

UC

STUDENT HEALTH INSURANCE PLAN

UC SAN DIEGO
2013–2014



UNIVERSITY
OF
CALIFORNIA

WWW.UCOP.EDU/UCSHIP

GETTING HEALTH CARE UNDER UCSHIP IS EASY!



1 START YOUR CARE AT SHS

If you need health care, visit SHS first, right on campus. Make an appointment with a primary care clinician

NEED A REFERRAL?

Your SHS clinician will determine if non-emergency care outside of SHS is necessary and will provide the required REFERRAL *



2



3

KEEP YOUR COSTS LOW

To keep your expenses as low as possible, use a UCSD Health System provider for services outside of SHS when you receive a referral **

SHS STAFF CAN HELP

If you have questions, the SHS staff can assist you. You can also call Anthem customer service (866) 940-8306 or log in to Anthem.com/ca

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EXCEPTION

RUSH TO EMERGENCY CARE

Emergency care or urgent care clinic visits when SHS is closed: No REFERRAL is needed

SHS: Student Health Services on campus

* Benefits will not be paid without an SHS referral

** Other Anthem Network Providers are also available with a referral

CONVENIENT, AFFORDABLE, CARING

7 Ways to Make the Most of Student Health Services (SHS) & the UC Student Health Insurance Plan (UC SHIP)

1

Schedule a free healthy check-up. All you have to do is make the appointment. It's that easy. UC leads the way in free preventive care.

2

Quit that bad habit. Find resources that will help you understand and make changes. Manage stress. Lose weight. Eat right. Sleep. Stop smoking.

3

Talk over what's worrying you. In a safe space, with someone who knows what it's like to struggle and will listen carefully to you.

4

Get your shots. Convenience when you need it. Many preventive immunizations are free.

5

See better. (It might help your grades!) With this coverage, pay as little as \$10 for an eye exam. Save on glasses and contact lenses, too.

6

Have your teeth checked. Dental care is an option you don't want to pass up. Choose a network dentist and your six-month check-up is free when you have this coverage.

7

Learn how to save on health care costs. Call on experts at the SHS Insurance Office to guide you through the world of copayments, deductibles and coinsurance. They actually like this stuff.

UC STUDENT HEALTH INSURANCE PLAN (UC SHIP)

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FAQs

How do I enroll in UC SHIP?

All registered students, including registered international students and registered in-absentia students, are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill.

Undergraduate students are automatically enrolled in a major medical and behavioral health plan and a dental plan. They have the option of supplementing that plan with a vision care plan by enrolling at the beginning of each coverage period.

Graduate students are automatically enrolled in a package of major medical, behavioral health, dental and vision care plans.

Registered students covered under UC SHIP may elect to cover their eligible dependents. For more information, including an explanation of how to waive coverage, see the section of this brochure called, “Keep track of your eligibility.”

What kinds of care does SHS offer?

SHS is an outpatient health center that provides on-campus medical, behavioral health and preventive care.

AT A GLANCE



WHAT UC SHIP COVERS FOR STUDENTS

SHS and UC SHIP work together to make your health care choices affordable and worry-free while you are a student. UC SHIP is a state-of-the-art, comprehensive health care plan designed to comply with the Affordable Care Act (ACA).

UC SHIP MEDICAL COVERAGE

- Automatic for all registered students with option for waiver
- Gives all UC students access to quality health care
- Considers SHS your health home
- Offers comprehensive preventive care for free at SHS
- Refers you to an Anthem Blue Cross–managed network of health care providers outside of SHS
- Ensures that UC SHIP members have coverage for emergency and authorized non-emergency medical care 24/7 anywhere in the world

UC SHIP DENTAL COVERAGE

Provides a PPO dental plan that covers network and non-network services

UC SHIP VISION COVERAGE

Covers routine eye exams, eyeglasses and contact lenses offered by network and non-network providers

WELCOME
TO YOUR
HEALTH
HOME

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FAQs

How long am I covered with UC SHIP?

Coverage usually begins at fall term enrollment and continues through the summer until the next fall term begins. There is no gap in coverage during quarter breaks.

Do I need to be covered by UC SHIP to use SHS?

No. All registered students can use SHS, no matter what kind of medical insurance they have.

YOUR HEALTH HOME IS SHS

SHS is an outpatient health center that provides on-campus medical, behavioral health and preventive care. SHS is staffed by board-certified physicians, nurse practitioners, physician assistants and nurses who are experts in student health needs.

SHS clinicians provide primary care for UC SHIP members and coordinate any needed additional care. All registered students may use the services of SHS, regardless of what type of medical insurance they have. SHS does not directly bill insurance plans other than UC SHIP. Students who waive UC SHIP enrollment are responsible for payment of SHS fees, if any.

There are no copayments or charges for scheduled visits with SHS clinicians for students who are enrolled in UC SHIP. Visit the SHS website at www.studenthealth.ucsd.edu for more information on available services and fees.

YOU ARE AUTOMATICALLY ENROLLED IN UC SHIP

The University of California requires all students to have major medical insurance. It provides UC SHIP to meet this requirement. UC SHIP is a major medical, behavioral health, pharmacy, dental and vision care plan. It covers hospitalization, off-campus or out-of-area care while traveling, and some specialty services not available at SHS.

All registered UC San Diego students, including registered international students and registered in-absentia students, are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill, except those who successfully waive coverage because their health insurance meets the university's insurance requirements.

YOU CAN MAKE CHOICES ABOUT YOUR COVERAGE

The mandatory graduate plan at UC Santa Diego includes medical, dental and vision coverage.

The mandatory undergraduate plan at UC Santa Diego includes medical and dental coverage. Undergraduates can choose to enroll in the vision plan at the beginning of each coverage period. Contact Wells Fargo Insurance Services at (800) 853-5899.

Students who have private health insurance may apply to waive enrollment in UC SHIP. However, private health insurance plans must satisfy the criteria for required health care coverage established by the University of California.



Most students keep their UC SHIP enrollment because it is a comprehensive and affordable plan with excellent benefits. As long as students are registered at the University of California, UC SHIP covers them 12 months a year anywhere in the world.

HOW SHS AND UC SHIP WORK TOGETHER

SHS and UC SHIP work together to provide comprehensive medical care that addresses the diverse, individual needs of our students. SHS is a convenient health home where care and UC SHIP coverage are handled seamlessly.

When you are covered by UC SHIP, you must first seek non-emergency medical care at SHS by meeting with your primary care clinician. If off-campus services are needed, SHS clinicians will issue referrals for care outside of SHS. The SHS Insurance Office staff will help students navigate accessing care outside of SHS. Insurance experts are available to help students with understanding claim and billing matters.

HOW LONG COVERAGE LASTS

Coverage usually begins the first day of the quarter and continues up until the start of the following quarter. There is no gap in coverage during quarter breaks.

Check the SHS website at <http://studenthealth.ucsd.edu> for details regarding coverage periods.

PREVENTIVE CARE IS FREE OF CHARGE

The university believes that a healthy lifestyle is essential for learning and growing while at UC San Diego. Free access to preventive care is designed to keep students healthy, detect and treat disease early on, and manage care for any new or chronic conditions.

UC has led the way in broad, affordable preventive care for students, offering it before health care reform mandated free preventive care. Even though UC is not required to comply with those guidelines, we felt that having a preventive care focus to our approach to care represented the high standards that are appropriate for our UC students.

WELL-WOMEN CARE IS FREE OF CHARGE

At SHS, you can receive a wide range of preventive exams and cancer screenings. UC SHIP covers free FDA-approved contraception and mammograms, as well as breast-feeding support. For covered dependents, there is free well-child care through Anthem Blue Cross network physicians. These are just a few examples of the coverage we provide for services and care attuned to a woman's health concerns throughout her lifespan.

EVERY STUDENT SHOULD HAVE A PRIMARY CARE CLINICIAN

An ongoing relationship with a primary care clinician is as important to your total health as exercise. The relationship will help ensure that your unique health care needs get close attention. Make an appointment early in your first year on campus so you can select a provider and receive care and guidance that are tailored to your health history.

YOU NEED A REFERRAL TO HAVE UC SHIP PAY YOUR MEDICAL BENEFITS

Care received in an emergency department or at an urgent care clinic does not require a referral from SHS, but the cost will not be covered unless Anthem Blue Cross determines services were rendered in connection with an emergency or urgent medical condition. If you access other medical services outside SHS without a referral, your costs will not be covered.

Also, keep in mind that if you are covered by UC SHIP dental and vision care, you can access dental and vision providers without receiving a referral.

IF YOU'VE BEEN GIVEN A REFERRAL BY YOUR SHS CLINICIAN

Upon being referred for services outside of SHS, call Anthem Blue Cross at (866) 940-8306 for assistance with locating a network provider to help keep your out-of-pocket expenses low. While the plan allows you to use non-network providers, your costs will be higher and you will have to handle your own claims.

The referral you receive from SHS will be bound by visit and/or time limits. Be sure to make sure your referral is still valid for future services.

CARE MUST BE CONSIDERED MEDICALLY NECESSARY

In order to be considered a covered expense under UC SHIP, all services must be deemed medically necessary by Anthem Blue Cross. Things they take into account when they assess medical necessity include, for example, whether the care follows generally accepted medical practices, whether it is safe and effective, and whether it is required for diagnosis and treatment.

YOU CAN COVER DEPENDENTS

UC SHIP offers students a valuable coverage option. If you are covered under UC SHIP, you can enroll eligible dependents for medical, dental and vision care coverage within 31 days of the beginning of each coverage period.

Dependents have a separate medical plan and choices about dental and vision care coverage. Check out the specific sections of this brochure for details.

VISION AND DENTAL COVERAGE TOO

UC SHIP provides you with dental coverage. The Vision Care plan is mandatory for graduate students and voluntary for undergraduates and dependents. Descriptions of these plans can be found in subsequent sections of this brochure.

KEEP TRACK OF YOUR ELIGIBILITY

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FAQs

How and when am I charged for care at SHS?

SHS services are partially supported by registration fees, but certain services may have additional fees paid at the time of service. Visit www.studenthealth.ucsd.edu for more information.

I'm graduating. When does my coverage end?

Your coverage continues through the day before the next academic quarter begins. However, if you graduate during spring quarter, your coverage continues through the summer up to the start of fall quarter.

You may purchase UC SHIP for one additional quarter if you were covered under the UC SHIP during your final academic quarter and you enroll within 31 days from when your coverage ends.

IF YOU ARE A REGISTERED STUDENT

All registered students, including registered international students and registered in-absentia students, who are automatically enrolled in UC SHIP are charged a health insurance premium on their registration bill.

REGISTERED STUDENTS WHO WAIVE COVERAGE

You may provide evidence of health coverage through another plan and request to waive enrollment in UC SHIP. To qualify for a waiver, the coverage must meet benefit criteria established by the University of California.

Waiver applications are completed online during the fall, winter or spring waiver period. Visit the SHS website at <http://studenthealth.ucsd.edu> to view waiver deadlines and complete the online waiver application.

Registered students will be automatically enrolled in UC SHIP if a waiver application is not submitted by the deadline.

FAQS

Do I have to waive coverage every fall?

Yes. The fall term waiver is good for one academic year. A new waiver must be completed again during the fall waiver period prior to each academic year that the student is registered.

Are waivers available in the winter or spring terms?

Yes. A student who waived UC SHIP enrollment in the fall does not need to complete another waiver application in the winter or spring terms. However, a winter and spring waiver is available for students registering for the first time in the winter or spring, or who did not waive enrollment in a prior term but want to waive for the winter or spring term. A winter waiver is valid through the end of summer. A spring waiver is valid through the end of the summer.

How do I pay for care at SHS if I waive UC SHIP?

SHS does not directly bill insurance plans other than UC SHIP. Students who waive UC SHIP enrollment are personally responsible for payment. Students may pay with a credit card at the time of service or have the charges billed to their campus billing account.

Students will receive an itemized statement to file a claim with his or her own insurance plan.

IF YOU ARE A NON-REGISTERED GRADUATE STUDENT ON AN APPROVED LEAVE OF ABSENCE

All non-registered graduate students who are on an approved leave of absence are not automatically enrolled in UC SHIP but may be eligible to purchase the UC SHIP coverage on a voluntary basis for up to two quarters. You must have been covered by UC SHIP in the quarter immediately preceding the quarter for which you want to purchase coverage or, if you waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.

Students must call Wells Fargo Insurance Services at (800) 853-5899 to purchase the voluntary UC SHIP coverage.

IF YOU HAVE NON-REGISTERED FILING FEE STATUS

All non-registered Filing Fee status students who are completing work under the auspices of the University of California but are not attending classes are not automatically enrolled in UC SHIP.

Filing Fee students are allowed to purchase UC SHIP for a maximum of one quarter. The student must have been registered and covered by the plan in the term immediately preceding the term for which the student wants to purchase coverage or, if the student waived enrollment in the prior coverage period, show proof of loss of the coverage that was used to waive. Proof of loss means an official letter of termination from the insurance carrier.

Students on Filing Fee status must purchase UC SHIP within 31 days of the beginning of the coverage period through Wells Fargo Insurance Services at (800) 853-5899.

IF YOU HAVE ELIGIBLE DEPENDENTS

Students who are enrolled in UC SHIP can sign up their dependents for coverage within the first 31 days of the beginning of each coverage period during the benefit year. For full details, refer to the later section on dependent coverage in this brochure.

WHEN YOU GRADUATE OR IF YOU ARE NO LONGER REGISTERED

If you are graduating from UC or if you are losing UC SHIP eligibility because you are no longer a registered student, it is important to plan ahead for continuing health coverage.

Students graduating from UC may purchase UC SHIP for one additional quarter after coverage ends if they were enrolled in the plan during their final academic term. You must call Wells Fargo Insurance Services before the additional quarter begins at (800) 853-5899 to purchase coverage for that time period.

Once your UC SHIP coverage is terminated, you have other coverage choices. Plan types include short-term coverage, individual plans, a conversion plan for individuals with ongoing medical conditions and public health insurance programs.

Contact SHS for help determining which of these options will best fit your needs. Find UC SHIP online at

<http://www.ucop.edu/ucship>. Click “Tell me more about UC SHIP.” Then click “Insurance after UC SHIP” in the left-hand navigation bar to review your insurance options when your UC SHIP coverage ends.

Students who are enrolled in UC SHIP can sign up their dependents for coverage within the first 31 days of the beginning of each coverage period during the benefit year. For full details, refer to the later section on dependent coverage in this brochure.

PERIODS OF COVERAGE

The periods of coverage follow the terms scheduled for the year. They also reflect the schedule for the automatic coverage payments that you pay when you enroll each term.

TERM	EFFECTIVE DATE	TERMINATION DATE
RETURNING STUDENTS		
Fall	9/23/13	1/1/14
Winter	1/2/14	3/26/14
Spring/Summer	3/27/14	9/29/14

The following students may be eligible for Early Start coverage with an earlier fall quarter effective date:

- Intercollegiate athletes whose first team meeting starts before 9/23/13.
- Members of the International Triton Transitions Program.
- New incoming graduate or medical students who are required to attend a mandatory course or orientation before 9/23/13.

Contact the SHS Insurance Office at (858) 534-2124 to verify your eligibility and cost for Early Start coverage.

HEALTHY USER GUIDE

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FAQs

Do I have to make an appointment to visit SHS?

No, however scheduled appointments are strongly encouraged.

- There is no charge for scheduled appointments.
- Same-day appointments are also available at no-cost.
- Walk-in visits are offered, however a visit fee will apply.

Refer to the SHS website at <http://studenthealth.ucsd.edu> for the cost of services at SHS.

What happens if I get care outside of SHS during a school term without getting a referral first?

All your non-emergency health care starts at SHS. Benefits are not available for non-emergency services received outside of SHS without a referral. SHS does not provide retroactive referrals, so you will be responsible for all charges obtained without a referral.

You do not need a referral from SHS to receive care in an emergency department or at an urgent care clinic.

BEGINNING THIS YEAR, MOST COVERAGE CAPS REMOVED

Beginning with the UC SHIP student and dependent coverage for the 2013–2014 school year, there are:

- No limits on your medical and behavioral health benefits.
- No limits on pharmacy prescription benefits.
- No caps on essential health benefits as defined under the Affordable Care Act (ACA)

We are voluntarily providing you with this valuable benefit to align with the Affordable Care Act (ACA)—even though we are not subject to the legislation—because we believe it is in the best interests of our students.

WHEN YOU GO TO SHS

Consider SHS your health home, where you can obtain the care of your primary care clinician, nurses, nurse practitioners, psychologists, psychiatrists or other professional health providers. Appointments are recommended. To make an appointment, call SHS at (858) 534-3300.

Insurance coordinators are also available to assist you with your insurance concerns. Call (858) 534-2124 to speak with an insurance coordinator, or stop by the SHS Insurance Office. Appointments are not necessary.

If you are enrolled under UC SHIP as a student and you need non-emergency medical care, you must first go to SHS for treatment or to obtain a written referral.

MAKE THE MOST OF FREE PREVENTIVE CARE

Getting free preventive care couldn't be easier—it's right on campus at SHS. Look at this list of covered services. It is a selection of the free preventive care available to you at SHS through UC SHIP.

- Healthy check up
- Cervical cancer screening
- Prostate cancer screening
- Preventive immunizations
- Tuberculosis screening

IF YOU NEED NON-EMERGENCY MEDICAL CARE FOR INJURY OR ILLNESS

Your primary care clinician at SHS is the place to start. If you need care that can't be handled at SHS, your primary care clinician will provide you with a referral and SHS will help you link with the Anthem Blue Cross network of specialists, hospitals and other providers.

IF YOU NEED COUNSELING OR PSYCHIATRIC SERVICES

Access is convenient and your care will be personalized. In addition to SHS, Counseling and Psychological Services (CAPS) is on campus and available to provide you with counseling and psychological services.

Psychiatrists are available to conduct evaluations and prescribe medically necessary therapeutic drugs. When longer-term therapy is needed, the student health clinician will provide a referral so you can access an off-campus network.

Need urgent assistance or just want to make an appointment? Call SHS at (858) 534-3300 or CAPS at (858) 534-3755.

If you receive a referral from SHS, you can also search www.anthem.com/ca for a therapist or psychiatrist who specializes in your area of concern, such as eating disorders, depression, grief counseling or other areas of specialization.

UC SHIP's mental health benefits comply with the California Mental Health Parity Law, which requires that mental health conditions be covered as any other medical illness would be for both inpatient and outpatient treatment.

IF YOU WANT TO TALK WITH A NURSE

SHS has an After Hours Nurse Advice Line. Any time Student Health Services is closed, you can call our regular telephone number above and select the option "after hours advice" to speak with a registered nurse who will assist you in obtaining the appropriate care.

IF YOU NEED TO BE HOSPITALIZED

Students covered by UC SHIP are required to work with SHS to plan a hospitalization. SHS referrals are required

for planned hospitalizations. If covered dependent children need hospitalization, you can work directly with Anthem Blue Cross.

Your SHS primary care clinician can help you find a hospital that qualifies as a network facility under Anthem Blue Cross and that has agreed to accept Anthem Blue Cross' negotiated rates, which will help make your stay more affordable.

If you choose to receive care at a non-network hospital, you will pay an inpatient deductible and non-network rates that will be generally higher than at a network facility.

In addition to contacting SHS, you can call the Anthem Blue Cross customer service telephone number on your ID card for help in finding a network hospital.

IF YOU HAVE AN EMERGENCY

In case of emergency, you should report directly to the emergency department of the nearest hospital. SHS referrals are not required for care provided in an emergency department or at an urgent care clinic.

Anthem Blue Cross defines an emergency as a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

IF YOU ARE AN EXPECTANT PARENT

Students or their covered dependents who are pregnant have access to a registered nurse 24 hours a day, seven days a week, to answer new mothers' and fathers' questions.

Anthem Blue Cross offers a Future Moms program to help with wellness and preparation of pregnant UC SHIP members. If you enroll, Anthem Blue Cross will send you a \$30 Babies"R"Us® gift card. Register for the Future Moms program at no additional cost by calling toll free (866) 664-5404.

Inpatient hospital care in connection with childbirth will be covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).

IF YOU BECOME A NEW MOTHER OR FATHER

Notify Anthem Blue Cross within 31 days after the birth so your baby will be eligible for the following benefits.

- Coverage up to the first 31 days after birth or up to a maximum lifetime benefit of \$25,000 (whichever occurs first) is provided for the baby under the student's plan. Coverage is 80% of the maximum allowed amount for Anthem Blue Cross network providers or 60% of the maximum allowed amount for non-network providers.
- For coverage beyond the first 31 days after birth or beyond \$25,000 in benefits, enroll the newborn in UC SHIP as a dependent within 31 days of birth. Coverage is 80% of the maximum allowed amount for Anthem Blue Cross Network providers' services. Students can enroll newborns by contacting Wells Fargo Insurance Services at (800) 853-5899.

IF YOU NEED A PRESCRIPTION FILLED

Starting with the 2013–2014 plan year, Ventegra Pharmacy Services is the pharmacy benefit administrator for UC SHIP. You can contact them at (877) 867-0943. This information is also conveniently accessible on your Anthem Blue Cross ID card or you can log in at <https://members.rxclearinghouse.com/Login.aspx> to find out more about your pharmacy benefits.

To get a prescription filled, take your prescription to the SHS pharmacy. If you are unable to get to the SHS pharmacy, you may use a network pharmacy. Just show your Anthem Blue Cross ID card. The amount you pay for a covered prescription—your copay—will be determined by whether the drug is a generic, brand-name formulary or brand-name non-formulary medication.

If you choose to fill your prescription at a non-network pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must complete and sign the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

If you submit claims from non-network pharmacies, your reimbursement will be based on a limited-fee schedule. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

Covered prescriptions are listed in a formulary that includes brand and generic medications that have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. You can see the list online at www.ucop.edu/ucship under the Description of Benefits section on your campus home page.

HOW TO MAKE THE MOST OF YOUR BENEFITS

With medical coverage that exceeds the high standards set by the Affordable Care Act (ACA), UC SHIP makes a healthy UC experience affordable. Read over your coverage, make thoughtful choices and you'll make the most of the savings available to you.

All your health care starts at SHS. If you are enrolled under UC SHIP as a student and you need non-emergency medical care, you must first go to SHS for treatment or to obtain a written referral. If you do not obtain a written referral from SHS before receiving off-campus non-emergency medical or behavioral health care, the services will not be covered under UC SHIP. Care in an emergency department or at an urgent care clinic does not require a referral from SHS.

For the maximum benefit payment, you must receive care within the Anthem Blue Cross PPO Prudent Buyer network. If you use providers or facilities that are not part of the Anthem Blue Cross PPO Prudent Buyer network, your claims will be paid based on the lower non-network maximum allowed amount.

BENEFIT YEAR DEDUCTIBLE

The deductible is the amount of money you pay out of your own pocket before Anthem Blue Cross begins paying for services.

- You pay no deductible when you go to SHS for care.
- You pay a \$300 deductible toward care outside of SHS.

The benefit year deductible applies to all services listed in the following "What is covered" section, except where noted. The deductible does not apply to pharmacy services.

ANNUAL LIMIT ON YOUR OUT-OF-POCKET COSTS

Once you pay \$3,000 in coinsurance for network services, or separately \$6,000 for non-network services, you are not required to pay coinsurance toward these services for the remainder of the benefit year.

The maximum out-of-pocket limit does not apply to set-dollar copayments, amounts exceeding stated benefit limits (see explanation of maximum allowed amounts in the next section on “What is covered”) or to services not covered by the plan. The network and non-network coinsurance maximums are separate; neither accumulates toward the other.

IF YOU RECEIVE CARE FROM UC SAN DIEGO HEALTH SYSTEM

Although a range of services listed below involve coinsurance (with you paying a percentage of the allowed maximum that the plan pays), covered UC San Diego students and their covered dependents pay no coinsurance when care is received from the UC San Diego Health System. This courtesy discount is a substantial savings for UC San Diego students, making our world-renowned care even more affordable for you.

WHAT IS COVERED

This is a brief summary of your medical benefits. Find a full list of covered services at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP”, select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

Keep in mind that Anthem Blue Cross sets allowed maximums for services provided by network and non-network providers. The following benefit summary lists the percentage of the allowed maximum that the plan pays. For example, if the summary lists coverage at 80% and there is a \$100.00 allowed maximum for a treatment, then the plan pays \$80.00 toward the bill.

THE ANNUAL DEDUCTIBLE APPLIES TO ALL SERVICES LISTED BELOW, EXCEPT AT SHS AND WHERE NOTED

OUTPATIENT SERVICES

Medical office visits	At SHS 100%	Outside of SHS Network providers 100% after \$15 copayment for primary care, \$20 copayment for specialty care, deductible waived Non-network providers 60%
Behavioral health office visits	At SHS 100%	Outside of SHS Network providers 100% after \$15 copayment, deductible waived Non-network providers 60%
Urgent care (Obtained at SHS whenever possible)	At SHS 100% after \$20 copayment	Outside of SHS Network providers 100% after \$50 copayment, deductible waived Non-network providers 60%
Routine physicals/ student adult preventive care (Does not include administrative physicals)	At SHS 100%	Outside of SHS Network providers 100%, deductible waived Non-network providers 60%

OUTPATIENT SERVICES

Prescription drugs

(Not subject to deductible)

At SHS

- \$5 generic
- \$25 brand-name formulary, 30-day supply
- \$40 brand-name non-formulary, 30-day supply

Ventegra network pharmacy

- \$10 generic
- \$40 brand-name formulary, 30-day supply
- \$100 brand-name non-formulary, 30-day supply

100% for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available

Contraceptives

Network providers

100%, deductible waived

Non-network providers

60%

Coverage for FDA-approved services and supplies provided in connection with the following methods of contraception:

- Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary
- Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician, if medically necessary
- Professional services of a physician in connection with the prescribing, fitting and insertion of intrauterine contraceptive devices or diaphragms

If your physician determines that none of these prescription contraceptive methods is appropriate for you based on your medical or personal history, coverage will be provided for an alternative method that is approved by the FDA and prescribed by your physician.

OUTPATIENT SERVICES

Mammograms, preventive		Outside of SHS Network providers 100%, deductible waived Non-network providers 60%
Lab tests, X-rays and imaging	At SHS 100%	Outside of SHS Network providers 80% Non-network providers 60%
Surgery		Physicians and anesthesiologists Network providers 80% Non-network providers 60% Outpatient surgery center 80%
<p>Maximum allowed amount reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission</p>		
Acupuncture (20-visit maximum per benefit year)	At SHS 100% after \$20 copayment	Outside of SHS Network providers 100% after \$20 copayment, deductible waived Non-network providers 60%
Allergy testing and injections		Outside of SHS Network providers 80% Non-network providers 60%

OUTPATIENT SERVICES

Ambulance — ground	80% if patient receives emergency care or is hospitalized
Ambulance — air	100% if patient receives emergency care or is hospitalized
Chiropractic services and osteopathic manipulation	Outside of SHS Network providers 100% after \$20 copayment, deductible waived Non-network providers 60%
Dental care	UC SHIP members receive dental coverage through Delta Dental. See the Your Dental Coverage section of this brochure.
Dental injury to natural teeth	Outside of SHS Network providers 80% Non-network providers 60%
Durable medical equipment (DME)	80% of rental or purchase of medical equipment and supplies, including rental or purchase of diabetic equipment and supplies (but excluding insulin), that are ordered by a physician, obtained from a network durable medical equipment supplier and are of no further use when medical need ends
Home health visits	Outside of SHS Network providers 100% Non-network providers 60%
Hospice care and bereavement counseling	Outside of SHS Network providers 80% Non-network providers 60%

OUTPATIENT SERVICES

Immunizations	Diphtheria/tetanus/pertussis; measles, mumps and rubella; meningococcal; varicella; influenza; hepatitis A and hepatitis B; pneumococcal; polio; and human papillomavirus (first injection in the series must be administered before age 27)	
	At SHS 100%	Outside of SHS Network providers 100%, deductible waived Non-network providers 60%
Other Immunizations	At SHS 80%	Outside of SHS Network providers 80%, deductible waived Non-network providers 60%
Tuberculosis screening and testing	For preventive exams, campus-required activities and non-campus requirements for employment and other programs	
	At SHS 100%	
	For medical reasons	
	At SHS 80%	Outside of SHS Network providers 80% Non-network providers 60%

OUTPATIENT SERVICES

Prenatal care, maternity and abortion	Prenatal care	Outside of SHS After \$15 copayment for first office visit, 100% for subsequent SHS or in-network office visits, deductible waived
	Maternity	Outside of SHS Network providers 80% Non-network providers 60%
	Abortion	Outside of SHS Network providers 80% Non-network providers 60%
Physical therapy, physical medicine, occupational therapy and speech therapy		Outside of SHS Network providers 100% after \$20 copayment, deductible waived Non-network providers 60%
Podiatric services		Outside of SHS Network providers 80% Non-network providers 60%
Psycho-educational testing	80% of billed charges up to \$2,000 lifetime maximum For psycho-educational testing conducted by a licensed clinical, educational, or counseling psychologist or neuropsychologist to assess and diagnose functional limitations due to learning disabilities	
Hearing aids	80% of maximum allowed amount for one hearing aid per ear, every four years Non-network provider not covered	

INPATIENT HOSPITAL SERVICES

- Includes medical services, behavioral health and maternity services
- Non-network hospital or residential treatment center requires a \$500 deductible per admission, waived in cases of emergency admission
- **Coverage reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission**

	NETWORK	NON-NETWORK
Semi-private room	80%	60%
Inpatient surgery	80%	60%
Physicians and specialists	80%	60%
Nursing services	80%	60%
Lab tests, X-rays and imaging	80%	60%
Medication	80%	60%
General supplies	80%	60%
Sex reassignment surgery	80%	Not covered

WHAT IS NOT COVERED

Some of the expenses and services that are excluded from coverage by UC SHIP are listed below. For a complete list of the items and services that the plan excludes go to www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar, click on “Description of Benefits” to find the “Benefit Booklet.” You can also contact Anthem Blue Cross Customer Service at (866) 940-8306.

Don't forget! If you obtain non-emergency medical services outside of SHS without first obtaining a written referral from SHS, your costs will not be paid by UC SHIP.

Here is a partial list of exclusions:

- Amounts in excess of covered expenses or any benefit maximum
- Clinical trials except cancer clinical trials that are specifically listed as covered
- Commercial weight loss programs and health club memberships
- Contraceptive devices that are not specifically listed as covered
- Cosmetic surgery
- Custodial care or rest cures
- Diabetic supplies that are not specifically listed as covered
- Education or counseling that is not specifically provided or arranged by Anthem Blue Cross
- Experimental or investigative procedures or medications, although you may request an independent medical review
- Eye surgery for refractive defects such as nearsightedness or astigmatism; contact lenses or eyeglasses required as a result of such surgery
- Food or dietary supplements
- Government-provided treatments
- Infertility treatments
- Inpatient diagnostic tests that could have been performed safely on an outpatient basis

- Lifestyle programs
- Non-licensed health care providers
- Not medically necessary
- Orthopedic supplies that are not specifically listed as covered
- Outpatient prescription drugs or medications that are not specifically listed as covered
- Personal items for comfort, hygiene or beautification
- Private-duty nursing
- Services not specifically listed in the Benefit Booklet as covered services
- Services of relatives
- Services received before your effective date or after your coverage period ends, except as covered under continuation of benefits
- Sports-related conditions resulting from intercollegiate or professional sports
- Sterilization reversal
- Surrogate mother services
- Work-related conditions if benefits can be recovered under workers' compensation coverage or law

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If I have an emergency what should I do?

Report directly to the emergency department of the nearest hospital. Referrals are not required if you receive care in an emergency department or at an urgent care clinic, but treatment will be covered only if Anthem Blue Cross determines it was an urgent or emergency situation.

I need care during a term break. What do I do?

You must contact SHS to receive a referral before you obtain care that is not provided either in an emergency department or at an urgent care clinic.

YOUR ANTHEM BLUE CROSS ID CARD

You need to show you have coverage each time you get care. Bring your student ID card and your UC SHIP Anthem Blue Cross ID card when you go to SHS or a provider off campus. If you lose your Anthem Blue Cross ID card, contact Customer Service at (866) 940-8306 for assistance in creating a temporary ID card.

YOUR ANTHEM BLUE CROSS CONTRACT

This brochure describes the highlights of your UC SHIP coverage. The Benefit Booklet developed by Anthem Blue Cross provides the wide range of details on your coverage and will govern in all cases. You'll find it at www.ucop.edu/ucship. Click on "Tell me more about UC SHIP," select your campus home page from the left-hand navigation bar and click on "Description of Benefits" to find the "Benefit Booklet." You can also contact Anthem Blue Cross Customer Service at (866) 940-8306.

YOU NEED A REFERRAL FOR CARE OUTSIDE OF SHS

If you want coverage for care outside of SHS, it's important to complete all of these steps.

1. You must start your care at SHS to obtain a written referral from your SHS clinician before you receive non-emergency care outside of SHS. If you are out of the area and are unable to be seen at SHS, you must contact the SHS Insurance Office for assistance.

You must complete this step for non-emergency medical and behavioral health care services outside of SHS in order to qualify UC SHIP coverage. Otherwise, the claims will not be covered under UC SHIP.

2. When you receive a referral, you will need to choose a health care provider for your care. UC SHIP contracts with Anthem Blue Cross to provide medical and behavioral health services through their extensive Prudent Buyer network of hospitals and providers.

If you choose a non-network provider, claims will be paid at a lower percentage; note that the provider's charges may be significantly higher than Anthem Blue Cross' maximum allowed amount. In this case, you will be responsible for paying the difference between the provider's billed charge and the maximum allowed amount. SHS staff can help students locate Anthem Blue Cross PPO providers.

3. Referrals are made at the sole and absolute discretion of SHS. The referral does not guarantee payment or coverage. Check to make sure the care you plan to receive is a covered benefit under UC SHIP and deemed medically necessary by Anthem Blue Cross by calling Anthem Blue Cross Customer Service at (866) 940-8306

or read the details of your coverage by reviewing the Benefit Booklet. Find it online at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and click on “Description of Benefits” to find the “Benefit Booklet.”

YOUR DEPENDENTS DON'T NEED A REFERRAL

The SHS does not provide care to dependents. Dependents covered under UC SHIP are not required to obtain an SHS referral to obtain care from Anthem Blue Cross network providers. However, to avoid denial of benefits, make sure your dependents use only providers who participate in the Anthem Blue Cross PPO Prudent Buyer network. For more information, see the section of this brochure called, “Optional UC SHIP benefits for dependents.”

EMERGENCY CARE

In case of emergency, students should report directly to the emergency department of the nearest hospital.

SHS referrals are not required if you receive care in an emergency department or at an urgent care clinic, but the cost will be covered only if Anthem Blue Cross determines it was an emergency situation. Anthem Blue Cross defines an emergency as a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the final determination of what qualifies as an emergency.

FILING A MEDICAL OR COUNSELING AND PSYCHOLOGICAL SERVICES CLAIM

For services provided at SHS, SHS will file a claim with UC SHIP. Your campus billing account will be billed for the remainder of the charges, if any. You may also pay charges at the time of service.

For services received outside of SHS with a written referral, either you or your provider submits the itemized bills to Anthem Blue Cross. Claims must be received no later than 11 months after the date the health care service is rendered.

Here's how it typically works. Most health care providers require payment of the student's portion of fees at the time of service. Network providers will submit a claim for the remaining portion of the bill directly to Anthem Blue Cross

for you. Non-network providers usually require members to submit their own claim to Anthem Blue Cross. If you receive a bill for the full cost of services, contact Anthem Blue Cross for assistance or seek guidance at SHS.

Expect to receive an Explanation of Benefits (EOB) from Anthem Blue Cross within six weeks after submitting a bill showing what was paid on your claim. For questions about claims or the EOB, call Anthem Blue Cross at (866) 940-8306.

PAYMENT OF A BILL CAN BE DENIED

Please note that Anthem Blue Cross can deny payment of a bill if you do not follow the plan guidelines. There are numerous examples of how that can come about, but the most frequently occurring reason is if you skip care at SHS and go directly to other providers without receiving a referral from SHS. If you have not received a referral from SHS, Anthem Blue Cross can deny payment of your bill.

There are details throughout this brochure that alert you to choices that will cause you to lose eligibility for coverage. Contact SHS or Anthem Blue Cross Customer Service at (866) 940-8306 if you have any questions about qualifying for coverage.

IF YOU ARE COVERED BY UC SHIP AND A SECOND INSURANCE PLAN

To get the most out of your coverage, you need to become familiar with how the two plans work together, which is called coordination of benefits.

Please call Anthem Blue Cross Customer Service at (866) 940-8306. Find directions online at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and go to “Do you have other insurance?” to complete the Coordination of Benefits (COB) questionnaire with information about your other health plan.

UC SHIP covers services at SHS regardless of whether the students have coverage through another health plan. SHS will submit claims to Anthem Blue Cross for SHS services. After the student pays the copayment or coinsurance amount that UC SHIP considers the student’s responsibility, the student must submit the claims to her or his other insurance carrier for reimbursement of that amount. SHS does not submit claims to other health plans.

For services received outside of SHS, the student's other medical plan will be considered the primary plan, meaning that plan must pay claims first. After the primary plan processes and pays a claim, any remaining charges may be submitted to UC SHIP (the secondary plan). This holds true for all medical plans except Medi-Cal, MRMIP and TriCare. If a student is covered by any of these plans, UC SHIP will be the primary plan, and Medi-Cal/MRMIP/TriCare will be the secondary plan.

For questions about coordination between plans, call Anthem Blue Cross Customer Service at (866) 940-8306.

YOUR PRIVACY

SHS is committed to protecting your privacy and the confidentiality of your health information. Specifically, your health information will be used or disclosed only for purposes related to your treatment, payment of your fees and insurance claims, and for SHS and UC SHIP operations. Unless allowed by law, your health information cannot be disclosed to anyone for any other purpose without your written authorization.

Comments or concerns about privacy issues may be sent to SHS. SHS and UC SHIP privacy policies are available online. Click to the UC SHIP home page from www.ucop.edu/ucship.

Here is an example of our privacy practices. If students do not pay their portion of SHS fees, or if the SHS service is denied coverage by UC SHIP, the student's campus account may be billed for the outstanding amount. The billing statement will state only that the charges were incurred at SHS. No health information is released to the campus billing office. For services outside SHS, charges will be sent directly to the insured's (student's) address.

COVERAGE DURING TERM BREAKS

Students who are actively enrolled in UC SHIP are covered even when they are off campus on break. Remember, the cost of your care will be less if you use an Anthem Blue Cross network provider. In the next section, you will find a description of the travel medical coverage UC SHIP provides.

There is no gap in coverage during term breaks, but **you must contact SHS for a referral** for non-emergency or non-urgent care.

SHS referrals are not required if you receive care in an emergency department or at an urgent care clinic, but the cost will be covered only if Anthem Blue Cross determines it was an emergency situation.

IF YOU TRAVEL OUTSIDE THE UNITED STATES

Whether traveling or living outside of the country, you and your dependents covered under UC SHIP can use the BlueCard Worldwide program when care is needed. You may also be eligible for travel accident coverage if you are traveling on UC business.

Here's what to do before you leave:

- Before leaving the United States, call the Customer Service number on the back of your Anthem Blue Cross ID card to find out exactly how you are covered abroad.
- Call SHS to obtain information on coverage for international vaccines and the additional UC Travel Accident Policy, which is described below.
- If you are a student who is traveling on university business, check to see if you are eligible for travel accident insurance administered by the UC Office of the President at no additional cost to students. You must register before you leave on your trip to receive the coverage. Registration is simple and takes less than five minutes. For more information and to register, go to www.ucop.edu/risk-services/.
- Make a record of important SHS phone numbers and pack your UC and Anthem Blue Cross ID cards. The Anthem Blue Cross phone numbers are on your ID card.

Here's what to do when you are traveling:

- Always carry your up-to-date UC and Anthem Blue Cross ID cards.
- In an emergency, go to the nearest hospital.
- If you need non-emergency care, contact SHS for a referral to ensure that your claim for covered services will be paid according to plan benefits.

- If you need help finding a doctor or hospital, or if you have any questions about getting care abroad, call the BlueCard Worldwide Service Center toll free at (800) 810-BLUE (2583) or collect at (804) 673-1177, 24 hours a day, seven days a week. Someone will help you and, along with a medical professional, arrange for you to see a doctor or have a hospital stay, if needed.
- If you need to be admitted to the hospital, call the BlueCard Worldwide Service Center toll free at (800) 810-BLUE (2583) or collect at (804) 673-1177.

Here's what happens if you need to file a claim:

- If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay (e.g., deductible, copayment, coinsurance).
- For outpatient and doctor care or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the health care provider and submit an international claim form with the original bills to the Service Center.
- International claim forms are available by calling the Customer Service number on your ID card or the Service Center by going to www.bcbs.com/bluecardworldwide. Or call the BlueCard Worldwide Service Center toll free at (800) 810-2583 or collect at (804) 673-1177.

IF YOU TAKE A LEAVE

Graduate students who are on an approved leave of absence are not automatically enrolled in UC SHIP but may enroll voluntarily. For details on how you can enroll for UC SHIP, turn to the section of this brochure called “Keep track of your eligibility.”

YOUR DENTAL COVERAGE

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I'm a student. That means I'm automatically enrolled in the dental plan, right?

Yes. Enrollment in UC SHIP includes dental coverage.

How do I find a dentist?

You can select a dentist from the Delta Dental preferred provider network of dentists. The list is available online or by phone through Delta Dentist Customer Service.

You may also use a dentist that is not part of the Delta Dental preferred provider network and pay more toward your care. You do not need a referral to receive dental care.

HOW TO ENROLL

Students covered by UC SHIP are automatically enrolled in the dental care plan. You can also enroll eligible dependents within the first 31 days of each coverage period.

YOU SELECT THE PRACTITIONER

UC SHIP provides coverage under the Delta Dental PPO network. You also have coverage for other Delta Dental dentists and non-network dentists. The plan pays the highest benefits when you receive services from Delta Dental PPO dentists.

Delta Dental has many different types of networks available, so be sure you select a dentist from the Delta Dental PPO network. You can find this list online at www.deltadentalins.com/ucship or call Delta Dental Customer Service at (800) 765-6003.

Remember, if you go to a dentist belonging to another Delta Dental network, like Delta Dental Premier, your costs will be higher.

YOUR DENTAL COVERAGE

WHAT IS COVERED

Delta Dental sets a maximum plan allowance on the fees for each treatment. Delta Dental PPO providers have agreed to the fee schedule, but non-network providers have not.

If your dentist charges more than the plan allowance for Delta Dental PPO services, you will be responsible for the full amount of the excess fees.

	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR NON-NETWORK
Fee schedule	Agreed-to Delta Dental PPO maximum allowed fee schedule	If fees are higher than the Delta Dental PPO maximum allowed fee schedule, you pay the excess
Annual deductible	None for preventive and diagnostic services \$25 per person for other services	None for preventive and diagnostic services \$50 per person for other services
Preventive and diagnostic services	100%	80%
<ul style="list-style-type: none"> • Oral exams • Cleanings (once every 6 months) • X-rays (one bite-wing series within 12 months) • Fluoride treatment 		
Basic services	80% after you pay deductible	60% after you pay deductible
<ul style="list-style-type: none"> • Fillings and extractions • Endodontics (root canal) • Periodontics • Oral surgery 		

	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR NON-NETWORK
Major services <ul style="list-style-type: none"> • Prosthodontics • Inlays/onlays • Crowns and cast restorations 	70% after you pay deductible	40% after you pay deductible
Maxillofacial prosthetics and implants	Not covered	Not covered
Orthodontics	Not covered	Not covered
Annual benefit maximums	\$1,000 per member	\$750 per member
	Not to exceed a cumulative maximum of \$1,000 per benefit year for all dental benefits	

WHAT IS NOT COVERED

Some of the categories of expenses and services that are excluded from coverage by Delta Dental are listed below.

For a complete list and further details, read the full description of plan benefits called “Evidence of Coverage.” Find the details at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar. Find the “Description of Benefits” link, then “Evidence of Coverage.” You can also check with Delta Dental Customer Service at (800) 765-6003.

Examples of dental plan exclusions:

- Anesthesia, except for general anesthesia or IV sedation given by a licensed dentist for oral surgery services and select endodontic and periodontic procedures
- Cosmetic surgery or surgery for conditions that are a result of hereditary or developmental defects
- Diagnostic casts
- Occlusal guards and complete occlusal adjustment
- Replacement of existing restoration for any purpose other than active tooth decay
- TMJ diagnosis or treatment

YOUR VISION CARE COVERAGE

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FAQs

Am I automatically enrolled in the vision care plan?

Vision care coverage is voluntary for undergraduates. Undergraduates need to select the vision care plan at the beginning of each coverage period if they want this coverage.

Graduate students are automatically enrolled.

How can I make the most of my coverage?

Use the SHS Optometry Department. You may also use a provider in the Anthem Blue View Vision Insight network. Your insurance will cover a greater portion of your fees when you use SHS or a network provider to receive exams, glasses or lenses.

HOW TO ENROLL

Graduate students are automatically enrolled in the vision care plan. The vision care plan is voluntary for undergraduates, who can enroll in the vision care plan at the beginning of each coverage period if they want this coverage.

If you are covered by UC SHIP, you can enroll eligible dependents within 31 days of the beginning of each coverage period during the year.

THE SHS OPTOMETRY CENTER IS A CONVENIENT LOCATION

You can obtain covered services right on campus, at the Optometry Center in SHS, as well as at one of the other Anthem Blue View Vision Insight providers. Your covered dependents use Anthem Blue View Vision Insight providers.

YOUR VISION CARE COVERAGE

WHAT IS COVERED

Here is a brief summary of your vision plan benefits: Find a full list of covered services near you at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP,” select your campus home page from the left-hand navigation bar and go to “Description of Benefits” where you will find a link for the “Anthem Blue View Vision Plan.”

	ANTHEM BLUE VIEW VISION INSIGHT	
	NETWORK	NON-NETWORK
Routine eye exam (per benefit year)	\$10 copayment	\$49 allowance
Eyeglass frames	You may select an eyeglass frame and receive the following allowance toward the purchase price (per benefit year)	
	Up to \$120, then member pays 80% of costs exceeding \$120	Up to \$50, then member pays 100% of costs exceeding \$50
Eyeglass lenses (standard)		
• Single lenses	\$25 copayment	Up to \$35
• Bifocal lenses	\$25 copayment	Up to \$49
• Trifocal lenses	\$25 copayment	Up to \$74
Contact lenses (per benefit year)	You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses	
Conventional lenses	Up to \$120; member pays anything above \$120 less a 15% discount	Up to \$92
Disposable lenses	Up to \$120	Up to \$92

WHAT IS NOT COVERED

For a complete list of the items and services that Anthem Blue View Vision excludes, read the full description of plan benefits at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the the left-hand navigation bar and go to “Description of Benefits” where you will find a link for the “Blue View Vision Plan.” You can also check with Anthem Blue View Vision at (866) 940-8306.

BE A WISE USER

To make the most of your coverage, use the SHS Optometry Department or find in-network Anthem Blue View Vision Insight providers. It takes just a minute to put more money into your pocket — money you can use for lots of other pressing needs.

And remember to check before you buy those sunglasses or take that store offer. They are on the list of items that aren't covered, so you'll pay the total cost out of your own pocket.

Before you say yes to your next purchase, make a quick check at the www.ucop.edu/ucship home page for your campus or call Anthem Blue View Vision at (866) 940-8306.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

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FAQs

When do I purchase dependent insurance?

Enrollment is possible with the first 31 days of the beginning of each coverage period in the benefit year. Dependents of enrolled students are eligible.

Can my dependents use the SHS?

No, but if they are covered by UC SHIP they can select providers from Anthem Blue Cross' exclusive provider network.

How should I handle emergency care for my covered dependents?

Go immediately to the nearest emergency department or urgent care clinic for care. Then call Anthem Blue Cross within 48 hours for authorization using the telephone number listed on the dependent's ID card.

IF YOU ELECT DEPENDENT COVERAGE, UC SHIP COVERS MEDICAL AND DENTAL CARE

UC SHIP is proud to offer broad, affordable dependent coverage options to our students. Dependents of students enrolled in UC SHIP can be signed up within the first 31 days of each coverage period during the benefit year.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

Dependents of graduate students can be enrolled in either medical only or medical/dental/vision as a package.

Dependents of undergraduates can be enrolled in medical only or add, if they wish, dental and/or vision.

IF YOU ELECT VISION CARE COVERAGE FOR YOUR DEPENDENTS

If your dependents are covered by UC SHIP, they can participate in a voluntary vision plan — with the same benefits as covered students — through Anthem Blue View Vision Insight Network.

Covered dependents receive care from providers who are members of the Anthem Blue View Vision Insight Network. Services at the SHS Optometry Department are not available to dependents.

STUDENTS HAVE DEPENDENTS OF ALL AGES

Dependents include:

- A spouse or same-sex domestic partner
- An opposite-sex domestic partner, if one or both partners are age 62 or over and eligible for Social Security benefits based on age
- Unmarried natural-born or adopted children up to age 26
- Unmarried adult children over the age of 26 if chiefly dependent on the student, spouse or domestic partner for support and incapable of sustaining employment due to a physical or mental condition
- Unmarried foster children up to age 18

To be covered by UC SHIP, a newborn should be enrolled as a dependent within 31 days of birth.

HOW TO ENROLL

Students enrolled in UC SHIP may reenroll their eligible dependents within 31 days of the beginning of each coverage period or, for newborns, within 31 days of birth, by contacting Wells Fargo Insurance Services at (800) 853-5899 to purchase dependent insurance.

There are other life events like marriage and adoption that may enable you to enroll dependents. Check the Benefit Booklet that you can find on your campus home page at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page from the left-hand navigation bar to find “Description of Benefits” then click through to your “Benefit Booklet.”

UC SHIP DEPENDENT MEDICAL COVERAGE IS DIFFERENT FROM THE STUDENT PLAN

For dependents, UC SHIP coverage involves an exclusive provider organization called the Anthem Blue Cross Prudent Buyer network of providers. Dependents are not eligible for services at SHS, so dependent coverage is not subject to the SHS referral requirement.

TO BE PAID, MEDICAL SERVICES MUST BE OBTAINED FROM ANTHEM BLUE CROSS NETWORK PROVIDERS

Dependents must use Anthem Blue Cross PPO Prudent Buyer network providers to be covered under UC SHIP, except in an emergency. The plan pays claims only for medical services obtained from a member of the Exclusive Provider Organization or because a member of the Exclusive Provider Organization has provided written authorization to go out-of-network for care. Claim payments are based on the maximum allowed amounts determined by Anthem Blue Cross.

IF THERE IS AN EMERGENCY

In an emergency or out-of-area urgent care situation, go immediately to the nearest facility for care. Then call Anthem Blue Cross within 48 hours for authorization using the telephone number listed on the dependent's ID card.

Inpatient care received from a non-network hospital without an authorization from Anthem Blue Cross is covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.

ANNUAL DEDUCTIBLE

Each plan member pays an annual \$400 deductible toward covered services before the plan pays benefits. Some services like pharmaceuticals are covered immediately, though. See the summary of benefits in the section below for information about services for which the deductible is waived.

ANNUAL LIMIT ON YOUR OUT-OF-POCKET COSTS

The annual dependent coinsurance out-of-pocket maximum is \$6,000 for each covered dependent. The out-of-pocket maximum does not apply to set-dollar copayments, amounts exceeding stated benefit limits or to services not covered by the plan.

OPTIONAL UC SHIP BENEFITS FOR DEPENDENTS

WHAT IS COVERED

Here is a brief summary of the services that are covered when your dependents receive care through the Anthem Blue Cross Exclusive Provider Organization. A full list of covered services can be found at www.ucop.edu/ucship. Click on “Tell me more about UC SHIP” and select your campus home page and “Description of Benefits” to find your “Benefit Booklet.”

Keep in mind that Anthem Blue Cross sets allowed maximums for services provided by network providers. The following benefit summary lists the percentage of the allowed maximum that the plan pays. For example, if the summary lists coverage at 80% and there is a \$100.00 allowed maximum for a treatment, then the plan pays \$80.00 toward the bill.

Don't overlook this opportunity for substantial savings. Covered dependents of UCSD students pay no coinsurance when care is received from the UC San Diego Health System.

THE ANNUAL DEDUCTIBLE APPLIES TO ALL SERVICES LISTED BELOW, EXCEPT WHERE NOTED

SUMMARY OF DEPENDENT COVERAGE

Medical office visits	80%
Routine physicals/adult preventive care	100%, deductible waived
Mammograms, preventive	100%, deductible waived
Lab tests, X-rays and imaging	80%
Outpatient surgery	80% for services of physicians and anesthesiologists and for outpatient surgery center facilities
Inpatient surgery	80%

UC SHIP DEPENDENT DENTAL AND VISION PLANS ARE THE SAME AS THE STUDENT PLANS

Dental coverage is provided by Delta Dental, as described on [page 46](#). Vision coverage is provided by Anthem Blue View Vision, as described on [page 50](#).

DEFINITIONS OF INSURANCE TERMS

Ancillary Services Services rendered by health care providers other than a physician, such as laboratory, radiology or other diagnostic imaging, physical therapy, or other services.

Benefit Year The time period, usually the academic year, used to determine when you satisfy your annual deductible, benefit maximums and annual out-of-pocket maximum.

Coinsurance Coinsurance refers to cost sharing based on a percentage of the maximum allowed amount (covered expense) charged for a covered service. The insurance company pays a certain percentage of the covered expense and you, the insured, pay the remaining expense.

Copayment The set-dollar amount that a covered person must pay for a covered service, usually due at the time the service is provided. Office visit copayments do not count toward your annual deductible.

Deductible The amount of money the covered person is required to pay out of pocket before the insurance carrier will pay for services.

Emergency An emergency is a sudden, serious and unexpected acute illness, injury or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

Inpatient A patient who is admitted to the hospital.

Maximum Allowed Amount The total reimbursement payable under your plan for covered services you receive from network and non-network providers. It is the claims administrator's payment toward the services billed by your provider combined with any deductible or coinsurance owed by you. If services are obtained from a non-network provider, the provider will bill you the difference, if any, between their charges and the maximum allowed amount.

Preferred Provider Organization (PPO) A group of medical providers who contract with an insurance carrier to provide services for the insured at reduced rates.

HOW TO GET IN TOUCH

HOW TO GET IN TOUCH WITH SHS, UC SHIP AND YOUR INSURANCE CARRIERS

Regular hours of operation are subject to change during holidays, exam periods and academic break periods. Check the SHS website for updates.

Emergency: 911
or (858) 534-HELP
from cell phone on campus

Emergency Care (after hours)

Thornton Hospital (La Jolla)
(858) 657-7600

UCSD Hillcrest Medical Center
(858) 543-6400

Counseling and Psychological Services (CAPS)

General Information
& Appointments
<http://caps.ucsd.edu>
(858) 534-3755

Student Health Services (SHS)

Located just off Library Walk, south of the Giesel Library and west of the Price Center
www.studenthealth.ucsd.edu

Nurse Advice Line (after hours)
(858) 534-3300
Select: "after hours advice"

Delta Dental Customer Service
www.deltadentalins.com/ucship
(800) 765-6003

Anthem Blue Cross and Blue View Vision Customer Service
www.ucop.edu/ucship
(866) 940-8306

Ventegra Pharmacy Services
www.ventegra.net
(877) 867-0943

Wells Fargo Insurance Services Customer Care for UC SHIP Voluntary Student and Dependent Coverage
(800) 853-5899

SHS Departments

Appointment Desk

- **Group 1**
(858) 534-2918
- **Group 2**
(858) 822-5926
- **Group 3**
(858) 534-2669
- **General**
(858) 534-8089
- **Cancellations**
(858) 534-1770

Health Education
(858) 534-2419

Insurance Office
(858) 534-2124

Optometry
(858) 534-2602

Pharmacy
(858) 534-2135

UCSHIP

Student Health Insurance Plan



1

If you need care, start at SHS



2

If you need care outside SHS, your SHS clinician will provide a referral *



3

To keep your costs low, go to the UCSD Health System or other Anthem Blue Cross providers when you receive your referral



4

If you have questions, call SHS or Anthem Customer Service at (866) 940-8306



*

Exception: No referral is needed for emergency care and urgent care

SHS: Student Health Services on campus

*** Benefits will not be paid without an SHS referral**



This brochure provides a summary of information. For complete information on all benefits, terms and conditions of UC SHIP, see the Benefit Booklet at www.ucop.edu/ucship. Click on "Tell me more about UC SHIP," select your campus home page from the left-hand navigation bar and click on "Description of Benefits" to find the "Benefit Booklet."

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. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.