

UC

STUDENT HEALTH INSURANCE PLAN

UC MERCED
2014–2015



UCSHIP

UNIVERSITY OF CALIFORNIA

WWW.UCOP.EDU/UCSHIP

WITH UCSHIP, GETTING HEALTH CARE IS EASY!



1 — START YOUR CARE AT **SHS**

If you need health care, visit SHS right on campus or make an appointment with a primary care clinician who will refer you if you need a specialist or surgery

2 — KEEP YOUR COSTS LOW

Visit SHS or an Anthem Blue Cross network provider when you need care. Or take advantage of UC Family discounts if you visit a UC medical center anywhere in California



3 — **SHS** STAFF CAN HELP

If you have questions, SHS can assist you. You can also call Anthem Blue Cross Customer Service (866) 940-8306 or login to www.anthem.com/ca



4 — RUSH TO EMERGENCY CARE

Emergency care and Urgent Care Clinic visits are covered; no clinician referral is needed



CONVENIENT, AFFORDABLE, CARING

UC SHIP specializes in you and your health

You have come to UC Merced to learn and grow. Making time for a healthy lifestyle is far easier when your Student Health Services (SHS) is right on campus and outstanding health care is affordable.

We all know how expensive health care can be. UC SHIP was developed to protect you from unexpected health care costs that could create a financial barrier to your graduation. UC makes no profit from UC SHIP—it's financed by students, for students—and every year we do our best to improve the plan.

Beginning this year, as a member of our UC family you can receive care at a discount at UC's five nationally ranked medical centers. We're proud that we can provide you with this exceptionally valuable benefit so that you'll have fewer personal and financial worries if you ever become ill or get injured.

We've also increased coverage of psycho-educational testing for those who may need learning accommodations to a \$3,000 lifetime maximum. This is a benefit few, if any, other health plans offer.

And this year, if you become ill or injured, UC SHIP will step in to pay 100% of your costs sooner because we now count deductibles, medical copays, coinsurance and prescription copays toward your annual out-of-pocket maximum. This is an example, along with expanded coverage of clinical trials and genetic testing, of how students continue to benefit from our decision to incorporate Affordable Care Act provisions into UC SHIP.

You can find the details of your coverage anywhere and anytime at www.ucop.edu/ucship. Enjoy the security of knowing that you will receive care from the distinguished healthcare providers in our UC family with less worry about the costs. We're here to help you keep a healthy focus and do great work this year.



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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 unless they successfully waive coverage. 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 and preventive care.

YOUR UC SHIP MEDICAL COVERAGE AT A GLANCE



1 Automatic coverage to make health and well-being affordable for all registered students, with option for waiver.

2 Considers SHS your health home for convenient non-emergency outpatient services, including free comprehensive preventive care.

3 You can choose from all healthcare providers, whether in or out of the Anthem Blue Cross network, and receive UC SHIP coverage. Keep in mind that using Anthem Blue Cross in-network providers will save you money.

4 **Beginning this year, UC SHIP members can receive a UC Family discount if you obtain care at one of our five nationally ranked medical centers, their affiliated facilities and professional providers.**

5 Members have coverage for emergency and authorized non-emergency medical care 24/7 anywhere in the world.

6 Make the most of your benefits. Make the choice to pay less out of your own pocket towards your care by using in-network providers, including our UC medical centers.



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 term 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.

WELCOME TO YOUR HEALTH HOME

YOUR HEALTH HOME IS SHS

SHS is an outpatient health center that provides on-campus medical 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 full payment of SHS fees, if any.

Visit the SHS website at <http://health.ucmerced.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.

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, 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 plan at UCM includes medical, dental and vision coverage.

Students who have private health insurance or are covered by a Covered California plan may apply to waive enrollment in UC SHIP. However, the plan 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, and offers UC Family low-cost care at our five nationally ranked medical centers.

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.

SHS manages the claims submissions for services provided at SHS for students covered by UC SHIP. SHS also has insurance experts to work with students who have more complex medical needs.

HOW LONG COVERAGE LASTS

Coverage usually begins when fall classes start and continues through the summer until the next fall term begins. Your coverage premiums are paid with your tuition bill for each semester in the school year.

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.

UCM students are not required to seek primary care from SHS clinicians. However, they must have a referral from an in-network primary care clinician before seeking non-emergency services from a specialist. To make the most of your UC SHIP coverage, use primary care clinicians who participate in the Anthem Blue Cross PPO Prudent Buyer network. See “How to Get in Touch,” at the end of this brochure for information on how to contact Anthem Blue Cross Customer Service for assistance locating a primary care clinician outside SHS.

YOU CAN WEIGH CONVENIENCE AND COST WHEN YOU CHOOSE WHERE YOU RECEIVE CARE

We encourage you to make the most of the convenience, affordability and quality of care you find at SHS. You can also choose a primary care clinician from the Anthem Blue Cross PPO Prudent Buyer network, including UC medical centers and related facilities and professional providers. These options will give you the lowest possible out-of-pocket cost. See “How to Get in Touch” at the end of this brochure for Anthem Blue Cross contact information.

WELCOME TO YOUR HEALTH HOME

You also have coverage for care provided by out-of-network physicians under UC SHIP, but your costs will be higher and you will have to handle your own claims paperwork since you aren't using an in-network provider.

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, pharmacy, 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. Find a full list of covered services at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and click on "Description of Benefits" to find the "Benefit Booklet." To enroll eligible dependents, call Wells Fargo Insurance Services at (800) 853-5899.

DENTAL AND VISION COVERAGE, TOO

The mandatory plan for UCM students includes dental and vision coverage. Descriptions of these plans can be found in a later section of this brochure.



KEEP TRACK OF YOUR ELIGIBILITY

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FAQS

How and when am I charged for care at SHS?

Most SHS services are pre-paid through your campus health fees. If you incur fees for services at SHS, you will be required to pay at the time of service.

I’m graduating. When does my coverage end?

Your coverage ends with your final academic term (or at the end of the summer if you graduate in the spring term). You may purchase UC SHIP for one additional term if you were covered under UC SHIP during your final academic term.

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 for the mandatory program: Medical, pharmacy, dental and vision coverage.

REGISTERED STUDENTS WHO WAIVE COVERAGE

You may provide evidence of health coverage through another plan, including a Covered California plan with an effective date prior to the UC SHIP start date, 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 semester waiver period. Visit the SHS website at <http://health.ucmerced.edu/insurance> to view waiver deadlines and complete the online waiver application.

KEEP TRACK OF YOUR ELIGIBILITY

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 spring term?

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

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

Students not enrolled in UC SHIP can receive care at SHS, but SHS does not directly bill insurance plans other than UC SHIP. Students who waive UC SHIP enrollment are personally responsible for payment.

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, but may enroll voluntarily.

Filing Fee students are allowed to purchase UC SHIP for a maximum of one semester. The student must have been 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 ARE A NON-REGISTERED STUDENT ON
A PLANNED EDUCATIONAL LEAVE (PELP)**

If you are a non-registered graduate or undergraduate student who is on an approved Planned Educational Leave (PELP), you are not automatically enrolled in UC SHIP but you may enroll on a voluntary basis. You may purchase UC SHIP through Wells Fargo Insurance Services at (800) 853-5899.

While in this status, you may purchase plan coverage for a maximum of one semester. You must have been covered by UC SHIP in the term immediately preceding the term 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.

**WHEN YOU GRADUATE OR IF YOU ARE NO LONGER
REGISTERED**

If you are graduating from UCM, 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 UCM may purchase UC SHIP for one additional semester immediately following graduation if they were enrolled in the plan during their final academic term. You must call Wells Fargo Insurance Services before the additional semester begins at (800) 853-5899 to purchase coverage for that time period.

Once your UC SHIP coverage is terminated, you have other coverage choices. Contact SHS for help determining which of these options will best fit your needs. Find UC SHIP online at www.ucop.edu/ucship. Then click “Health Insurance After UC SHIP” at the bottom of the right-hand column to review the insurance options available to you when your UC SHIP coverage ends.

PERIODS OF COVERAGE

The periods of coverage follow the semesters scheduled for the year. This is also the schedule we will use to bill you for coverage during the year.

Term	Effective Date	Termination Date
Fall	8/15/14	1/14/15
Spring/Summer	1/15/15	8/14/15

HEALTHY USER GUIDE

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FAQS

Do I have to make an appointment to visit SHS?

We suggest that you call SHS at (209) 228-2273 or drop by to make an appointment. SHS is located on the 2nd floor of the Joseph Edward Gallo Recreation & Wellness Center.

Do I need a referral from SHS to see an Anthem Blue Cross provider?

No. UCM students can access care conveniently on campus at SHS or select an Anthem Blue Cross provider to receive care.

UC SHIP INCLUDES VALUABLE ENHANCEMENTS FOR YOU BECAUSE WE'VE CHOSEN TO COMPLY WITH THE AFFORDABLE CARE ACT (ACA)

UC SHIP didn't wait for the ACA to take the lead on essential, affordable care that emphasizes prevention. We took the initiative to introduce these valuable improvements because we believe in them:

- Guaranteed coverage to all students; no waiting periods due to preexisting conditions
- 100% coverage of preventive care services
- No lifetime limits on your medical and behavioral health benefits
- No limits on pharmacy prescription benefits
- No caps on your Essential Health Benefits (as defined by the ACA)

This year, we're adding more ACA-inspired provisions because they will be valuable to you:

- If you become ill or injured, UC SHIP will now step in to pay 100% of your costs sooner. Deductibles, medical copays, coinsurance and prescription copays now count toward the maximum set for out-of-pocket costs you will pay in a benefit year.
- Coverage for participation in clinical trials for life-threatening illnesses, according to Anthem Blue Cross clinical guidelines.
- Coverage for genetic testing to assess risk for a variety of conditions, according to Anthem Blue Cross' clinical guidelines.

WHEN YOU GO TO SHS

Most of your health care needs can be handled by the staff at SHS. Consider it your health home, where you can obtain the care of your primary care clinician, nurses, nurse practitioners, other professional health care providers and insurance specialists. You can visit SHS with or without an appointment, although an appointment is highly recommended. To make an appointment, call SHS at (209) 228-2273 or visit the SHS website at <http://health.ucmerced.edu>.

If you are enrolled under UC SHIP as a student and you need non-emergency medical care, your most convenient choice for care is usually SHS. Providers

in the Anthem Blue Cross PPO Prudent Buyers Network, including those affiliated with UC medical centers, are another option for keeping your costs low. See “How to Get in Touch” at the end of this brochure for Anthem Blue Cross contact information.

MAKE THE MOST OF FREE PREVENTIVE CARE

Getting free preventive care couldn't be easier—it's right on campus at SHS. The covered services listed below are examples of the free preventive care available to you at SHS through UC SHIP:

- Annual routine physical exam
- Cervical cancer screening
- Prostate cancer screening
- Preventive immunizations
- Tuberculosis screening

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

Your primary care clinician is the place to start. If you need a specialist, your primary care clinician will help you find the appropriate provider. SHS insurance staff can help you link with the Anthem Blue Cross network of specialists, hospitals and other providers, including those at UC medical centers, to keep your costs low.

IF YOU NEED COUNSELING OR PSYCHIATRIC SERVICES

Access is convenient and your care will be personalized and private. Psychologists and therapists are here to help you with academic concerns, relationship issues, stress management or any other personal concerns you may have. You can contact the counseling center on campus at (209) 228-4266 or drop by during office hours and make an appointment. Or you can also search www.anthem.com/ca to select 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 state and federal Mental Health Parity laws, which require that mental health conditions be covered as any other medical illness would be for both inpatient and outpatient treatment.

YOU CAN TALK WITH A NURSE 24/7

Covered students and dependents have access to a nurse 24 hours a day, 365 days a year through the Anthem Blue Cross 24/7 NurseLine by calling (877) 351-3457.

IF YOU NEED TO BE HOSPITALIZED

Students covered by UC SHIP are required to work with either SHS or the Anthem Blue Cross PPO Prudent Buyer Network to plan a hospitalization. Anthem Blue Cross must authorize all non-emergency hospitalizations.

Either SHS or Anthem Blue Cross can help you identify a hospital that will best address your condition. You may be referred to a UC medical center or other hospital that qualifies as an in-network facility under Anthem Blue Cross and that has agreed to accept Anthem Blue Cross' negotiated rates. Remember, UC SHIP coverage qualifies you for a discount for care at a UC medical center. These options will help make your hospital stay more affordable.

If you choose to receive care at an out-of-network hospital, you will pay an inpatient deductible and out-of-network rates that will generally be higher than those for care at an in-network facility.

IF YOU HAVE AN EMERGENCY

UC SHIP covers emergency and urgent care services worldwide without the need for a referral from your Anthem Blue Cross primary care clinician. In an emergency, you should call 911 or report directly to the nearest hospital emergency room.

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

In addition to the Anthem Blue Cross 24/7 NurseLine, students or their covered dependents who are pregnant have access to a registered nurse 24 hours a day, seven days a week, to answer expectant or new parents' questions about important topics related to pregnancy, such as labor, nursing, postpartum depression, etc.

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:

- 90% of the maximum allowed amount for care provided at a UC medical center. Plus, your charges will be discounted under your UC Family coverage.
- 90% of the maximum allowed amount for care provided by other Anthem Blue Cross network providers.
- 60% of the maximum allowed amount for care provided by out-of-network providers.

For coverage beyond the first 31 days after birth or beyond \$25,000 in benefits, you must 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

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 at the lowest UC SHIP copay, take your prescription to a Ventegra network pharmacy and present 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. You may also use the Ventegra Pharmacy Care Services mail order program.

If you choose to fill your prescription at an out-of-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 out-of-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. Select your campus home page from the left-hand navigation bar, click on “Description of Benefits,” and find the “Ventegra Formulary” PDF under the section on the Pharmacy Plan.

HOW TO MAKE THE MOST OF YOUR BENEFITS

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.

For the maximum benefit payment, you must receive care within the Anthem Blue Cross PPO Prudent Buyer network; the UC medical centers are part of the network and provide a UC Family discount. If you use providers or facilities that are not part of the Anthem Blue Cross PPO Prudent Buyer network, claims will be paid at the lower out-of-network maximum allowed amounts.

BENEFIT YEAR DEDUCTIBLE

The deductible is the amount of money you pay out of your own pocket before UC SHIP begins paying for services.

You pay:

- No deductible when you go to SHS for care.
- A \$200 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

Beginning this year, deductibles, coinsurance, medical copays and prescription copays now count toward your maximum out-of-pocket costs, making it possible for you to meet these annual limits faster. Once you pay \$3,000 in coinsurance, deductibles, medical copayments and pharmacy copayments for in-network services, or separately \$6,000 for out-of-network services, you are not required to pay coinsurance or copayments toward these services for the remainder of the benefit year.

The maximum out-of-pocket limit does not apply to 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 in-network and out-of-network out-of-pocket maximums are separate; neither accumulates toward the other.

WHAT IS COVERED

This is a brief summary of your medical benefits. Find a full list of covered services at www.ucop.edu/ucship. 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 the allowed maximums for services provided by in-network and out-of-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 90% and there is a \$100.00 allowed maximum for a treatment, then the plan pays \$90.00 toward the bill.

The annual deductible applies to all services listed below, except at SHS and where noted.

BENEFIT COVERAGE AND COST COMPARISON CHART

OUTPATIENT SERVICES

MEDICAL OFFICE VISITS

At SHS 100%	Outside of SHS <i>In-network providers</i> 100% after \$15 copayment for primary care, deductible waived \$20 copayment for specialty care, deductible waived <i>Out-of-network providers</i> 60%
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BEHAVIORAL HEALTH OFFICE VISITS

	<i>In-network providers</i> 100% after \$15 copayment, deductible waived <i>Out-of-network providers</i> 60%
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ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE

At SHS 100%	Outside of SHS <i>In-network providers</i> 100%, deductible waived <i>Out-of-network providers</i> 60%
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URGENT CARE

	Outside of SHS <i>In-network providers</i> 100% after \$50 copayment, deductible waived <i>Out-of-network providers</i> 60%
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OUTPATIENT SERVICES

CONTRACEPTIVE SERVICES & DEVICES

	<i>In-network providers</i> 100%, deductible waived <i>Out-of-network providers</i> 60%
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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

Note: For prescription contraceptive drugs, see the "Outpatient Prescription Drugs" table below

MAMMOGRAMS, PREVENTIVE

	Outside of SHS <i>In-network providers</i> 100%, deductible waived <i>Out-of-network providers</i> 60%
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LAB TESTS, X-RAYS AND IMAGING

	Outside of SHS <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60%
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OUTPATIENT SERVICES

OUTPATIENT SURGERY

	Physicians and anesthesiologists <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60% <i>Outpatient surgery center</i> 90%
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Maximum allowed amount reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission

ACUPUNCTURE (20-visit maximum per benefit year)

	Outside of SHS <i>In-network providers</i> 100% after \$20 copayment, deductible waived <i>Out-of-network providers</i> 60%
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AMBULANCE—GROUND

90% if patient receives emergency care or is hospitalized

AMBULANCE—AIR

100% if patient receives emergency care or is hospitalized

CHIROPRACTIC SERVICES AND OSTEOPATHIC MANIPULATION (unlimited)

	Outside of SHS <i>In-network providers</i> 100% after \$20 copayment, deductible waived <i>Out-of-network providers</i> 60%
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OUTPATIENT SERVICES

DENTAL INJURY TO NATURAL TEETH

	Outside of SHS <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60%
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IMMUNIZATIONS, PREVENTIVE

Includes: 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 <i>In-network providers</i> 100% <i>Out-of-network providers</i> 60%
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OTHER IMMUNIZATIONS

At SHS 90%	Outside of SHS <i>In-network providers</i> 90%, deductible waived <i>Out-of-network providers</i> 60%
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TUBERCULOSIS SCREENING AND TESTING

Includes: Preventive exams, campus-required activities and non-campus requirements for employment and other programs

At SHS 100%	
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For medical reasons

At SHS 90%	Outside of SHS <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60%
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OUTPATIENT SERVICES

PRENATAL CARE

	After \$15 copayment for first office visit, 100% for subsequent in-network office visits, deductible waived
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MATERNITY

	Outside of SHS <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60%
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ABORTION

	Outside of SHS <i>In-network providers</i> 90% <i>Out-of-network providers</i> 60%
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PHYSICAL THERAPY, PHYSICAL MEDICINE, OCCUPATIONAL THERAPY AND SPEECH THERAPY (unlimited)

At SHS 100% after \$20 copayment	Outside of SHS <i>In-network providers</i> 100% after \$20 copayment, deductible waived <i>Out-of-network providers</i> 60%
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PSYCHO-EDUCATIONAL TESTING

90%
Note: Lifetime maximum of \$3,000 in benefits 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

MEDICAL EVACUATION

Necessary expenses up to \$10,000, deductible waived, for return to your home country when prior authorization has determined medical necessity

OUTPATIENT SERVICES

REPATRIATION

If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500, deductible waived, incurred to meet the minimum legal requirements for transportation of human remains. This benefit includes preparation and transport of your remains from the United States to the country of your permanent legal residence or, if you are a permanent legal resident of the United States, from the country in which you are traveling to the United States.

OUTPATIENT PRESCRIPTION DRUGS

Ventegra In-Network Pharmacies
Including UC Medical Centers

Not subject to a deductible

Mail-order pharmacy program available, see the pharmacy booklet at www.ucop.edu/ucship/ for details

\$5 generic

\$25 brand-name formulary, 30-day supply

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

Note: In-network, 100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available

Out-of-network pharmacies: In addition to copays above, students are responsible for paying charges that exceed Ventegra maximum allowed amounts.

EMERGENCY ROOM SERVICES

In-Network	Out-of-Network
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EMERGENCY ROOM

100% after \$100 copayment, deductible waived

Copayment waived if admitted

Note: Emergency room services received at an out-of-network hospital, or from out-of-network clinicians at an in-network hospital, will result in additional charges to the student after Anthem Blue Cross pays the claim at 100% of the maximum allowed amount

ATTENDING PHYSICIANS

100%, deductible waived

INPATIENT HOSPITAL SERVICES

- Includes medical services, behavioral health and maternity services.
- Out-of-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 out-of-network hospital, except in cases of emergency admission.**

In-Network	Out-of-Network
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HOSPITALIZATION


90%

60%

Includes: Semi-private room, inpatient surgery, physicians, specialists, nursing services, lab tests, X-rays, imaging, medication and supplies

WHAT IS NOT COVERED

Some of the expenses and services that are excluded from coverage by UC SHIP are listed on the following page. For a complete list of the items and services that the plan excludes, go to www.ucop.edu/ucship. 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.



Here is a partial list of exclusions:

- Amounts in excess of covered expenses or any benefit maximum
- Commercial weight loss programs and health club memberships
- Cosmetic surgery
- Diabetic supplies that are not specifically listed as covered
- 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 services
- Personal items for comfort, hygiene or beautification
- Private-duty nursing
- Services not specifically listed in the Benefit Booklet as covered services
- Services performed by a family member
- 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

WISE USER GUIDE

INFO YOU’LL FIND IN THIS SECTION

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FAQS

If I have an emergency, what should I do?

Call 911 or report directly to the emergency department of the nearest hospital.

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

To make the most of your UC SHIP coverage, find an Anthem Blue Cross provider at www.anthem.com/ca or call Anthem Blue Cross for assistance in finding a provider.

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.

EMERGENCY CARE

In case of emergency, students should call 911 or report directly to the emergency department of the nearest hospital.

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, your UC SHIP student's account will be billed the amount—if any—for which you are responsible. SHS files a claim with UC SHIP for the remainder of the charges, if any.

For services received outside of SHS, 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. In-network providers will submit a claim for the remaining portion of the bill directly to Anthem Blue Cross for you. Out-of-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.

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. To find out more about coordination of benefits, please call Anthem Blue Cross Customer Service at (866) 940-8306. Find directions online at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and go to "Coordination of Benefits" to complete the Coordination of Benefits (COB) questionnaire with information about your other health plan.

UC SHIP covers services at SHS, regardless of whether students have coverage through another health plan. SHS will submit claims to Anthem Blue Cross for services. After the student pays the copayment or coinsurance amount—if any—that UC SHIP considers the student's responsibility, the student must submit the claims to their 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. The UC SHIP privacy policy is available online. Click to the UC SHIP home page at www.ucop.edu/ucship and scroll to the bottom line of the page to find the "Privacy Policy" PDF.

Here is an example of our privacy practices. If a student does not pay her or his portion of SHS fees, or if 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 in-network provider. In the next section, you will find a description of the travel medical coverage UC SHIP provides.

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.



YOUR DENTAL AND VISION CARE BENEFITS

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What is covered42

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FAQS

Am I automatically enrolled in the dental and vision care plans?

Yes. Enrollment in UC SHIP includes dental and vision coverage.

How do I find a dentist who is located near campus?

You can select a dentist from the Delta Dental Preferred Provider network of dentists. The list is available online at www.deltadentalins.com/ucship or by phone through Delta Dental Customer Service at (800) 765-6003.

You may also use a dentist who is not part of the Delta Dental Preferred Provider network and pay more toward your care.

HOW YOUR DENTAL COVERAGE WORKS

UC SHIP provides coverage under the Delta Dental PPO network. You also have coverage for other Delta Dental dentists and out-of-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 AND VISION CARE BENEFITS

WHAT IS COVERED

Delta Dental sets a maximum plan allowance on the fees for each treatment. Delta Dental PPO providers have agreed to a fee schedule, but out-of-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 Out-of-Network
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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
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ANNUAL DEDUCTIBLE

None for preventive and diagnostic services	None for preventive and diagnostic services
\$25 per person for other services	\$50 per person for other services

PREVENTIVE AND DIAGNOSTIC SERVICES

100%	80%
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Includes: 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
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Includes: Fillings and extractions; endodontics (root canal); periodontics; oral surgery

MAJOR SERVICES

70% after you pay deductible	40% after you pay deductible
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Includes: Prosthodontics; inlays/onlays; crowns and cast restorations

MAXILLOFACIAL PROSTHETICS AND IMPLANTS

Not covered	Not covered
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(continued on next page)

Delta Dental PPO Network	Other Delta Dental Networks or Out-of-Network
ORTHODONTICS	
Not covered	Not covered
ANNUAL BENEFIT MAXIMUMS	
\$1,000 per member	\$750 per member
Note: Not to exceed a cumulative maximum of \$1,000 per benefit year for all dental benefits	

WHAT IS NOT COVERED

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

HOW YOUR VISION CARE COVERAGE WORKS

UC SHIP provides vision plan benefits through the Anthem Blue View Vision Insight network of providers. Find a full list of providers near you at www.ucop.edu/ucship. Select your campus home page from the left-hand navigation bar and click on “Vision.” Or call Anthem Blue View Vision at (866) 940-8306.

Be sure to make the most of your coverage. UC SHIP covers a greater portion of your fees if you receive exams, glasses or lenses from a provider in the Anthem Blue View Vision Insight network.

WHAT IS COVERED

Following is a brief summary of your vision plan benefits. Find a full list of covered services near you at www.ucop.edu/ucship. 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.”

YOUR DENTAL AND VISION CARE BENEFITS

Anthem Blue View Vision Insight Network	Out-of-Network
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ROUTINE EYE EXAM (per benefit year)

\$10 copayment	Up to the \$49 allowance
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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
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EYEGLASS LENSES (standard)

Single lenses \$25 copayment	Single lenses Up to \$35
Bifocal lenses \$25 copayment	Bifocal lenses Up to \$49
Trifocal lenses \$25 copayment	Trifocal lenses 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	Conventional lenses Up to \$92
Disposable lenses Up to \$120	Disposable lenses 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. Select your campus home page from the left-hand navigation bar. Click on the “Description of Benefits” link, scroll down to the Vision Plan and select “Blue View Vision Plan.” You can also check with Anthem Blue View Vision at (866) 940-8306.



HOW TO USE YOUR VISION CARE COVERAGE WISELY

To make the most of your coverage, 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 and click on “Vision,” or call Anthem Blue View Vision at (866) 940-8306.

OTHER RESOURCES

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 or plan pays a certain percentage of a 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.

Deductible The amount of money the covered person is required to pay out of pocket before the insurance carrier or plan 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 in-network and out-of-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 an out-of-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

Student Health Services (SHS)

<http://health.ucmerced.edu>

(209) 228-2273

Monday–Friday

8:00 a.m.–5:00 p.m.

Anthem Blue Cross 24/7 NurseLine

(877) 351-3457

Anthem Blue Cross and Blue View Vision Customer Service

www.anthem.com/ca

(866) 940-8306

Ventegra Pharmacy Services

www.ventegra.net

(877) 867-0943

Delta Dental Customer Service

www.deltadentalins.com/ucship

(800) 765-6003

**Wells Fargo Insurance Customer Care for UC SHIP
Voluntary Student and Dependent Coverage**

(800) 853-5899

UCSHIP

Student Health Insurance Plan



1

If you need care, start at SHS



2

To keep your costs low, visit SHS or Anthem Network providers including the five UC medical centers offering you UC Family coverage



4

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



3

Emergency care and urgent care clinics are covered without a primary care clinician referral

SHS: Student Health Services on campus



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. 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.