

University of California 2018-2019 Student Health Insurance Plan



Eligibility

All registered students - including registered domestic, international and students in-absentia - at UC are automatically enrolled in UC SHIP.

Students covered by UC SHIP can enroll their eligible dependents in the same coverage they have for themselves. Payment for dependent coverage can be paid directly to Academic HealthPlans.

How do I waive?

In order to have the insurance premium removed from the tuition, students must complete the online waiver at universityofcalifornia.myahpcare.com by **September 5, 2018 for Annual** and **February 5, 2019 for the Spring/Summer**.

Please view the complete brochure on-line at universityofcalifornia.myahpcare.com for full details of participation in the plan.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Individual Deductible	\$ 300 per Insured Person, per Policy Year	
Family Deductible	\$ 600 for all Insureds in a Family, per Policy Year	
Individual Out-of-Pocket Limit	Network Provider:	\$ 3,000 per Insured Person, per Policy Year
	Non-Network Provider:	\$ 6,000 per Insured Person, per Policy Year
Family Out-of-Pocket Limit	Network Provider:	\$ 6,000 per Family, per Policy Year
	Non-Network Provider:	\$ 12,000 per Family, per Policy Year

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

universityofcalifornia.myahpcare.com

1-855-000-0000

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	85% after deductible	60% after deductible
In-Office Physician Fees <i>includes specialist</i>	100% after a \$25 Copayment	60% after deductible
Emergency Services Expense <i>(Copayment waived if admitted)</i>	100% after a \$125 Copayment per visit	100% after a \$125 Copayment per visit and amounts exceeding Anthem Blue Cross maximum
Prescription Drugs	\$10 Copayment per prescription for Generic Drugs \$40 Copayment per prescription for Brand-Name Drugs \$80 Copayment per prescription for Specialty Drugs	
Preventive Care Services	100%	60% after deductible

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual *08/15/2018 - *08/14/2019	Spring/Summer *01/01/2019 - *08/14/2019
Student	*\$ 1,636	*\$ 818

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*Tentative Dates and/or CostNote: More options available on design. Benefits will be adjusted upon award