A Health Plan That’s All About You
The sole mission of the not-for-profit University of California Student Health Insurance Plan is to offer high-quality, affordable and convenient health insurance. UC SHIP covers medical care on campus and through UC’s world-class medical centers and other providers. You’re automatically enrolled in medical, pharmacy, dental and vision coverage for up to 12 months — including summer and term breaks. And you can enroll a spouse/domestic partner and/or children. Your coverage includes medical services anywhere in the world.

Welcome to the UC SHIP family! Explore to learn more.

UC SHIP Mobile
The StudentHealth app puts your ID card and more within reach whenever you need it.
- Access your ID card and show it whenever you get care.
- Find the location, hours and services of the on-campus SHC.
- Refill prescriptions.
- See medical, pharmacy, dental and vision coverage and claims information.
- Access the Delta Dental Cost Estimator tool for a real-time estimate of what you'll pay for dental work and more.
- Get notifications when there's a change in benefits or you need to take action.

Download the app from Google Play or the App Store. No smartphone or tablet? Access the app using your computer’s browser at mobilehealthconsumer.com/studenthealth.

Glossary of Terms
Annual benefit maximums: The most the plan will pay out over the coverage period.

Anthem Blue Cross PPO providers: Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network.

Coinsurance: The percentage of the maximum allowed amount that you are responsible for paying.

Copay: The set-dollar amount you are responsible for paying.

Fee schedule: The maximum amount Delta Dental will pay for services (sometimes called a plan allowance).

Separate benefit-year deductibles (annual deductible): The amount you pay before UC SHIP pays for services. Deductibles differ based on service provider.

Separate limits on your out-of-pocket costs: If your combined medical and prescription drug expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the benefit year. This includes deductibles, coinsurance and copays. Limits differ based on service provider.

Students Come First — Always
UC SHIP is built specifically for UC students, with students actively involved in its design. Since inception, the guiding principle has been simple: Your health and health needs come first — always.

UC SHIP meets the requirements of the Affordable Care Act (ACA). UC SHIP remains focused on meeting student health needs and priorities, including mental health.

You’re Automatically Enrolled
Because all UC students are required to have medical insurance, UC automatically enrolls all registered students — including domestic and international students, and students in absentia — in UC SHIP medical, pharmacy, dental and vision coverage. You will find the cost of coverage (premium) on your registration bill.

You can waive UC SHIP coverage if you already have a health plan that meets the university's health coverage requirements. Go to shcs.ucdavis.edu/insurance/waiver to learn how to waive enrollment in UC SHIP before the waiver deadline for your campus.

Note: You must reapply to waive coverage each academic year.

You Can Cover Your Spouse, Domestic Partner and Child(ren), Too
If you’re enrolled in UC SHIP and are married and/or have children, you can enroll those eligible dependents in the same medical, pharmacy, dental and vision coverage you have for yourself. For information about who you can enroll in UC SHIP, go to ucop.edu/ucship > Eligibility and Enrollment.

Note: You must reenroll dependents every term.

The UC SHIP Plans Meet Affordable Care Act (ACA) Requirements
UC SHIP is recognized by the Centers for Medicare & Medicaid Services (CMS) as minimum essential coverage (MEC) in compliance with the ACA. This means UC SHIP members meet the ACA individual mandate.

UC SHIP is convenient to access through the on-campus student health center (SHC). Start there for covered non-emergency medical care and for referrals to specialists when needed.

When compared to preferred provider organization (PPO) plans, UC SHIP provides a broader physician network and lower deductibles and out-of-pocket maximums.

With UC SHIP, you can choose to see any provider with a referral from the SHC.
Getting Care

Your First Stop for Medical Care Is ALWAYS the Student Health Center

For routine care, start at the student health center (SHC) on your campus. This is the first stop for care that is covered by UC SHIP, except for emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care or LiveHealth Online virtual visits.

The SHC is an on-campus outpatient health center offering a range of health services — from primary care to routine checkups, mental health and substance use disorder services, and general care for unexpected issues, like sore throats or swollen ankles. There is also a full-service pharmacy.

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants.

You MUST Get a Referral for Medical Care Outside the Student Health Center

If needed, the SHC will refer you to, and coordinate, additional or specialist care outside the SHC. You will need a referral for care outside the SHC, no matter how far from the campus you receive that care. Without it, UC SHIP will not provide any benefits. To get a referral, meet with an SHC provider.

Your referral gives you options for off-campus care, including:

- **UC medical centers.** Any of the five nationally ranked medical centers (at Davis, Irvine, Los Angeles, San Diego and San Francisco) or a UC-affiliated facility, doctor or other health care provider. (Be sure to get a referral before making an appointment.)
- **Anthem Blue Cross Prudent Buyer PPO network doctors and other providers and facilities.** A nationwide network of more than 50,000 physicians and 400 hospitals. You’ll first pay a deductible (see the Medical Coverage chart), then UC SHIP will pay most of the cost, and you’ll pay the rest through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share).

You’re Covered Around the World

Whether studying, traveling or living outside the country, you and your dependents covered under UC SHIP can get care through the Blue Cross Blue Shield Global Core program. Learn more at bcbsglobalcore.com.

Referrals Are Required

You must get an SHC referral for care outside the SHC, regardless of the distance from campus, except for the following: emergency room care and visits to urgent care clinics, pediatric care, obstetrics services, gynecological care and LiveHealth Online virtual visits.

However, you will be responsible for paying a deductible and part of the cost through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share).

Learn More

To learn more about UC SHIP benefits and what they cover, go to ucop.edu/ucship, call the UC Davis student health center at (530) 752-2349, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.

In an emergency, call 911 or go to the nearest emergency room. No referral needed.

Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

Learn More

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Contacts

Medical care (non-urgent or emergency)

UC Davis Student Health and Counseling Services
shcs.ucdavis.edu
Phone:
• Appointments and advice nurse: (530) 752-2349
• Counseling services: (530) 752-0871 (mental health consultation available 24/7)

In person:
• SHC Medical Services at the Student Health & Wellness Center: La Rue Road, between Hutchison Drive and Orchard Road
• SHC Counseling Services: 219 North Hall, next to Dutton Hall and South Hall

Urgent or emergency care

Urgent care
Sutter Urgent Care Davis
2020 Sutter Place
Suite 101
(530) 750-5830
Davis Urgent Care
4515 Fermi Place, #105
(across from Target)
Davis, CA 95618
(530) 759-9110

LiveHealth Online
livehealthonline.com
Emergency care
Dial 911 or go to the nearest emergency room:
Sutter Davis Hospital
2000 Sutter Place
(530) 756-6440

Dental care
Delta Dental
deltadental.com
(800) 765-6003

Vision care
Anthem Blue View Vision
anthem.com/ca
(choose Vision > Blue View Vision Insight network)
(866) 940-8306

Off-campus pharmacies and prescription drug costs

OptumRx
optumrx.com
(844) 265-1879

Rates for dependent and non-registered, voluntary students
shcs.ucdavis.edu

Waive UC SHIP coverage

UC Davis Student Health and Counseling Services website
shcs.ucdavis.edu
### Medical Coverage

To be covered by UC SHIP, all care must start with the SHC. The chart below highlights what UC SHIP covers and how much the you pay for services. For certain services, you will pay a deductible for care you receive outside the SHC, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage.

Non-emergency care outside the SHC requires a written referral from an SHC provider. See Getting Care for exceptions.

Network providers are those in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family medical centers, affiliated facilities, and professional providers.

For details, go to ucp.edu/ucship ► My Medical Coverage ► UC Davis.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>SHC</th>
<th>NETWORK PROVIDERS</th>
<th>OUT-OF-NETWORK*</th>
</tr>
</thead>
</table>
| SEPARATE BENEFIT-YEAR DEDUCTIBLES | $0 | Individual: $100  
Family: $200 | Individual: $100  
Family: $200 |
| SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS | N/A | Individual: $2,500  
Family: $5,000 | Individual: $6,000  
Family: $12,000 |
| OFFICE VISITS | N/A | Primary and specialty care: $7 copay, deductible waived  
Primary specialty care: 40% | Primary and specialty care: 40% |
| ROUTINE PHYSICALS/STUDENT AID PREVENTIVE CARE | N/A | $0, deductible waived | 40% |
| MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS | N/A | $0, deductible waived  
Livelight Online: $0, deductible waived | 40% |
| INPATIENT HOSPITAL CARE | N/A | 20% | 40% after $500 copay and 25% penalty** |
| URGENT CARE | N/A | $25 copay, deductible waived  
Livelight Online: $0, deductible waived | 40% |
| EMERGENCY CARE (NON-ADMISSION) | N/A | $75 copay, deductible waived | $75 copay, deductible waived |
| PEDIATRIC DENTAL AND VISION CARE | N/A | Dental checkup: 100%  
Basic dental and major services: 10%  
Vision exam, frame (formulary) and standard lenses, and contact lenses: 10% | Dental checkup: 100%  
Basic dental and major services: 10%  
Vision: 100% after $10 exam allowance, $45 frame allowance and $25 lens allowance |

### Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you’ll pay less when you use the SHC pharmacy or an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP.

For details, go to ucp.edu/ucship ► My Medical Coverage ► UC Davis.

Your share of prescription drug costs counts toward the combined annual medical/pharmacy out-of-pocket limit listed above. There are more details about the combined annual out-of-pocket limits in the Medical Coverage chart above, or visit the UC SHIP website at ucp.edu/ucship.

**Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.**

**Any dollar amount 25% or greater is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Plan for details.**

### Dental Coverage

You can see any dentist you want, but you’ll pay less when you see dentists in the Delta Dental PPO network. Not all expenses or services are covered by UC SHIP. For details, go to ucp.edu/ucship ► My Dental Coverage.

Download the Delta Dental mobile app (from Google Play or the App Store) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work.

**Note:** The chart below highlights what UC SHIP covers and how much the you pay for dental services. For certain services, you will pay a deductible for care you receive outside the SHC, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from dental coverage.

Your share of dental care costs counts toward the combined annual medical/pharmacy out-of-pocket limit listed above. There are more details about the combined annual out-of-pocket limits in the Medical Coverage chart above, or visit the UC SHIP website at ucp.edu/ucship.

### Vision Coverage

You can see any provider you want, but you’ll pay less when you see an Anthem Blue View Vision Insight network provider for exams, glasses or lenses. Before you buy glasses or contacts, check anthem.com/ca/find-doctor to see if the provider is in the Insight network. Not all expenses or services are covered by UC SHIP. For details, go to ucp.edu/ucship ► My Vision Coverage.

### Outpatient Prescription Drugs

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>SHC***</th>
<th>OPTUMRx PHARMACIES***</th>
<th>OUT-OF-NETWORK**</th>
</tr>
</thead>
</table>
| Mail order is available. | Generic: $1 copay, 30-day supply  
Brand-name non-formulary: $5 copay, 30-day supply  
Brand-name non-formulary: $40 copay, 30-day supply | Generic: $1 copay, 30-day supply  
Brand-name non-formulary: $25 copay, 30-day supply  
Brand-name non-formulary: $40 copay, 30-day supply | Generic: $1 copay, 30-day supply  
Brand-name formulary: $2 copay, 30-day supply  
Brand-name non-formulary: $40 copay, 30-day supply |

### Emergency Care (Non-Admission)

Copay waived if admitted.

### Dental Coverage

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>DELTA DENTAL-PPO NETWORK</th>
<th>OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK</th>
</tr>
</thead>
</table>
| ANNUAL DENTAL MAXIMUMS | Preventive and diagnostic services: None  
Other services: $25 per person | Preventive and diagnostic services: None  
Other services: $50 per person |
| AMOUNTS INCURRED | $1,000 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out-of-network dental benefits in total | $750 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out-of-network dental benefits in total |
| FEE SCHEDULE | PPO providers agree to accept Delta Dental/PPO maximum allowed fee schedule.  
You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills.  
Note: Even though they are out-of-network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have less cost than with other out-of-network dentists. | Preventive and diagnostic services: None  
Other services: $50 per person |

### Preventive and Diagnostic Services

Includes oral exams; cleanings (once every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment

20% after deductible  
40% after deductible

### Basic Services

Includes fillings and extractions; composite fillings on back teeth, endodontics (root canal), periodontics, oral surgery, night guards

30% after deductible  
60% after deductible

### Major Services

Includes prosthodontics, implants/bridge, crowns and cast restorations; implants

30% after deductible  
60% after deductible

### Contact Lenses (per benefit year)

Select an allowance toward the cost of supply of contact lenses (rather than eyeglasses lens).

Conventional lenses: 100% after $125 lens allowance; receive a 15% discount  
Disposable lenses: 100% after $25 lens allowance

Conventional lenses: 100% after $10 lens allowance  
Disposable lenses: 100% after $15 lens allowance

### Vision Coverage

You can see any provider you want, but you’ll pay less when you see an Anthem Blue View Vision Insight network provider for exams, glasses or lenses. Before you buy glasses or contacts, check anthem.com/ca/find-doctor to see if the provider is in the Insight network. Not all expenses or services are covered by UC SHIP. For details, go to ucp.edu/ucship ► My Vision Coverage.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ANTHEM BLUE VIEW VISION INSIGHT NETWORK</th>
<th>OUT-OF-NETWORK **</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE EYE EXAM (PER BENEFIT YEAR)</td>
<td>$10 copay</td>
<td>100% after $49 allowance</td>
</tr>
<tr>
<td>EYEGlass FRAMES (PER BENEFIT YEAR)</td>
<td>80% after $10 frame allowance</td>
<td>100% after $120 frame allowance</td>
</tr>
</tbody>
</table>
| EYEGlass LENSES (STANDARD) | Single lenses: $125 copay  
Bi-focal lenses: $125 copay  
Tri-focal lenses: $125 copay | Single lenses: 100% after $125 lens allowance  
Bi-focal lenses: 100% after $125 lens allowance  
Tri-focal lenses: 100% after $125 lens allowance |
| CONTACT LENSES (PER BENEFIT YEAR) | Conventional lenses: 100% after $125 lens allowance; receive a 15% discount  
Disposable lenses: 100% after $25 lens allowance | Conventional lenses: 100% after $10 lens allowance  
Disposable lenses: 100% after $15 lens allowance |

**Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.**

**Any dollar amount 25% or greater is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Plan for details.**

**100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to 60-day supply.**

This brochure provides a summary of information. For detailed information about benefits, terms and conditions of UC SHIP, see the benefit booklet or ucp.edu/ucship ► Plan Documents. What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received.

Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims.

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*Percentages and dollar amounts are updated bi-annually. All amounts reflect allowable amounts and do not include co-pays or out-of-pocket costs.*