



# SHIP Benefits for Berkeley Students

Fall 2017: August 1, 2017-December 31, 2017

*This flier provides general benefits information for UC Berkeley students enrolled in SHIP. If there are any discrepancies between this document and the Berkeley SHIP Master Policy, the Master Policy supersedes this document. Please refer to the SHIP Benefits Booklet (available online) for a complete description of benefits, exclusions and limitations, and members' rights and responsibilities. For more information, visit [uhs.berkeley.edu/ship](http://uhs.berkeley.edu/ship) or call (510) 642-5700.*

## Important - Please Note:

- The plan premium is billed to UC Berkeley students' Cal Central accounts each semester. The rates for the 2017-18 academic year are \$1,415/semester for undergraduates and \$2,231/semester for graduate students. The **plan year** is from August 1, 2017 through July 31, 2018.
- **Don't get stuck with the bill. Remember, all care must begin at University Health Services-Tang Center (UHS). All medical and mental health services obtained outside of UHS, except for emergency room care, urgent care, international services, and some limited preventive and women's health visits, must be authorized by the Student Health Insurance Office in order to ensure payment for services.**
- **There is a \$300 per plan year deductible** for some services outside of UHS (identified with an asterisk "\*\*"). Once the deductible has been satisfied, SHIP benefits begin. In-network medical and mental health office visits, emergency room visits, network urgent care center visits and prescriptions are not subject to the annual deductible.
- **Co-insurance:** Except where noted below, services received from providers or facilities in the Anthem network are reimbursed at 90% of the network rate. If services are obtained from providers or facilities that are not in the network, claims will be paid at 60% of the non-network rate (maximum allowed rate); save money by selecting network providers.
- **Payment:** For services provided at UHS, SHIP members pay the portion for which they are responsible at the time of service or will have it billed to their Cal Central account. UHS will file claims with SHIP for the remainder of charges. For authorized services outside of UHS, the provider or patient submits itemized bills to Anthem.
- SHIP has no maximum medical benefit caps.
- Register online at [mobilehealthconsumer.com/studenthealth](http://mobilehealthconsumer.com/studenthealth) or download Anthem mobile app (Student Health) to view and print your ID card, check benefits and view claims.

## NURSE LINE ASSISTANCE + AFTER HOURS TELEMEDICINE

- **Weekday UHS Advice Nurse:** During weekday hours, students can contact the UHS Advice Nurse line to speak with one of our nurses by calling (510) 643-7197 or secure messaging via patient portal: <https://etang.berkeley.edu>.
- **After Hours Nurseline:** SHIP members can call the 24/7 Nurseline at (800) 681-4065.
- **After Hours Live Health Online Telemedicine:** virtual doctor visit when Tang is closed. See details online.

## INPATIENT HOSPITAL SERVICES\* (Includes medical, mental health, and maternity services)

<b>Semi-Private Room, Lab Tests, X-rays, Imaging, General supplies, Nursing services, Medication, and Physicians &amp; Specialists</b>	Pays 90% Anthem network rates, 60% of non-network rates.
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- Inpatient hospital services are subject to the \$300 deductible.
- 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 for the first 31 days from date of birth at 90% in-network; 60% non-network. To enroll a newborn, call the SHIP office within 7 days of the baby's birth.

## EMERGENCY ROOM SERVICES *Authorization not required*

<b>Emergency Room</b>	Pays 100% of network rates after \$100 co-pay (co-pay waived if admitted). <b>The Student Health Insurance Office must authorize all follow-up care in advance.</b>
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\*Subject to deductible.

## OUTPATIENT SERVICES

<b>Medical Office Visits</b>	<b>At UHS:</b> \$15 co-pay for Primary Care and Specialists. <b>Outside of UHS†:</b> Pays 100% after \$15 co-pay for primary care and specialty care from network providers. Plan pays 60%* of the allowable non-network rates.
<b>Adult Preventative Services</b>	Select adult preventative services at UHS (including routine mammograms, pap smears & prostate cancer screenings as determined necessary by your provider) covered at 100%. One per plan year.
<b>Mental Health— Office Visits and Outpatient Services</b>	<b>At UHS:</b> After five free counseling visits, \$15 visit fee; psychiatry \$15 co-pay. <b>Outside of UHS†:</b> Pays 100% after \$15 co-pay for network providers, plan pays 60%* of non-network rates. <b>Outpatient Services*†:</b> Pays 90% of network rates; 60% of non-network rates.
<b>Lab Tests, Imaging, X-rays</b>	<b>At UHS:</b> Pays 90% of UHS fees. <b>Outside of UHS*†:</b> Pays 90% of network rates or 60% of non-network rates.
<b>Prescription Drugs</b>	Prescriptions filled at the UHS Tang Center Pharmacy or outside UHS at participating pharmacies have a co-pay of \$5 for generic, \$25 for brand name medications (30-day supply), and \$40 for “non-formulary” items. Birth control covered at 100% (some conditions apply). Prescription medications are not subject to the deductible.
<b>Acupuncture†</b>	Pays 100% after \$15 co-pay for network providers. Plan pays 60%* of the allowable non-network rates.
<b>Allergy Testing &amp; Injections</b>	<b>At UHS:</b> Pays 90% of UHS fees. UHS does not provide allergy testing onsite. <b>Outside of UHS*†:</b> Pays 90% of network rates; 60% of non-network rates.
<b>Ambulance - Ground</b>	Pays 90% of reasonable and customary charges if the patient receives emergency treatment or is hospitalized.
<b>Ambulance - Air</b>	Pays 90% of customary and reasonable charges if patient receives emergency treatment or is hospitalized.
<b>Chiropractic Services†</b>	Pays 100% after \$15 co-pay for network providers. Plan pays 60%* of the allowable non-network rates.
<b>Dental Injury†*</b>	Pays 90% of network rates or 20% of non-network rates (90% when network providers are not available within an acceptable radius).
<b>Durable Medical Equipment†*</b>	Pays 90% of network rates or 60% of non-network rates 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 durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin).
<b>Immunizations</b> <i>Routine immunizations are recommended to be administered at UHS.</i>  <i>All immunizations must meet all FDA regulations prior to approval.</i>	Pays 100% of UHS fees or network rates; 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; Human Papillomavirus; Cholera; Typhoid; Yellow Fever; Japanese B. Encephalitis; Rabies; and Lyme Vaccine All other immunizations covered at 90% of UHS or network rates; 60%* of non-network rates.
<b>Maternity, Prenatal Care, Abortion†</b>	<b>Prenatal:</b> \$15 co-pay for network providers for first visit; 100% covered for subsequent visits in-network; 60%* non-network. <b>Maternity*:</b> 90% in-network; 60% non-network. <b>Abortion:</b> 100% in-network; 60%* non-network. <b>Ultrasound due to pregnancy:</b> 100% in-network; 60%* non-network.
<b>Physical Therapy</b>	<b>At UHS:</b> \$15 co-pay <b>Outside of UHS†:</b> \$15 co-pay in-network; 60%* of non-network rates.
<b>Speech/ Occupational Therapy†</b>	Pays 100% after \$15 copay for network providers; 60%* of non-network rates.
<b>Podiatric Services†*</b>	Pays 90% of network rates; 60% of non-network rates.
<b>Skilled Nursing Facility†*</b>	Pays 90% of network rates; 60% of non-network rates.

\*Subject to deductible.

†A referral by a UHS Clinician is required BEFORE seeking services outside of UHS or your claims will be denied.

For a complete list of SHIP benefits, limitations and exclusions, visit [uhs.berkeley.edu/ship](https://uhs.berkeley.edu/ship).

## Keep on smiling with SHIP Dental Coverage!



SHIP contracts with MetLife to provide an excellent package of dental benefits to SHIP members. If you are enrolled in SHIP, you have dental insurance – no separate enrollment is necessary. Here are answers to frequently asked questions about the dental plan:

### How does the dental plan work?

Dental coverage is provided through the MetLife PDP Plus plan. With this plan, you select a provider from a nationwide network of 90,000 MetLife PDP Plus Dentists, over 500 of whom are located within five miles of campus. When you make your appointment, let the dentist know you have coverage through MetLife.

You do not need to pre-select a primary dentist, carry an ID card or receive referrals for specialty care. If you visit a dentist who is not a MetLife Dentist, you will still receive benefits, but you will be charged higher out-of-pocket copayments for the services you receive.

**Member ID:** Your MetLife member ID is the nine digits after “XDP” on your Anthem card. To view or print your MetLife card, register online at [metlife.com/mybenefits](http://metlife.com/mybenefits) or on the MetLife mobile app.

### Dental Benefits Summary:

	MetLife PDP Plus Dentist	Non-Network Dentist
Annual Maximum Benefit	\$2,000	\$2,000
Deductible (Applies only to basic and major restorative services)	\$25	\$50
Preventive and Diagnostic Services: • Oral exams, cleanings and fluoride (2 per plan year) • Bitewing x-rays (once per plan year) • Full mouth x-rays (once per 5 years)	100% of negotiated fee <sup>1</sup>	80% of R & C fee <sup>2</sup>
Basic Restorative Services: • Fillings, simple extractions, oral surgery, periodontics, and endodontic	80% of negotiated fee <sup>1</sup>	60% of R & C fee <sup>2</sup>
Major Restorative Services: • Bridges, dentures, crowns, inlays, and onlays	70% of negotiated fee <sup>1</sup>	40% of R & C fee <sup>2</sup>

<sup>1</sup>Negotiated fee: charge that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost-sharing, and benefit maximums.

<sup>2</sup>R & C fee: Reasonable and Customary charge is based on the the lowest of the dentist's actual charge, the dentist's charge for the same or similar services, or the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

For more information about dentists' fees and for a complete list of benefits and covered services, visit [uhs.berkeley.edu/dental](http://uhs.berkeley.edu/dental).

### How do I find a dentist?

There are over 500 dentists within five miles of campus who participate in the MetLife PDP PLUS plan. To find a dentist, visit the MetLife website at [metlife.com/dental](http://metlife.com/dental).

If you need dental care when away from campus, you may choose from dentists nationwide. You have the freedom to choose any dentist at any time. You do not need to visit the same dentist every time.

### Do I need to file a claim after my visit?

Dentists will file a claim directly to MetLife. If you are responsible for any portion of the charges, you will be expected to pay that amount at the time of service. Your dentist may ask for your member ID and the group number.

If you visit a dentist who is not a MetLife dentist, you may need to pay all charges, and file a claim for reimbursement. You may print a claim form at [metlife.com/dental](http://metlife.com/dental) or call (800) 942-0854 to have one sent.

### Can I find out how much services will cost prior to treatment?

Yes. You may have your dentist request a pretreatment estimate to determine what services the plan will cover and at what payment level. We strongly recommend a pretreatment estimate if the services are expected to cost more than \$200. With the

pretreatment estimate, you'll know exactly what your payment responsibilities are and can discuss treatment options.

### Can I waive the dental plan?

Dental coverage is available as part of Berkeley SHIP. If you are enrolled in SHIP, you automatically receive dental coverage. You cannot enroll in or waive dental coverage separate from SHIP.

### What if I have more questions?

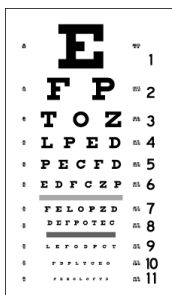
For information about SHIP and dental coverage, visit [uhs.berkeley.edu/dental](http://uhs.berkeley.edu/dental) or call the Student Health Insurance Office at (510) 642-5700.

MetLife's website and mobile app provides personalized information about your dental plan benefits. Visit [metlife.com/dental](http://metlife.com/dental) or download the MetLife mobile app to:

- Choose a dentist and print a map to the dentist's office
- Check the status of your claims, including tracking your deductible and year-to-date claims payments
- Request the Explanation of Benefits be sent to you via e-mail
- Read answers to frequently asked questions, such as how to interpret the Explanation of Benefits statement.

You may also call MetLife at (800) 942-0854 to speak to a dental plan representative.

## SHIP Vision Coverage



The SHIP Vision Plan, provided by VSP<sup>®</sup> Vision Care, is your best value in high-quality vision care. As the only national not-for-profit in vision care, VSP is committed to your wellness over profit. With you as their focus, you can count on VSP to provide the best care at the lowest out-of-pocket costs.

With VSP, you get:

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** With VSP, you'll get the highest level of care, including a WellVision Exam<sup>®</sup> – the most thorough exam, designed to detect health conditions, like diabetes, high blood pressure, and high cholesterol – along with other eye and health issues too.
- **Best Choice in Eyewear.** With the largest choice in eyewear, finding the perfect frame at the price that fits your budget is easy.

No separate enrollment is necessary, and there is no additional charge for this benefit – if you have SHIP, you have the vision plan! Vision coverage may not be purchased separately from the medical, counseling and dental benefits of SHIP.

**Member ID:** Your VSP ID number is the nine digits after “XDP” on your Anthem ID card (online at [mobileconsumerhealth.com/studenthealth](http://mobileconsumerhealth.com/studenthealth)).

### Two On-campus Vision Services Locations:

To make appointments, visit [caleyecare.org](http://caleyecare.org) or call numbers below.

#### Tang Optometry Clinic

Located at UHS, 3<sup>rd</sup> floor  
2222 Bancroft Way  
Open M-F, 8:30am-4:30pm  
Phone: (510) 643-2020

#### University Eye Center

Minor Hall, UC Berkeley  
Open 7 days/week  
M-F 8:30am-5:30pm, Sat and Sun 8:30am-3:30pm  
Phone: (510) 642-2020

For your convenience, the Minor Hall clinic is open seven days a week. For urgent needs when the clinic is closed, you may call **(510) 642-2020**, 24 hours a day. In addition, when you are away from campus you may visit another provider.\* No authorization is required.

Contact VSP at **(800) 877-7195**, visit [vsp.com](http://vsp.com), or download the VSP mobile app for benefits information, rebates, and special offers exclusive to VSP members. You can find VSP on Facebook, follow them on Twitter, or check out the VSP Blog for more eyecare information.

### SHIP Vision Plan Benefits:

- Eye exam for a \$10 co-pay, once every plan year
- Frames and lenses up to a \$150 value with a \$25 co-pay **OR** contact lenses up to a \$150 value
- 20% discount on lens options (Transitions<sup>®</sup> lenses, anti-reflective or anti-scratch coatings, UV protection, and others)
- 15% discount on Lasik or PRK refractive surgeries

If lenses and frames are chosen which exceed the \$150 allowance, the student will get 20% off of the cost above \$150. Contact lens wearers may be subject to a contact lens evaluation fee or, for first-time users, a fitting fee. Please visit [caleyecare.org](http://caleyecare.org) for examples of fees for typical visits. Please note that the following services or supplies are not covered by this vision plan: orthoptics or vision training, non-prescription glasses or contact lenses, medical or surgical treatment of the eyes other than laser vision correction, non-FDA-approved vision services, treatment and materials, and any other service not listed above as a covered benefit.

You are expected to pay the copayment and other fees at the time of service. There are no claims to file for network providers.

\*If you are out of the area and need eyecare services, you can see a VSP Choice doctor, retail chain affiliate, or any other provider. To find a VSP doctor or retail chain affiliate, visit [vsp.com](http://vsp.com) or call **(800) 877-7195**. For non-network benefits, please visit [uhs.berkeley.edu/vision](http://uhs.berkeley.edu/vision).