

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

	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	\$300	
ANNUAL OUT-OF-POCKET	\$3,000	\$6,000
HOSPITAL MEDICAL SERVICES		
Inpatient	85% after deductible	60% after deductible
Outpatient medical care	85% after deductible	60% after deductible
Skilled Nursing Facility	85% after deductible, 100 days annual max	60% after deductible, 100 days annual max
Hospice Care	85% after deductible, \$5,000 annual max	60% after deductible, \$5,000 annual max
Home Health Care	100% after deductible, 100 visits annual max	60% after deductible, 100 visits annual max
PHYSICIAN MEDICAL SERVICES		
Hospital & skilled nursing facility visits	85% after deductible	60% after deductible
Surgeon & surgeon assistant, anesthesiologist	85% after deductible	60% after deductible
Office visits-Primary Care Physicians	\$25 copay, then 100%	60% after deductible
Office visits-Specialists & Consultants	\$25 copay, then 100%	60% after deductible
Physical Therapy, Physical Med, Occupational Therapy, Speech Therapy	\$25 co-pay, \$5,000 annual max	60% after deductible, \$1,000 annual max
Chiropractic, Osteopathic manipulation	\$25 copay, Unlimited	60% after deductible, Unlimited
Acupuncture	\$25 copay, Unlimited	60% after deductible, Unlimited
GENERAL MEDICAL SERVICES		
Radiology & Laboratory testing	85% after deductible	60% after deductible
Durable Medical Equipment	85% after deductible, \$5,000 annual max	60% after deductible, \$5,000 annual max
Hearing Aids	85% after deductible	Not Covered
PREVENTIVE CARE		
Well child care (birth through age 18)	100% if within practice protocols of TPA	Not Covered
Specified immunization	100% if within guidelines for age	Not Covered
Routine physical exam	100% if within practice protocols of SHC	60% after deductible
Routine gyn exams, including Pap Smear and Mammograms	100%	60% after deductible
Hearing exams	85% after deductible	60% after deductible
EMERGENCY CARE*		
Emergency services & supplies	\$125 copay then 100%, waived if admitted	\$125 co-pay + amts exceeding max allow
Urgent Care Center	\$25 copay then 100%	60% after deductible
Ground Ambulance	85% if patient receives emergency care or hospitalized	85% if patient receives emergency care or hospitalized
Air Ambulance	100% if patient receives emergency care or hospitalized	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	60% after deductible
Inpatient services	85% after deductible	60% after \$500 copay
BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER		
Outpatient services	\$20 copay, then 100%	60% after deductible
Inpatient services	85% after deductible	60% after \$500 copay
PRESCRIPTION DRUGS (30 day supply)		
Generic	\$5	\$10
Brand formulary	\$25	\$40
Brand non formulary	\$40	\$60 (+ any amount over the contracted rate)
Specialty products	\$60	\$80
Plan year maximum	No Limit	No Limit

This is only a brief summary of benefits. Refer to the policy for full coverage details at www.ucop.edu/ucship

QUARTERLY PREMIUM

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

COVERAGE DATES PER QUARTER

Fall 9/23/17 – 1/4/18
Winter 1/5/18 – 4/1/18
Spring/Summer 4/2/18 – 9/21/18