

UC-Sponsored Student Health Insurance Plan (SHIP) 2017-18 Plan Year Waiver Criteria

- I. All plans must provide unrestricted access to an in-network primary care provider, in-network hospital *and* full, non-emergency medical and behavioral health care within **55 miles** of campus while attending school. Such distance shall be determined at the discretion of each campus based upon its unique geographic considerations and local availability of services.

NOTE: this criterion applies to all plan types without exception, including Medi-Cal or Medicaid, Medicare, TRICARE/military, HMOs (including Kaiser, WHA, and others), Covered California or other U.S. federal or state exchange plans, all employee-sponsored and individual plans.

- II. Coverage is currently active and the student agrees to maintain health coverage throughout the entire academic year. If your current insurance coverage is terminated, contact the Student Insurance Office as quickly as possible to discuss your health insurance options.
- III. To satisfy UC's health insurance requirement for enrolled students, the plan held by the student must provide the following (this applies to all students regardless of gender):

- 1) Be a Medi-Cal/Medicaid, Medicare, TRICARE/Military, Covered California or other U.S. federal or state exchange plan, or a UC Employee Health Plan, **OR**
- 2) Be an employer-sponsored group health plan or individual plan that covers the following benefits:
 - a) Has an annual out-of-pocket maximum of \$7,150 or *less* for an individual or \$14,300 or *less* for a family. Deductibles, copayments, and coinsurance paid by the member accrue toward meeting the out-of-pocket maximum. A higher out-of-pocket maximum is allowed if the subscriber has a Health Savings Account (HSA) or a Health Reimbursement Account (HRA)
 - b) Inpatient and outpatient hospital stays for medical and surgical care
 - c) Covers inpatient (hospital) and outpatient care for mental health and substance abuse disorder conditions the same as any other medical condition.
 - d) Doctor office visits for medical, including mental health, and alcohol/drug abuse conditions
 - e) Emergency room and ambulance services
 - f) Medications prescribed by a doctor

- IV. For international students, the following *additional* criteria apply. The plan must:
- 1) Have *no* per-medical or per-mental health/substance use disorder condition maximum benefit limits
 - 2) Cover services related to suicidal conditions, including attempted suicide or suicidal thoughts
 - 3) Cover medical services for injury from participation in all types of recreational activities or amateur sports
 - 4) Not be a health care reimbursement plan with the student's home country or another party
 - 5) Not be a pharmacy reimbursement plan with the student's home country or another party
 - 6) Have *no* pre-existing condition exclusion or limitation; if the plan has a pre-existing condition waiting period, that period has expired
 - 7) Have no lifetime maximums on benefits
 - 8) Have a complete master policy written in standard English with benefits expressed in U.S. dollars

- 9) Have a claims payment office with an address and phone number in the United States
- 10) Pay at least \$50,000 annually for medical evacuation
- 11) Pay at least \$25,000 for repatriation of remains