2026-27 UC SANTA BARBARA GRADUATE STUDENT
SHIP VOLUNTARY PREMIUM COST

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Premium is non-refundable and will not be pro-rated. **Coverage is not automatically renewed.** You must re-enroll each ACADEMIC term to maintain coverage. See below for required documentation for dependent enrollments.

Enrollments will not be processed prior to the enrollment start date. Please click here or call Academic HealthPlans to enroll during the enrollment period. Dependent coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurastudent's plan. Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.

PROGRAM COST							
ENROLLMENT DATES	**STUDENT ONLY** (MEDICAL, DENTAL & VISION)	**SPOUSE/DOMESTIC PARTNER ONLY** (MEDICAL ONLY COVERAGE)	**SPOUSE/DOMESTIC PARTNER ONLY** (MEDICAL, DENTAL & VISION)	**CHILD(REN) ONLY** (MEDICAL ONLY COVERAGE)	**CHILD(REN) ONLY** (MEDICAL, DENTAL & VISION)	**FAMILY - SPOUSE/DOMESTIC PARTNER & CHILD(REN)** (MEDICAL ONLY COVERAGE)	**FAMILY - SPOUSE/DOMESTIC PARTNER & CHILD(REN)** (MEDICAL, DENTAL & VISION)
FALL (09/20/2026 - 01/02/2027)							
08/20/2026 - 10/21/2026	$3,128.25	$2,859.67	$2,964.51	$2,859.67	$2,967.73	$2,859.67	$3,072.57
WINTER (01/03/2027 - 03/27/2027)							
12/03/2026 - 02/03/2027	$3,128.25	$2,859.67	$2,964.51	$2,859.67	$2,967.73	$2,859.67	$3,072.57
SPRING (03/28/2027 - 09/14/2027)							
02/25/2027 - 04/28/2027	$3,128.25	$2,859.67	$2,964.51	$2,859.67	$2,967.73	$2,859.67	$3,072.57

NOTE: The final cost will include a 3% processing fee if paying with credit card. You can avoid this fee if paying by ACH (electronic check).

Required Documentation for Dependent Enrollments:

a) For spouse, a marriage certificate
b) For same-sex/opposite-sex domestic partner, a Declaration of Domestic Partnership issued by the State of California or another country or state jurisdiction
c) For natural child, a birth certificate showing the student is the parent of the child
d) For stepchild, a birth certificate, and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
e) For adopted or foster child, documentation from the placement agency showing that the student has the legal right to control the child's health care
f) For child eligible by court order, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

Eligible dependents of an enrolled UC SHIP student include: Legally married spouse; Same or opposite sex domestic partner; Child(ren) under the age of 26; child(ren) includes: a) Biological child(ren), b) Stepchild(ren) (A stepchild becomes a dependent on the date the student marries the child's parent.), c) Child(ren) of the insured student's domestic partner, d) Adopted child(ren) from the date of placement as certified by the agency making the placement (includes a child placed with the student for the purpose of adoption), e) Foster child(ren) under the age of 18 (A foster child becomes a dependent from the moment of placement with the student, as certified by the agency making the placement.), g) Child(ren) for whom the insured student is legally required to provide health insurance in accordance with an administrative or court order, provided that the child otherwise meets UC SHIP eligibility requirements.

NOTE: If both student parents are covered under UC SHIP, their children may be covered as the dependents of either student, but not both.

Newborns: Newborns of enrolled UC SHIP members (students, eligible spouse, or domestic partner) are covered for the first 31 days after birth, provided Anthem is notified within this time period. For coverage beyond the first 31 days after birth, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth.

READY to choose a Plan option. Got your PAYMENT in hand. Click here to enroll NOW.

Questions? Call 1-855-428-0730 or email ucship@ahpservice.com