

Berkeley Student Health Insurance Plan (SHIP)
2024-25 Plan Year Waiver Criteria
Effective 4/1/2025

PLEASE NOTE: Students who waived enrollment in SHIP in any previous term are required to waive each Fall. 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 uhs.berkeley.edu/insurance/waiving-ship for waiver period deadlines.

- 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, Sharp and others), Covered California, ministry sharing plans or other U.S. federal or state exchange plans, 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 prior to the first day of instruction.

- II. Coverage is currently active and the student agrees to maintain health coverage throughout the entire academic year 8/1/24-12/31/24 (fall) and 1/1/25-7/31/25 (spring). If your coverage is terminated or has a change, please contact the Student Health Insurance Office immediately.
- III. To satisfy UC's health insurance requirement for enrolled students, the plan held by the student must meet all of the following criteria (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 covers the following benefits:
 - a) Has an annual out-of-pocket maximum of \$9,200 or less for an individual or \$18,400 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 (hospital) and outpatient care for mental health and substance abuse disorder conditions are 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: <https://www.cms.gov/ccio/resources/data-resources/ehb.html>
 - e) May not be a health care or pharmacy reimbursement plan (A reimbursement plan means the student must pay for services, then file a claim with the insurance provider for reimbursement).
 - f) Have no per medical or mental health/substance abuse dollar maximum limits.
- IV. 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) 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 annual or lifetime maximums on benefits.
 - 6) Have a complete master policy booklet 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.