

# UC SHIP AT-A-GLANCE COVERAGE INFORMATION

## PREMIUM

*Your monthly payment. With UC SHIP, you pay 3 quarterly premiums and get coverage for the entire year.*

**Undergrads= Fall \$960, Winter \$913, Spring \$974**

**Grads=Fall \$1584, Winter \$1507, Spring \$1573**

## DEDUCTIBLE \*

*The money you must spend before any insurance benefit begins.*

**\$300/year**

\*No deductible for visits to the Student Health Center

## COINSURANCE

*The share of the cost of care covered by the insurance. After you meet the deductible, UC SHIP pays 85% of the cost of care.*

**You pay 15%.**

## OUT-OF-POCKET MAXIMUM

*The most you could have to pay for covered services in a plan year.*

**\$8,550/year**

## COPAY\*

*Money you pay for each visit when you see a health care provider or get a prescription.*

**Specialists: \$10/visit, Counseling: \$0/visit**

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**Urgent Care, physical therapy, chiropractic, acupuncture: \$25/visit**

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**Emergency department: \$125/visit**

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**Pharmacy: varies** for different types of prescriptions

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**Preventive care (primary care to prevent illness, e.g. physical exams): No charge at Student Health Center**

\*No copay for visits to the Student Health Center