WITH UC SHIP, GETTING HEALTH CARE IS EASY!

1. START YOUR CARE AT SHS
   If you need health care, visit your SHS first, right on campus. Make an appointment with a primary care clinician.

2. NEED A REFERRAL?
   Your SHS clinician will provide you with a REFERRAL to visit a provider outside SHS if you need a specialist or surgery. Benefits will not be paid without an SHS REFERRAL.

3. KEEP YOUR COSTS LOW
   When you receive a REFERRAL, plan to save money. Select Anthem Blue Cross providers for in-network benefits or receive UC Family discounts at UC medical center facilities and professional providers.

4. SHS STAFF CAN HELP
   If you have questions, your SHS Staff can assist you. You can also call Anthem Blue Cross Customer Service (866) 940-8306 or login to www.anthem.com/ca.

EXCEPTION
RUSH TO EMERGENCY CARE
NO REFERRAL needed for emergency care or urgent care clinic visits.

SHS: Student Health Services on campus
www.ucop.edu/ucship
UC SHIP specializes in you and your health

You have come to UC Santa Cruz to learn and grow. Making time for a healthy lifestyle is far easier when Student Health Services (SHS) is right on campus and outstanding health care is affordable.

We all know how expensive health care can be. UC SHIP was developed to protect students from unexpected health care costs that could create a financial barrier to graduation. UC makes no profit from UC SHIP—it’s financed by students, for students—and every year we do our best to improve the plan.

Beginning this year, as a member of our UC family you can receive care at a discount at UC’s five nationally ranked medical centers. We’re proud that we can provide you with this exceptionally valuable benefit so that you’ll have fewer personal and financial worries if you ever become ill or get injured.

We’ve also increased coverage of psycho-educational testing for those who may need learning accommodations to a $3,000 lifetime maximum. This is a benefit few, if any, other health plans offer.

And this year, if you become ill or injured, UC SHIP will step in to pay 100% of your costs sooner because we now count deductibles, coinsurance, medical copays and prescription copays toward your annual out-of-pocket maximum. This is an example, along with expanded coverage of clinical trials and genetic testing, of how students continue to benefit from our decision to incorporate Affordable Care Act provisions into UC SHIP.

You can find the details of your coverage anywhere and anytime at www.ucop.edu/ucship. We’re here to help you keep a healthy focus and do great work this year. Enjoy the security of knowing that you will receive care from the distinguished healthcare providers in our UC family, with less worry about how much it will cost.
This brochure provides a brief summary of UC SHIP benefit information

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How do I enroll in UC SHIP?
All registered students, including registered international students and registered in-absentia students, are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill unless they successfully waive coverage. The mandatory program includes medical, behavioral health, pharmacy and vision care plans. 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 includes a full-service pharmacy and provides convenient on-campus primary and preventive care. Make SHS your first stop when you need non-emergency health care.
YOUR UC SHIP MEDICAL COVERAGE
AT A GLANCE

1. Automatic coverage to make health and well-being affordable for all registered students, with option for waiver.

2. Considers SHS your health home for convenient outpatient and pharmacy services, including free comprehensive preventive care and referrals to receive care outside SHS.

3. When you start with a referral, you can choose from all healthcare providers, whether in or out of the Anthem Blue Cross network, and receive UC SHIP coverage. Keep in mind that using Anthem Blue Cross in-network providers will save you money.

4. Beginning this year, UC SHIP members can receive a UC Family discount if you obtain care at one of our five nationally ranked medical centers, their affiliated facilities and professional providers.

5. UC SHIP members have coverage for emergency and authorized non-emergency medical care 24/7 anywhere in the world.

6. Make the most of your benefits. Be sure to qualify for UC SHIP coverage by obtaining a referral if you need care outside of SHS. Then make the choice to pay less out of your own pocket towards your care by using in-network providers, including our UC medical centers.
This brochure provides a brief summary of UC SHIP benefit information.
WELCOME TO YOUR HEALTH HOME
INFO YOU’LL FIND IN THIS SECTION

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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 a full-service pharmacy and on-campus medical, behavioral health and preventive care. SHS is staffed by board-certified physicians, certified 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 full payment of SHS fees, if any. Visit the SHS website at http://healthcenter.ucsc.edu for more information on available services and fees.

At UCSC, UC SHIP includes an access plan called Cruz Care that provides unlimited SHS visits for care of non-emergency illness or injury, including in-house SHS laboratory and radiology.

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 care and out-of-area care while traveling, as well as specialty services not available at SHS.

All registered students, including registered international students and registered in-absentia 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 undergraduate and graduate plan at UCSC includes medical, dental and vision coverage.

Students who have private health insurance or are covered by a Covered California plan may apply to waive enrollment in UC SHIP. However, the 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 and offers UC Family discounts at our five nationally ranked medical centers when they receive an SHS referral.

**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 needed, SHS clinicians will issue referrals for care outside of SHS. The insurance office staff will help you find in-network providers from the Anthem Blue Cross Prudent Buyer network, including UC medical centers, so you can pay lower out-of-pocket fees.

**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 quarter in the school year.

**EVERY STUDENT HAS 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

If needed, SHS clinicians will issue referrals for care outside of SHS. Don’t skip this step. If you access non-emergency medical services outside SHS without a referral, your costs will not be covered by UC SHIP.

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. See “How to Get in Touch” at the end of this brochure for information on how to contact Anthem Blue Cross Customer Service for Assistance locating a primary care clinician outside SHS.

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 costs. For example, you can receive care at UCSF Medical Center at discounted UC Family rates.

In comparison, you could choose out-of-network physicians, but your costs will be higher and you will have to handle your own claims paperwork since you aren’t using an Anthem Blue Cross provider. See “How to Get in Touch” at the end of this brochure for information on how to contact Anthem Blue Cross Customer Service for assistance locating a clinician outside SHS.
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, pharmacy, 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. A UC Family discount may apply if covered dependents receive health care at one of the five UC medical centers. Find a full list of covered services at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.” To enroll eligible dependents, call Wells Fargo Insurance Services at (800) 853-5899.

DENTAL AND VISION COVERAGE, TOO

The mandatory plan for UCSC students includes dental and vision coverage. Description of these plans can be found in a later section of this brochure.
KEEP TRACK OF YOUR ELIGIBILITY
INFO YOU’LL FIND IN THIS SECTION

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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, if any, at the time of service.

I’m graduating. When does my coverage end?
Your coverage ends with your final academic term (or at 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 students—including registered international students and registered in-absentia students—who are automatically enrolled in UC SHIP are charged a health insurance premium on their registration bill for the mandatory program: Medical, pharmacy, dental and vision coverage.

REGISTERED STUDENTS WHO WAIVE COVERAGE

You may provide evidence of health coverage through another plan, including a Covered California plan with an effective date prior to the UC SHIP coverage start date, and apply to waive enrollment in UC SHIP. Recognize that your coverage must meet the benefit criteria established by the University of California to enable you to qualify for a waiver.

Waiver applications are completed online during the fall, winter or spring waiver period. Visit the SHS website at http://healthcenter.ucsc.edu to view waiver deadlines, the pre-waiver worksheet and glossary of insurance terms and to complete the online waiver application.

Registered students will be automatically enrolled in the mandatory undergraduate or graduate UC SHIP program if a waiver application is not submitted by the deadline.
FAQS

Do I have to waive coverage every fall?
Yes. The fall term 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 winter or spring terms?
Yes. A student who waived UC SHIP enrollment in the fall does not need to complete another waiver application in the winter or spring/summer term. However, a winter or spring/summer waiver is available for students registering for the first time in the winter or spring, or who did not waive enrollment in a prior term but want to waive for the winter or spring term. Winter and spring waivers are valid through the end of 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 NON-REGISTERED FILING FEE STATUS

All non-registered Filing Fee status students who are completing work under the auspices of the University of California but are not attending classes are not automatically enrolled in UC SHIP but may enroll voluntarily.

Filing Fee status students are allowed to purchase UC SHIP for a maximum of one quarter. The student must have been covered by the plan in the term immediately preceding the term for which the student wants to purchase coverage or, if the student waived enrollment in the prior coverage period, show proof of loss of the coverage that was used to waive. Proof of loss means an official letter of termination from the insurance carrier.

Students on Filing Fee status must purchase UC SHIP within 31 days of the beginning of the coverage period through Wells Fargo Insurance Services at (800) 853-5899.

IF YOU ARE A NON-REGISTERED STUDENT ON A PLANNED EDUCATIONAL LEAVE OR APPROVED LEAVE OF ABSENCE

All non-registered students who are on a Planned Educational Leave or approved Leave of Absence are not automatically enrolled in UC SHIP, but they may enroll on a voluntary basis. These students must purchase UC SHIP through Wells Fargo Insurance Services at (800) 853-5899.

While in this status, you may purchase plan coverage for a maximum of two quarters. You must have been covered by UC SHIP in the term immediately preceding the term for which you want to purchase coverage or, if you waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.

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 quarter 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 quarter begins at (800) 853-5899 to purchase coverage for that time period.

Once your UC SHIP coverage is terminated, you have other coverage choices. Contact SHS for help determining which of these options will best fit your needs. Find UC SHIP online at [www.ucop.edu/ucship/](http://www.ucop.edu/ucship/). Then click “Health Insurance After UC SHIP” at the bottom of the right-hand column to review the insurance options available to you when your UC SHIP coverage ends.

**PERIODS OF COVERAGE**

The periods of coverage follow the quarters scheduled for your school year. This is also the schedule we will use to bill you for coverage during the year.

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<thead>
<tr>
<th>Term</th>
<th>Effective Date</th>
<th>Termination Date</th>
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<tbody>
<tr>
<td>Fall</td>
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<tr>
<td>Winter</td>
<td>1/5/15</td>
<td>3/29/15</td>
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<td>Spring/Summer</td>
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<td>Summer</td>
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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. We suggest you make appointments for routine meetings with your primary care clinician. You can call (831) 459-2500 or stop into SHS.

What happens if I get care outside of SHS without getting a referral first?
All your non-emergency health care starts at SHS. When covered students do not obtain a written referral from SHS before receiving non-emergency medical or behavioral health care outside of SHS, the services they receive are not covered under UC SHIP, and claims submitted for
these services will be denied. SHS will not provide retroactive approval. **You do not need a referral from SHS to receive care in an emergency department or at an urgent care clinic.**

**UC SHIP INCLUDES VALUABLE ENHANCEMENTS FOR YOU BECAUSE WE’VE CHOSEN TO COMPLY WITH THE AFFORDABLE CARE ACT (ACA)**

UC SHIP didn’t wait for the ACA to take the lead on essential, affordable care that emphasizes prevention. We took the initiative to introduce these valuable improvements for you because we believe in them:

- Guaranteed coverage to all students; no waiting periods because of preexisting conditions
- 100% coverage of preventive care services
- No lifetime limits on your medical and behavioral health benefits
- No limits on pharmacy prescription benefits
- No caps on your Essential Health Benefits (as defined by the ACA)

This year, we are adding more ACA-inspired provisions because they will be valuable to you:

- If you become ill or injured, UC SHIP will now step in to pay 100% of your costs sooner. Deductibles, coinsurance, medical copays and prescription copays now count toward the maximum set for out-of-pocket costs you will pay in a benefit year.
- Coverage for participation in clinical trials for life-threatening illnesses, according to Anthem Blue Cross clinical guidelines.
- Coverage for genetic testing to assess risk for a variety of conditions, according to Anthem Blue Cross clinical guidelines.

**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, psychologists, psychiatrists, other professional health care providers and insurance specialists. You can visit SHS with or without an appointment, although...
This brochure provides a brief summary of UC SHIP benefit information.

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. See “How to Get in Touch” at the end of this brochure for Anthem Blue Cross contact information.

MAKE THE MOST OF FREE PREVENTIVE CARE

Getting free preventive care couldn’t be easier—it is right on campus at SHS. The covered services listed below are examples of the free preventive care available to you at SHS through UC SHIP:

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

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

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 to visit a specialist, hospital or other type of Anthem Blue Cross PPO Prudent Buyer Network provider including those linked with a UC medical center to keep your costs low. See “How to Get in Touch” at the end of this brochure for Anthem Blue Cross contact information.

IF YOU NEED COUNSELING OR PSYCHIATRIC SERVICES

Psychologists and therapists are there to help you with academic concerns, relationship issues, stress management or any other personal concerns you may have. Psychiatrists are available to conduct evaluations and prescribe medically necessary therapeutic drugs. When longer-term therapy is needed, the student health clinician provides a referral so you can access off-campus in-network practitioners covered under UC SHIP.

Access is convenient and your care will be personalized and private. You can contact Counseling and Psychological Services (CAPS) on campus or drop by during office hours.
to make an appointment. SHS is there when you need it, so you can use the drop-in service or make same-day appointments as well.

Need urgent assistance or just want to make an appointment? The CAPS telephone number is (831) 459-2628.

If you receive a referral from SHS or CAPS, you can also 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.

UC SHIP’s mental health benefits comply with the state and federal Mental Health Parity laws, which require 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

There are a number of ways to reach a registered nurse who is trained to help you make informed decisions about your health situation.

You can talk with the SHS Advice Nurse on weekdays by dropping into SHS or by calling (831) 459-2591.

In addition, students and dependents covered by UC SHIP 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. **Anthem Blue Cross must authorize all non-emergency hospitalizations.**

Your SHS primary care clinician will give you a referral and help you find a hospital that will best address your condition. You may choose to use one of UC’s five distinguished medical centers that offer the UC Family discount. Or you may prefer to take your referral to another hospital that qualifies as an in-network facility under Anthem Blue Cross and has agreed to accept Anthem Blue Cross' negotiated rates. These options will help make your stay more affordable.
If you choose to receive care at an out-of-network hospital, you will pay an inpatient deductible and out-of-network rates that will be generally be higher than those for care at an in-network facility.

**IF YOU HAVE AN EMERGENCY**

*In an emergency, you should call 911 or report directly to the nearest hospital emergency room.* UC SHIP covers emergency and urgent care services worldwide without the need for a referral from your primary care provider.

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. Following an emergency or urgent care treatment, contact SHS to assist with needed follow-up care.

**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:

- 85% of the maximum allowed amount for care provided by Anthem Blue Cross network providers. If you choose a UC medical center, your charges will be discounted under your UC Family coverage.
- 60% of the maximum allowed amount for care provided by out-of-network providers.

For coverage beyond the first 31 days after birth or beyond $25,000 in benefits, you must 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

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 and to keep your costs low.

To get a prescription filled at the lowest UC SHIP copay, take your prescription to the SHS pharmacy (for the lowest copayments) or to a Ventegra 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.

If you choose to fill your prescription at an out-of-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 out-of-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](http://www.ucop.edu/ucship). Select your campus home page from the left-hand navigation bar, click on “Description of Benefits” and find the “Ventegra Formulary” PDF under the section on the Pharmacy Plan.

**HOW TO MAKE THE MOST OF YOUR BENEFITS**

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.

**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 care center does not require a referral from SHS.

For the maximum benefit payment, choose to receive care within the Anthem Blue Cross PPO Prudent Buyer network, including UC medical center facilities and professional providers. 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 at the lower out-of-network allowed amounts.

**BENEFIT YEAR DEDUCTIBLE**

The deductible is the amount of money you pay out of your own pocket before UC SHIP begins paying for services. You pay:

- No deductible when you go to SHS.
- A $300 deductible toward care you receive from Anthem Blue Cross in-network providers and out-of-network providers.

The benefit year deductible applies to all services listed in the following “What is covered” section, except where noted.
ANNUAL LIMIT ON YOUR OUT-OF-POCKET COSTS

Once you pay the annual limit of out-of-pocket costs toward your care, UC SHIP steps in to pay 100% of your medical and pharmacy costs. You are not required to pay additional coinsurance or copayments toward these services for the remainder of the benefit year.

Beginning this year, deductibles, coinsurance, medical copays and prescription copays now count toward your maximum out-of-pocket costs, making it possible for you to meet these annual limits faster:
• $3,000 for in-network care provided by members of the Anthem Blue Cross PPO Prudent Buyer network
• $6,000 for out-of-network care

They are separate limits, meaning they do not accumulate toward each other.

Amounts exceeding stated benefit limits (see explanation of maximum allowed amounts in the next section on “What is covered”) and payments for services not covered by the plan do not count toward out-of-pocket limits.

WHAT IS COVERED

This is a brief summary of your medical benefits. Find a full list of covered services at www.ucop.edu/ucship. 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 the allowed maximums for services provided by in-network and out-of-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.

Don’t forget! You pay no annual deductible toward services provided at SHS. You pay an annual deductible of $300 toward in-network services and out-of-network services, except where noted in the following chart.
## BENEFIT COVERAGE AND COST COMPARISON CHART

### OUTPATIENT SERVICES

#### MEDICAL OFFICE VISITS

<table>
<thead>
<tr>
<th>Inside of SHS</th>
<th>Outside of SHS</th>
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<tbody>
<tr>
<td>100%</td>
<td>In-network providers 100% after $25 copayment for primary care and specialty care</td>
</tr>
<tr>
<td></td>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

#### BEHAVIORAL HEALTH OFFICE VISITS

<table>
<thead>
<tr>
<th>Inside of SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% up to 10 visits</td>
<td>In-network providers 100% after $20 copayment</td>
</tr>
<tr>
<td></td>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

#### ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Inside of SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>In-network providers 100%, deductible waived</td>
</tr>
<tr>
<td></td>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

#### URGENT CARE

<table>
<thead>
<tr>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network providers 100% after $25 copayment</td>
</tr>
<tr>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>
OUTPATIENT SERVICES

CONTRACEPTIVE SERVICES & DEVICES

Outside of SHS

In-network providers
100%, deductible waived

Out-of-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 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.

Note: For prescription contraceptive drugs, see the “Outpatient Prescription Drugs” table below

MAMMOGRAMS, PREVENTIVE

At SHS
100%

Outside of SHS

In-network providers
100%, deductible waived

Out-of-network providers
60%

LAB TESTS, X-RAYS AND IMAGING

At SHS
100%

Outside of SHS

In-network providers
85%

Out-of-network providers
60%
## OUTPATIENT SERVICES

### OUTPATIENT SURGERY (physicians and anesthesiologists)

<table>
<thead>
<tr>
<th></th>
<th>Outside of SHS</th>
<th>In-network providers</th>
<th>85%</th>
<th>Out-of-network providers</th>
<th>60%</th>
<th>Outpatient surgery center</th>
<th>85%</th>
</tr>
</thead>
</table>

- Outside of SHS
- **In-network providers**
- 85%
- **Out-of-network providers**
- 60%
- **Outpatient surgery center**
- 85%

*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)

<table>
<thead>
<tr>
<th></th>
<th>At SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network providers</td>
<td>100% after $25 copayment</td>
<td>100% after $25 copayment, deductible waived</td>
</tr>
<tr>
<td>Out-of-network providers</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### AMBULANCE—GROUND

- 85% if patient receives emergency care or is hospitalized

### AMBULANCE—AIR

- 100% if patient receives emergency care or is hospitalized

### CHIROPRACTIC SERVICES AND OSTEOPATHIC MANIPULATION (unlimited)

<table>
<thead>
<tr>
<th></th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network providers</td>
<td>100% after $25 copayment, deductible waived</td>
</tr>
<tr>
<td>Out-of-network providers</td>
<td>60%</td>
</tr>
</tbody>
</table>
## OUTPATIENT SERVICES

### DENTAL INJURY TO NATURAL TEETH

<table>
<thead>
<tr>
<th></th>
<th>Inside of SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network providers</strong></td>
<td>85%</td>
<td><strong>Out-network providers</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>60%</td>
</tr>
</tbody>
</table>

### IMMUNIZATIONS, PREVENTIVE

**Includes:** 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)

<table>
<thead>
<tr>
<th></th>
<th>At SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network providers</strong></td>
<td>100%</td>
<td><strong>Out-network providers</strong></td>
</tr>
<tr>
<td></td>
<td>deductible waived</td>
<td>60%</td>
</tr>
</tbody>
</table>

### OTHER IMMUNIZATIONS

<table>
<thead>
<tr>
<th></th>
<th>At SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network providers</strong></td>
<td>85%, deductible waived</td>
<td><strong>Out-network providers</strong></td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>
**OUTPATIENT SERVICES**

**TUBERCULOSIS SCREENING AND TESTING**

**Includes:** Preventive exams, campus-required activities and non-campus requirements for employment and other programs

<table>
<thead>
<tr>
<th>At SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Network providers 85%, Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

**For Medical Reasons**

<table>
<thead>
<tr>
<th>At SHS</th>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>Network providers 85%, Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

**PRENATAL CARE**

<table>
<thead>
<tr>
<th>Outside of SHS</th>
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</thead>
<tbody>
<tr>
<td>In-network providers 85%</td>
</tr>
<tr>
<td>After $25 copayment for first office visit, 100% for in-network office visits, deductible waived</td>
</tr>
</tbody>
</table>

**MATERNITY**

<table>
<thead>
<tr>
<th>Outside of SHS</th>
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</thead>
<tbody>
<tr>
<td>In-network providers 85%</td>
</tr>
<tr>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>

**ABORTION**

<table>
<thead>
<tr>
<th>Outside of SHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network providers 85%</td>
</tr>
<tr>
<td>Out-of-network providers 60%</td>
</tr>
</tbody>
</table>
### OUTPATIENT SERVICES

**PHYSICAL THERAPY, PHYSICAL MEDICINE, OCCUPATIONAL THERAPY AND SPEECH THERAPY (unlimited)**

<table>
<thead>
<tr>
<th>At SHS</th>
<th>Outside of SHS</th>
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</thead>
<tbody>
<tr>
<td>100% after $25 copayment</td>
<td><strong>In-network providers</strong></td>
</tr>
<tr>
<td></td>
<td>100% after $25 copayment</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network providers</strong></td>
</tr>
<tr>
<td></td>
<td>60%</td>
</tr>
</tbody>
</table>

**PSYCHO-EDUCATIONAL TESTING**

- 85%

**Note:** Lifetime maximum of $3,000 in benefits 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.

### MEDICAL EVACUATION

Necessary expenses up to $10,000, deductible waived, for return to your home country when prior authorization has determined medical necessity.

### 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.
OUTPATIENT PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>SHS</th>
<th>Ventegra In-Network Pharmacies Including UC Medical Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not subject to a deductible</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>$5  generic</td>
<td>$10  generic</td>
</tr>
<tr>
<td>$25 brand-name formulary, 30-day supply</td>
<td>$40 brand-name formulary, 30-day supply</td>
</tr>
<tr>
<td>$40 brand-name non-formulary, 30-day supply</td>
<td>$60 brand-name non-formulary, 30-day supply</td>
</tr>
</tbody>
</table>

Note: At SHS and in-network, 100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available.

Out-of-network pharmacies: In addition to copays above, students are responsible for paying charges that exceed Ventegra maximum allowed amounts, which could be substantial.

EMERGENCY ROOM SERVICES

<table>
<thead>
<tr>
<th>Outside of SHS</th>
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<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% after $125 copayment</td>
</tr>
</tbody>
</table>

Copayment waived if admitted

Note: Emergency room services received at an out-of-network hospital, or from out-of-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% of maximum allowed amount, deductible waived
INPATIENT HOSPITAL SERVICES

- Includes medical services, behavioral health and maternity services.
- **Coverage reduced by 25% for services and supplies provided by an out-of-network hospital, except in cases of emergency admission.**

<table>
<thead>
<tr>
<th>Outside of SHS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>85%</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>60% after $500 copayment</td>
</tr>
</tbody>
</table>

**Includes:** Semi-private room, inpatient surgery, physicians, specialists, nursing services, lab tests, X-rays, imaging, medication and supplies

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](http://www.ucop.edu/ucship). 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 without first obtaining a written referral from SHS, your costs will not be paid by UC SHIP.

Here’s a partial list of exclusions:

- Amounts in excess of covered expenses or any benefit maximum
- Commercial weight loss programs and health club memberships
- Cosmetic surgery
- Diabetic supplies that are not specifically listed as covered
- 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 services
- Personal items for comfort, hygiene or beautification
- Private-duty nursing
- Services not specifically listed in the Benefit Booklet as covered services
- Services performed by a family member
- 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
INFO YOU’LL FIND IN THIS SECTION

Your Anthem Blue Cross ID card ............................................. 38
You need a referral for care outside of SHS ........................ 38
Emergency care ........................................................................ 39
Filing a medical or counseling and psychological services claim .... 40
Payment of a bill can be denied ................................................ 40
If you are covered by UC SHIP and a second insurance plan ......... 40
Your privacy ............................................................................. 41
Coverage during term breaks .................................................... 42
If you travel outside the United States ...................................... 42

FAQS

If I have an emergency what should I do?
Call 911 or 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?
You must contact SHS to receive a referral before you obtain care that is not provided either in a hospital emergency department or at an urgent care clinic.

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.

YOU NEED A REFERRAL FOR CARE OUTSIDE OF SHS
If you want coverage for care outside of SHS, it’s important to complete all of these steps.

1. You need 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 to qualify for the UC SHIP coverage. 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 additional medical and behavioral health options from its extensive Prudent Buyer network of hospitals and providers. SHS staff can help students locate Anthem Blue Cross PPO providers, including those associated with UC medical centers. As a UC SHIP member, if you visit a UC medical center facility or professional provider, your costs will be discounted.

If you choose an out-of-network provider, your claims will be paid at a lower percentage, so you will pay more out of your own pocket. 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.

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 finding the details of your coverage in the Benefit Booklet. Find it online at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

EMERGENCY CARE

In case of emergency, students should call 911 or 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, your UC SHIP student's account will be billed the amount—if any—for which you are responsible. SHS files a claim with UC SHIP for the remainder of the charges, if any.

For services received outside of SHS 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. In-network providers will submit a claim for the remaining portion of the bill directly to Anthem Blue Cross for you. Out-of-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 other 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, or
find directions online at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and go to “Coordination of Benefits” to complete the Coordination of Benefits (COB) questionnaire with information about your other health plan.

UC SHIP covers services at SHS regardless of whether 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—if any—that UC SHIP considers the student’s responsibility, the student must submit the claims to her or his 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. The UC SHIP privacy policy is available online. Click to the UC SHIP home page at www.ucop.edu/ucship and scroll to the bottom of the page to find the “Privacy Policy” PDF.

Here is an example of our privacy practices. If students do not pay their portion of SHS fees, or if the 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 in-network provider. In the section below, you will find a description of the travel medical coverage UC SHIP provides.

There is no gap in coverage during term breaks, but you must contact SHS for a referral for non-emergency or non-urgent care. 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/](http://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.
INFO YOU’LL FIND IN THIS SECTION

How your dental coverage works ........................................44
What is covered ..........................................................45
What is not covered ......................................................46
How your vision care coverage works ................................46
What is covered ..........................................................46
What is not covered ......................................................47
How to use your vision care coverage wisely ....................48

FAQS

Am I automatically enrolled in the dental and vision care plans?
Yes. Enrollment in UC SHIP for registered students includes dental and vision coverage.

How do I find a dentist who is located near campus?
You can select a dentist from the Delta Dental Preferred Provider network. The list is available online at www.deltadentalins.com/ucship or by phone through Delta Dental Customer Service at (800) 765-6003.

You may also use a dentist who 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 YOUR DENTAL COVERAGE WORKS

UC SHIP provides coverage under the Delta Dental PPO network. You also have coverage for other Delta Dental dentists and out-of-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.
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 out-of-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.

<table>
<thead>
<tr>
<th>Delta Dental PPO Network</th>
<th>Other Delta Dental Networks or Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEE SCHEDULE</strong></td>
<td></td>
</tr>
<tr>
<td>Agreed-to Delta Dental PPO maximum allowed fee schedule</td>
<td>If fees are higher than the Delta Dental PPO maximum allowed fee schedule, you pay the excess</td>
</tr>
</tbody>
</table>

**ANNUAL DEDUCTIBLE**

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>None for preventive and diagnostic services</td>
<td>None for preventive and diagnostic services</td>
</tr>
<tr>
<td>$25 per person for other services</td>
<td>$50 per person for other services</td>
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</tbody>
</table>

**PREVENTIVE AND DIAGNOSTIC SERVICES**

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>100%</td>
<td>80%</td>
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</table>

*Includes:* Oral exams; cleanings (once every 6 months); X-rays (one bite-wing series within 12 months); fluoride treatment

**BASIC SERVICES**

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>80% after you pay deductible</td>
<td>60% after you pay deductible</td>
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</tbody>
</table>

*Includes:* Fillings and extractions; endodontics (root canal); periodontics; oral surgery

**MAJOR SERVICES**

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<tbody>
<tr>
<td>70% after you pay deductible</td>
<td>40% after you pay deductible</td>
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</table>

*Includes:* Prosthodontics; inlays/onlays; crowns and cast restorations

**MAXILLOFACIAL PROSTHETICS AND IMPLANTS**

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<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
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(continued on next page)
This brochure provides a brief summary of UC SHIP benefit information.

<table>
<thead>
<tr>
<th>Delta Dental PPO Network</th>
<th>Other Delta Dental Networks or Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORTHODONTICS</strong></td>
<td></td>
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<tr>
<td>Not covered</td>
<td>Not covered</td>
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</tr>
<tr>
<td><strong>ANNUAL BENEFIT MAXIMUMS</strong></td>
<td></td>
</tr>
<tr>
<td>$1,000 per member</td>
<td>$750 per member</td>
</tr>
<tr>
<td></td>
<td>Note: Not to exceed a cumulative maximum of $1,000 per benefit year for all dental benefits</td>
</tr>
</tbody>
</table>

**WHAT IS NOT COVERED**

For a complete list of dental plan exclusions and further details, read the full description of plan benefits called “Evidence of Coverage.” Find the details at [www.ucop.edu/ucship](http://www.ucop.edu/ucship). Select your campus home page from the left-hand navigation bar. Click on the “Description of Benefits” link, scroll down to the Dental Plan and select “Evidence of Coverage.” You can also check with Delta Dental Customer Service at (800) 765-6003.

**HOW YOUR VISION CARE COVERAGE WORKS**

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](http://www.ucop.edu/ucship). Select your campus home page from the left-hand navigation bar and click on “Vision.” Or call Anthem Blue View Vision at (866) 940-8306.

Be sure to make the most of your coverage. UC SHIP covers a greater portion of your fees when you receive exams, glasses or lenses from a provider in the Anthem Blue View Vision Insight network.

**WHAT IS COVERED**

Following is a brief summary of your vision plan benefits. Find a full list of covered services near you at [www.ucop.edu/ucship](http://www.ucop.edu/ucship). 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 "Anthem Blue View Vision Plan."
### Routine Eye Exam (per benefit year)

<table>
<thead>
<tr>
<th>Anthem Blue View Vision</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 copayment</td>
<td>Up to the $49 allowance</td>
</tr>
</tbody>
</table>

### Eyeglass Frames (per benefit year)

You may select an eyeglass frame and receive the following allowance toward the purchase price:

- 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)

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>Anthem Blue View Vision</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single lenses</td>
<td>$25 copayment</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Bifocal lenses</td>
<td>$25 copayment</td>
<td>Up to $49</td>
</tr>
<tr>
<td>Trifocal lenses</td>
<td>$25 copayment</td>
<td>Up to $74</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>Anthem Blue View Vision</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional lenses</td>
<td>Up to $120; member pays anything above $120 less a 15% discount</td>
<td>Up to $92</td>
</tr>
<tr>
<td>Disposable lenses</td>
<td>Up to $120</td>
<td>Up to $92</td>
</tr>
</tbody>
</table>

### 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](http://www.ucop.edu/ucship). Select your campus home page from the left-hand navigation bar. Click on the “Description of Benefits” link, scroll down to the Vision Plan and select “Blue View Vision Plan.” You can also check with Anthem Blue View Vision at (866) 940-8306.
HOW TO USE YOUR VISION CARE COVERAGE WISELY

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 “Vision,” or call Anthem Blue View Vision at (866) 940-8306.
OTHER RESOURCES
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 or plan pays a certain percentage of a 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.

Deductible  The amount of money the covered person is required to pay out of pocket before the insurance carrier or plan 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 in-network and out-of-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 an out-of-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 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

Counseling and Psychological Services (CAPS)

Includes psychiatric services
http://caps.ucsc.edu/index.html
(831) 459-2211
Select Option #3 to make appointments or for after-hours crisis assistance
Monday–Friday 8:00 a.m.–5:00 p.m.

Student Health Services (SHS)

http://healthcenter.ucsc.edu
(831) 459-2211
Monday, Wednesday, Thursday, Friday
8:00 a.m.–5:00 p.m. (Lab at 9:00)
Tuesday open at 9:30 a.m.

SHS Advice Nurse
(831) 459-2591
Monday–Friday 9:30 a.m.–4:30 p.m.

Anthem Blue Cross 24/7 NurseLine
(877) 351-3457

UCSC Student Health Insurance Plan (SHIP) Office

http://healthcenter.ucsc.edu/billing-insurance/insurance-information.html
(831) 459-2389
Fax (831) 459-4050
Monday, Wednesday, Thursday, Friday 8:00 a.m.–5:00 p.m.
Tuesday open at 9:30 a.m.

Delta Dental Customer Service
www.deltadentals.com/ucship
(800) 765-6003

Anthem Blue Cross and Blue View Vision Customer Service
www.anthem.com/ca
(866) 940-8306

Wells Fargo Insurance Services Customer Care for UC SHIP Voluntary Student and Dependent Coverage
(800) 853-5899
If you need care, start at SHS

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

To keep your costs low, once you receive a referral, visit Anthem Network providers including the five UC medical centers offering you UC Family coverage

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

Exception: No referral needed for emergency care and urgent care

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. 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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