

UC SHIP Benefits for Berkeley Students

Fall 2011: August 15, 2011 – January 14, 2012

This flier provides general benefits information for UC Berkeley students enrolled in UC SHIP. Please refer to the UC SHIP Benefits Booklet (available online) for a complete description of benefits, exclusions and limitations, and members' rights and responsibilities. For more information, visit <http://uhs.berkeley.edu/ship> or (510) 642-5700.

Important - Please Note:

- The plan premium is billed to UC Berkeley students' CARS accounts each semester. The rates for the 2011-2012 academic year are \$813/semester for undergraduates and \$1075/semester for graduate students. The **plan year** is from August 15 through August 14.
- **Don't get stuck with the bill. Remember, all care must begin at University Health Services–Tang Center (UHS). All services obtained outside of UHS, except for emergency room care and Urgent Care, must be authorized by the Student Health Insurance Office in order to ensure payment for services. Students are covered worldwide for emergencies and other authorized care.**
- **There is a \$200 per plan year deductible** for some services outside of UHS. Once the deductible has been satisfied, UC SHIP benefits begin. Medical and mental health office visits, emergency room visits, 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 Blue Cross "Prudent Buyer" Network are reimbursed at 90% of the Network rate. If services are obtained from providers or facilities that are not in the Prudent Buyer Network, claims will be paid at 60% of the non-Network rate (limited fee schedule), which is often significantly lower than the Network rate.
- **Payment:** For services provided at UHS, UC SHIP members pay the portion for which they are responsible at the time of service or bill to CARS. UHS files a claim with UC SHIP for the remainder of charges. For authorized services outside of UHS, the provider or patient submits itemized bills to the Student Health Insurance Office.
- SHIP has a \$400,000 lifetime benefit maximum.
- You should receive an ID card from Anthem Blue Cross of CA within six weeks of enrollment. You can download a temporary card at <http://anthem.com/ca/>. (Log in to Member Services; choose "Request a Temporary ID Card.")

NURSE LINE ASSISTANCE

- **Weekday UHS Advice Nurse:** During weekday hours, students can call the UHS Advice Nurse line to speak with one of our nurses by calling (510)643-7197.
- **UC SHIP After Hours Nurseline:** 24/7 access to Anthem Blue Cross nurseline by calling (877)351-3457.

INPATIENT HOSPITAL SERVICES *Including Medical Services, Mental Health, and Maternity Services*

Semi-Private Room	Pays 90% of Anthem Blue Cross Network rates, 60% of non-Network rates
Lab Tests, X-rays, Imaging	Pays 90% of Anthem Blue Cross Network rates, 60% of non-Network rates
General supplies	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
Medication	Pays 90% of Anthem Blue Cross Network rates, 60% of non-Network rates
Physicians & Specialists	Pays 90% of Anthem Blue Cross Network rates, 60% of non-Network rates

- Inpatient hospital services are subject to the 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 30 days from date of birth at 90% in network, or 60% non-network, up to a \$25,000 lifetime maximum unless enrolled as a dependent.
- Non-network hospital penalty: covered expenses will be reduced by 25% for services and supplies provided by a non-contracting hospital, except in cases of emergency admission.

EMERGENCY ROOM SERVICES *Authorization not required*

Emergency Room	Pays 100% after \$100 co-pay (co-pay waived if admitted) of Anthem Blue Cross Network rates for treatment provided within 72 hours for injuries or sudden and serious illness, as determined by Anthem Blue Cross. Includes facility and professional services.
Emergency Room—Attending Physicians	Pays 100% of Anthem Blue Cross Network rate or 60% of non-Network rate All follow-up care must be authorized in advance by the Student Health Insurance Office.

OUTPATIENT SERVICES

Medical Office Visits	At UHS: \$15 co-pay for Primary Care; \$20 co-pay for Specialists (authorization required) Outside of UHS (<i>An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied</i>): Pays 100% after \$15 co-pay for primary care, \$20 co-pay for specialty care from Anthem Blue Cross Network providers, not subject to the deductible. Plan pays 60% of the allowable non-Network rates, subject to deductible.
Adult Preventative Services	Select adult preventative services at UHS (including routine mammograms, Pap smears & prostate cancer screenings) covered at 100%. One per plan year. This benefit is not covered outside UHS.
Mental Health— Office Visits and Outpatient Services	At UHS: After five free counseling visits, pays 100% after \$15 co-pay Outside of UHS (<i>An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied</i>): Pays 100% after \$15 co-pay for Anthem Blue Cross Network providers, not subject to the deductible. Plan pays 60% of non-Network rates, subject to deductible.
Lab Tests, Imaging, X-rays, Mammograms	At UHS: Pays 90% of UHS fees Outside of UHS (<i>An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied</i>): Pays 90% of Anthem Blue Cross Network rates, or 60% of non-Network rates.
Prescription Drugs	At UHS: Prescriptions filled at the UHS-Tang Center Pharmacy have a co-pay of \$5 for generic and \$25 for brand name medications (30-day supply). Outside of UHS: Prescriptions filled outside UHS have a co-pay of \$5 for generic and \$25 for brand name medications (30-day supply), \$40 for "non-formulary" items >No prescription medications are subject to the deductible. The pharmacy benefit is limited to a maximum of \$10,000 coverage per plan year.
Acupuncture	Pays 100% after \$20 co-pay (deductible waived) up to 20 visits a year (20 visit maximum is combined with chiropractic and spinal manipulation.) An authorization by a UHS Clinician is required prior to seeking services outside of UHS or your claims will be denied.
Allergy Testing & Injections	Pays 90% of UHS fees or Anthem Blue Cross Network rates, or 60% of non-Network rates
Ambulance - Ground	Pays 90% of customary and reasonable charges if the patient receives emergency treatment or is hospitalized; no benefit limit.
Ambulance - Air	Pays 100% of customary and reasonable charges if patient receives emergency treatment or is hospitalized; maximum \$25,000 per plan year.
Chiropractic Services	Pays 100% after \$20 copayment (deductible waived) up to a maximum of 20 visits a year (20 visit maximum is combined with acupuncture and osteopathic manipulation). An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied.
Dental Injury	Pays 90% of Anthem Blue Cross Network rates, or 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 durable medical equipment supplier, including rental or purchase of diabetic equipment and supplies (excluding insulin) up to a maximum of \$5,000 per plan year.
Home Health Visits	Pays 100% of Anthem Blue Cross Network rates, or 80% of non-Network rates, up to 100 visits per plan year
Immunizations <i>routine immunizations are recommended to be administered at UHS</i>	Pays 100% of UHS fees or Anthem Blue Cross Network rates, or 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. All other immunizations covered at 90% of UHS or Anthem Blue Cross Network rates or 60% of non-Network rates.
Maternity, Prenatal Care, Abortion	Prenatal: \$15 co-pay (deductible waived) for first visit; 100% covered for subsequent visits in-network. Maternity: 90% in-Network; 60% non-Network Abortion: 90% in-Network; 60% non-Network
Physical/Speech/ Occupational Therapy	\$20 co-pay (deductible waived) for services at UHS or with an Anthem Blue Cross network provider. Pays 60% for non-Network provider (subject to deductible). This benefit has a \$5,000 maximum. An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied.
Podiatric Services	Pays 90% Anthem Blue Cross Network rates, or 60% of non-Network rate. An authorization by a UHS Clinician is required prior to seeking services outside of Tang or your claims will be denied.
Skilled Nursing Facility	Pays 90% of Blue Cross Network rates, or 60% of non-Network rates, up to a maximum of 100 days per plan year

For a complete list of SHIP benefits, limitations and exclusions, visit <http://uhs.berkeley.edu/ship>.



Keep on smiling with SHIP Dental Coverage!

UC Berkeley contracts with Delta Dental 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 Delta Dental PPO plan. With this plan, you select a provider from a nationwide network of 127,000 Delta Dental PPO Dentists, over 100 of whom are located within five miles of campus. When you make your appointment, let the dentist know you have coverage through Delta Dental.

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 Delta Dental PPO Dentist, you will still receive benefits, but you will be charged higher out-of-pocket copayments for the services you receive.

What does the plan cover?

If the care is provided by a...	Dentist who is a Delta Dental PPO Dentist, the plan covers	Dentist who is not a Delta Dental PPO Dentist, the plan covers
Covered Services		
Preventive and Diagnostic Services: Oral exams (2 per year) Cleanings (2 per year) X-rays (bitewing X-rays 1 per year; full mouth X-rays 1 per 5 years) Fluoride treatment	100% of negotiated fees that participating dentists have agreed to accept as payment in full.	80% of reasonable and customary charges
Basic Operative and Restorative Services: Fillings, Simple extractions, oral surgery periodontics, endodontics	80% of negotiated fees after a \$25 annual deductible	60% of reasonable and customary charges after a \$25 annual deductible
Major dental: Prosthodontics, Inlays/onlays, crowns	50% of negotiated fees after a \$25 annual deductible	

There is a \$1,000 **academic** year benefit maximum. For more information about dentists' fees and for a complete list of benefits and covered services, visit <http://uhs.berkeley.edu/dental>

How do I find a dentist?

There are over 100 dentists within five miles of campus who participate in the Delta Dental PPO plan. To find a dentist, visit the Delta Dental website at <http://deltadentalins.com/ucb>. You can even print directions and a map to the office!

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?

Delta Dental PPO dentists will file a claim directly to Delta Dental. 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 the plan group number or customer number – **see bottom right hand box for details.**

If you visit a dentist who is not a Delta Dental PPO dentist, you may need to pay all charges, and then file a claim for reimbursement. You may print out a claim form at www.deltadentalins.com/ucb or call 1-800-765-6003 to have one sent to you.

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 with your dentist.

Can I waive the dental plan?

Dental coverage is available as part of the Student Health Insurance Plan. 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 the Student Health Insurance Plan and dental coverage, visit <http://uhs.berkeley.edu/dental> or call the Student Health Insurance Office at 510-642-5700.

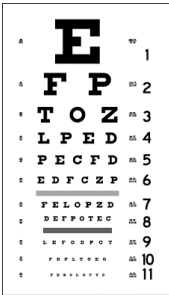
Delta Dental's website provides personalized information about your dental plan benefits. Visit <http://deltadentalins.com/ucb> to:

- 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 that the Explanation of Benefits be sent you via e-mail
- Read answers to frequently asked questions, such as how to interpret the Explanation of Benefits form.

You may also call Delta Dental at 1-800-765-6003 to speak to a dental plan representative.

**Group plan numbers | Undergraduates: 5364
 Graduates: 4633. Your customer number is the same as
 the ID number on your Anthem Blue Cross card.**

SHIP Vision Coverage



SHIP vision plan covers vision screening and correction services and is provided by the UC Berkeley School of Optometry. Injury or illness of the eye will continue to be covered by the medical portion of SHIP, administered by Anthem Blue Cross.

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. **You do not need a separate member ID card for vision – just bring your student ID and your Anthem Blue Cross ID card.**

Vision services are provided at the School of Optometry’s two clinics on campus – in the Tang Center and in Minor Hall – and at 12 satellite locations throughout California. 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.

SHIP Vision Plan Benefits Include:

- Eye exam for a \$5 co-pay, once every 12 months
- Frames and lenses OR contact lenses, with a \$15 co-pay, once every 12 months, up to a \$120 value.
- 20% discount on lens options (Transitions lenses, anti-reflective or anti-scratch coatings, UV protection, and others.)
- 50% discount on Lasik or PRK refractive surgeries
- 24/7 access to emergency care

You will be expected to pay the copayment and other fees at the time of service. There are no claims to file.

If you are away from Berkeley and urgently need replacement of prescription ophthalmic materials that were originally provided by the School of Optometry, such as glasses or contact lenses, the School will provide overnight shipping at no additional charge.

Please note:

- If lenses and frames or contact lenses are chosen which exceed the \$120 allowance, the cost above \$120 is the responsibility of the student. Contact lens wearers may be subject to a contact lens evaluation fee or, for first-time users, a fitting fee. Please visit our web site for examples of fees for typical visits.
- Services are covered only if they are provided by the UC Berkeley School of Optometry.
- 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.

Services at UC Berkeley:

To make an appointment, call (510) 642-2020. For more details, visit: <http://www.caleyecare.org/>

Tang Optometry Clinic
 Located at UHS, 3rd floor
 2222 Bancroft Way

University Eye Center
 Minor Hall, UC Berkeley
 Next to Wurster Hall and Haas School of Business

Services throughout CA in UC Berkeley School of Optometry Clinic locations:

Cal State University (CSU) Student Health Centers:

Locations considered “out of network;” higher fees apply.

San Diego
 Los Angeles
 Northridge
 East Bay (Hayward)
 San Francisco
 Sacramento
 (In development): Fresno

UC Merced Student Health Center

Community Based Clinics:

Castle Family Health (Atwater, CA near Merced)
 CommuniCare Clinics (Davis, CA)
 Alameda County Medical Center (Eastmont Wellness Center Oakland, CA)
 Over 60 Clinic (Berkeley-Oakland, CA)
 La Clinica de la Raza (Oakland, CA)