

HEALTH CENTER SUMMARY OF COMMON OUT OF POCKET CHARGES*(ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE)*

SERVICES	UC SHIP	CRUZCARE	NOSHIP
PAP		\$18.75	\$18.75
All Physical Exams Fees charged for Lab and X-Ray**	\$0*	\$232--\$336	\$232--\$336
Chlamydia Surepath		\$14.50	\$14.50
HIV blood		\$9	\$9
Chlamydia urine		\$14.50	\$14.50
GC urine		\$14.50	\$14.50
RPR blood		\$4	\$4
Reference Lab Handling Fee		\$24	\$24
IUD/Nexplanon/Colposcopy —See Women’s Health Procedures Code and Cost List			
COPE RN Only	\$0.00	\$0.00	\$25
Hormonal Refill (3 month recheck or ER cycle) RN	\$0.00	\$0.00	\$15 (RN Only)
Contraception Initiation or Contraception Continuation with Clinician	\$0.00	\$0.00	New \$252 Est \$168
Online Birth Control Visit	\$0	\$0 for visit/ \$15 for RX	Not available
Office visit – Illness/Injury Note: Based on complexity of appointment	No Charge	No charge	New \$138-\$483 Est \$108-\$347
Tele-Health Phone Visits Note: Based on Complexity of appointment	No Charge	\$40-\$75	\$60-\$150
Emergency Contraception	\$20 (\$0 w RX)	\$20	\$20
Paperwork Fee (if PX done within a year)	\$20**	\$20	\$20
Add-on Paperwork Fee DMV, Fulbright, Antarctica and Peace Corps	\$35**	\$35	\$35
Nurse/AIT Injections for Testosterone, B-12	\$0	No Charge for Visit \$25 fee for Injection visits, administering & teaching	\$108-\$347
Travel 30 minutes	\$0	New \$99 Est \$60	New \$99 Est \$60
EAP On-line assessment	\$25 **	\$25	\$25
LAB Tests/DME:Call Biller at 831-459-4480	15%	Not covered	Not covered
X-Rays- In-House	\$0	\$0 For Illness or Injury	\$89-\$275 Not covered
X-Ray Chest (PA) SCUBA (fee charged for CXR for SCUBA & other clearances)	\$0	\$0	\$120
SELF DIRECTED STI TESTING:			
Gonorrhea & Chlamydia Urine Test	\$0	\$29	\$29
Gonorrhea Throat Swab	\$0	\$14.50	\$14.50
Gonorrhea & Chlamydia Rectal Swab	\$0	\$29	\$29
Gonorrhea & Chlamydia Vaginal Swab	\$0	\$29	\$29
HIV Blood Test	\$0	\$9	\$9
Syphilis/RPR Blood Test	\$0	\$4	\$4
Laboratory Processing Fee (if not SHIP insurance)	\$0	\$24	\$24
Missed Appointment Fee	\$25**	\$25	\$25
Suture Removal (placed off campus)	\$0	\$0	\$25

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

**Student is responsible for fees

For more details on UC SHIP coverage, see the UC Student Health Insurance Plan brochure or

<http://www.ucop.edu/risk-services/risk-financing-claims/uc-student-health-insurance-plan-uc-ship.html>**Payment Methods:** Cash, check, Visa/MasterCard, ApplePay (at the Pharmacy) or may be added to your student (AIS) bill to be paid at the UCSC Cashier’s OfficeVisit us at www.healthcenter.ucsc.edu for more information