



Student Health and Counseling Services

Out-of-pocket cost for visits without SHIP - \$25

Out-of-pocket Maximum:

Benefit	In-network		Out-of-network	Notes
Top Surgery	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to precertification, deductible, and coinsurance
Bottom Surgery	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to precertification, deductible, and coinsurance
Gender Conforming Facial Surgery	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to precertification, deductible, and coinsurance
Tracheal Shave	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to precertification, deductible, and coinsurance
Electrolysis and laser hair removal	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to deductible, and coinsurance
Vocal training	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to deductible, copay, or coinsurance
Fertility preservation*	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to precertification,

				deductible, and coinsurance. Limited to fertility preservation services only. This plan doesn't cover the testing or treatment of infertility.
Hormone therapy	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	Subject to deductible, copay, or coinsurance
Psychotherapy	No copayment No deductible		Deductible: \$500 Plan pays: 60% Coinsurance: 40%	
Hysterectomy	Deductible: \$250 Plan pays: 80% Coinsurance: 20%		Deductible: \$200 Plan pays: 60% Coinsurance: 40%	Subject to precertification, deductible, and coinsurance
Gender affirming surgery travel expenses			Not covered	Subject to precertification
-Travel expense for each surgical procedure (limited to six trips)	No copay, deductible, or coinsurance			
-Transportation to the facility where the surgery will take place	Up to \$250 for round-trip coach airfare per person. No deductible			
-Lodging accommodations (limited to one room, double occupancy)	Up to \$100 per day, for up to 21 days per trip. No deductible			

-Other reasonable expenses (excluding tobacco, alcohol, drug, and meal expenses)	Up to \$25 per day, per person for up to 21 days per trip. No deductible			
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We are here to support you. To find a doctor or hospital or receive additional information about these services, contact UC SHIP Customer Service at 866-940-8306. When you call to make an appointment with a doctor or hospital, be sure to ask if they are still in your plan's network and can accept your coverage.