



# SHIP Benefits for Berkeley Students

Fall 2018: August 1, 2018 – December 31, 2018

*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 2018-19 academic year are \$1,497/semester for undergraduates and \$2,373/semester for graduate students. The **plan year** is from August 1, 2018 through July 31, 2019.
- **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 Plan 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 is 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: [etang.berkeley.edu](http://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 at [uhs.berkeley.edu/livehealth-online-telemedicine](http://uhs.berkeley.edu/livehealth-online-telemedicine)

## 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. \*\*Inpatient hospital services with non-network providers are subject to a \$500 deductible per admission.

## 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>Note:</b> If the office visit is at a hospital setting, a facility (hospital) fee may apply. After the deductible, plan pays 90% for network rates or 60% 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> No co-pay for short-term counseling; 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 <i>at</i> the UHS Tang Center Pharmacy have a co-pay of \$0 for generics, \$25 for formulary, \$40 for non-formulary, and \$75 for specialty drugs. Prescriptions filled <i>outside</i> of the Tang Center have a co-pay of \$10 for most generics, \$35 for formulary, \$50 for non-formulary, and 20% up to \$250 for specialty drugs. 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).