

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 UC Merced 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) Covers inpatient (hospital) and outpatient care for mental health and substance use disorder conditions the same as any other medical condition
 - c) Preventive health care services, including an annual physical exam, preventative immunizations and laboratory/diagnostic tests to help determine your state of health
 - d) Chronic disease management for such conditions as asthma, diabetes, **HIV** or other chronic medical conditions
 - e) Inpatient and out-patient hospital services for medical and surgical care, **including transplants and bariatric services**
 - f) **Urgent care, emergency room services, and emergency transportation/ambulance**
 - g) Diagnostic and imaging services, including laboratory tests
 - h) Medications prescribed by a doctor (including contraceptives)
 - i) Pre-natal and maternity care, with no pre-existing condition limitation
 - j) **Hospice care**
 - k) **Acupuncture**
 - l) **Weight loss programs**
 - m) **Durable medical equipment (i.e. crutches, osteotomy supplies, wheel chair)**
 - n) **Rehabilitative and habilitative services**
 - o) **Allergy treatment and injections**

- p) Home health and skilled nursing care
- q) Must not have annual or lifetime dollar limits on in-network benefits
- r) Pediatric dental and vision coverage

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 a complete master policy written in standard English with benefits expressed in U.S. dollars
- 8) Have a claims payment office with an address and phone number in the United States
- 9) Pay at least \$50,000 annually for medical evacuation
- 10) Pay at least \$25,000 for repatriation of remains

Please note: These Waiver Criteria are subject to change if new legislation or administration requires adjustments of the criteria listed in this Summary.