



Coverage for the journey ahead

UC SANTA BARBARA 2025–2026



A health plan that's all about you

The sole mission of the not-for-profit University of California Student Health Insurance Plan is to offer high-quality, affordable and convenient health insurance. UC SHIP covers medical care through UC's world-class academic medical centers and other providers.

You're automatically enrolled in medical, mental health, pharmacy, dental and vision coverage until the start of the next academic term — including summer and term breaks. And you can enroll a spouse/domestic partner and/or children. Your coverage includes medical services anywhere in the world.

Welcome to the UC SHIP family! Explore to learn more.

UNIVERSITY
OF
CALIFORNIA

Student Health
Insurance Plan

Convenient and
affordable student
health insurance

MYUCSHIP.ORG

Students come first — always

UC SHIP is built specifically for UC students, with students actively involved in its design. Since inception, the guiding principle has been simple: Your health and health needs come first — always.

UC SHIP meets the requirements of the Affordable Care Act (ACA). UC SHIP remains focused on meeting student health needs and priorities, including mental health.

You're automatically enrolled

Because all UC students are required to have medical insurance, UC automatically enrolls all registered students — including domestic and international students, and students in absentia — in UC SHIP medical, mental health, pharmacy, dental and vision coverage. You will find the cost of coverage (premium) on your registration bill.

You can waive UC SHIP coverage if you already have a health plan that meets the university's health coverage requirements. Go to myucship.org > **Eligibility and enrollment** > **Waiving coverage** to learn how to waive enrollment in UC SHIP before the waiver deadline.

Note: You must reapply to waive coverage each academic year.

You can cover your spouse, domestic partner and child(ren) too

If you're enrolled in UC SHIP and are married and/or have children, you can enroll those eligible dependents in the same medical, mental health, pharmacy, dental and vision coverage you have for yourself. For information about whom you can enroll in UC SHIP, go to myucship.org > **Eligibility and enrollment**.

Note: You must reenroll dependents every term.

The UC SHIP plan meets Affordable Care Act (ACA) requirements

UC SHIP is recognized by the Centers for Medicare & Medicaid Services (CMS) as minimum essential coverage (MEC) in compliance with the ACA. This means that UC SHIP members meet the ACA individual mandate.

Students only: UC SHIP is convenient to access through the on-campus Student Health Service (SHS). Start there for covered nonemergency medical care and for referrals to specialists when needed.

When compared to preferred provider organization (PPO) plans, UC SHIP provides a broader physician network and lower deductibles and out-of-pocket maximums.



Sydney Health mobile app

With the Sydney Health app, you can:

- Access your ID card
- Find student health center locations, hours and services
- View medical, mental health, pharmacy, dental and vision coverage and claims information
- Get notifications for benefit changes and action items

Download the Sydney Health app from [Google Play](#) or the [App Store](#), or visit [sydneyhealth.com](#). You'll need your student ID and email address to get started.

Glossary of terms

Annual benefit maximums: The most the plan will pay over the specified coverage period.

Annual limits on your out-of-pocket costs: If your combined medical and prescription expenses reach this amount, UC SHIP will pay 100% of your covered expenses for the rest of the benefit year. This includes deductibles, coinsurance and copays. Limits differ based on service provider.

Anthem Blue Cross PPO providers: Providers/facilities in the Anthem Blue Cross Prudent Buyer PPO network.

Benefit-year deductibles (annual deductible): The amount you pay before UC SHIP pays for services. Deductibles differ based on service provider.

Coinsurance: The percentage of the maximum allowed amount that you are responsible for paying.

Copay: The specified dollar amount you are responsible for paying.

Fee schedule: The maximum amount that Delta Dental will pay for services (sometimes called a plan allowance).



Getting care

Your first stop for medical care is **ALWAYS** the student health center

For routine care, start at the UC Santa Barbara Student Health Service (SHS). This is the first stop for care that is covered by UC SHIP. **The SHS does not provide care to dependents and spouses of UCSB students.**

The UC Santa Barbara SHS is an on-campus outpatient health center offering a range of health services — from primary care to routine checkups, mental health and substance use services, and general care for unexpected issues, like sore throats or sprained ankles. There is also a full-service pharmacy.

You will be cared for by a team of experts in young adult health — board-certified doctors, certified nurse practitioners and physician assistants.

Get a referral for medical care outside the Student Health Service

If needed, the UC Santa Barbara SHS will arrange a referral to care outside the SHS. To be covered by UC SHIP, you need a referral from the SHS to get medical care anywhere else if you are within a 50-mile radius of campus — except for emergency room care, urgent care clinic visits, pediatric care, obstetrics services, gynecological care, and LiveHealth Online virtual visits. **Without a referral, UC SHIP will not provide any benefits.** To get a referral, meet with an SHS provider. **Dependents and spouses do not need a referral.**

Your referral gives you options for off-campus care, including:

- **UC academic health centers.** Any of the six nationally ranked academic health centers (at Davis, Irvine, Los Angeles, Riverside, San Diego and San Francisco) or a UC-affiliated facility, doctor or other health care provider. (Be sure to get a referral **before** making an appointment.)
- **Anthem Blue Cross Prudent Buyer PPO network doctors and other providers and facilities.** A network of more than 62,000 physicians and 400 hospitals. You'll first pay a deductible (see the *Medical coverage* chart), then UC SHIP will pay most of the cost, and you'll pay the rest through a copay or coinsurance (the amount you're responsible for after UC SHIP pays its share).

You're covered around the world

Whether studying, traveling or living outside the country, you and your dependents covered under UC SHIP can get care through the Blue Cross Blue Shield Global Core program. Learn more at bcbsglobalcore.com.

REFERRALS

If you are within a 50-mile radius of campus, you must get a UC Santa Barbara SHS referral for care outside the SHS, **except for the following:** emergency room care and visits to urgent care clinics, services for your dependents, pediatric care, obstetrics services, gynecological care, and LiveHealth Online virtual visits.

Note: You will be responsible for paying a deductible and part of the cost through a copay or coinsurance (the amount you're responsible for after UC SHIP pays its share).

Learn more

To learn more about UC SHIP benefits and what they cover, go to myucship.org, email the SHS at sa-shsinsurance@ucsb.edu, or contact Anthem Blue Cross (our medical plan administrator) at (866) 940-8306 or anthem.com/ca.



Student Health Service

(805) 893-3371

studenthealth.sa.ucsb.edu



Anthem Blue Cross

(866) 940-8306

anthem.com/ca



**In an emergency, call 911 or go to the nearest emergency room.
No referral needed.**

Anthem Blue Cross makes the sole and final determination as to whether services were rendered in connection with an emergency.

Contacts

Medical care (nonurgent or nonemergency)

Student Health Service
studenthealth.sa.ucsb.edu

Phone:

- **Main number:**
(805) 893-3371
- **Counseling and
Psychological Services:**
(805) 893-4411

In person:

- M/C 7002
Santa Barbara, CA 93106

Urgent or emergency care

After-hours advice nurse
(877) 351-3457

After-hours urgent care
[studenthealth.sa.ucsb.edu/
home/after-hours-care](http://studenthealth.sa.ucsb.edu/home/after-hours-care)

LiveHealth Online
livehealthonline.com

Emergency care
Call 911 or go to the nearest
emergency room

Doctors, providers and facilities outside the SHS

Anthem Blue Cross
anthem.com/ca
(866) 940-8306

Sydney Health app
Download it from
[Google Play](https://play.google.com/store/apps/details?id=com.sydneyhealth) or the
[App Store](https://apps.apple.com/us/app/sydney-health/id1444444444)

Dental care

Delta Dental
deltadentalins.com/ucship
(800) 765-6003

Vision care

Anthem Blue View Vision
anthem.com/ca/find-care
(choose **Basic** search as a
guest > select **Vision Plan
or Network, California,
Vision** and **Blue View Vision
Insight**)
(866) 940-8306

Off-campus pharmacies and prescription drug costs

Optum Rx
optumrx.com
(844) 265-1879

**Rates for dependents
and non-registered
students**
studenthealth.sa.ucsb.edu

**Waive UC SHIP
coverage**
myucship.org > Eligibility
and enrollment > Waiving
coverage

Medical and pharmacy coverage

To be covered by UC SHIP, all care must start with the UC Santa Barbara SHS. The chart below highlights what UC SHIP covers and how much **you pay** for services. For certain services, you will pay a deductible for care you receive outside the SHS, UC doctors or facilities. After you meet the deductible, the plan will pay a portion of the cost. Certain expenses and services are excluded from medical coverage.

For details, go to [myucship.org > Coverage](#).

Medical

- Nonemergency care within a 50-mile radius of campus requires a referral from an SHS provider. See *Getting care* for exceptions.
- UC Family providers include those in the Anthem Blue Cross Prudent Buyer PPO network, including UC Family academic health centers, affiliated facilities, and professional providers.

MEDICAL COVERAGE	UC FAMILY PROVIDERS	NETWORK PROVIDERS	OUT-OF-NETWORK*
BENEFIT-YEAR DEDUCTIBLES Limits accumulate separately for UC Family providers, Anthem providers and out-of-network providers.	\$0	\$300 per person	\$1,200 per person
ANNUAL LIMITS ON YOUR OUT-OF-POCKET COSTS Medical and pharmacy costs are combined for out-of-pocket limits.	Individual: \$8,700 Family: \$17,400 Costs accumulate together for UC Family providers, network providers and out-of-network providers.	Individual: \$8,700 Family: \$17,400 Costs accumulate together for UC Family providers, network providers and out-of-network providers.	Individual: \$9,000 Family: \$18,000 Costs accumulate together for UC Family providers, network providers and out-of-network providers.
OFFICE VISITS Copay covers office visit only. Additional charges apply for other services, such as lab work and procedures. For details, visit myucship.org > Resources > Forms and documents .	\$0, except for the physical therapy \$15 copay	Primary and specialty care: \$25 copay, deductible waived	Primary and specialty care: 50% coinsurance
ROUTINE PHYSICALS/STUDENT ADULT PREVENTIVE CARE	\$0	\$0, deductible waived	50% coinsurance
MENTAL HEALTH AND SUBSTANCE USE OFFICE VISITS	\$0	\$0, deductible waived LiveHealth Online: \$0, deductible waived	50% coinsurance
INPATIENT HOSPITAL CARE	N/A	20% coinsurance	50% coinsurance after \$500 copay and 25% penalty**
URGENT CARE	N/A	\$20 copay, deductible waived LiveHealth Online: \$0, deductible waived	50% coinsurance
EMERGENCY CARE (NONADMISSION) Copay waived if admitted	N/A	\$250 copay, deductible waived	\$250 copay, deductible waived
PEDIATRIC DENTAL AND VISION CARE Up to age 19. Separate deductibles and out-of-pocket maximums may apply.	N/A	Dental checkup: \$0 Dental basic and major services: 50% coinsurance Vision exam, frame (formulary) and standard lenses, and contact lenses: \$0	Dental checkup: \$0 Dental basic and major services: 50% coinsurance Vision: \$0

Pharmacy

- You can fill prescriptions at any pharmacy, but you'll pay less when you use the SHS pharmacy or an Optum Rx network pharmacy. Not all prescription drugs are covered by UC SHIP.
- Your share of prescription drug costs counts toward the limits on your out-of-pocket costs.

PHARMACY COVERAGE	SHS***	OPTUM RX PHARMACIES***	OUT-OF-NETWORK
OUTPATIENT PRESCRIPTION DRUGS Medical and pharmacy costs are combined for out-of-pocket limits.	Generic: \$5 copay Brand-name formulary: \$25 copay, 30-day supply Brand-name non-formulary: \$40 copay, 30-day supply Specialty: 10% coinsurance up to \$250, 30-day supply	Generic: \$5 copay Brand-name formulary: \$25 copay, 30-day supply Brand-name non-formulary: \$40 copay, 30-day supply Specialty: 10% coinsurance up to \$250, 30-day supply	Generic: 50% after \$5 copay Brand-name formulary: 50% coinsurance after \$25 copay Brand-name non-formulary: 50% coinsurance after \$40 copay, 30-day supply Specialty: 50% coinsurance after \$40 copay, 30-day supply You pay any amount above the Optum Rx maximum allowed amount.

*Any other health care provider/facility you choose; however, you are responsible for paying any expenses above the Anthem Blue Cross maximum allowed amount.
**An additional 25% penalty is assessed for services and supplies provided by an out-of-network hospital. Refer to the Benefit Booklet for details.
***100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available. Oral contraceptives are covered for up to a 180-day supply.

Dental coverage

You can see any dentist you want, but you'll pay less when you see dentists in the Delta Dental PPO network. Not all expenses and services are covered by UC SHIP. For details, go to [myucship.org > Coverage > Dental](#).

Download the Delta Dental mobile app (from [Google Play](#) or the [App Store](#)) to access the Delta Dental Cost Estimator tool for a real-time estimate of what you'll pay for dental work.

COVERAGE	DELTA DENTAL PPO NETWORK	OTHER DELTA DENTAL NETWORKS OR OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Preventive and diagnostic services: \$0 Other services: \$25 per person/\$150 per family	Preventive and diagnostic services: \$0 Other services: \$25 per person/\$150 per family
ANNUAL BENEFIT MAXIMUMS	\$1,200 per member; not to exceed a cumulative maximum of \$1,200 each benefit year for network plus out-of-network dental benefits in total	\$700 per member; not to exceed a cumulative maximum of \$1,200 each benefit year for network plus out-of-network dental benefits in total
FEE SCHEDULE	PPO providers agree to accept Delta Dental PPO maximum allowed fee schedule.	You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. Note: Even though they are out-of-network providers, Delta Dental Premier dentists will apply the approved fee schedule, so you would have lower costs than with other out-of-network dentists.
PREVENTIVE AND DIAGNOSTIC SERVICES Includes oral exams; cleanings (twice every 12 months); X-rays (one bitewing series within 12 months); fluoride treatment	\$0	30% coinsurance
BASIC SERVICES Includes fillings and extractions; composite fillings on back teeth; endodontics (root canals); periodontics; oral surgery; night guards	20% coinsurance after deductible	50% coinsurance after deductible
MAJOR SERVICES Includes prosthodontics; inlays/onlays; crowns and cast restorations; implants	50% coinsurance after deductible	50% coinsurance after deductible

Vision coverage

You can see any vision provider you want, but you'll pay less when you see an Anthem Blue View Vision Insight network provider for exams, glasses or lenses. Before you buy glasses or contacts, check [anthem.com/ca/find-care](#) to see if the provider is in the Insight network. Not all expenses and services are covered by UC SHIP. For details, go to [myucship.org > Coverage > Vision](#).

COVERAGE	ANTHEM BLUE VIEW VISION INSIGHT NETWORK	OUT-OF-NETWORK
ROUTINE EYE EXAM (PER BENEFIT YEAR)	\$10 copay	100% after \$49 allowance
EYEGLASS FRAMES (PER BENEFIT YEAR)	100% after \$120 frame allowance; receive a 20% discount	100% after \$50 frame allowance
EYEGLASS LENSES (STANDARD)	Single lenses: \$25 copay Bifocal lenses: \$25 copay Trifocal lenses: \$25 copay	Single lenses: 100% after \$35 lens allowance Bifocal lenses: 100% after \$49 lens allowance Trifocal lenses: 100% after \$74 lens allowance
CONTACT LENSES (PER BENEFIT YEAR) Select an allowance toward the cost of a supply of contact lenses (rather than eyeglasses)	Conventional lenses: 100% after \$120 lens allowance; receive a 15% discount Disposable lenses: 100% after \$120 lens allowance	Conventional lenses: 100% after \$92 lens allowance Disposable lenses: 100% after \$92 lens allowance

This brochure provides a summary of information. For detailed information about all UC SHIP benefits, terms and conditions, see the Benefit Booklet at [myucship.org > Resources > Forms and documents](#). What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received.
Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims.
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