT-OF-POCKET COSTS

The annual dependent coinsurance out-of-pocket maximum is \$6,000 for each covered dependent. The out-of-pocket maximum does not apply to set-dollar copayments, amounts exceeding stated benefit limits or to services not covered by the plan.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

WHAT IS COVERED

Here is a brief summary of the services that are covered when your dependents receive care through the Anthem Blue Cross Exclusive Provider Organization. A full list of covered services, plan limitations and exclusions can be found at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

Keep in mind that Anthem Blue Cross sets allowed maximum amounts for services provided by network providers. The following benefit summary lists the percentage of the allowed maximum amount that the plan pays. For example, if the summary lists coverage at 80% and there is a \$100.00 allowed maximum for a treatment, then the plan pays \$80.00 toward the bill.

THE ANNUAL DEDUCTIBLE APPLIES TO ALL SERVICES LISTED BELOW, EXCEPT WHERE NOTED

SUMMARY OF DEPENDENT COVERAGE

Medical office visits	80%
Routine physicals/adult preventive care	100%, deductible waived
Mammograms, preventive	100%, deductible waived
Lab tests, X-rays and imaging	80%
Outpatient surgery	80% for services of physicians and anesthesiologists and for outpatient surgery center facilities
Inpatient surgery	80%

UC SHIP DEPENDENT DENTAL AND VISION PLANS ARE THE SAME AS THE STUDENT PLANS

Dental coverage is provided by Delta Dental, as described on [page 46](#). Vision coverage is provided by Anthem Blue View Vision as described on [page 50](#).

DEFINITIONS OF INSURANCE TERMS

Ancillary Services Services rendered by health care providers other than a physician, such as laboratory, radiology or other diagnostic imaging, physical therapy, or other services.

Benefit Year The time period, usually the academic year, used to determine when you satisfy your annual deductible, benefit maximums and annual out-of-pocket maximum.

Coinsurance Coinsurance refers to cost sharing based on a percentage of the maximum allowed amount (covered expense) charged for a covered service. The insurance company pays a certain percentage of the covered expense and you, the insured, pay the remaining expense.

Copayment The set-dollar amount that a covered person must pay for a covered service, usually due at the time the service is provided. Office visit copayments do not count toward your annual deductible.

Deductible The amount of money the covered person is required to pay out of pocket before the insurance carrier will pay for services.

Emergency An emergency is a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

Inpatient A patient who is admitted to the hospital.

Maximum Allowed Amount The total reimbursement payable under your plan for covered services you receive from network and non-network providers. It is the claims administrator's payment toward the services billed by your provider combined with any deductible or coinsurance owed by you. If services are obtained from a non-network provider, the provider will bill you the difference, if any, between their charges and the maximum allowed amount.

Preferred Provider Organization (PPO) A group of medical providers who contract with an insurance carrier to provide services for the insured at reduced rates.

HOW TO GET IN TOUCH

HOW TO GET IN TOUCH WITH SHS, UC SHIP AND YOUR INSURANCE CARRIERS

Regular hours of operation are subject to change during holidays, exam periods and academic break periods. The SHS website will cover these updates.

Emergency: 911

Student Health Services (SHS)

200 McAllister Street, Suite 202
San Francisco, CA 94102

<http://www.uchastings.edu/about/admin-offices/health-services/index.php>

(415) 565-4612

Monday, Tuesday, Thursday

8:30 a.m.–3:00 p.m.

Wednesday

10:30 a.m.–5:00 p.m.

Friday

8:30 a.m.–1:00 p.m.

Anthem Blue Cross 24/7 NurseLine

(877) 351-3457

Ventegra Pharmacy Services

www.ventegra.net

(877) 867-0943

Delta Dental Insurance Coverage

www.deltadentalins.com/ucship

(800) 765-6003

Anthem Blue Cross and Blue View Vision Customer Service

www.ucop.edu/ucship

(866) 940-8306

Wells Fargo Insurance Services Customer Care for UC SHIP Voluntary Student and Dependent Coverage

(800) 853-5899

UCSHIP

Student Health Insurance Plan



1 If you need care, start at SHS



2 If you need care outside SHS, your SHS clinician will provide a referral *



3 To keep your costs low, go to an Anthem Network Provider when you receive your referral



4 If you have questions, call SHS or Anthem Customer Service at (866) 940-8306



***Exception:** No referral is needed for emergency care and urgent care

SHS: Student Health Services on campus
***UCH** does not require referrals during the summer and school holidays.



This brochure provides a summary of information. For complete information on all benefits, terms and conditions of UC SHIP, see the Benefit Booklet at www.ucop.edu/ucship. Click on "Tell me more about UC SHIP," select your campus home page from the left-hand navigation bar and click on "Description of Benefits" to find the "Benefit Booklet."

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