



*Coverage for the journey ahead*

**UC RIVERSIDE 2023–2024**



## **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 academic 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.**

UNIVERSITY  
OF  
CALIFORNIA

Student Health  
Insurance Plan

Convenient and  
Affordable Student  
Health Insurance

**MYUCSHIP.ORG**

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## 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 [studenthealth.ucr.edu](https://studenthealth.ucr.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](https://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 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.



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## Sydney Health Mobile App

With the Sydney Health app, you can:

- Access your ID card
- Find student health center locations, 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](https://sydneyhealth.com). You'll need your student ID and email to get started.

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## 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 specified 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.



## 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 or gynecological care.

The SHC is an on-campus outpatient health center offering a range of health services — from primary care to routine checkups, dental care, 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.

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants.

### 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. **Without a referral, UC SHIP will not provide any benefits.** To get a referral, meet with an SHC provider. **You do not need a referral if you are outside a 50-mile radius from campus.**

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

- **UC medical centers.** Any of the six nationally ranked medical centers (at Davis, Irvine, Los Angeles, Riverside, 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.

## 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 [bcbsglobalcore.com](http://bcbsglobalcore.com).

### REFERRALS ARE REQUIRED

**You must get an SHC referral** for care outside the SHC if you are within a 50-mile radius from campus, **except for the following:** emergency room care and visits to urgent care clinics, pediatric care, obstetrics services, gynecological care and LiveHealth Online virtual visits.

However, 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).

## Learn More

To learn more about UC SHIP benefits and what they cover, go to [myucship.org](http://myucship.org), call Student Health Services at (951) 827-3031 or Counseling and Psychological Services at (951) 827-5531, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or [anthem.com/ca](http://anthem.com/ca).



### Student Health Services

(951) 827-3031  
[studenthealth.ucr.edu](http://studenthealth.ucr.edu)



### Anthem Blue Cross

(866) 940-8306  
[anthem.com/ca](http://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 non-emergency)

**Student Health Services**  
[studenthealth.ucr.edu](http://studenthealth.ucr.edu)

#### Phone:

- Main number: (951) 827-3031
- Counseling and Psychological Services (CAPS): (951) 827-5531

#### In person:

388 West Linden Street

### Urgent or emergency care

Call 911, use a campus emergency phone, or go to the nearest emergency room

**LiveHealth Online**  
[livehealthonline.com](http://livehealthonline.com)

**After-hours nurse advice**  
(877) 351-3457

### Doctors, providers and facilities outside the SHC

**Anthem Blue Cross**  
[anthem.com/ca](http://anthem.com/ca)  
(866) 940-8306

**Sydney Health app**  
Download it from Google Play or the App Store

### Dental care

**Delta Dental**  
[deltadentalins.com/ucship](http://deltadentalins.com/ucship)  
(800) 765-6003

### Vision care

**Anthem Blue View Vision**  
[anthem.com/ca](http://anthem.com/ca)  
(choose Vision > Blue View Vision Insight network)  
(866) 940-8306

### Off-campus pharmacies and prescription drug costs

**OptumRx**  
[optumrx.com](http://optumrx.com)  
(844) 265-1879

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

[studenthealth.ucr.edu](http://studenthealth.ucr.edu)

### Waive UC SHIP coverage

[studenthealth.ucr.edu](http://studenthealth.ucr.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](http://myucship.org) > Coverage > Medical.

COVERAGE	SHC	NETWORK PROVIDERS	OUT-OF-NETWORK*
<b>BENEFIT-YEAR DEDUCTIBLES</b>	\$0	Individual: \$200 Family: \$400	Individual: \$200 Family: \$400
<b>SEPARATE LIMITS ON YOUR OUT-OF-POCKET COSTS</b>	N/A	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
<b>OFFICE VISITS</b> Copay covers office visit only. Additional charges apply for other services, such as lab work and procedures. For details, visit <a href="http://myucship.org">myucship.org</a> > Resources > Forms and Documents.	\$0	<b>Primary and specialty care</b> • Undergraduate students: \$17 copay, deductible waived • Graduate students: \$15 copay, deductible waived	<b>Primary and specialty care:</b> 40%
<b>ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE</b>	\$0	\$0, deductible waived	40%
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER OFFICE VISITS</b>	\$0	\$0, deductible waived <b>LiveHealth Online:</b> \$0, deductible waived	40%
<b>INPATIENT HOSPITAL CARE</b>	N/A	10%	40% after \$500 copay and 25% penalty**
<b>URGENT CARE</b>	Same-day walk-in fee: \$15	\$50 copay, deductible waived <b>LiveHealth Online:</b> \$25 copay, deductible waived	40%
<b>EMERGENCY CARE (NON-ADMISSION)</b> Copay waived if admitted	N/A	\$100 copay, deductible waived	\$100 copay, deductible waived
<b>PEDIATRIC DENTAL AND VISION CARE</b> Up to age 19. Separate deductibles and out-of-pocket maximums may apply.	N/A	<b>Dental checkup:</b> \$0 <b>Dental basic and major services:</b> 50% <b>Vision exam, frame (formulary) and standard lenses, and contact lenses:</b> \$0	<b>Dental checkup:</b> \$0 <b>Dental basic and major services:</b> 50% <b>Vision exam, frame (formulary) and standard lenses, and contact lenses:</b> 100% after \$30 exam allowance, \$45 frame allowance and \$25 lenses allowance

## 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](http://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](http://myucship.org) > Coverage > Prescription Drugs.

COVERAGE	SHC***	OPTUMRX PHARMACIES***	OUT-OF-NETWORK
<b>OUTPATIENT PRESCRIPTION DRUGS</b> Mail order is available.	<b>Generic:</b> \$5 copay, 30-day supply <b>Brand-name formulary:</b> \$25 copay, 30-day supply <b>Brand-name non-formulary:</b> \$50 copay, 30-day supply <b>Specialty:</b> \$50 copay, 30-day supply	<b>Generic:</b> \$5 copay, 30-day supply <b>Brand-name formulary:</b> \$25 copay, 30-day supply <b>Brand-name non-formulary:</b> \$50 copay, 30-day supply <b>Specialty:</b> \$50 copay, 30-day supply	<b>Generic:</b> \$5 copay, 30-day supply <b>Brand-name formulary:</b> \$25 copay, 30-day supply <b>Brand-name non-formulary:</b> \$50 copay, 30-day supply <b>Specialty:</b> \$50 copay, 30-day supply  You pay any amount above the OptumRx maximum allowed amount.

## 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](http://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.

COVERAGE	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>	<b>Preventive and diagnostic services:</b> None <b>Other services:</b> \$25 per person	<b>Preventive and diagnostic services:</b> \$0 <b>Other services:</b> \$50 per person
<b>ANNUAL BENEFIT MAXIMUMS</b>	\$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	\$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
<b>FEE SCHEDULE</b>	PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule.	You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. <b>Note:</b> 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.
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b> Includes oral exams; cleanings (twice every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment	\$0	20%
<b>BASIC SERVICES</b> Includes fillings and extractions; composite fillings on back teeth; endodontics (root canal); periodontics; oral surgery; night guards	20% after deductible	40% after deductible
<b>MAJOR SERVICES</b> Includes prosthodontics; inlays/onlays; crowns and cast restorations; implants	30% after deductible	60% after deductible

## 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 — including the SHC Vision Clinic — for exams, glasses or lenses. Before you buy glasses or contacts, check [anthem.com/ca/find-doctor](http://anthem.com/ca/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](http://myucship.org) > Coverage > Vision.

COVERAGE	ANTHEM BLUE VIEW VISION INSIGHT NETWORK	OUT-OF-NETWORK
<b>ROUTINE EYE EXAM (PER BENEFIT YEAR)</b>	\$10 copay	100% after \$49 exam allowance
<b>EYEGGLASS FRAMES (PER BENEFIT YEAR)</b>	80% after \$120 frame allowance	100% after \$50 frame allowance
<b>EYEGGLASS LENSES (STANDARD)</b>	<b>Single lenses:</b> \$25 copay <b>Bifocal lenses:</b> \$25 copay <b>Trifocal lenses:</b> \$25 copay	<b>Single lenses:</b> 100% after \$35 lens allowance <b>Bifocal lenses:</b> 100% after \$49 lens allowance <b>Trifocal lenses:</b> 100% after \$74 lens allowance
<b>CONTACT LENSES (PER BENEFIT YEAR)</b> Select an allowance toward the cost of a supply of contact lenses (rather than eyeglass lenses).	<b>Conventional lenses:</b> 100% after \$120 lens allowance; receive a 15% discount <b>Disposable lenses:</b> 100% after \$120 lens allowance	<b>Conventional lenses:</b> 100% after \$92 lens allowance <b>Disposable lenses:</b> 100% after \$92 lens allowance

\*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 180-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 at [myucship.org](http://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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