

STUDENT HEALTH CENTER SUMMARY OF COMMON OUT OF POCKET CHARGES

(ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

SERVICES	UC SHIP	CRUZCARE	NOSHIP
Annual GYN Visit NO PAP	<PREVENTIVE>	\$243--\$308	\$243--\$308
PAP Surepath		\$28	\$28
HPV reflex typing		\$35	\$35
Chlamydia Surepath		\$24	\$24
HIV blood		\$8.95	\$8.95
Chlamydia urine		\$24	\$24
GC urine		\$16	\$16
RPR blood		\$3.10	\$3.10
Reference Lab Handling Fee		\$22	\$22
Total Charge for Annual GYN	\$0.00	\$412.60--\$468.60	\$412.60--\$468.60
COPE RN Only	\$0.00	\$0.00	\$20
Hormonal Refill (3 month recheck or ER cycle) RN Only	\$0.00	\$0.00	\$10
Contraception Initiation or Contraception Continuation with Clinician	\$0.00	\$0.00	New \$179.00 Est \$102.00
STI consult with Clinician (see also Self-Directed STI Screening for Asymptomatic)	Visit No Charge (lab tests covered at 85%)	Visit No Charge (+ fees for lab tests)	Visit \$82--\$300 (+ fees for lab tests)
Office visit – Illness/Injury	No Charge	No charge	\$77--\$318
Office visit –Elective or preventive care, or non-eligible service	\$0--\$300	\$77--\$318	\$77--\$318
All Physical Exams Fees charged for Lab and X-Ray**	\$0*	\$234--\$277	\$234--\$277
Add-on Paperwork Fee SCUBA and brief clearances	\$20*	\$20	\$20
Add-on Paperwork Fee DMV, Fulbright, Antarctica and Peace Corps	\$35	\$35	\$35
Transgender	Visit No Charge Considered Illness & Inj Other charges same as any other UC SHIP	Visit No Charge \$22 fee for Injection visits, administering & teaching	\$77--\$318
Travel 30 minutes	\$73 *	\$73	\$73
Travel 15 minutes	\$48 *	\$48	\$48
EAP On-line assessment	\$20 **	\$20	\$20
X-Ray Ankle	No Charge	No Charge	\$123
X-Ray Chest (PA) SCUBA (a fee is charged for CXR done for SCUBA & other clearances)	\$0	\$0	\$100
Travel Medications (ciprofloxacin, anti-malarial etc.)	\$5-\$40 copay per mo.	Check with Pharmacy	Check with Pharmacy
IUD/Nexplanon/Colposcopy—See Women’s Health Procedures Code and Cost List			
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 UCSHIP 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 Office

SERVICES	UC SHIP	CRUZCARE	NOSHIP
LABORATORY TESTS			Not covered
In-House	\$0	\$0	\$22 + cost of test
Sent out to Reference Lab	Covered at 85%	\$22 + cost of test	\$22 + cost of test
X-Rays		For Illness or Injury	Not covered
In-House	\$0	\$0	\$91-\$260
PHARMACY CHARGES — ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE			
Over-The-Counter (OTC)*	Not covered	Not covered	Not covered
Arnica Gel	\$7.00 + tax	\$7.00 + tax	\$7.00 + tax
Bell Bicycle Helmet	\$20 + tax	\$20 + tax	\$20 + tax
Honey Sticks	\$0.25	\$0.25	\$0.25
Ibuprofen #100	\$3.99 + tax	\$3.99 + tax	\$3.99 + tax
Loratadine #30	\$4.25 + tax	\$4.25 + tax	\$4.25 + tax
Medicinal Teas #16/box	\$6.99	\$6.99	\$6.99
Neti-Pot (NeilMed)	\$19.95 + tax	\$19.95 + tax	\$19.95 + tax
Condoms (Condom Co-op)	2 for \$0.25	2 for \$0.25	2 for \$0.25
Contraceptives			
Emergency Contraception	\$20 (\$0 w Prescription)	\$20	\$20
Prescription	\$0	\$15 and up	\$15 and up
Prescription-Brand name when generic available	\$40/mo.		
Rx	\$0-\$5-\$25-\$40 per mo.		
Penicillin 500mg #30 (generic)	\$5 copay per mo.	\$40.25	\$40.25
Pro-Air Inhaler (brand)	\$25 copay per mo.	\$68	\$68
ORTHOPEDIC SUPPLIES	Covered at 85%	Not covered	Not covered
Ankle Brace - Walking	\$5.10	\$34	\$34
Knee Brace - Neoprene	\$1.65	\$11	\$11
IMMUNIZATIONS See Vaccine Price List	Preventive covered 100%	Not covered	Not covered
TUBERCULOSIS TESTS	Covered at 85-100%	Not covered	Not covered
PPD	\$0 if asymptomatic \$4.35 if exposure	\$29	\$29
Quantiferon	\$0 if asymptomatic \$10.80 if exposure	\$22 + \$50 = \$72	\$22 + \$50 = \$72
ALLERGY INJECTIONS	Covered at 85%	Not covered	Not covered
	15% of \$24-\$32 = \$3.60-\$4.80	\$24-\$32	\$24-\$32

*Note: Prices for Over-the-Counter (OTC) items from Pharmacy are on our website including integrative medicine options and are subject to change without notice.

Visit us at www.healthcenter.ucsc.edu for more information