

SHIP Benefits for Berkeley Students

Fall 2022: August 1, 2022 - December 31, 2022

Spring 2023: January 1, 2023 - July 31, 2023



This flyer provides general benefits information for UC Berkeley students enrolled in SHIP. If there are any discrepancies between this document and the Berkeley SHIP Certificate, the certificate supersedes this document. Please refer to the Berkeley SHIP Certificate (available online) for a complete description of benefits, exclusions and limitations. For more information, visit uhs.berkeley.edu/ship or call (510) 642-5700.

Important - Please Note:

- The plan premium is billed to UC Berkeley students' Cal Central accounts each semester. The plan year is from August 1 through July 31 and is split into two semesters of coverage.
- Register at berkeley.wellfleetinsurance.com/ship or the Berkeley SHIP Mobile App to view and print your ID card, find network providers, and view claims.
- SHIP's medical insurance carrier is under Wellfleet. Wellfleet utilizes Blue Shield of CA PPO provider network for services in California and Cigna PPO provider network for services outside of California.
- Medical and behavioral health providers may contact Wellfleet Member Services at (833) 302-9785 to verify eligibility and benefits.

Cost Sharing

- **There is a \$450 per plan year deductible** for some services outside of UHS. Some services require meeting the deductible before your co-insurance begins. In-network medical and mental health office visits, emergency room visits, network urgent care center visits and prescriptions are not subject to the annual deductible.
- **Co-insurance:** Except where noted on page 2, services received from network providers and facilities are reimbursed at 90% of the network rate. If services are obtained from providers or facilities that are not in the network, claims are paid at 50% of the non-network rate (usual and customary rate). Some services have a co-pay.
- Covered medical expenses incurred for the treatment of hypertension, diabetes, and pre/cervical cancer with network providers are not subject to the deductible, co-insurance, or co-pay. Note: prescription drugs are not included in this new benefit. Please see below for prescription co-pays.
- **Payment:** For UHS services, UHS will file claims with SHIP and members may pay their cost-share at the time of service or have it billed to their CalCentral account. For services outside of UHS, providers may require members to pay their cost-share at the time of service or bill members after filing claims with SHIP.

24/7 Nurse Line Advice and After-Hours Telemedicine

- **24/7 Advice Nurse:** Students can contact the UHS Advice Nurse line to speak with one of our nurses by calling (510) 643-7197 or secure messaging via the patient portal: etang.berkeley.edu.
- **Teladoc Online Telemedicine:** virtual doctor and mental health provider visits. Details at uhs.berkeley.edu/teladoc.

Prescriptions	UHS	Participating Pharmacy (Outside UHS)
Tier 1 (Preferred Generics)	\$0	\$20
Tier 2 (Preferred Brand, High Cost Generics)	\$25	\$40
Tier 3 (Non-Preferred)	\$40	\$60
Specialty Medications	\$75	20%, up to \$250

For a complete list of SHIP benefits, limitations and exclusions, visit uhs.berkeley.edu/ship.

SHIP Medical Coverage with Wellfleet

Cost-share (including co-pay, co-insurance, and deductible¹)			
	UHS	Network Provider (outside UHS)	Non-Network Provider² (outside UHS)
Out-of-pocket maximum	\$3,200		\$6,500
Outpatient Services			
Preventive Services (including but not limited to physical exam, preventative screenings, routine mammograms, pap smears, and immunizations ³)	\$0	\$0	50% ¹
Primary Care Office Visit ⁴	\$15	\$15	50% ¹
Specialist Office Visit ⁴	\$25	\$25	50% ¹
Counseling Office Visit	\$0	\$15	50% ¹
Psychiatry Office Visit	\$15	\$15	50% ¹
Physical Therapy ⁵	\$15	\$15	50% ¹
Acupuncture & Chiropractic Services ⁵	Not available	\$25	50% ¹
Speech Therapy & Occupational Therapy ⁵	Not available	\$15	50% ¹
Prenatal Care ⁶	Not available	\$0	50% ¹
Labs, Tests & Imaging	10%	10% ¹	50% ¹
Durable Medical Equipment	10%	10% ¹	50% ¹
Abortion	\$0	\$0	50% ¹
Allergy Testing & Injections	Not available	10% ¹	50% ¹
Urgent Care Center	\$35; then 10%	\$50	50% ¹
Emergency Services			
Emergency Room	Not available	\$250 (co-pay waived, if admitted)	
Ambulance (Ground & Air)	Not available	10%	
Inpatient Services			
Inpatient hospital room & board expenses (services & supplies) ⁷	Not available	\$250; then 10% ¹	\$500; then 50% ¹

¹Subject to the plan year deductible of \$450.

²If services are rendered with a non-network provider, SHIP covers 50% of the usual and customary charge after the deductible is met. All costs over the usual and customary charge is the member's responsibility.

³All immunizations must meet all FDA regulations prior to approval.

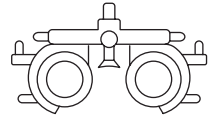
⁴If the office visit is at a hospital setting, a facility (hospital) fee may apply. After the deductible, SHIP covers 90% with network providers or 50% with non-network providers.

⁵For services outside UHS, prior authorization is required after the 12th visit.

⁶Newborns are covered for the first 31 days from date of birth unless the student's coverage ends before then. Coverage after the first 31 days of life is offered through the dependent plan. To enroll a newborn, call the SHIP office within 31 days of the baby's birth.

⁷Inpatient hospital care in connection with childbirth is covered for at least 48 hours following a normal delivery (96 hours following a cesarean section).

SHIP Vision Coverage with VSP



If you have SHIP, you have the vision plan! No separate enrollment is necessary, and there is no additional charge for this benefit.

Member ID: Your VSP member ID is the same as your Wellfleet member ID available online at berkeley.wellfleetinsurance.com/SHIP.

Vision Benefits Summary*	VSP Choice Provider	Non-Network Provider
Wellness Eye Exam (once per plan year)	<ul style="list-style-type: none">\$10 co-pay	<ul style="list-style-type: none">\$47 allowance
Prescription glasses (once per plan year) Includes single vision, lined bifocal, and lined trifocal lenses	<ul style="list-style-type: none">\$25 co-pay\$150 frame allowance20% savings on the amount over allowance\$80 Costco frame allowance	<ul style="list-style-type: none">\$45 allowance for frames\$30-\$60 allowance for lens
Contact lenses (in lieu of glasses, once per plan year)	<ul style="list-style-type: none">\$150 allowance	<ul style="list-style-type: none">\$100 allowance
Additional glasses or sunglasses, including lens enhancements	<ul style="list-style-type: none">20% discount	<ul style="list-style-type: none">Not applicable

*Visit uhs.berkeley.edu/vision for additional benefit and coverage information, including special offers and exclusions.

On-campus Providers

Optometry Clinic at Tang Center

2222 Bancroft Way (3rd floor)

Hours: Mon-Fri, 9am-4pm

Phone: (510) 643-2020

University Eye Center at Minor Hall

Mon-Fri: 8:30am-5pm

Sat-Sun: 8:30am-4pm

Phone: (510) 642-2020

To make appointments, call the clinics above or visit eyecare.berkeley.edu. For urgent needs when the clinic is closed, you may call (510) 642-2020, 24 hours a day.

Off-campus Providers

No referral is required. To find a VSP Choice provider or retail chain affiliate, visit vsp.com or call (800) 877-7195. There are no claims to file for network providers.

Note: You are expected to pay any copays and other fees at the time of service. Contact lens wearers may be subject to a contact lens evaluation fee or a fitting fee.

SHIP Dental Coverage with MetLife



If you are enrolled in SHIP, you have dental insurance! No separate enrollment is necessary, and there is no additional charge for this benefit.

Member ID: Your MetLife member ID is the same as your Wellfleet member ID available online at berkeley.wellfleetinsurance.com/SHIP.

Group Number: 151675

Plan Network: PDP Plus

Dental Benefits Summary*	MetLife PDP Plus Network Dentist Coverage	Non-Network Dentist Coverage
Annual Maximum	\$2,000	\$2,000
Deductible (applies to basic and major services)	\$25	\$50
Preventive and Diagnostic Services: <ul style="list-style-type: none">• Oral exams, cleanings and fluoride (2 per plan year)• Bitewing x-rays (once per plan year)• Full mouth x-rays (once per 5 years)	100%	80% of R&C**
Basic Restorative Services: Fillings, simple extractions, oral surgery, periodontics, and endodontic	80%	60% of R&C**
Major Restorative Services: Bridges, dentures, crowns, inlays, and onlays	70%	40% of R&C**

*For additional benefits and coverage details, including limitations and exclusions, visit uhs.berkeley.edu/dental.

**R & C fee: Reasonable and Customary charge is based on the lowest of the dentist's actual charge, the dentist's charge for the same or similar services, or the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Finding a Dentist

No referral is required. Visit metlife.com/dental or download the MetLife mobile app to find a participating dentist in the PDP Plus network. MetLife has a nationwide network of more than 90,000 dentists, including over 500 dentists within five miles of campus.

Pretreatment Estimates

We strongly recommend a pretreatment estimate if the services are expected to cost more than \$200. With the pretreatment estimate, you will know exactly what your payment responsibilities are and can discuss treatment options.

Filing Claims

- Participating dentists will ask for your MetLife member ID and group number and file claims directly to MetLife. If you are responsible for any portion of the charges, you will be expected to pay at the time of service.
- If you visit a dentist not in the network, you may need to pay for services in full and file a claim for reimbursement. Dental claim forms are available at metlife.com/dental.
- You may check claim status on the MetLife website or mobile app. You may also contact MetLife at (800) 942-0854 to speak to a dental plan representative.