

## Price Comparison UCSB Student Health Service

All UCSB students can use the medical services at Student Health!

*Fees are subject to change without notice*

Service	UC Student Health Insurance Plan (UC SHIP)	Waived without GAP*	Waived with GAP**
<b>Office Visits</b>			
Primary Care	No charge	\$65	No Charge*
Urgent Care	No Charge	\$65	No Charge*
Advice Nurse	No Charge	No Charge	No Charge*
<b>Specialty Visits</b>			
Alcohol & Drug Program Counselors	No Charge	No Charge	No Charge*
Dietitian	No Charge	\$85	No Charge*
Gynecologist	No Charge	\$85	No Charge*
Orthopedist	No Charge	\$85	No Charge*
Physical Therapy - Initial	\$15	\$160 - \$350***	\$160 - \$350***
Physical Therapy - Continuing	\$15	\$81 - \$350***	\$81 - \$350***
Psychiatrist	No Charge	\$85 - \$145	No Charge*
Social Work Services	No Charge	No Charge	No Charge*
Travel Consultation	No Charge	\$85**	No Charge**
<b>Lab Tests (in-house)</b>			
Processing Fee (per day)	No Charge	\$25	No Charge*
Complete Blood Count	No Charge	\$41	No Charge*
Pap Test	No Charge	\$36	\$31
Strep Throat Test	No Charge	\$37	No Charge*
Mono Test	No Charge	\$35	No Charge*
Pregnancy Test	No Charge	\$32	No Charge*
Urinalysis & Urine Culture	No Charge	\$16 - \$38***	No Charge*
<b>X-Rays</b>			
X-Rays	No Charge	\$70 - \$170***	No Charge*
Processing Fee (per day)	No Charge	\$25	No Charge*
<b>Immunizations</b>			
Influenza	No Charge	\$30	\$15
HPV (Gardasil 9) - per dose	No Charge	\$275	\$275
Tetanus, Diphtheria & Pertussis	No Charge	\$86	\$86
Hepatitis B - per dose	No Charge	\$88	\$88
Meningococcal (A-C-Y-W/35)	No Charge	\$142	\$142
Measles, Mumps, Rubella	No Charge	\$113	\$113
<b>Pharmacy</b>			
Prescription Birth Control & Plan B	No Charge	Full Price	NOT COVERED – Full Price
Prescription (generic)	\$5 (30-day)	Full Price	NOT COVERED – Full Price
Prescription (non-generic) formulary)	\$25 (30-day)	Full Price	NOT COVERED – Full Price
<b>Dental (see separate summary of benefit)</b>			
2 Cleanings with 2 Exams, 1 Set X-rays	No Charge	\$644	\$644
Other Services	Discounted	Full Price	Full Price
<b>Vision (see separate summary of benefit)</b>			
Eye Exam	\$10	\$80	\$80
<b>Fees</b>			
Late Cancellation Fee	\$25	\$25	\$25
Missed Appointment Fee	\$55	\$55	\$55

Gaucho Access Plan (GAP) coverage is only for in-house services.

Price comparison sheet is for informational use only and does not constitute an agreement.

\*\* There may be fees for some services.

\*\*\*Additional charges may apply.

## Immunization Price List\*

All Vaccines Covered **100%** on **UC-Ship**

	Waived / GAP	UC-Ship
<i>Chicken Pox Vaccine (Varicella)</i>	\$172.00	\$-0-
<i>Hepatitis A Vaccine</i>	\$95.00-100.00	\$-0-
<i>Hepatitis A &amp; B</i>	\$130.00	\$-0-
<i>Hepatitis B Vaccine</i>	\$88.00	\$-0-
<i>HPV 9</i>	\$275.00	\$-0-
<i>Influenza Vaccine Injectable</i>	\$25.00	\$-0-
<i>Influenza Vaccine Intranasal</i>	\$25.00	\$-0-
<i>Japanese Encephalitis</i>	\$398.00	\$-0-
<i>Meningococcal A</i>	\$139.00-\$172.00	\$-0-
<i>Meningococcal B</i>	\$195.00-197.00	\$-0-
<i>MMR (Measles-Mumps-Rubella)</i>	\$113.00	\$-0-
<i>Pneumococcal (Pneumovax)</i>	\$135.00	\$-0-
<i>Polio Injectable</i>	\$70.00	\$-0-
<i>Rabies Vaccine</i>	\$367-\$965.00	\$-0-
<i>TB Test (Intradermal PPD)</i>	\$35.00	\$-0-
<i>Td (Tetanus-Diphtheria)</i>	\$59.00	\$-0-
<i>Tetanus/Pertussis Tdap</i>	\$86.00	\$-0-
<i>Typhoid Vaccine Injection (Typhim-Vi)</i>	\$150.00	\$-0-
<i>Yellow Fever</i>	\$210.00	\$-0-
<i>Zoster/Zostavax Vaccine</i>	\$315.00	\$-0-

\*Non Students are charged a **\$5 surcharge**

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