

A quick-reference guide to using your SHIP/Anthem mental health benefits **off campus** (not applicable for CAPS services).

FOR YOUR INFORMATION

- **Referral required.** CAPS must issue a SHIP/Anthem referral before students can obtain non-urgent services with an off-campus provider.
- **Referrals expire.** Referrals automatically expire after 1 year. Students must contact CAPS to request a new one if needed.
- **Verify benefits first.** It is up to the client and mental health provider to verify benefits and fees before starting services.
- **In-network claims.** In-network providers should submit claims directly to Anthem.
- **Dual coverage.** If covered by SHIP/Anthem and another insurance, your non-SHIP insurance is primary for off-campus services (except TriCare and Medi-Cal). Send your Explanation of Benefits (EOB) to Anthem for secondary SHIP benefits. Call Anthem Member Services at **(866) 940-8306** for guidance.
- **Out-of-network reimbursement.** Students must have a valid Anthem referral covering the dates of service to request reimbursement.
- **Preauthorization.** Services beyond routine outpatient care require preauthorization. The program/facility should contact Anthem at **(800) 274-7767**.

IMPORTANT SHIP/ANTHEM CONTACTS

UCSHIP ANTHEM CUSTOMER SERVICE (866) 940-8306	PREAUTHORIZATION LINE (800) 274-7767	ANTHEM BEHAVIORAL HEALTH CASE MGRS. (866) 785-2789
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LEVEL OF CARE — WHAT YOU PAY

Level of Care	UC Family / BHS	In-Network (IN)	Out-of-Network (OON)
Deductible	None	\$400	\$750
Routine Office / Telehealth Visits	\$0	No fee, deductible waived	50% coinsurance* after deductible
PHP / IOP <i>Insurance Pre Auth Required</i>	10% coinsurance	After deductible: \$125 admission fee + 20% coinsurance	After deductible: \$250 admission fee + 50% coinsurance* + 25% OON penalty**
Residential <i>Insurance Pre Auth Required</i>	10% coinsurance	After deductible: \$125 admission fee + 20% coinsurance	After deductible: \$500 admission fee + 50% coinsurance* + 25% OON penalty**

*OON coinsurance is of the "allowed amount," not the billed amount. For OON services, full fee payment to the provider is required at time of service; the client is responsible for submitting claims for reimbursement to Anthem. OON provider fees may be higher than the Usual and Customary Rate/allowed amount.

**OON penalty: the Maximum Allowed Amount is reduced 25% for services/supplies from a Non-Contracting Hospital, deducted before your coinsurance is calculated — you are responsible for this extra expense. Waived only for Emergency Services. Choose a Contracting Hospital to avoid this penalty.

***UC Family includes providers associated with UC Medical Centers.

Emergency Room Visit	\$175 if no admission \$0 if admitted to the hospital
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FINDING A SHIP/ANTHEM PROVIDER

- **CAPS Welltrack Connect Community Provider Database** — <https://counseling.ucla.edu/resources/welltrack-connect>
- **Anthem Directory** — [counseling.ucla.edu Anthem Directory \(PDF\)](https://counseling.ucla.edu/Anthem%20Directory%20(PDF))
- **Anthem Behavioral Health Case Managers** — (866) 785-2789

ADDITIONAL RESOURCES

- **'26/'27 UCSHIP Benefit Booklet** — [myucship.org UCLA-Anthem Benefit Book \(PDF\)](https://myucship.org/UCLA-Anthem%20Benefit%20Book%20(PDF))
- **UCOP Page for UCLA SHIP** — myucship.org/uc-los-angeles/coverage/medical
- **Coverage Brochure** — [studenthealth.ucla.edu coverage brochure \(PDF\)](https://studenthealth.ucla.edu/coverage%20brochure%20(PDF))