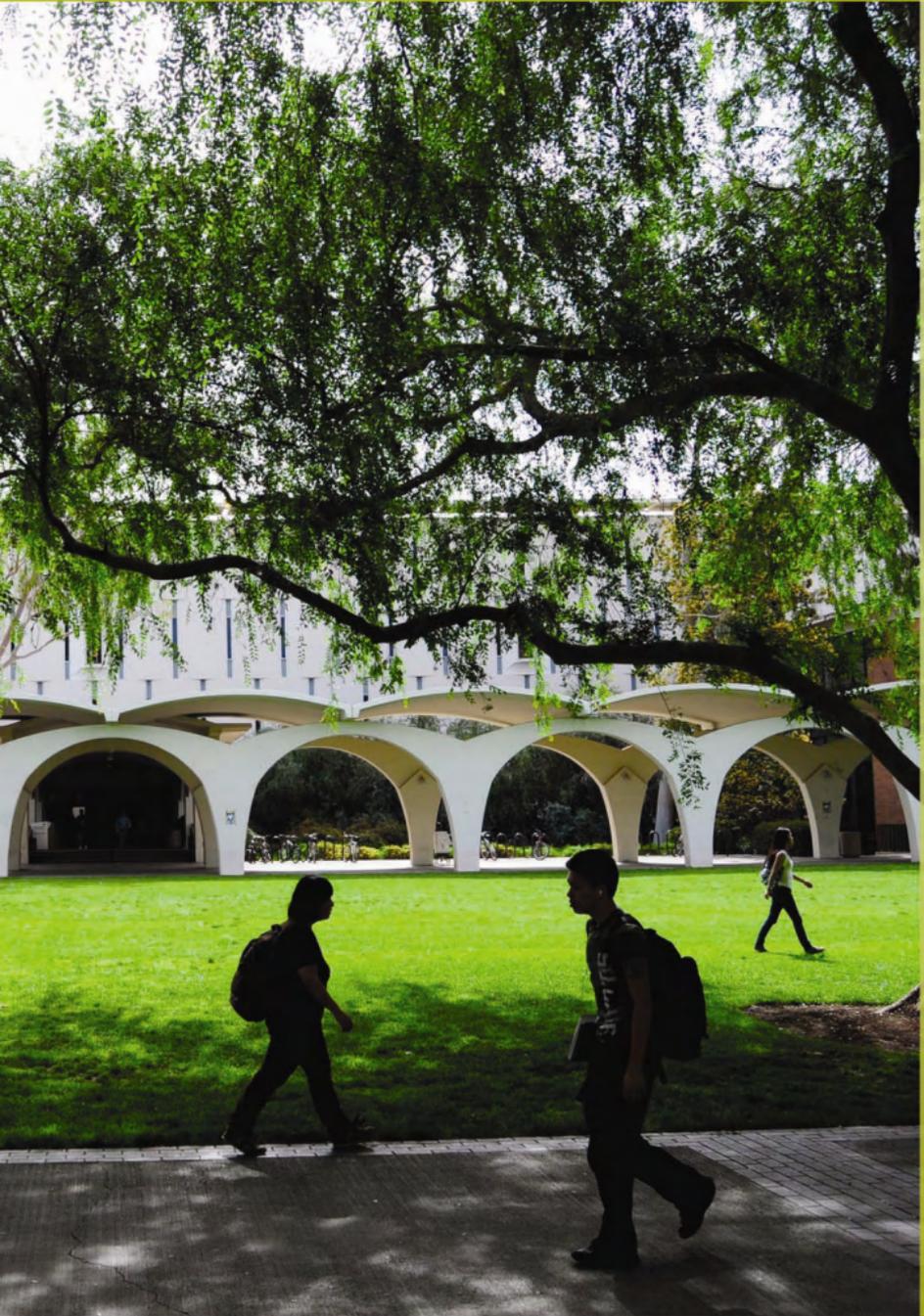


# 2012–2013 UC Student Health Insurance Plan

[www.ucop.edu/ucship](http://www.ucop.edu/ucship)

## UC Riverside Graduate Students



UNIVERSITY  
OF  
CALIFORNIA

## *UC Riverside Campus Health Center (CHC)*

- **Counseling and Psychological Services (CAPS)**  
General Information & Appointments: (951) 827-5531

- **Campus Health Center (CHC)**

Appointment Desk: (951) 827-3031

Insurance: (951) 827-5683

Insurance Fax: 951-827-7171

Dental Clinic: (951) 827-3039 or (951) 827-3031

Laboratory: (951) 827-3040

X-Ray: (951) 827-3038

Wellness Center: (951) 827-2741

Pharmacy: (951) 827-3926

**[www.campushealth.ucr.edu](http://www.campushealth.ucr.edu)**

Monday, Tuesday, Wednesday, Friday:

8:00 a.m. to 4:30 p.m.

Thursday: 9:00 a.m. to 4:30 p.m.

Hours of operation are subject to change during holidays, exam periods, and academic break periods. Please refer to the CHC website for hours of operation.

# University of California Student Health Insurance Plan (UC SHIP)

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University of California Riverside

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# *Welcome to your health care program for University of California Riverside Graduate students*

## **How the UC Student Health Insurance Plan (UC SHIP) fits into your health care program**

As a registered student at a University of California campus, you have an outstanding health care program available to you. This brochure explains the UC Student Health Insurance Plan (UC SHIP) and how it fits into the program. To understand how UC SHIP works, it is important to understand that your health care consists of two parts:

### **1. Campus Health Center (CHC)**

CHC is a complete outpatient health center that provides on-campus medical, behavioral health, and preventive care. CHC is staffed by board-certified physicians, nurse practitioners, physician assistants, and nurses, who are experts in student health needs. CHC clinicians provide primary care for UC SHIP members and coordinate any needed additional care. All registered students may use the services of CHC, regardless of their major medical insurance. Services are partially supported by registration fees, but certain services may have additional fees. Visit the CHC website at [www.campushealth.ucr.edu](http://www.campushealth.ucr.edu) for more information on available services and fees.

### **2. The UC Student Health Insurance Plan (UC SHIP)**

The University of California requires all students to have major medical insurance and provides the UC Student Health Insurance Plan (UC SHIP) to meet this requirement. UC SHIP is a major medical, behavioral health, dental, and vision care plan. UC SHIP covers hospitalization, off-campus or out-of-area care while traveling, and some specialty services not available at CHC. Students are automatically enrolled in UC SHIP, and the premium is charged on students' campus billing statements. Students who have private health insurance may apply to waive enrollment in UC SHIP. However, private health insurance plans must satisfy the criteria for required health care coverage established by the University of California. Most students keep their UC SHIP enrollment because it is a comprehensive and affordable plan with excellent benefits. As long as students are registered at the University of California, UC SHIP covers them 12 months a year anywhere in the world.

## **How CHC and UC SHIP work together**

CHC and UC SHIP work together to provide comprehensive medical care. When students need care, they can visit CHC with or without an appointment. To make an appointment, students can call CHC at (951) 827-3031 or visit the CHC website at [www.campushealth.ucr.edu](http://www.campushealth.ucr.edu).

Students must first seek non-emergency medical care at CHC. If off-campus services are needed, CHC clinicians will issue referrals for care outside of CHC. The insurance office staff will help students find Prudent Buyer\* network providers.

**Off-campus non-emergency medical services are not covered under UC SHIP without first obtaining a referral from CHC.**

\*The Prudent Buyer network is the name of the Anthem Blue Cross network of medical providers.

## **The UC Student Health Insurance Plan (UC SHIP)**

### **What UC SHIP covers for students**

The following is a brief summary of benefits. Please see the *Description of UC SHIP Benefits* section in this brochure for a more detailed summary of benefits. Full benefits are described in the *Benefit Booklet* available at [www.ucop.edu/ucship](http://www.ucop.edu/ucship).

- **UC SHIP medical coverage** uses the Anthem Blue Cross Preferred Provider Organization (PPO) Prudent Buyer network for off-campus services.

Student benefits include:

- 100% coverage for office visits after a \$15 or \$20 copayment (not subject to deductible);
- 100% coverage for emergency care after a \$100 copayment (not subject to deductible);
- 90% hospital coverage;
- 90% coverage for outpatient services such as lab work and X-rays; and
- A \$200 annual deductible for services outside CHC that have coinsurance. The deductible does not apply to medical or behavioral health office visits, prescription medications, or other services with a set-dollar copayment.

UC SHIP members are covered for emergency and authorized non-emergency medical care anywhere at any time. For more on student benefits, see [page 16](#).

- **UC SHIP vision coverage**, offered by Anthem Blue Cross, includes the following benefits:
  - Annual eye exams for a \$10 exam copayment;
  - Lenses once every benefit year for a \$25 copayment;
  - Frames or contact lenses at no cost, up to a \$120 value once every benefit year; and
  - A 20% discount on lens options and a 15%–20% discount on Lasik or PRK refractive surgeries.
- **UC SHIP dental coverage**, provided by Delta Dental, includes the following benefits when using a Delta Dental PPO dentist:
  - 100% coverage for preventive services such as exams, cleanings, and X-rays with no deductible;
  - 80% coverage for basic dental care, with a \$25 annual deductible; and
  - 70% coverage for major services, with a \$25 annual deductible.

Most CHC services are pre-paid through campus health fees. If you incur fees for services at CHC, the plan will cover the service according to the benefits listed starting on [page 14](#). Check with CHC for more information on fees for services.

## ***Who may enroll in UC SHIP coverage***

Groups eligible for UC SHIP include:

- All registered graduate students, including registered international students and students registered in-absentia, who are automatically enrolled in UC SHIP and charged a health insurance premium on their registration bill.
- All non-registered Filing Fee status students who are completing work under the auspices of the University of California but are not attending classes. Students on Filing Fee status must purchase UC SHIP through Wells Fargo Insurance Services at (800) 853-5899 (they are not automatically enrolled). Filing Fee students are allowed to purchase UC SHIP for a maximum of one semester/quarter. The student must have been covered by the plan in the term immediately preceding the term for which the student wants to purchase coverage, or, if the student waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.

- All non-registered graduate students who are on a planned educational leave or approved leave of absence may purchase plan coverage for a maximum of two quarters. These students must purchase UC SHIP through Wells Fargo Insurance Services at (800) 853-5899 (they are not automatically enrolled). The student must have been covered by UC SHIP in the term immediately preceding the term for which the student wants to purchase coverage, or, if the student waived enrollment in the prior coverage period, show proof of loss of the plan used to waive. Proof of loss means an official letter of termination from the insurance carrier.
- All former students who have completed their degree (graduated) during the term immediately preceding the term for which they want to purchase coverage. These individuals may purchase plan coverage through Wells Fargo Insurance Services at (800) 853-5899, for a maximum of one quarter and must have been enrolled in the plan in the preceding term.
- Dependents of an enrolled student can enroll within the first 31 days of each coverage period during the benefit year. Dependents include a spouse, same-sex domestic partner, or opposite-sex domestic partner if one or both partners are age 62 or over and eligible for Social Security benefits based on age. Natural-born or adopted children up to age 26, or foster children up to age 18, are eligible for enrollment. An unmarried adult child over the age of 26 may be eligible if the child is chiefly dependent on the student, spouse, or domestic partner for support and is incapable of sustaining employment due to a physical or mental condition. See the *Benefit Booklet* for a complete description of eligible dependents.
- Newborns are automatically covered for the first 31 days from birth under the student plan up to a \$25,000 lifetime maximum. For coverage beyond the first 31 days after birth or \$25,000 in benefits, whichever occurs first, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth. Students enroll newborns by contacting Wells Fargo Insurance Services at (800) 853-5899.
- Non-registered students (as defined above) and dependents of students must enroll within 31 days of the start of the coverage period.

Enrolled students may purchase coverage for their dependents by contacting Wells Fargo Insurance Services at (800) 853-5899. The following documentation is required for dependent enrollment:

- a) **For spouse**, a marriage certificate.
- b) **For domestic partner**, a Declaration of Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership issued by the University of California.
- c) **For natural child**, a birth certificate showing the student, spouse, or domestic partner is the parent of the child.
- d) **For stepchild**, a birth certificate and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student.
- e) **For adopted or foster child**, documentation from the placement agency showing that the student, spouse, or domestic partner has the legal right to control the child's health care.

### **Periods of coverage**

<b>Term</b>	<b>Effective Date</b>	<b>Termination Date</b>
Fall	9/24/2012	1/1/2013
Winter	1/2/2013	3/26/13
Spring	3/27/13	9/22/13

### **How to waive UC SHIP coverage**

Registered students may provide evidence of health coverage through another plan and request to waive enrollment in UC SHIP. The coverage must meet benefit criteria established by the University of California. Waiver applications are completed online during the fall quarter waiver period. Visit the CHC website at [www.campushealth.ucr.edu](http://www.campushealth.ucr.edu) to view waiver deadlines and complete the online waiver application. Registered students will be automatically enrolled in UC SHIP if a waiver application is not submitted by the deadline. The deadline for the fall quarter waiver period is September 12<sup>th</sup> at midnight. There will be a \$50 late fee charged for waivers submitted after this date. No waivers will be accepted after September 27<sup>th</sup>.

The fall quarter waiver is good for one academic year. A new waiver must be completed again during the fall waiver period prior to each academic year that the student is registered. A student who waived UC SHIP enrollment in the fall does not need to complete another waiver application in the winter or spring terms. However, a winter and spring waiver is available for students registering for the first time in the winter or spring, or who did not waive enrollment in a prior term but want to waive for the winter or spring term.

## **How to use UC SHIP coverage**

### **When you visit CHC**

**If you are enrolled under UC SHIP as a student and you need non-emergency medical care, you must first go to CHC for treatment or to obtain a written referral.** You can visit CHC with or without an appointment. To make an appointment, call CHC at (951) 827-3031 or visit the CHC website at [www.campushealth.ucr.edu](http://www.campushealth.ucr.edu).

CHC will diagnose and treat most illnesses and injuries, coordinate your health care, help you locate in-network providers, and issue referrals when additional care or a specialist is needed.

Additionally, there are a few things to remember:

- Bring your student ID card and your UC SHIP Anthem Blue Cross ID card when you go to CHC. If you lose your Anthem Blue Cross ID card, contact Customer Service at (866) 940-8306 for assistance creating a temporary ID card.
- Off-campus non-emergency or non-urgent medical care is covered only if you first obtain a referral from CHC. Referrals are made at the sole and absolute discretion of CHC. The referral does not guarantee payment or coverage. The medical service obtained must be a covered benefit under UC SHIP and deemed medically necessary by Anthem Blue Cross.
- For dental care, coverage is provided through Delta Dental. With this program, you select a provider from a nationwide network of participating dentists. The CHC Dental Clinic is a Delta Dental PPO provider. To search participating providers and manage your claims, visit the Delta Dental website at [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship).

## **When you need care off campus**

Students must obtain a written referral from their CHC clinician **prior** to receiving most non-emergency medical and behavioral health care services outside of CHC in order for the care to be covered. **If students receive non-emergency medical or behavioral health care services without first obtaining a written referral from CHC, the claims will not be covered under UC SHIP.**

Off-campus services that do **not** require a referral include:

- Services in a hospital emergency room or urgent care center for treatment of a sudden, serious, or acute injury, illness, or condition.
- Pharmacy services for prescription drugs.
- Services provided under the dental or vision coverage.

For off-campus care, UC SHIP contracts with Anthem Blue Cross to provide medical and behavioral health services through their extensive Prudent Buyer network of hospitals and providers. If non-network providers or facilities are used, claims will be paid at a lower percentage and based upon the maximum allowed amount for the non-network services rendered, which is often significantly lower than the network rate. CHC staff can help students locate Anthem Blue Cross PPO providers.

**Note:** Dependents covered under UC SHIP are **not** required to obtain a CHC referral to obtain care from Anthem Blue Cross network providers. However, to avoid denial of benefits, make sure your dependents only use providers who participate in Anthem Blue Cross' PPO Prudent Buyer network.

## **Emergency care**

In case of emergency (see the *Definitions of insurance terms* section), students should report directly to the emergency department of the nearest hospital. **CHC referrals are not required for emergency or urgent care.**

## **Filing claims for services**

CHC will file most claims with Anthem Blue Cross on behalf of students for services received at CHC. Students pay the portion of charges for which they are responsible at the time of service.

When students obtain a referral from CHC and receive off-campus care, the health care provider may:

- Require payment of the student's portion of fees at the time of service; or
- Send a bill to the student after UC SHIP has paid the covered amount.

Most health care providers will submit bills directly to Anthem Blue Cross. If a student receives a bill for the full cost of services, the student should contact Anthem Blue Cross for assistance or seek guidance at CHC. Expect to receive an Explanation of Benefits (EOB) from Anthem Blue Cross, showing what was paid on your claim, within six weeks after submitting a bill. For questions about claims or the EOB, call Anthem Blue Cross at (866) 940-8306.

## ***UC SHIP and your privacy***

CHC is committed to protecting your privacy and the confidentiality of your health information. Your health information will be used or disclosed for purposes related to your treatment, payment of your fees and insurance claims, and for CHC and UC SHIP operations. Your health information cannot be disclosed to anyone for any other purpose, unless allowed by law, without your written authorization. CHC and UC SHIP privacy policies are available at [www.ucop.edu/ucship](http://www.ucop.edu/ucship). Comments or concerns about privacy issues may be sent to CHC.

If students do not pay their portion of CHC fees, or if the CHC service is denied coverage by UC SHIP, the student's campus account may be billed for the outstanding amount. The billing statement will state only that the charges were incurred at CHC. No health information is released to the campus billing office. For services outside CHC, charges will be sent directly to the insured's (student's) address.

## ***When you are covered by UC SHIP and another health plan***

Please call Anthem Blue Cross Customer Service at (866) 940-8306 or go to [www.ucop.edu/ucship](http://www.ucop.edu/ucship) and complete the Coordination of Benefits (COB) questionnaire with information about your other health plan.

UC SHIP covers services at CHC regardless of whether the students have coverage through another health plan. CHC will submit claims to Anthem Blue Cross for services. After the student pays the coinsurance amount that UC SHIP considers their responsibility, the student may submit the claims to their other insurance carrier for reimbursement of that amount. CHC does not submit claims to other health plans.

For more information, please visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship)

For services received outside of CHC, the student's other medical plan will be considered the primary plan, meaning that plan must pay claims first. After the primary plan processes and pays a claim, any remaining charges may be submitted to UC SHIP (the secondary plan). This holds true for all medical plans except Medi-Cal, MRMIP, and TriCare; if a student has Medi-Cal, MRMIP, or TriCare, UC SHIP will be the primary plan, and Medi-Cal/MRMIP/TriCare the secondary plan. For questions about coordination between plans, call Anthem Blue Cross Customer Service at (866) 940-8306.

## **Insurance after graduation**

If you are graduating or if you are losing UC SHIP eligibility because you are no longer a registered student, it is important to plan ahead for continuing health coverage. Graduating students may purchase UC SHIP for one additional quarter immediately following graduation if they were enrolled in the plan during their final academic term.

You will have a variety of plans from which to choose once your UC SHIP coverage ends. Plan types include short-term coverage, individual plans, a conversion plan for individuals with ongoing medical conditions, and public health insurance programs. Contact CHC for information about your options.

## **Important phone numbers and website addresses**

Anthem Blue Cross and Blue View Vision Customer Service:  
**(866) 940-8306**

**[www.ucop.edu/ucship](http://www.ucop.edu/ucship)**

24/7 NurseLine: **(877) 351-3457**

Counseling and Psychological Services (CAPS):  
**(951) 827-5531**

Delta Dental:

**(800) 765-6003**

**[www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship)**

Future Moms: **(866) 664-5404**

Campus Health Center (CHC):

**(951) 827-3031**

**[www.campushealth.ucr.edu](http://www.campushealth.ucr.edu)**

Student Health Insurance Office: **(951) 827-5683**

Wells Fargo Insurance Services Customer Care:

**(800) 853-5899**

*This brochure provides a summary of information. For complete information on all benefits, terms and conditions of the plan, see the Benefit Booklet at **[www.ucop.edu/ucship](http://www.ucop.edu/ucship)**.*

## ***Definitions of insurance terms***

**Ancillary Services:** Services rendered by health care providers other than a physician, such as laboratory, radiology or other diagnostic imaging, physical therapy, or other services.

**Anthem Blue Cross Network Rate/Negotiated Fee:** Negotiated fee or network rate is the amount participating providers agree to accept as payment in full for covered services. Typically lower than their normal charges, these rates are determined by the Anthem Blue Cross PPO Agreements.

**Benefit Year:** A 12-month period, usually the academic year, that determines the application of your benefits based on the accumulation toward satisfaction of the annual deductible, accumulation toward annual benefit limitations or maximums, and the annual out-of-pocket maximum.

**Coinsurance:** Coinsurance is similar to copayment, except that it is a percentage of the total charges, rather than a set-dollar amount. Example: copayment is \$15 per visit (regardless of the total charges); coinsurance is 10% of total covered charges for the visit.

**Copayment:** The set-dollar amount that a covered person must pay for a covered service, usually due at the time the service is provided. Office visit copayments are not subject to the annual deductible.

**Deductible:** The amount of money the covered person is required to pay out of pocket before the insurance carrier will pay for services.

**Emergency:** An emergency is a sudden, serious, and unexpected acute illness, injury, or condition (including sudden and unexpected severe pain) that you reasonably perceive could permanently endanger your health if medical treatment is not received immediately. Anthem Blue Cross has sole and final determination as to whether services were rendered in connection with an emergency.

**Inpatient:** A patient who is admitted to the hospital.

**Maximum Allowed Amount:** The total reimbursement payable under your plan for covered services you receive from network and non-network providers. It is the claims administrator's payment toward the services billed by your provider combined with any deductible or coinsurance owed by you. If services are obtained from a non-network provider, the provider may bill you the difference between their charges and the maximum allowed amount.

**Preferred Provider Organization (PPO):** A group of medical providers who contract with an insurance carrier to provide services for the insured at reduced rates.

## *Description of UC SHIP benefits*

### ***Medical and behavioral health benefits for students and dependents***

- There is a \$200 deductible each benefit year for services provided to students outside of CHC. The dependent benefit year deductible is \$400 per covered dependent. The annual deductible applies to all services except those requiring a set-dollar copayment and services requiring no coinsurance or copayment, such as preventive exams and certain immunizations. Home Health Care is an exception and is subject to the deductible. The deductible does not apply to pharmacy services for students or dependents.
- In order to be considered a covered expense under UC SHIP, all services must be deemed medically necessary by Anthem Blue Cross.
- For the maximum 90% benefit payment, students must receive care within the Anthem Blue Cross PPO Prudent Buyer network. If students use providers or facilities that are not part of the Anthem Blue Cross PPO Prudent Buyer network, their claims will be paid at 60% of the maximum allowed amount.  
**Note:** Dependents must use Anthem Blue Cross PPO Prudent Buyer network providers to be covered under UC SHIP.
- For services provided at CHC, UC SHIP students pay the portion for which they are responsible at the time of service. CHC files a claim with UC SHIP for the remainder of charges. For services received outside of CHC with a written referral, the provider or member submits the itemized bills to Anthem Blue Cross. Claims must be received no later than 11 months after the date the health care service is rendered.
- Students are responsible for no more than \$3,000 of out-of-pocket coinsurance for in-network services each plan year, or \$6,000 for non-network services. If you have paid \$3,000 in coinsurance, you will no longer be required to pay coinsurance for in-network services for the remainder of the benefit year. The out-of-pocket maximum does not apply to set-dollar copayments, amounts exceeding stated benefit limits (for example, pharmacy or physical therapy limits), or to services not covered by the plan. The in-network and non-network coinsurance maximums are separate; neither accumulates toward the other. The dependent out-of-pocket maximum per individual per benefit year is \$6,000 for coinsurance.

- Inpatient hospital care in connection with childbirth will be covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).
- Newborns are covered at birth under the student plan.
  - For coverage up to the first 31 days after birth or up to a maximum lifetime benefit of \$25,000 (whichever occurs first), coverage is 90% of contracted rates for Anthem Blue Cross network providers, or 60% of the maximum allowed amount for non-network providers.
  - For coverage beyond the first 31 days after birth or beyond \$25,000 in benefits, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth. Students enroll newborns by contacting Wells Fargo Insurance Services at (800) 853-5899.

See [page 23](#) for a description of dependent benefits after the newborn maximum benefit is reached.
- Students and dependents have access to a nurse 24 hours a day, 365 days a year through the Anthem Blue Cross **24/7 NurseLine**. You can call the 24/7 NurseLine anytime to speak with a registered nurse who is trained to help you make more informed decisions about your health situation. For accurate, confidential health information, call (877) 351-3457.
- In addition to the 24/7 NurseLine, students or their covered dependents who are pregnant have access to a registered nurse 24 hours a day, seven days a week to answer questions about important topics related to pregnancy, such as labor, nursing, postpartum depression, etc. For enrolling in the Anthem Blue Cross **Future Moms** program, Anthem Blue Cross will send the member a \$30 Babies “R” Us® gift card. Register for the Future Moms program at no additional cost by calling toll-free (866) 664-5404.

## UC SHIP benefits for students

If you are enrolled under UC SHIP as a student and you need non-emergency medical care, you must first go to CHC for treatment or to obtain a written referral. If students do not obtain a written referral from CHC before receiving off-campus non-emergency medical or behavioral health care, the services will not be covered under UC SHIP. Emergency services and urgent care do not require a referral from CHC.

Claims for medical services obtained from network and non-network providers are paid based on the maximum allowed amount for each service as determined by Anthem Blue Cross (referred to within as “network rates” and “non-network rates”).

**Lifetime Maximum: \$400,000**

### Benefit Year Deductible:

- **At CHC:** Does not apply
- **Outside of CHC:** \$200

*The annual deductible applies to all services listed below, except where noted.*

### Inpatient hospital services

- Including medical services, behavioral health, and maternity services.
- Non-network hospital or residential treatment center requires a \$500 deductible per admission (waived if emergency).
- Covered allowed charges will be reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission.

Semi-private room	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Inpatient surgery	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Physicians and specialists	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Nursing services	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Lab tests, X-rays, and imaging	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Medication	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.

*Continued*

***Inpatient hospital services***

General supplies	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.
Transgender surgery	Pays 90% of Anthem Blue Cross network rates up to \$75,000 lifetime maximum; non-network providers are not covered.

***Emergency room services***

Emergency room	Pays 100% after \$100 copayment (deductible waived). Copayment waived if admitted. <b>Note:</b> <i>Emergency room services received at a non-network hospital or from non-network clinicians at an in-network hospital could result in additional charges to the student after Anthem Blue Cross pays the claim at 100% of the maximum allowed amount.</i>
Attending physicians	Pays 100% (deductible waived).

***Outpatient services***

Medical office visits	<b>At CHC:</b> Pays 100% for covered services. <b>Outside of CHC:</b> Pays 100% after \$15 copayment for primary care, \$20 copayment for specialty care from Anthem Blue Cross network providers (deductible waived). Pays 60% of the maximum allowed amount for non-network providers.
Behavioral health office visits	<b>At CHC:</b> Pays 100%. Please contact CHC for more information. <b>Outside of CHC:</b> Pays 100% after \$15 copayment for Anthem Blue Cross network providers (deductible waived). Pays 60% of the maximum allowed amount for non-network providers.
Urgent care	Pays 100% after \$50 copayment for Anthem Blue Cross network provider (deductible waived). Pays 60% of non-network rates.
Routine physicals/ student adult preventive care	<b>At CHC:</b> Pays 100% for services rendered at CHC, including tuberculosis screening. <b>Outside of CHC:</b> Pays 100% for services rendered by an in-network provider (deductible waived). Pays 60% of non-network rates.

*Continued*

**Outpatient services**

Prescription drugs	<ul style="list-style-type: none"> <li>• Prescription medications filled at the CHC pharmacy or an Anthem Blue Cross network pharmacy have a copayment of \$5 for generic, \$25 for formulary brand-name (30-day supply), and \$40 for non-formulary (30-day supply).</li> <li>• Pays 100% for Food and Drug Administration (FDA) approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available.</li> <li>• Prescription medications are not subject to the deductible.</li> <li>• Students may participate in the mail-order pharmacy program. Please see the <i>Benefit Booklet</i> at <a href="http://www.ucop.edu/ship">www.ucop.edu/ship</a> for information.</li> <li>• The pharmacy benefit is limited to a maximum of \$10,000 per benefit year.</li> </ul>
Contraceptives	<p>Pays 100% of Anthem Blue Cross network rates (deductible waived), 60% of non-network rates for FDA-approved services and supplies provided in connection with the following methods of contraception:</p> <ul style="list-style-type: none"> <li>• Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary.</li> <li>• Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician if medically necessary.</li> <li>• Professional services of a physician in connection with the prescribing, fitting, and insertion of intrauterine contraceptive devices or diaphragms.</li> </ul> <p>If the above services and supplies are provided by in-network providers, there will be no copayment. Otherwise, charges are in addition to the office visit copayment. If your physician determines that none of these contraceptive methods is appropriate for you based on your medical or personal history, coverage will be provided for another prescription contraceptive method that is approved by the FDA and prescribed by your physician.</p>
Lab tests, X-rays, imaging, and mammograms	<p><b>At CHC:</b> Pays 100%.</p> <p><b>Outside of CHC:</b> Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.</p>

*Continued*

<b>Outpatient services</b>	
Surgery	<ul style="list-style-type: none"> <li>• Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates, for services of physicians and anesthesiologists.</li> <li>• Pays 90% of Anthem Blue Cross network rates for outpatient surgery center facilities.</li> </ul> <p>Non-network hospital penalty: the maximum allowed amount will be reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission.</p>
Acupuncture	<p>Pays 100% after \$20 copayment (deductible waived).</p> <p>This benefit is limited to 20 visits per benefit year, combined with chiropractic and osteopathic manipulation.</p>
Allergy testing and injections	<p><b>At CHC:</b> Allergy testing is not available. Injections are paid at 100% of CHC charges.</p> <p><b>Outside of CHC:</b> Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.</p>
Ambulance — ground	Pays 90% of the maximum allowed amount if patient receives emergency care or is hospitalized.
Ambulance — air	Pays 100% of the maximum allowed amount if patient receives emergency treatment or is hospitalized; up to a maximum of \$25,000 per benefit year.
Chiropractic services	Pays 100% of Anthem Blue Cross network rates after \$20 copayment (deductible waived), 60% of non-network rates, up to a maximum of 20 visits per benefit year combined with acupuncture and osteopathic manipulation.
Dental care	UC SHIP members receive dental coverage through Delta Dental. See the <i>Dental care for students and dependents</i> section on <a href="#">page 29</a> .
Dental injury	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates, for injury to natural teeth.
Durable medical equipment	Pays 90% of rental or purchase of medical equipment and supplies that are ordered by a physician and are of no further use when medical need ends, when obtained from a network durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin), up to a maximum of \$5,000 per benefit year.

Continued

## STUDENTS

<b>Outpatient services</b>	
Home health visits	Pays 100% of Anthem Blue Cross network rates, 60% of non-network rates, up to 100 visits per benefit year.
Hospice care	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates, up to \$5,000 maximum per benefit year (including bereavement counseling).
Immunizations	<ul style="list-style-type: none"> <li>• Pays 100% of CHC charges or Anthem Blue Cross network rates (deductible waived), 60% of non-network rates, for the following immunizations: diphtheria/ tetanus/pertussis; measles, mumps and rubella; meningococcal; varicella; influenza; hepatitis A and hepatitis B; pneumococcal; polio; and human papillomavirus (first injection in the series must be administered before age 26).</li> <li>• Pays 90% of CHC charges or Anthem Blue Cross network rates, 60% of non-network rates, for all other immunizations.</li> </ul>
Tuberculosis screening and testing	<p><b>At CHC:</b> Pays 100% for tuberculosis screening for preventive exams, campus-required activities, and non-campus requirements for employment and other programs. For medical reasons, pays 90% (deductible waived).</p> <p><b>Outside of CHC:</b> For medical reasons, pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.</p>
Maternity, prenatal care, and abortion	<ul style="list-style-type: none"> <li>• Maternity: Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.</li> <li>• Prenatal care: After \$15 copayment for first office visit, pays 100% for subsequent in-network office visits (deductible waived).</li> <li>• Abortion: Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.</li> </ul>
Physical therapy, physical medicine, occupational therapy, and speech therapy	Pays 100% after \$20 copayment for services at CHC or with an Anthem Blue Cross network provider (deductible waived), 60% with a non-network provider. This benefit has a \$5,000 maximum per benefit year.
Podiatric services	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates.

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<b>Outpatient services</b>	
Psycho-educational testing	Pays 90% of billed charges, up to a \$2,000 lifetime maximum, for psycho-educational testing conducted by a licensed clinical, educational, or counseling psychologist or neuropsychologist, in order to assess and diagnose functional limitations due to learning disabilities.
Hearing aids	One hearing aid per ear, every four years. Pays 90% of Anthem Blue Cross network rates. This is not covered if obtained from a non-network provider.
Skilled nursing	Pays 90% of Anthem Blue Cross network rates, 60% of non-network rates, up to a maximum of 100 days per benefit year.
Medical evacuation	Pays necessary expenses up to \$10,000 for return to your home country when prior authorization has determined medical necessity (deductible waived).
Repatriation	If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500 to prepare your remains and transport your body to your home country (deductible waived).

*This is a brief summary of benefits. For a full list of covered benefits, see the Benefit Booklet.*

## **UC Travel Accident Policy**

The University also provides a travel accident policy for students traveling on University business that is administered by the UC Office of the President at no additional cost to students. Please note that in order to receive coverage for this benefit (which includes medical evacuation and repatriation of remains while studying and researching in a foreign country), you **must** register prior to your trip. Registration is simple and takes less than five minutes. For more information and to register, go to <https://www.ucop.edu/riskmgt/uctrips/>.

## **Coverage abroad with BlueCard Worldwide**

Whether traveling or living outside of the country, you and your dependents covered under UC SHIP can use the BlueCard Worldwide program when care is needed. Here's how it works:

1. Before leaving the U.S., call the Customer Service number on the back of your Anthem Blue Cross ID card to find out exactly how you are covered abroad.
2. Call CHC to obtain information on coverage for international vaccines and the additional UC Travel Accident Policy (described on [page 21](#)).
3. Always carry your up-to-date Anthem Blue Cross member ID card.
4. In an emergency, go to the nearest hospital.
5. If you need non-emergency care, please contact CHC for a referral to ensure that your claim for covered services will be paid according to plan benefits.
6. If you need help finding a doctor or hospital, or have any questions about getting care abroad, call the BlueCard Worldwide Service Center toll-free at (800) 810-BLUE (2583) or collect at (804) 673-1177, 24 hours a day, seven days a week. Someone will help you and, along with a medical professional, arrange for you to see a doctor or have a hospital stay, if needed.
7. If you need to be admitted to the hospital, call the BlueCard Worldwide Service Center toll-free at (800) 810-BLUE (2583) or collect at (804) 673-1177.

### **How to file a claim**

If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay (e.g., deductible, copayment, coinsurance).

For outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the health care provider and submit an international claim form with the original bills to the Service Center.

International claim forms are available by calling the Customer Service number on your ID card or the Service Center by going to [www.bcbs.com/bluecardworldwide](http://www.bcbs.com/bluecardworldwide). Or, call the BlueCard Worldwide Service Center at (800) 810-2583 or (804) 673-1177 (collect).

## **UC SHIP benefits for dependents**

Benefits for dependents enrolled in UC SHIP vary from student benefits. For dependents, UC SHIP is an Exclusive Provider Organization (EPO).

Dependents enrolled in the EPO must receive health care services from Anthem Blue Cross PPO Prudent Buyer network providers, unless they receive authorization from an Anthem Blue Cross PPO provider or need emergency and/or out-of-area urgent care. Emergency services received from a non-network hospital and without an authorization from Anthem Blue Cross are covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.

Claims for medical services obtained from network providers are paid based on the maximum allowed amount as determined by Anthem Blue Cross (referred to within as “network rates”).

**Lifetime Maximum: \$400,000**

### **Benefit Year Deductible: \$400 per person**

*The annual deductible applies to all services listed below, except where noted.*

*Medical services are covered only if obtained from Anthem Blue Cross network providers.*

### **Inpatient hospital services**

Including medical services, behavioral health, and maternity services.

Semi-private room	Pays 80% of Anthem Blue Cross network rates.
Inpatient surgery	Pays 80% of Anthem Blue Cross network rates.
Physicians and specialists	Pays 80% of Anthem Blue Cross network rates.
Nursing services	Pays 80% of Anthem Blue Cross network rates.
Lab tests, X-rays, and imaging	Pays 80% of Anthem Blue Cross network rates.
Medication	Pays 80% of Anthem Blue Cross network rates.
General supplies	Pays 80% of Anthem Blue Cross network rates.

## DEPENDENTS

<b>Emergency room services</b>	
Emergency room	Pays 80% of Anthem Blue Cross network rates after \$100 copayment (deductible waived). Copayment waived if admitted.
Attending physicians	Pays 80% of Anthem Blue Cross network rates.

<b>Outpatient services</b>	
Medical office visits	Pays 80% of Anthem Blue Cross network rates.
Behavioral health office visits	Pays 80% of Anthem Blue Cross network rates.
Urgent care	Pays 80% of Anthem Blue Cross network rates after \$50 copayment (deductible waived).
Routine physicals/adult preventive care	Pays 100% of Anthem Blue Cross network rates (deductible waived).
Prescription drugs	<ul style="list-style-type: none"> <li>• Pays 100% after a \$5 copayment for generic medications, and 70% for brand-name medications (30-day supply). All prescriptions must be filled at an Anthem Blue Cross network pharmacy to be covered by the plan.</li> <li>• Pays 100% for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available.</li> <li>• Certain medications must be obtained through the specialty pharmacy program. See the <i>Benefit Booklet</i> for information about this program.</li> <li>• Prescription medications are not subject to the deductible.</li> <li>• The pharmacy benefit is limited to a maximum of \$5,000 per benefit year.</li> </ul>

*Continued*

**Outpatient services**

Contraceptives	<p>Pays 100% of Anthem Blue Cross network rates (deductible waived) for FDA-approved services and supplies provided in connection with the following methods of contraception:</p> <ul style="list-style-type: none"> <li>• Injectable drugs and implants for birth control, administered in a physician's office, if medically necessary.</li> <li>• Intrauterine contraceptive devices (IUDs) and diaphragms, dispensed by a physician if medically necessary.</li> <li>• Professional services of a physician in connection with the prescribing, fitting, and insertion of intrauterine contraceptive devices or diaphragms.</li> </ul> <p>If the above services and supplies are provided by in-network providers, there will be no copayment. Otherwise, charges are in addition to the office visit copayment. If your physician determines that none of these contraceptive methods is appropriate for you based on your medical or personal history, coverage will be provided for another prescription contraceptive method that is approved by the FDA and prescribed by your physician.</p>
Lab tests, X-rays, imaging, and mammograms	Pays 80% of Anthem Blue Cross network rates.
Surgery	Pays 80% of Anthem Blue Cross network rates for services of physicians and anesthesiologists and for outpatient surgery center facilities.
Acupuncture	Pays 80% of Anthem Blue Cross network rates for up to 20 visits per benefit year, combined with chiropractic and osteopathic manipulation.
Allergy testing and injections	Pays 80% of Anthem Blue Cross network rates.
Ambulance — ground	Pays 80% of the maximum allowed amount if patient receives emergency care or is hospitalized.
Ambulance — air	Pays 80% of the maximum allowed amount, if patient receives emergency care or is hospitalized, up to a maximum of \$25,000 per benefit year.
Chiropractic services	Pays 80% of Anthem Blue Cross network rates up to 20 visits per benefit year, combined with acupuncture and osteopathic manipulation.

*Continued*

## DEPENDENTS

<b>Outpatient services</b>	
Dental care	UC SHIP members receive dental coverage through Delta Dental. See the <i>Dental care for students and dependents</i> section on <a href="#">page 29</a> .
Dental injury	Pays 80% of Anthem Blue Cross network rates for injury to natural teeth.
Durable medical equipment	Pays 80% of rental or purchase of medical equipment and supplies that are ordered by a physician and are of no further use when medical need ends, when obtained from a network durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin), up to a maximum of \$5,000 per benefit year.
Home health visits	Pays 80% of Anthem Blue Cross network rates, up to 100 visits per benefit year.
Hospice care	Pays 80% of Anthem Blue Cross network rates, up to \$5,000 maximum per benefit year (including bereavement counseling).
Immunizations	<ul style="list-style-type: none"> <li>• Pays 100% of Anthem Blue Cross network rates for the following immunizations (deductible waived): diphtheria/tetanus/pertussis; measles, mumps and rubella; meningococcal; varicella; influenza; hepatitis A and hepatitis B; pneumococcal; polio; human papillomavirus (first injection in the series must be administered before age 26).</li> <li>• Pays 80% of Anthem Blue Cross network rates for all other immunizations.</li> </ul>
Maternity, prenatal care, and abortion	<ul style="list-style-type: none"> <li>• Maternity: Pays 80% of Anthem Blue Cross network rates.</li> <li>• Prenatal care: Pays 80% of Anthem Blue Cross network rates for first visit, then 100%.</li> <li>• Abortion: Pays 80% of Anthem Blue Cross network rates.</li> </ul>
Physical therapy, physical medicine, occupational therapy, and speech therapy	Pays 80% of Anthem Blue Cross network rates, up to \$5,000 per benefit year.
Podiatric services	Pays 80% of Anthem Blue Cross network rates.
Hearing aids	One hearing aid per ear, every four years. Pays 80% of Anthem Blue Cross network rates.
Skilled nursing	Pays 80% of Anthem Blue Cross network rates, up to 100 days per benefit year.

*Continued*

**Outpatient services**

Medical evacuation	Pays necessary expenses, up to \$10,000, for return to your home country when prior authorization has determined medical necessity (deductible waived).
Repatriation	If you die while enrolled in UC SHIP, the plan pays necessary expenses up to \$7,500 to prepare your remains and transport your body to your home country (deductible waived).

*This is a brief summary of benefits. For a full list of covered benefits, see the Benefit Booklet.*

## Vision care for students and dependents

UC SHIP provides vision plan benefits through the Anthem Blue View Vision Insight Network. To review benefits and find a provider near you, visit [www.ucop.edu/ucship](http://www.ucop.edu/ucship) or call Anthem Blue View Vision at (866) 940-8306.

<b>Vision care</b>	<b>In-Network</b>	<b>Non-Network</b>
<i>Routine eye exam (per benefit year)</i>	\$10 copayment	\$49 allowance
<i>Eyeglass frames</i> You may select an eyeglass frame and receive the following allowance toward the purchase price (per benefit year)	Pays up to \$120; member pays 80% of costs exceeding \$120.	Pays up to \$50; member pays 100% of costs exceeding \$50.
<i>Eyeglass lenses (standard)</i> <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>	\$25 copayment \$25 copayment \$25 copayment	Pays up to \$35. Pays up to \$49. Pays up to \$74.
<i>Contact lenses (per benefit year)</i> You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses. <ul style="list-style-type: none"> <li>• Conventional lenses</li> <li>• Disposable lenses</li> </ul>	Pays up to \$120; member pays anything above \$120 less a 15% discount. Pays up to \$120.	Pays up to \$92. Pays up to \$92.
<i>Contact lenses fitting and follow-up</i> One contact lens fitting and two follow-up visits are available once a comprehensive eye exam has been completed. <ul style="list-style-type: none"> <li>• Standard contact lenses fitting</li> </ul>	Member pays up to \$55.	Not covered.
<i>Lasik surgery</i>	15% discount through Anthem Blue View Vision's Special Offers.	Not covered.

## Dental care for students and dependents

UC SHIP provides a PPO dental plan through Delta Dental that pays the highest benefits only when you receive services from a Delta Dental PPO dentist. Delta Dental has many different types of networks available, so be sure you select a PPO dentist from [www.deltadentalins.com/ucship](http://www.deltadentalins.com/ucship). Or, you can call Delta Dental Customer Service at (800) 765-6003.

<b>Dental care</b>	<b>In-Network</b>	<b>Non-Network</b>
<i>Deductible</i>	\$25 per person per benefit year, waived for preventive and diagnostic services.	\$50 per person per benefit year, waived for preventive and diagnostic services.
<i>Preventive and diagnostic services</i> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Cleanings (once every 6 months)</li> <li>• X-rays (one bite-wing series within 12 months)</li> <li>• Fluoride treatment</li> </ul>	Pays 100% of negotiated fees.	Covers 80% of the maximum plan allowance, which may be less than the amount charged, resulting in additional fees charged to the patient.
<i>Basic services</i> <ul style="list-style-type: none"> <li>• Fillings and extractions</li> <li>• Endodontics (root canal)</li> <li>• Periodontics</li> <li>• Oral surgery</li> </ul>	Pays 80% of negotiated fees after the \$25 annual deductible.	Covers 60% of the maximum plan allowance after the \$50 annual deductible.
<i>Major services</i> <ul style="list-style-type: none"> <li>• Prosthodontics</li> <li>• Inlays/onlays</li> <li>• Crowns and cast restorations</li> </ul>	Pays 70% of negotiated fees after the \$25 annual deductible.	Covers 40% of the maximum plan allowance after the \$50 annual deductible.
<i>Maxillofacial prosthetics and implants</i>	Not covered.	
<i>Orthodontics</i>	Not covered.	
<i>Benefit maximums</i> Not to exceed a cumulative maximum of \$1,000 per benefit year for all dental benefits	\$1,000 per member per benefit year.	\$750 per member per benefit year.

## **Medical exclusions and limitations**

### **Medical care that is not covered by UC SHIP (Anthem Blue Cross)**

This brochure is a brief summary only. Please refer to your *Benefit Booklet* for all terms and conditions of the plan. Sections named in capital letters below refer to the sections in the *Benefit Booklet*. The *Benefit Booklet* is available online at [www.ucop.edu/ucship](http://www.ucop.edu/ucship).

No payment will be made under this plan for expenses incurred for or in connection with any of the items below. (The titles given to these exclusions and limitations are for ease of reference only; they are not meant to be an integral part of the exclusions and limitations and do not modify the intent of the provisions or limitations.)

**Acupuncture.** Acupuncture treatment except as specifically stated in the “Acupuncture” provision of MEDICAL CARE THAT IS COVERED. Acupressure, or massage, to control pain, treat illness, or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

**Air Conditioner.** Air purifiers, air conditioners, or humidifiers.

**Behavioral or Nervous Disorders or Substance Abuse.**

Academic or educational testing, counseling, and remediation. Any treatment of behavioral or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specifically stated in the “Behavioral or Nervous Disorders or Substance Abuse” provision of MEDICAL CARE THAT IS COVERED.

Any educational treatment or any services that are educational, vocational, or training in nature except as specifically provided or arranged by Anthem Blue Cross.

**Clinical Trials.** Services and supplies in connection with clinical trials, except as specifically stated in the “Cancer Clinical Trials” provision under the section MEDICAL CARE THAT IS COVERED.

**Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (e.g., Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as stated in the “Bariatric Surgery” provision of MEDICAL CARE THAT IS COVERED.

**Contraceptive Devices.** Contraceptive devices prescribed for birth control except as specifically stated in the “Contraceptives” provision in MEDICAL CARE THAT IS COVERED.

**Cosmetic Surgery.** Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance.

This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

**Crime or Nuclear Energy.** Conditions that result from: (1) your commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

**Custodial Care or Rest Cures.** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Custodial care or rest cures, except as specifically provided under the “Hospice Care” or “Home Infusion Therapy” provisions of MEDICAL CARE THAT IS COVERED. Services provided by a rest home, a home for the aged, a nursing home, or any similar facility. Services provided by a skilled nursing facility, except as specifically stated in the “Skilled Nursing Facility” provision of MEDICAL CARE THAT IS COVERED.

**Dental Services or Supplies.** Dental plates, bridges, crowns, caps or other dental prostheses, dental implants, dental services, extraction of teeth, or treatment to the teeth or gums, or treatment to or for any disorders for the jaw joint, except as specifically stated in the “Dental Care” or “Jaw Joint Disorders” provisions of MEDICAL CARE THAT IS COVERED. Cosmetic dental surgery or other dental services for beautification.

**Diabetic Supplies.** Prescription and non-prescription diabetic supplies, except as specifically stated in “YOUR PRESCRIPTION DRUG BENEFITS” section of the *Benefit Booklet*.

**Education or Counseling.** Any educational treatment or nutritional counseling, or any services that are educational, vocational, or training in nature except as specifically provided or arranged by us. Such services are provided under the “Home Infusion Therapy,” “Pediatric Asthma Equipment and Supplies,” or “Diabetes” provisions of MEDICAL CARE THAT IS COVERED. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

**Excess Amounts.** Any amounts in excess of covered expenses or the benefit year maximum.

**Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if you are denied benefits because it is determined that the requested treatment is experimental or investigative, you may request an independent medical review as described in INDEPENDENT MEDICAL REVIEW OF DENIALS OF EXPERIMENTAL OR INVESTIGATIVE TREATMENT.

**Eye Surgery for Refractive Defects.** Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

**Government Treatment.** Any services actually given to you by a local, state, or federal government agency, or by a public school system or school district, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to you for free.

**Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

**Hearing Aids or Tests.** Hearing aids, except as specifically stated in the “Hearing Aid Services” provision of MEDICAL CARE THAT IS COVERED. Routine hearing tests, except as specifically provided under “Physical Exam” and “Hearing Aid Services” provisions of MEDICAL CARE THAT IS COVERED.

**Infertility Treatment.** Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to, diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal, and gamete intrafallopian transfer.

**Inpatient Diagnostic Tests.** Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been performed safely on an outpatient basis.

**Lifestyle Programs.** Programs to alter one’s lifestyle that may include but are not limited to diet, exercise, imagery, or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.

**Non-licensed Providers.** Treatment or services rendered by non-licensed health care providers and treatment or services for which the provider of services is not required to be licensed. This includes treatment or services from a non-licensed provider under the supervision of a licensed physician, except as specifically provided or arranged by us.

**Not Covered.** Services received before your effective date or after your coverage ends, except as specifically stated under CONTINUATION OF BENEFITS.

**Not Medically Necessary.** Services or supplies that are not medically necessary, as defined.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Optometric Services or Supplies.** Optometric services are covered under a separate vision plan (see the Anthem Blue View Vision Plan available at [www.ucop.edu/ucship](http://www.ucop.edu/ucship)). Eye exercises including orthoptics. Routine eye exams and routine eye refractions, except as specifically provided under the “Physical Exam” provision of MEDICAL CARE THAT IS COVERED. Eyeglasses or contact lenses, except as specifically stated in the “Prosthetic Devices” provision of MEDICAL CARE THAT IS COVERED.

**Orthodontia.** Braces and other orthodontic appliances or services.

**Orthopedic Supplies.** Orthopedic shoes (other than shoes joined to braces) or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related foot complications as specifically stated in the “Prosthetic Devices” provision of MEDICAL CARE THAT IS COVERED.

**Outpatient Occupational Therapy.** Outpatient occupational therapy, except by a home health agency, hospice, or home infusion therapy provider as specifically stated in the “Home Health Care,” “Hospice Care,” “Home Infusion Therapy,” or “Physical Therapy, Physical Medicine, and Occupational Therapy” provisions of MEDICAL CARE THAT IS COVERED.

**Outpatient Prescription Drugs and Medications.**

Outpatient prescription drugs or medications and insulin, except as specifically stated in the YOUR PRESCRIPTION DRUG BENEFITS section of the booklet and under the “Home Infusion Therapy” and “Therapeutic/Elective Abortion” provisions of MEDICAL CARE THAT IS COVERED.

Non-prescription, over-the-counter patent or proprietary drugs, or medicines. Cosmetics, health, or beauty aids.

**Personal Items.** Any supplies for comfort, hygiene, or beautification.

**Physical Therapy or Physical Medicine.** Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement, or as specifically stated in the “Home Health Care,” “Hospice Care,” “Home Infusion Therapy,” or “Physical Therapy, Physical Medicine, and Occupational Therapy” provisions of MEDICAL CARE THAT IS COVERED.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Private Duty Nursing.** Inpatient or outpatient services of a private duty nurse.

**Routine Exams or Tests.** Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by the DMV, for voluntary participation in any academic, recreational or other program, for employment or by government authority, except as specifically stated in the “Well-Baby and Well-Child Care,” “Physical Exam,” “Adult Preventive Services,” “Breast Cancer,” or “Screening For Blood Lead Levels” provisions of MEDICAL CARE THAT IS COVERED.

**Scalp Hair Protheses.** Scalp hair protheses, including wigs or any form of hair replacement.

**Services of Relatives.** Professional services received from a person who lives in your home or who is related to you by blood or marriage, except as specifically stated in the “Home Infusion Therapy” provision of MEDICAL CARE THAT IS COVERED.

**Sex Transformation.** Procedures or treatments to change characteristics of the body to those of the opposite sex except as specifically stated in the TRANSGENDER SURGERY BENEFITS section of the *Benefit Booklet*.

**Sports-Related Conditions.** Expenses incurred for treatment of sport-related accidental injury resulting from intercollegiate or professional sports.

**Sterilization Reversal.** Reversal of sterilization.

**Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Unauthorized Services.** With respect to students only: services obtained outside of CHC without a written referral from CHC. This exclusion does not apply to urgent care, emergency room care, or pharmacy services.

**Voluntary Payment.** Services for which you are not legally obligated to pay, you are not charged, or for which no charge is made in the absence of insurance coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines:

1. It must be internationally known as being devoted mainly to medical research,
2. At least 10% of its yearly budget must be spent on research not directly related to patient care,
3. At least one-third of its gross income must come from donations or grants other than gifts or payments for patient care,
4. It must accept patients who are unable to pay, and
5. Two-thirds of its patients must have conditions directly related to the hospital's research.

**Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement, or otherwise; under any workers' compensation, employers' liability law, or occupational disease law; even if you do not claim those benefits.

## ***Vision exclusions and limitations***

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from an Anthem Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

**Combined Offers.** Not combined with any offer, coupon, or in-store advertisement.

**Crime or Nuclear Energy.** Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available.

**Excess Amounts.** Any amounts in excess of covered vision expense.

**Experimental or Investigative.** Any experimental or investigative services or materials.

**Eye Surgery.** Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Frames.** Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

**Government Treatment.** Any services actually given to the insured person by a local, state, or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

**Hospital Care.** Inpatient or outpatient hospital vision care.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Routine Exams or Tests.** Routine examinations required by an employer in connection with insured person's employment.

**Safety Glasses.** Safety glasses and accompanying frames.

**Services of Relatives.** Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

**Sunglasses.** Sunglasses and accompanying frames.

**Uninsured.** Services received before insured person's effective date or after coverage ends.

**Voluntary Payment.** Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

**Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement, or otherwise; under any workers' compensation, employers' liability law or occupational disease law; even if insured person does not claim those benefits.

## ***Dental exclusions and limitations***

- Services for injuries or conditions that are covered under workers' compensation or employers' liability laws.
- Services that are provided to the enrollee by any federal or state governmental agency or are provided without cost to the enrollee by any municipality, county, or other political subdivision, except Medi-Cal benefits.
- Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth, and teeth that are discolored or lacking enamel.
- Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
- Any single procedure, bridge, denture, or other prosthodontic service that was started before the enrollee was covered by the plan.
- Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
- Experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Anesthesia, except for general anesthesia or IV sedation given by a licensed dentist for oral surgery services and select endodontic and periodontic procedures.
- Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants, except as described in the plan Evidence of Coverage.
- Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves, or tissues.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Occlusal guards and complete occlusal adjustment.
- Orthodontic services (treatment of mal-alignment of teeth and/or jaws).
- Diagnostic casts

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