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 plan will pay out over the coverage period.

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

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

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

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

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

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

Students Come First — Always

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

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

You're Automatically Enrolled

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

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

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

You Can Cover Your Spouse, Domestic Partner and Child(ren), Too

If you're enrolled in UC SHIP and are married and/or have children, you can enroll those eligible dependents in the same medical, pharmacy, dental and vision coverage you have for yourself. For information about who you can enroll in UC SHIP, go to myucship.org > Eligibility and Enrollment.

Note: You must reenroll dependents every term.

The UC SHIP Plans Meet Affordable Care Act (ACA) Requirements

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

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

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 in the Anthem Blue Cross Prudent Buyer PPO network.
Getting Care

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

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

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

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants. Mental health and substance use disorder services are provided through Counseling and Psychological Services (CAPS), which is also in the building.

Other Care Options

If needed, the SHC will refer you to, and coordinate, additional or specialist care outside the SHC. Get in-network off-campus care through:

- **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. You pay the same discounted rates for care within the UC Family as you do within the Anthem Blue Cross Prudent Buyer PPO network.

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

You’re Covered Around the World

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

Learn More

To learn more about UC SHIP benefits and what they cover, go to myucship.org, call the SHC at (209) 228-2273 or Counseling and Psychological Services at (209) 228-4266, 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.

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 Services**
health.ucmerced.edu

**Phone:**
- Main number: (209) 228-2273
- Counseling and Psychological Services: (209) 228-4266

**In person:**
- H. Rajender Reddy Health Center
  5200 North Lake Road
  Merced

**Anthem Blue Cross**

**Medical centers**

- 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. You pay the same discounted rates for care within the UC Family as you do within the Anthem Blue Cross Prudent Buyer PPO network.

**Doctors, providers and facilities outside the SHC**

Anthem Blue Cross

anthem.com/ca

(866) 940-8306

Sydney Health app

Download it from Google play or the App Store

**Dental care**

Delta Dental
deltadental.com

(800) 765-6003

**Vision care**

Anthem Blue View Vision

anthem.com/ca

(choose Vision > Blue View Vision Insight network)

(866) 940-8306

**Urgent or emergency care**

**After-hours urgent care**

Mercy Medical Center

Merced (209) 564-5000

Patients First Medical Center & Urgent Care

(209) 383-3990

Fountain View Urgent Care

(209) 384-5766

Castle Urgent Care

(209) 381-2027

LiveHealth Online

livehealthonline.com

**Emergency care**

Call 911

Campus Police

(209) 228-2677

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

health.ucmerced.edu

**Waive UC SHIP coverage**

Student Health Services

health.ucmerced.edu

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

OptumRx

optumrx.com

(844) 265-1879

**Doctors, providers and facilities outside the SHC**

Anthem Blue Cross

anthem.com/ca

(866) 940-8306

Sydney Health app

Download it from Google play or the App Store

**Dental care**

Delta Dental
deltadental.com

(800) 765-6003

**Vision care**

Anthem Blue View Vision

anthem.com/ca

(choose Vision > Blue View Vision Insight network)

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health.ucmerced.edu

**Waive UC SHIP coverage**

Student Health Services

health.ucmerced.edu
Medical Coverage

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

Network providers are those in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family medical centers, affiliated facilities, and professional providers. For details, go to myucship.org > Coverage > Medical.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>SHC</th>
<th>NETWORK PROVIDERS</th>
<th>OUT-OF-NETWORK*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT-YEAR DEDUCTIBLES</td>
<td>$0</td>
<td>Individual $100</td>
<td>Individual $100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family: $400</td>
<td>Family: $400</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual $6,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family: $12,000</td>
<td></td>
</tr>
<tr>
<td>SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>OFFICE VISITS</td>
<td>100%</td>
<td>Primary care: $25 copay, deductible waived</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialty care: $100 copay, deductible waived</td>
<td></td>
</tr>
<tr>
<td>ROUTINE PHYSICALS/STUDENT ABSENCE PREVENTIVE CARE</td>
<td>100%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>INPATIENT HOSPITAL CARE</td>
<td>N/A</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>URGENT CARE</td>
<td>N/A</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>EMERGENCY CARE (NON-ADMISSION)</td>
<td>N/A</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>PEDIATRIC DENTAL AND VISION CARE</td>
<td>Up to age 19</td>
<td>Separates deductibles and out of pocket maximums may apply</td>
<td></td>
</tr>
</tbody>
</table>

Pharmacy Coverage

You can fill prescriptions at any pharmacy, but you'll pay less when you use 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. 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 myucship.org > Coverage > Prescription Drugs.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>OPTUMRX PHARMACIES***</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT PRESCRIPTION DRUGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generic: $1 copay</td>
<td>Generic: $1 copay</td>
</tr>
<tr>
<td></td>
<td>Brand-name formulary: $25 copay, 30-day supply</td>
<td>Brand-name formulary: $25 copay, 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Brand-name non-formulary: $40 copay, 30-day supply</td>
<td>Brand-name non-formulary: $40 copay, 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Specialty: $40 copay, 30-day supply</td>
<td>Specialty: $40 copay, 30-day supply</td>
</tr>
</tbody>
</table>

Dental Coverage

You can see any dentist you want, but you'll pay less when you see dentists in the Delta Dental PPO network. Not all expenses or services are covered by UC SHIP. For details, go to myucship.org > Coverage > Dental. Download the Delta Dental mobile app (from Google play or the App Store) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you'll pay for dental work.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>DELTA DENTAL-PPO NETWORK</th>
<th>OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>Preventive and diagnostic services: $0</td>
<td>Preventive and diagnostic services: $0</td>
</tr>
<tr>
<td></td>
<td>Other services: $125 per person</td>
<td>Other services: $125 per person</td>
</tr>
<tr>
<td>ANNUAL BENEFIT MAXIMUMS</td>
<td>$1,500 per member; not to exceed a cumulative maximum of $1,500 each benefit year for network plus out-of-network dental benefits in total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$750 per member; not to exceed a cumulative maximum of $750 each benefit year for network plus out-of-network dental benefits in total</td>
<td></td>
</tr>
<tr>
<td>FEE SCHEDULE</td>
<td>Delta Dental Premier providers agree to accept Delta Dental - PPO maximum allowed fee schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Even though they are out of network providers, Delta Dental Premier dentists will apply the fee schedule, so you would have been charged the same as if you went to a network dentist</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE AND DIAGNOSTIC SERVICES</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes oral exams, cleanings (once every 12 months), x-rays (one bitewing series within 12 months), fluoride treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive and diagnostic services: $0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other services: $125 per person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive and diagnostic services: $0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other services: $125 per person</td>
<td></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></td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40% after deductible</td>
<td></td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>Includes prosthodontics; inlays/onlays; crowns and cast restorations; implants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40% after deductible</td>
<td></td>
</tr>
<tr>
<td>MAXILLOFACIAL PROSTHETICS AND IMPLANTS</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>ORTHODONTICS</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

Vision Coverage

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

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ANTHEM BLUE VIEW VISION INSIGHT NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE EYE EXAM (PER BENEFIT YEAR)</td>
<td>$10 copay</td>
<td>100% after $49 exam allowance</td>
</tr>
<tr>
<td>EYEGLASS FRAMES (PER BENEFIT YEAR)</td>
<td>80% after $125 frame allowance</td>
<td>100% after $10 frame allowance</td>
</tr>
<tr>
<td>EYEGLASS LENSES (STANDARD)</td>
<td>Single lenses: $17 copay</td>
<td>Single lenses: $17 copay</td>
</tr>
<tr>
<td></td>
<td>Bifocal lenses: $25 copay</td>
<td>Bifocal lenses: $25 copay</td>
</tr>
<tr>
<td></td>
<td>Trifocal lenses: $37 copay</td>
<td>Trifocal lenses: $37 copay</td>
</tr>
<tr>
<td>CONTACT LENSES (PER BENEFIT YEAR)</td>
<td>Select an allowance toward the cost of a supply of contact lenses (instead of eyeglass lenses)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conventional lenses: 100% after $120 lens allowance; receive a 5% discount</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disposable lenses: 100% after $120 lens allowance</td>
<td></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 120-day supply.

This brochure provides a summary of information. For detailed information about all benefits, terms and conditions of UC SHIP, see the benefit booklet of 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 for benefits to be covered.

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

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