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 reasonable distance of campus or
the student’s place of residence while attending school. Such distance shall be determined at the
discretion of each campus based upon its unique geographic considerations and local availability of
services. (The waiver form will indicate the distance requirement appropriate for each campus.)

NOTE: this criterion applies to all plan types without exception, including Medi-Cal or Medicaid, Medicare,
TRICARE/military, HMOs (including Kaiser, WHA, and others), Covered California or other U.S. federal or state
exchange plans, all employee-sponsored and individual plans.

II. Coverage is currently active and the student agrees to maintain health coverage throughout the entire
academic year. If your current insurance coverage is terminated, contact the Student Insurance Office as
quickly as possible to discuss your health insurance options.

III. To satisfy UC’s health insurance requirement for enrolled students, the plan held by the student must
provide the following (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 $7,150 or less for an individual or $14,300
   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 and outpatient hospital stays for medical and surgical care
   c) Covers inpatient (hospital) and outpatient care for mental health and substance abuse
   disorder conditions the same as any other medical condition.
   d) Doctor office visits for medical, including mental health, and alcohol/drug abuse
   conditions
   e) Emergency room and ambulance services
   f) Medications prescribed by a doctor
   g) Preventive Services
   h) Have no per medical or per mental health/substance use disorder condition maximum
   benefit limits

IV. For international students, the following additional criteria apply. The plan must:
1) Cover services related to suicidal conditions, including attempted suicide or suicidal thoughts
2) Cover medical services for injury from participation in all types of recreational activities or amateur
sports
3) Not be a health care reimbursement plan with the student’s home country or another party
4) Not be a pharmacy reimbursement plan with the student’s home country or another party
5) Have no pre-existing condition exclusion or limitation; if the plan has a pre-existing condition
waiting period, that period has expired
6) Have no lifetime maximums on benefits
7) Have a complete master policy written in standard English with benefits expressed in U.S. dollars
8) Have a claims payment office with an address and phone number in the United States
9) Pay at least $50,000 annually for medical evacuation
10) Pay at least $25,000 for repatriation of remains