### UC SANTA CRUZ
### 2017/18 UC SHIP
### Standard Benefit Plan Features
### Anthem Blue Cross PPO

#### IN-NETWORK

<table>
<thead>
<tr>
<th>Feature</th>
<th>IN-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>$300</td>
</tr>
<tr>
<td>ANNUAL OUT-OF-POCKET</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

### HOSPITAL MEDICAL SERVICES

- **Inpatient**
  - 85% after deductible
- **Outpatient medical care**
  - 85% after deductible
- **Skilled Nursing Facility**
  - 85% after deductible, 100 days annual max
- **Hospice Care**
  - 85% after deductible, $5,000 annual max
- **Home Health Care**
  - 100% after deductible, 100 visits annual max

### PHYSICIAN MEDICAL SERVICES

- **Hospital & skilled nursing facility visits**
  - 85% after deductible
- **Surgeon & surgeon assistant, anesthesiologist**
  - 85% after deductible
- **Office visits-Primary Care Physicians**
  - $25 copay, then 100%
- **Office visits-Specialists & Consultants**
  - $25 copay, then 100%
- **Physical Therapy, Physical Med,**
  - Occupational Therapy, Speech Therapy
  - $25 co-pay, $5,000 annual max
- **Chiropractic, Osteopathic manipulation**
  - 100% after deductible, 100 visits annual max
- **Acupuncture**
  - $25 copay, Unlimited

### GENERAL MEDICAL SERVICES

- **Radiology & Laboratory testing**
  - 85% after deductible
- **Durable Medical Equipment**
  - 85% after deductible, $5,000 annual max
- **Hearing Aids**
  - 85% after deductible

### PREVENTIVE CARE

- **Well child care (birth through age 18)**
  - 100% if within practice protocols of TPA
- **Specified immunization**
  - 100% if within guidelines for age
- **Routine physical exam**
  - 100% if within practice protocols of SHC
- **Routine gyn exams, including Pap Smear and Mammograms**
  - 100%
- **Hearing exams**
  - 85% after deductible

### EMERGENCY CARE*

- **Emergency services & supplies**
  - $125 copay then 100%, waived if admitted
- **Urgent Care Center**
  - $25 copay then 100%
- **Ground Ambulance**
  - 85% if patient receives emergency care or hospitalized
- **Air Ambulance**
  - 100% if patient receives emergency care or hospitalized

### PREGNANCY & MATERNITY CARE

- **Physician office visits (pre-natal)**
  - After $25 copay for first office visit;
  - 100% for office visits, deductible waived

### BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER

- **Outpatient services**
  - $20 copay, then 100%
- **Inpatient services**
  - 85% after deductible

### PRESCRIPTION DRUGS (30 day supply)

<table>
<thead>
<tr>
<th>Type</th>
<th>Prices at UCSC Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5 ($10 at outside pharmacy)</td>
</tr>
<tr>
<td>Brand formulary</td>
<td>$25 ($40 at outside pharmacy)</td>
</tr>
<tr>
<td>Brand non formulary</td>
<td>$40 ($60 at outside pharmacy, +/- any amount over the contracted rate)</td>
</tr>
<tr>
<td>Specialty products</td>
<td>$60 ($80 at outside pharmacy)</td>
</tr>
<tr>
<td>Plan year maximum</td>
<td>No Limit</td>
</tr>
</tbody>
</table>

This is only a brief summary of benefits. Refer to the Benefits for full coverage details at [www.ucop.edu/ucship](http://www.ucop.edu/ucship) and for Out-of-Network coverage.

### QUARTERLY PREMIUM

- **$961 Undergraduates**
  - (x3 $2,883/yr)
  - ($240/mo)
- **$1,476 Graduates**
  - (x3 $4,428/yr)
  - ($369/mo)

### COVERAGE DATES PER QUARTER

- **Fall 9/23/17 – 1/5/18**
- **Winter 1/6/18 – 4/2/18**
- **Spring/Summer 4/3/18 – 9/22/18**