A Health Plan That’s All About You
The sole mission of the not-for-profit University of California Student Health Insurance Plan is to offer high-quality, affordable and convenient health insurance. UC SHIP covers medical care on campus and through UC's world-class medical centers and other providers.

You're automatically enrolled in medical, pharmacy, dental and vision coverage for up to 12 months — including summer and term breaks. And you can enroll a spouse/domestic partner and/or children. Your coverage includes medical services anywhere in the world.

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

Sydney Health Mobile App
With the Sydney Health app you can:
• Access your ID card
• Find the Student Health Center location, hours and services
• View medical, pharmacy, dental and vision coverage and claims information
• Get notifications for benefit changes and action items
Download the Sydney Health app from Google play or the App Store or visit sydneyhealth.com. You’ll need your student ID and email to get started.

Glossary of Terms
Annual benefit maximums: The most the benefit will pay out over the coverage period.
Anthem Blue Cross PPO providers: Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network.
Coinsurance: The percentage of the maximum allowed amount that you are responsible for paying.
Copay: The set-dollar amount you are responsible for paying.
Fee schedule: The maximum amount Delta Dental will pay for services (sometimes called a plan allowance).
Separate benefit-year deductibles (annual deductible): The amount you pay before UC SHIP pays for services. Deductibles differ based on service provider.
Separate limits on your out-of-pocket costs: If your combined medical and prescription drug expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the benefit year. This includes deductibles, coinsurance and copays. Limits differ based on service provider.

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

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

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

You can waive UC SHIP coverage if you already have a health plan that meets the university's health coverage requirements. Go to 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 academic year.

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

Note: You must reenroll dependents every term.

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

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

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

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

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

For routine care, start at the student health center (SHC) on your campus. This is the first stop for care that is covered by UC SHIP, except for emergency care in an emergency room, urgent care clinic visits, pediatric care, obstetrics services, gynecological care, 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 and physician assistants. The SHC also offers psychiatric and psychotherapy services, including ongoing medication management. The Counseling Center (separate from the SHC) provides no-cost, time-limited 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 any benefits. To get a referral, meet with an SHC provider. If you are more than 50 miles from campus and need a referral, certain referral requirements may apply. Contact SHC Insurance Services for information.

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

- **UC medical centers.** Any of the five nationally ranked medical centers (at Davis, Irvine, Los Angeles, San Diego and San Francisco) or a UC-affiliated facility, doctor or other health care provider. (Be sure to get a referral before making an appointment.)

- **Anthem Blue Cross Prudent Buyer PPO network doctors and other providers and facilities.** A nationwide network of more than 50,000 physicians and 400 hospitals. You’ll first pay a deductible (see the Medical Coverage chart), then UC SHIP will pay most of the cost, and you’ll pay the rest through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share). If you are referred for services outside the SHC, ask for provider recommendations.

During winter break when the SHC is closed, you can visit an Anthem Blue Cross clinician without a referral. However, if you need to see a specialist, be sure to get a referral from your primary care clinician in the Anthem Blue Cross Prudent Buyer PPO network.

You’re Covered Around the World

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

**Referrals Are Required**

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

During winter break when the SHC is closed, you can visit an Anthem Blue Cross clinician without a referral. However, if you need to see a specialist, be sure to get a referral from your primary care clinician in the Anthem Blue Cross Prudent Buyer PPO network.

Note: You will be responsible for paying a deductible and part of the cost through a copay or coinsurance (the amount you’re responsible for after UC SHIP pays its share). Make sure to always follow up with your SHC primary care provider if you go to the ER or an urgent care clinic and/or receive treatment during winter break.

Learn More

To learn more about UC SHIP benefits and what they cover, go to myucship.org, call the SHC at (949) 824-2388, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.

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

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

Contacts

**Medical care (non-urgent or emergency)**

Student Health Center (SHC)  
shc.uci.edu/insurance  

**Phone:**  
- Main number: (949) 824-5301  
- Insurance services: (949) 824-2388  
- Appointments for dental clinic: (949) 824-2574  
- Appointments for primary care, specialty care, psychiatry: (949) 824-5304  
- Counseling Center: (949) 824-6457

**In person:**  
- SHC: (Bldg. 5 on the campus map) 501 Student Health at the corner of East Peltason and Pereira Drives  
- Dental Clinic: (Bldg. 6 on the campus map) across the street from the main SHC, also at the corner of East Peltason and Pereira Drives

**Vision care**

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

**Off-campus pharmacies and prescription drug costs**

OptumRx  
optumrx.com  
(844) 265-1879

**Rates for dependent and non-registered, voluntary students**

shc.uci.edu/insurance

**Waive UC SHIP coverage**

UCI Student Health Center website  
shc.uci.edu/insurance/  
waving-ship
**Medical Coverage**

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

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

UC Family providers include the SHC, UC Irvine Health, affiliated facilities and professional providers, including UC Irvine Medical Center, and any other UC medical centers and their affiliated facilities and professional providers.

For details, go to myucship.org > Coverage > Medical.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>UC FAMILY PROVIDERS</th>
<th>ANTHEM BLUE CROSS PPO PROVIDERS</th>
<th>OUT-OF-NETWORK*</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPARATE BENEFIT/YEAR DEDUCTIBLES</td>
<td>Individual: $100 Family: $200</td>
<td>Individual: $100 Family: $200</td>
<td>Individual: $100 Family: $200</td>
</tr>
<tr>
<td>SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS</td>
<td>Individual: $3,000 Family: $4,000</td>
<td>Individual: $3,000 Family: $4,000</td>
<td>Individual: $6,000 Family: $12,000</td>
</tr>
<tr>
<td>OFFICE VISITS</td>
<td>Primary care: $1 copay Specialty care: $5 copay</td>
<td>Primary care: $2 copay, deductible waived Specialty care: $25 copay, deductible waived</td>
<td>Primary care specialty care: 40%</td>
</tr>
<tr>
<td>ROUTING PHYSICALS/STUDENT ABOUT PREVENTIVE CARE</td>
<td>$0</td>
<td>$0, deductible waived</td>
<td>Not covered</td>
</tr>
<tr>
<td>MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS</td>
<td>$0</td>
<td>$0, deductible waived</td>
<td>40%</td>
</tr>
<tr>
<td>INPATIENT HOSPITAL CARE</td>
<td>1%</td>
<td>10% after $500 copay</td>
<td>40% after $500 copay and 25% penalty**</td>
</tr>
<tr>
<td>URGENT CARE</td>
<td>$25 copay</td>
<td>$25 copay, deductible waived</td>
<td>LiveHealth Online: $0, deductible waived</td>
</tr>
<tr>
<td>EMERGENCY CARE (NON-ADMISSION)</td>
<td>$25 copay</td>
<td>$125 copay, deductible waived</td>
<td>$125 copay, deductible waived</td>
</tr>
<tr>
<td>PEDIATRIC DENTAL AND VISION CARE</td>
<td>N/A</td>
<td>Dental checkup: $0 Dental basic and major services: 50% Vision exam, frame (formulary) and standard lenses, and contact lenses: $0</td>
<td>Dental checkup: $0 Dental basic and major services: 50% Vision: 100% after $500 out-of-pocket, $45 frame allowance and $25 lenses allowance</td>
</tr>
</tbody>
</table>

**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 myucship.org > Coverage > Prescription Drugs.

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, so visit the UC SHIP website at myucship.org.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>SHC***</th>
<th>OPTUMRx PHARMACIES***</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT PRESCRIPTION DRUGS</td>
<td>Generic: $1 copay, 30-day supply Brand-name formulary: $25 copay, 30-day supply Brand-name non-formulary: $40 copay, 30-day supply</td>
<td>Generic: $10 copay, 30-day supply Brand-name formulary: $15 copay, 30-day supply Brand-name non-formulary: $50 copay, 30-day supply</td>
<td>Generic: $10 copay, 30-day supply Brand-name formulary: $15 copay, 30-day supply Brand-name non-formulary: $50 copay, 30-day supply</td>
</tr>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>Preventive and diagnostic services: None Other services: $25 per person</td>
<td>Preventive and diagnostic services: None Other services: $50 per person</td>
<td>Preventive and diagnostic services: None Other services: $50 per person</td>
</tr>
<tr>
<td>ANNUAL BENEFIT MAXIMUMS</td>
<td>$1,000 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out of network dental benefits in total</td>
<td>$750 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out of network dental benefits in total</td>
<td>$750 per member; not to exceed a cumulative maximum of $1,000 each benefit year for network plus out of network dental benefits in total</td>
</tr>
<tr>
<td>FEE SCHEDULE</td>
<td>PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule</td>
<td>You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. Note: Even though they are out of network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.</td>
<td>You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. Note: Even though they are out of network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.</td>
</tr>
<tr>
<td>PREVENTIVE AND DIAGNOSTIC SERVICES</td>
<td>Includes oral exams; cleanings (twice every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>BASIC SERVICES</td>
<td>Includes fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>Includes prosthodontics; inlays/onlays; crowns and cast restorations; implants</td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
</tbody>
</table>

**Vision Coverage**

You can see any dentist you want, but you’ll pay less when you use dentists 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 myucship.org > Coverage > Dental. Download the Delta Dental mobile 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.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ANTHEM BLUE CROSS VISION INSIGHT PLAN NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTING EYE EXAM (PER BENEFIT YEAR)</td>
<td>$10 copay</td>
<td>100% after $49 exam allowance</td>
</tr>
<tr>
<td>EYEGLASSES FRAMES (PER BENEFIT YEAR)</td>
<td>20% after $120 frame allowance</td>
<td>100% after $120 frame allowance</td>
</tr>
<tr>
<td>EYEGLASS LENSES (STANDARD)</td>
<td>Single lenses: $125 copay Binical lenses: $25 copay Trifocal lenses: $35 copay</td>
<td>Single lenses: $100 after $15 lens allowance Binical lenses: $100 after $40 lens allowance Trifocal lenses: $100 after $74 lens allowance</td>
</tr>
<tr>
<td>CONTACT LENSES (PER BENEFIT YEAR)</td>
<td>Single lenses: 100% after $200 lens allowance; receive a 10% discount Disposables lenses: 100% after $200 lens allowance</td>
<td>Single lenses: 100% after $200 lens allowance Disposables lenses: 100% after $200 lens allowance</td>
</tr>
</tbody>
</table>

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

**An additional 25% penalty is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Booklet for details.

***100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to 90-day supply.

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*This brochure provides a summary of information. For detailed information about all benefits, terms and conditions of UC SHIP, see the Benefit Booklet at myucship.org > Resources > Forms and Documents. What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received.

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