

Berkeley Student Health Insurance Plan (SHIP) 2017-18 Plan Year Waiver Criteria

PLEASE NOTE: Students are required to submit a waiver each fall term. Failure to apply for a new waiver each fall by the established deadline will result in the student being enrolled in SHIP and charged the premium on their campus tuition bill. Check <https://uhs.berkeley.edu/insurance/waiving-ship> for waiver period deadlines.

To satisfy UCB's health insurance requirement for enrolled students, the plan held by the student must be effective 8/1/17-12/31/17 (Fall) and 1/1/18-7/31/18 (Spring) and meet all of the following criteria:

- 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 50 miles of campus or the student's place of residence while attending school.

NOTE: this criterion applies to all plan types without exception, including Medi-Cal or Medicaid, Medicare, TRICARE/military, HMOs (including Kaiser, WHA, and others), Covered California or other U.S. federal or state exchange plans, and all employee-sponsored and individual plans. Plans with an assigned PCP must have one assigned within 50 miles of campus or the student's place of residence while attending school prior to the start of the semester-January 9, 2018.

- II. 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/Military, 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 meets the following benefits:
 - a) Has an annual out-of-pocket maximum of \$7,350 or *less* for an individual or \$14,700 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) Inpatient and outpatient hospital stays for medical and surgical care with no benefit maximums
 - c) Covers inpatient (hospital) and outpatient care for mental health and substance abuse disorder conditions the same as any other medical condition with no benefit maximums
 - d) Doctor office visits for medical, including mental health and alcohol/drug abuse conditions
 - e) Emergency room and ambulance services
 - f) Medications prescribed by a doctor
- III. For international students, 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) Not be a health care reimbursement plan with the student's home country or another party
- 5) Not be a pharmacy reimbursement plan with the student's home country or another party
- 6) Have no pre-existing condition exclusion or limitation; if the plan has a pre-existing condition waiting period, that period has expired
- 7) Have no lifetime maximums on benefits
- 8) Have a complete master policy written in standard English with benefits expressed in U.S. dollars
- 9) Have a claims payment office with an address and phone number in the United States
- 10) Pay at least \$50,000 annually for medical evacuation
- 11) Pay at least \$25,000 for repatriation of remains

Please note: These Waiver Criteria are subject to change if new legislation or administration requires adjustments of the criteria listed in this Summary.