

TO: Enrollees of the UC Student Health Insurance Plan (UC SHIP)

RE: Recognition as Minimum Essential Coverage (MEC)

Date: November 17, 2016

Dear Enrollees of UC SHIP:

The Patient Protection and Affordable Care Act (ACA) includes a requirement for most individuals to either have health insurance that provides “Minimum Essential Coverage” (MEC) for themselves and their dependents or potentially make an individual responsibility payment with their federal income tax return. This letter conveys that UC SHIP has been recognized by the U.S. Department of Health and Human Services as MEC. This means that your coverage under UC SHIP for 2015 (and subsequent years) is recognized as satisfying the individual insurance coverage requirement in the ACA. You will receive a 1095B form from the University of California. This form provides information to report on with your 2016 federal taxes to confirm that you, your covered spouse (if you file a joint return) and any other covered dependents had MEC in 2016.

To maintain status as a MEC plan, UC SHIP has implemented three (3) plan enhancements, effective retro-actively to August 1, 2016. UC SHIP members are entitled to coverage for benefits provided on or after August 1, 2016 that were not covered, but now are, and such claims will be processed or reprocessed. Please see the attached list of UC SHIP Plan Document revisions.

Please be assured that the University of California is dedicated to continued compliance with the requirements of the Affordable Care Act and the maintenance of this high level of coverage under UC SHIP.

Below is the web link to the UC SHIP plan document and Summary of Benefits and Coverage.

- www.ucop.edu/ucship/plan-documents/

Please contact UC SHIP Customer Service by telephone at 1-866-940-8306, if you have any questions about this information.

Sincerely,
Zina Slaughter
Operations Director, UC SHIP

BENEFIT	COVERAGE	<p style="text-align: center;">CHANGE <u>Effective Retroactively to August 1, 2016</u></p>	NOTES
Meningococcal B Immunizations	First injection must be administered between ages 16 and 23, per ACIP guidance, limited to \$400 per plan year.	First injection must be administered between ages 16 and 23, per ACIP guidance.	The \$400 plan year limit is removed for Meningococcal B
Pediatric Dental: Orthodontic Coverage	<p>A member must be at least 8 years old to begin orthodontic treatment.</p> <p><i>(Pediatric dental coverage under the Anthem medical plan is available only to members under the age of 19)</i></p>	Members can begin orthodontic treatment up to age 19.	Minimum age limit for orthodontic treatment is removed. This benefit applies only to pediatric dental coverage under the Anthem medical plan.
Dental Care (for dental injury)	Under Dental Care for dental injury, General Anesthesia services are provided only to members who are under age 7, who are developmentally disabled, or whose health is compromised and general anesthesia is medically necessary.	Under Dental Care for dental injury, General Anesthesia services are provided.	Limitations of those who are eligible for general anesthesia services under the Dental Care benefit for dental injury are removed.