

## STUDENT HEALTH CENTER SUMMARY OF COMMON OUT OF POCKET CHARGES

(ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

SERVICES	UC SHIP	CRUZCARE	NOSHIP
<b>Annual GYN Visit NO PAP</b>	<PREVENTIVE>	\$244--\$320	\$244--\$320
<b>PAP Surepath</b>		\$28	\$28
<b>HPV reflex typing</b>		\$35	\$35
<b>Chlamydia Surepath</b>		\$24	\$24
<b>HIV blood</b>		\$9.26	\$9.26
<b>Chlamydia urine</b>		\$24	\$24
<b>GC urine</b>		\$16	\$16
<b>RPR blood</b>		\$3.10	\$3.10
<b>Reference Lab Handling Fee</b>		\$22	\$22
<b>Total Charge for Annual GYN</b>	<b>\$0.00</b>	<b>\$405.36--\$481.36</b>	<b>\$405.36--\$481.36</b>
<b>COPE RN Only</b>	\$0.00	\$0.00	\$20
<b>Hormonal Refill</b> (3 month recheck or ER cycle) RN Only	\$0.00	\$0.00	\$10
<b>Contraception Initiation or Contraception Continuation</b> with Clinician	\$0.00	\$0.00	New \$206.00 Est \$128.00
<b>STI consult</b> with Clinician (see also Self-Directed STI Screening for Asymptomatic)	<b>Visit No Charge</b> (lab tests covered at 85%)	<b>Visit No Charge</b> (+ fees for lab tests)	<b>Visit \$142--\$382</b> (+ fees for lab tests)
<b>Office visit – Illness/Injury</b>	<b>No Charge</b>	<b>No charge</b>	<b>\$142--\$382</b>
<b>Office visit –Elective or preventive care, or non-eligible service</b>	<b>\$0--\$300</b>	<b>\$77--\$318</b>	<b>\$142--\$382</b>
<b>All Physical Exams</b> Fees charged for Lab and X-Ray**	<b>\$0*</b>	<b>\$234--\$277</b>	<b>\$234--\$277</b>
<b>Add-on Paperwork Fee</b> SCUBA and brief clearances	<b>\$20*</b>	<b>\$20</b>	<b>\$20</b>
<b>Add-on Paperwork Fee</b> DMV, Fulbright, Antarctica and Peace Corps	<b>\$35</b>	<b>\$35</b>	<b>\$35</b>
<b>Transgender</b>	<b>Visit No Charge</b> Considered Illness & Inj Other charges same as any other UC SHIP	<b>Visit No Charge</b> \$22 fee for Injection visits, administering & teaching	<b>\$142--\$382</b>
<b>Travel 30 minutes</b>	<b>\$73 *</b>	<b>\$73</b>	<b>\$73</b>
<b>Travel 15 minutes</b>	<b>\$48 *</b>	<b>\$48</b>	<b>\$48</b>
<b>EAP On-line assessment</b>	<b>\$20 **</b>	<b>\$20</b>	<b>\$20</b>
<b>X-Ray Ankle</b>	<b>No Charge</b>	<b>No Charge</b>	<b>\$128</b>
<b>X-Ray Chest (PA) SCUBA</b> (a fee is charged for CXR done for SCUBA & other clearances)	<b>\$0</b>	<b>\$0</b>	<b>\$121</b>
<b>Travel Medications</b> (ciprofloxacin, anti-malarial etc.)	<b>\$5-\$40</b> copay per mo.	<b>Check with Pharmacy</b>	<b>Check with Pharmacy</b>
<b>IUD/Nexplanon/Colposcopy—See Women’s Health Procedures Code and Cost List</b>			
<b>Missed Appointment Fee</b>	<b>\$25</b>	<b>\$25</b>	<b>\$25</b>
<b>Suture Removal</b> (placed off campus)	<b>\$0</b>	<b>\$0</b>	<b>\$25</b>

\* 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 Office

SERVICES	UC SHIP	CRUZCARE	NOSHIP
<b>LABORATORY TESTS</b>		<b>For Illness or Injury</b>	<b>Not covered</b>
In-House	\$0	\$0	\$22 + cost of test
HIV	\$0	\$0	\$22 + \$9.26 = 31.26
Mono Test	\$0	\$0	\$22 + \$34 = \$56
Rapid Strep Test	\$0	\$0	\$22 + \$38 = \$60
Sent out to Reference Lab	Covered at 85%	\$22 + cost of test	\$22 + cost of test
<b>X-Rays</b>		<b>For Illness or Injury</b>	<b>Not covered</b>
In-House	\$0	\$0	\$91-\$260
<b>PHARMACY CHARGES</b> — ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE			
<b>Over-The-Counter (OTC)*</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>
Arnica Gel	\$6.15 + tax	\$6.15 + tax	\$6.15 + tax
Bell Bicycle Helmet	\$20 + tax	\$20 + tax	\$20 + tax
Honey Sticks	\$0.25	\$0.25	\$0.25
Ibuprofen #100	\$2.40 + tax	\$2.40 + tax	\$2.40 + tax
Loratadine #30	\$2.90 + tax	\$2.90 + tax	\$2.90 + tax
Medicinal Teas #16/box	\$6.99	\$6.99	\$6.99
Neti-Pot (NeilMed)	\$14.90 + tax	\$14.90 + tax	\$14.90 + tax
Condoms (Condom Co-op)	2 for \$0.25	2 for \$0.25	2 for \$0.25
<b>Contraceptives</b>			
Emergency Contraception	\$20 (\$0 w Prescription)	\$20	\$20
Prescription	\$0	\$15 and up	\$15 and up
Prescription-Brand name when generic available	\$40/mo.		
<b>Rx</b>	\$0-\$5-\$25-\$40 per mo.		
Azithromycin 1g	\$5 copay	\$194	\$194
Penicillin 500mg #30 (generic)	\$5 copay	\$40.25	\$40.25
Pro-Air Inhaler (brand)	\$25 copay per mo.	\$68	\$68
<b>ORTHOPEDIC SUPPLIES</b>	<b>Covered at 85%</b>	<b>Not covered</b>	<b>Not covered</b>
Ankle Brace - Walking	\$5.10	\$34	\$34
Knee Brace - Neoprene	\$1.65	\$11	\$11
<b>IMMUNIZATIONS</b>	<b>Preventive covered 100%</b>	<b>Not covered</b>	<b>Not covered</b>
See Vaccine Price List			
<b>TUBERCULOSIS TESTS</b>	<b>Covered at 85-100%</b>	<b>Not covered</b>	<b>Not covered</b>
PPD	\$0 if asymptomatic \$4.35 if exposure	\$29	\$29
Quantiferon	\$0 if asymptomatic \$10.80 if exposure	\$22 + \$50 = \$72	\$22 + \$50 = \$72
<b>ALLERGY INJECTIONS</b>	<b>Covered at 85%</b>	<b>Not covered</b>	<b>Not covered</b>
	15% of \$24-\$32 = \$3.60-\$4.80	Not Provided	Not Provided

\*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](http://www.healthcenter.ucsc.edu) for more information