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

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

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

You can waive UC SHIP coverage if you already have a health plan that meets the University’s health coverage requirements. Go to shc.uci.edu to learn how to waive enrollment in UC SHIP before the waiver deadline for your campus.

Note: You must reapply to waive coverage each fall term.

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

Note: You must re-enroll dependents every term.

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

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

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

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

Getting Care
Your First Stop for Medical Care Is ALWAYS the Student Health Center
For routine care, start at the student health center (SHC) on your campus. This is the first stop for care that is covered by UC SHIP, unless it is emergency care in an emergency room, urgent care clinic, pediatric care, obstetrics services, gynecological care, vision care, dental care or pharmacy services.

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

You will be cared for by a team of experts in young adult health—board-certified doctors, certified nurse practitioners, physician assistants and nurses. The SHC also offers psychiatric and psychotherapy services, including ongoing medication management. The Counseling Center (separate from SHC) is open on campus, providing counseling services to enrolled/registered students. For more information, go to counseling.uci.edu

You MUST Get a Referral for Medical Care Outside the Student Health Center
If needed, the SHC will refer you to, and coordinate, additional or specialist care outside the SHC. You will need a referral for care outside the SHC, no matter how far from the campus you receive that care. Without it, UC SHIP will not provide coverage. To get a referral, meet with an SHC provider. If you are farther than 50 miles from campus and need a referral, certain referral requirements may apply.

Contact SHC Insurance Services for information on how to get a referral for care outside the SHC.

• UC Medical Centers. Any of the five nationally ranked medical centers (at Davis, Irvine, Los Angeles, San Diego and San Francisco) are a UC SHIP facility, doctor, or other health care provider. (Be sure to get a referral before seeking care at a UC Medical Center.)

• Anthem Blue Cross Prudent Buyer PPO network doctors and other providers and facilities. A nationwide network of more than 50,000 physicians and over 4,000 hospitals. You’ll first pay a deductible (see the Medical Coverage chart), then UC SHIP will pay most of the cost, and you’ll pay the rest through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share).

If you are referred for care services outside the SHC, ask for provider recommendations.

Medical care (non-urgent or emergency)
Student Health Center (SHC)
shc.uci.edu/insurance
Phone:
• Main number: (949) 824-5307
• Insurance services: (949) 824-5304
• Apointments for dental clinic: (949) 824-5307
• Appointments for primary care, specialty care, psychiatry: (949) 844-5046
• Counseling Center: (949) 844-5047

In person:
• SHC: (Bldg. 5 on the campus map) 210 Student Health at the corner of East Pelason and Pereira Drives
• Dental Clinic: (Bldg. 6 on the campus map) across the street from the main SHC, also at the corner of East Pelason and Pereira Drives

Urgent or emergency care
Emergency Care
Dial 911 or go directly to the nearest emergency room or urgent care clinic.

Visit SHC’s website at shc.uci.edu and select the “emergency” link at the top of the page for a list of the hospitals and urgent care clinics nearest to UC Irvine’s main campus.

UC Irvine Health
(714) 456-8900
Anthem Blue Cross
(866) 456-8906

Off-campus pharmacies and prescription drug costs
OptumRx
(844) 316-6969

Visa Vision
anthem.com/ca

Rates for dependent and non-registered, voluntary students
shc.uci.edu/insurance

Waive UC SHIP coverage
UCI Student Health Center
shc.uci.edu
Medical Coverage

The chart below highlights what UC SHIP covers and how much the plan pays for services. Except for preventive care, you will pay a deductible for services you receive outside the SHC, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage. For details, go to ucop.edu/ucship • My Medical Coverage • UC Irvine.

### NETWORK

**UC FAMILY PROVIDERS**
- UC
- UC Irvine Health affiliated facilities and professional providers, including UC Irvine Medical Center
- Any other UC medical centers and their affiliated facilities and professional providers

**ANTHEM BLUE CROSS PPO PROVIDERS**
- Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network

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

### SEPARATE BENEFIT YEAR DEDUCTIBLES
The amount you pay before UC SHIP pays for services
- $300 individual/$600 family
- 100% after $15 copay, deductible waived
- 40% after you pay deductible
- 60% after you pay deductible

### SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS
If your medical and/or pharmacy expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the plan year.
- $52,000 individual/$44,000 family
- $95,000 individual/$80,000 family

### UC SHIP COVERS

#### OFFICE VISITS
Covered office visits only. Additional charges apply for other services, such as x-rays. For details, visit ucop.edu/ucship • Plan Documents.

#### ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
<tr>
<td>Specialty care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
</tbody>
</table>

#### MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
<tr>
<td>Specialty care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
</tbody>
</table>

#### INPATIENT HOSPITAL CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
<tr>
<td>Specialty care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
</tbody>
</table>

#### URGENT CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
<tr>
<td>Specialty care</td>
<td>100% after $15 copay</td>
<td>70% after $15 copay</td>
</tr>
</tbody>
</table>

#### EMERGENCY CARE (NON-ADMISSION)

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>100% after $15 copay (waived if admitted)</td>
<td>70% after $15 copay (waived if admitted)</td>
</tr>
<tr>
<td>Specialty care</td>
<td>100% after $15 copay (waived if admitted)</td>
<td>70% after $15 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

### PEDICULAR DENTAL AND VISION CARE

**UP TO AGE 13**

- N/A
- 100% dental checkup: basic and major services
- Vision exam, frame (formulary) and standard lenses, and contact lenses (formulary)
- Dental checkup: basic and major services $20
- Vision: $25 allowance for exam, $35 for frame and $35 for lenses

Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you’ll pay less when you use the SHC pharmacy or an OptumRx network pharmacy. Not all prescription drugs are covered by UC SHIP. For details, go to ucop.edu/ucship • My Pharmacy Coverage • UC Irvine.

### NETWORK

**SHC**

**OPTUMRX PHARMACIES**

**ALL OTHER PHARMACIES**

### SEPARATE ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS
Your share of prescription drug costs counts toward the combined annual medical/pharmacy out-of-pocket limit listed above, with one exception: Your SHC pharmacy costs count toward the SHC annual out-of-pocket limit—offering you additional cost savings. There are more details about the combined annual out-of-pocket limits in the “Medical Coverage” chart above, or visit the UC SHIP website at ucop.edu/ucship.

### UC SHIP COVERS

#### OUTPATIENT PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Class</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic copay</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
</tr>
<tr>
<td>Brand-name non-formulary copay</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
</tr>
<tr>
<td>Brand-name formulary copay</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
</tr>
</tbody>
</table>

#### DENTAL COVERAGE

- Primary care: 100% after $15 copay
- Specialty care: 100% after $15 copay

#### ANNUAL BENEFIT MAXIMUMS

- $10,000 per member
- $20,000 per member

#### FEE SCHEDULE

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.
- PPO provider agrees to accept Delta Dental PPO maximum allowable schedule.
- You are responsible for the difference between the amount Delta Dental pays and the amount you pay out of network dentist bills.*

#### U.S. SHIP PROVIDERS

- UC Family PPO
- UC Family
- UC Irvine Health affiliated facilities and professional providers
- UC Irvine Medical Center
- Any other UC medical centers and their affiliated facilities and professional providers

#### ANTHEM BLUE CROSS PPO PROVIDERS
- Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network

#### ALL OTHER PROVIDERS
- Any health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.

#### Vision Coverage

You can see any vision provider you want, but you’ll pay less when you see doctors in the Delta Dental PPO network. The Dental Clinic at the SHC is in the Delta Dental PPO network. Not all expenses or services are covered by UC SHIP. For details, go to ucop.edu/ucship • My Dental Coverage. Download the DeltaDental app (from Google Play or iTunes) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you’ll pay for dental work.

### DENTAL COVERAGE

**DELTA DENTAL PPO NETWORK**

- None for preventive and diagnostic services, $3 per person for other services

#### ANNUAL DEDUCTIBLE

- None for preventive and diagnostic services, $3 per person for other services

#### ANNUAL BENEFIT MAXIMUM

- $1,000 per member

#### FEE SCHEDULE

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.
- PPO provider agrees to accept Delta Dental PPO maximum allowable schedule.
- You are responsible for the difference between the amount Delta Dental pays and the amount you pay out of network dentist bills.*

#### UC SHIP COVERS

- Preventive and Diagnostic Services
- Includes: Oral exams, cleanings (twice every 12 months); X-rays (two bite-wing series within 12 months); fluoride treatment
- Basic Services
- Includes: Fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards
- Major Services
- Includes: Prosthodontics; inlays/onlays; crowns and cost restorations; implants

#### Vision Coverage

You can see any vision provider you want, but you’ll pay less when you see doctors in the Delta Dental Vision Insight network provider for exams, glasses or lenses. Before you buy glasses or contacts, check eyemedvisioncare.com to see if the provider is in network. Not all expenses or services are covered by UC SHIP. For details, go to ucop.edu/ucship • My Vision Coverage.

### ROUTINE EYE EXAM (PER BENEFIT YEAR)

- $25 copay
- Up to $25 allowance

### EYEGLASS FRAMES (PER BENEFIT YEAR)

- Select an eyeglass frame and receive the following allowance toward the purchase price.
- $25 for lenses
- Up to $25 allowance

### EYEGLASS LENSES (STANDARD)

- Single lenses: $10 copay
- Single lenses: $15 copay
- Bifocal lenses: $15 copay
- Trifocal lenses: $15 copay

### CONTACT LENSES (PER BENEFIT YEAR)

- Select an allowance toward the cost of a supply of contact lenses (instead of eyeglass lenses).
- Up to $25 allowance
- $25 for lenses
- Up to $25 allowance

### ANNUAL BENEFIT MAXIMUM

- $750 per member
- $1,500 per member

### ANNUAL DEDUCTIBLE

- None for preventive and diagnostic services, $3 per person for other services

### ANNUAL BENEFIT MAXIMUM

- $1,000 per member
- $2,000 per member

### FEE SCHEDULE

- The maximum amount Delta Dental will pay for a service, sometimes called a plan allowance.
- PPO provider agrees to accept Delta Dental PPO maximum allowable schedule.
- You are responsible for the difference between the amount Delta Dental pays and the amount you pay out of network dentist bills.*

*Delta Dental PPO network dentists will save you the most money. If you need the best value for your money, you will usually have the highest out-of-pocket costs when you visit an out-of-network dentist. Note: Even though they are out-of-network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.