2014-15 New UC SHIP Waiver Criteria

This new UC SHIP waiving criteria will be implemented with quarter winter 2015 and semester spring 2015. Going forward this will be the waiver criteria for academic year 2015-16.

In order to waive SHIP, you must be enrolled in a private medical health insurance plan that meets ALL of the following requirements:

1. You must be enrolled in a medical health insurance plan through a recognized company that has a claims office in the U.S. Foreign insurance plans with U.S. affiliates/representatives, travel insurance plans and reimbursement programs of any kind do not qualify, including reimbursement arrangements or vouchers from home governments or their U.S-based consulates.
2. Your private insurance plan must provide:

To satisfy the UC health insurance requirement for students, the plan held by the student must:

1) Be a Medi-Cal, Medicare or Tricare/military insurance policy
OR
2) Be an employer-sponsored group health plan or individual plan (including plans purchased through Covered California) that meets the following criteria:
   a) Has no maximum lifetime benefit limit
   b) Has an annual out-of-pocket maximum of up to $6,350 for an individual and no more than $12,700 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)
   c) Covers the following services (ACA Essential Health Benefits):
      i) Preventive health care services, including an annual physical exam, preventative immunizations and laboratory/diagnostic tests to help determine your state of health
      ii) Chronic disease management for such conditions as asthma, diabetes or other chronic medical conditions
      iii) Hospital stays for medical and surgical care
      iv) Hospital stays for mental health and alcohol/drug abuse conditions, covered the same as any other medical condition
      v) Doctor office visits for medical, mental health, and alcohol/drug abuse conditions
      vi) Emergency room services
      vii) Diagnostic services including laboratory tests
      viii) Medications prescribed by a doctor (including contraceptives)
      ix) Pre-natal and maternity care, with no pre-existing condition limitation

3) For international students, the following criteria also apply. The plan must:
   a) have no pre-existing condition exclusion; if the plan has a pre-existing condition waiting period, that period has expired
   b) have no per-injury or per-illness maximum benefit limits
   c) cover medical services for injury from participation in all types of recreational activities or amateur sports
   d) not be a health care reimbursement arrangement with the student’s home country or another party.
   e) have policy written in standard English with benefits expressed in U.S. dollars
   f) have a claims payment office with an address in the United States
   g) provide federally-mandated levels of benefits, in accordance with the type of visa held by the student, for medical evacuation and repatriation of remains

4) For all students, the plan must provide unrestricted access to an in-network hospital or doctor providing full, non-emergency medical and behavioral health care within 100 miles of campus or the student’s place of residence while attending school. Such distance shall be at the discretion of each campus to determine based upon its unique geographic considerations and the local availability of services. (The waiver form question will indicate the distance requirement appropriate for each campus.)