UC-Sponsored
Student Health Insurance Plan (SHIP)
2026-2027 Plan Year Waiver Criteria
Effective 8/1/2026

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 a reasonable distance of campus or the student's place of residence (if online learning only) 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. (The waiver form will indicate the distance requirement appropriate for each campus.)

NOTE: this criterion applies to <u>all</u> plan types without exception, including Medi-Cal or Medicaid, Medicare, TRICARE, Veteran Affair Benefits, 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, VA Benefits, 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 $10,600 or *less* for an individual or $21,200 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 abuse disorder conditions the same as any other medical condition.
   c) Doctor office visits for medical, including mental health, and alcohol/drug abuse conditions
   d) Provides coverage for all Minimum Essential Health Benefits. For the criteria, please see Center for MediCaid Services (CMS) website: <u>https://www.cms.gov/cciio/resources/data-resources/ehb.html</u>
   e) May <u>not</u> be a health care or pharmacy reimbursement plan (A reimbursement plan means the student must pay for services and seek reimbursement from the insurance provider)
   f) Have no per medical, pharmacy or mental health/substance abuse dollar maximums limits

IV. For international students residing in the U.S., 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) Have *no* pre-existing condition exclusion or limitation; if the plan has a pre-existing condition waiting period, that period has expired
5) Have no lifetime maximums on benefits
6) Have a complete master policy written in standard English with benefits expressed in U.S. dollars
7) Have a claims payment office with an address and phone number in the United States
8) Pay at least $50,000 annually for medical evacuation
9) Pay at least $25,000 for repatriation of remains