

Health Center Summary of Common out of Pocket Charges rev 2-28-24

(ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

SERVICES	UC SHIP	CRUZCARE	No SHIP
PAP	\$0*	\$18.75	\$18.75
Physical Exams (DOT & Civil Surgeon Physicals only covered at the SHC.	\$0*	\$386-\$571	\$386-\$571
In-house Chlamydia test	\$0*	\$25.00	\$25.00
In-house Gonorrhea test	\$0*	\$25.00	\$25.00
Quest RPR blood test	\$0*	\$4.00	\$4.00
In-house vaginitis panel	\$20.70	\$110.00	\$141.00
In-house COVID/Flu PCR	\$0	\$0	\$173.00
In-house Strep Test	\$0	\$0	\$83.00
Biofire Respiratory Panel (PCR)	\$33.75	\$225.00	\$225.00
Biofire GI Panel (PCR)	\$36.00	\$240.00	\$240.00
Ear Lavage	\$0	\$0	\$30.25
Nebulizer Treatment	\$0	\$0	\$48.00
EKG	Diagnostic: \$0 Asymptomatic: \$13.35	Diagnostic: \$0 Asymptomatic: \$89.00	Diagnostic: \$89.00 Asymptomatic: \$89.00
Reference Lab Handling Fee	\$4.65*	\$31.00	\$31.00
Hormonal Refill visit with a Nurse	\$0	\$0	\$30.25
Contraception Initiation or Contraception Continuation visit with a Clinician	\$0	New: \$394.00 Est: \$251.00	New: \$394.00 Est: \$251.00
Flu Shot	\$0*	\$25.00	\$25.00
COVID Vaccine	\$0	\$195.00	\$195.00
Quantiferon Titer	\$0* <i>If not preventative then 15% coinsurance applies \$12.15</i>	\$81.00	\$81.00
Online Birth Control Visit	\$0	\$30.00	\$30.00
Optometrist eye exam	\$10.00	\$111.00	\$111.00
Office visit with a clinician – Illness/Injury Note: Based on complexity of appointment	No Charge	No charge	New: \$273-\$780 Est: \$159-\$523
Paragard IUD & Insertion	No Charge	\$1,630.00	\$1,630.00
Pregnancy test	No Charge	No Charge	\$67.00
Mirena IUD & Insertion	No Charge	\$1,633.00	\$1,633.00
Kyleena IUD & Insertion	No Charge	\$1,633.00	\$1,633.00
Tele-Health Phone visits with a clinician Note: Based on complexity of appointment	No Charge	\$45-\$80	\$71-\$184
Tele-Health Zoom visits with a clinician Note: Based on complexity of appointment	No Charge	\$75-\$175	\$108-\$483
Emergency Contraception	\$20.00 (\$0 w RX)	\$20.00	\$20.00
One-page paperwork fee (if PX done within a year)	\$25.00**	\$25.00	\$25.00
Two pages or more paperwork fee (if PX done within a year)	\$40.00**	\$40.00	\$40.00
Nurse visit for medication injections (e.g., Testosterone, B-12).	15% <i>Co-insurance</i>	No Charge for Visit <i>\$46.00 fee for Injection visits, administering &amp; teaching</i>	\$87.00
Travel visit with a nurse	\$0	\$87.00	\$87.00
Nurse visit for a Urinary Tract Infection	\$0	\$0	\$87.00
EAP On-line assessment	\$33.00 **	\$33.00	\$33.00
LAB Tests/DME: Call Biller at 831-459-4480	15% <i>Co-insurance</i>	Not covered	Not covered
X-Rays- In-House	\$0	\$0 For Illness or Injury	\$84-\$272
Sickle Cell Blood Test	\$5.11	\$5.05 +31.00 = \$36.05	\$5.05 +31.00 = \$36.05
X-Ray Chest (PA) SCUBA (fee charged for CXR for SCUBA & other clearances)	\$0	\$0	\$87.00
SELF ORDERED STI TESTING:			
Quest Gonorrhea & Chlamydia Urine Test	\$0	\$29.00	\$29.00
Quest Gonorrhea Throat Swab	\$0	\$14.50	\$14.50
Quest Gonorrhea & Chlamydia Rectal Swab	\$0	\$29.00	\$29.00
Quest Gonorrhea & Chlamydia Vaginal Swab	\$0	\$29.00	\$29.00
Quest HIV Blood Test	\$0***	\$0***	\$0***
Quest Syphilis/RPR Blood Test	\$0	\$4.00	\$4.00
Self-Ordered STI Testing Reference Lab Handling Fee	\$0	\$31.00	\$31.00
Missed Appointment Fee	\$25**	\$25.00	\$25.00
Suture Removal (placed off campus)	\$0	\$0	\$25.00

\* Routine physicals/student adult preventive care – at SHS 100% coverage including tuberculosis screening

\*\*Student is responsible for fees

\*\*\* Paid for by **Measure D**