



2025-26 UC SAN FRANCISCO PROFESSIONAL STUDENT
VOLUNTARY SHIP PREMIUM COST
www.ucop.edu/ucship

Premium is non-refundable and will not be pro-rated. Coverage is not automatically renewed.

You must re-enroll each ACADEMIC term to maintain coverage.

Notification of expiration of coverage will not be provided. See below for required documentation for dependent enrollments.

PROF 1: Prime Students Early Starts

PROF 2: Prof. Programs

PROF 3: SOM 1st-4th - Bridges Curriculum

PROF 4: SOP 1st Year

PROF 5: SOP 2nd Year

PROF 6: SOP 3rd Year

PROF 9: Nursing Post Masters

PROGRAM COSTS

Terms of Coverage	SUMMER PROF 2 6/16/25 – 9/10/25	SUMMER PROF 6 6/28/25 – 9/28/25	SUMMER PROF 9 6/16/25 – 9/10/25	SUMMER PROF 4 7/14/25 – 10/12/25	SUMMER PROF 5 7/21/25 – 9/28/25
Enrollments will not be processed prior to the enrollment start date. Please click here or call Academic HealthPlans to enroll during the enrollment period.					
Enrollment Start Date	5/16/25	5/28/25	5/16/25	6/13/25	6/20/25
Enrollment Deadline	7/16/25	7/28/25	7/16/25	8/14/25	8/21/25
Student Only (Medical, Dental and Vision)	\$2,691.82	\$2,691.82	\$2,691.82	\$2,691.82	\$2,691.82
Dependent coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.					
Spouse/Domestic Partner Only (Medical Only Coverage)	\$3,342.76	\$3,342.76	\$3,342.76	\$3,342.76	\$3,342.76
Spouse/Domestic Partner Only (Medical, Dental and Vision)	\$3,408.89	\$3,408.89	\$3,408.89	\$3,408.89	\$3,408.89
Child(ren) Only (Medical Only Coverage)	\$3,023.75	\$3,023.75	\$3,023.75	\$3,023.75	\$3,023.75
Child(ren) Only (Medical, Dental and Vision)	\$3,091.00	\$3,091.00	\$3,091.00	\$3,091.00	\$3,091.00
Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.					
Spouse/Domestic Partner and Child(ren) (Medical Only Coverage)	\$6,366.76	\$6,366.76	\$6,366.76	\$6,366.76	\$6,366.76
Spouse/Domestic Partner and Child(ren) (Medical, Dental and Vision)	\$6,492.65	\$6,492.65	\$6,492.65	\$6,492.65	\$6,492.65

PROGRAM COSTS

Terms of Coverage	FALL PROF 1 7/25/25 – 12/31/25	FALL PROF 3 8/1/25 – 12/31/25	FALL PROF 2 9/11/25 – 12/31/25	FALL PROF 9 9/11/25 – 12/31/25	FALL PROF 5 & 6 9/29/25 – 1/4/26	FALL PROF 4 10/13/25 – 1/4/26
Enrollments will not be processed prior to the enrollment start date. Please click here or call Academic HealthPlans to enroll during the enrollment period.						
Enrollment Start Date	6/24/25	7/1/25	8/11/25	8/11/25	8/29/25	9/12/25
Enrollment Deadline	8/25/25	9/1/25	10/11/25	10/11/25	10/29/25	11/13/25
Student Only (Medical, Dental and Vision)	\$3,219.90	\$3,219.90	\$3,219.90	\$3,219.90	\$3,219.90	\$3,219.90
Dependent coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.						
Spouse/Domestic Partner Only (Medical Only Coverage)	\$4,183.95	\$4,183.95	\$4,183.95	\$4,183.95	\$4,183.95	\$4,183.95
Spouse/Domestic Partner Only (Medical, Dental and Vision)	\$4,251.65	\$4,251.65	\$4,251.65	\$4,251.65	\$4,251.65	\$4,251.65
Child(ren) Only (Medical Only Coverage)	\$3,861.25	\$3,861.25	\$3,861.25	\$3,861.25	\$3,861.25	\$3,861.25
Child(ren) Only (Medical, Dental and Vision)	\$3,930.06	\$3,930.06	\$3,930.06	\$3,930.06	\$3,930.06	\$3,930.06
Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.						
Spouse/Domestic Partner and Child(ren) (Medical Only Coverage)	\$8,045.70	\$8,045.70	\$8,045.70	\$8,045.70	\$8,045.70	\$8,045.70
Spouse/Domestic Partner and Child(ren) (Medical, Dental and Vision)	\$8,174.69	\$8,174.69	\$8,174.69	\$8,174.69	\$8,174.69	\$8,174.69

PROGRAM COSTS

Terms of Coverage	WINTER PROF 1, 2 & 3 1/1/26 – 3/29/26	WINTER PROF 9 1/1/26 – 3/29/26	WINTER PROF 4 1/5/26 – 3/15/26	WINTER PROF 6 1/5/26 – 3/29/26	WINTER PROF 5 1/5/26 – 4/5/26
Enrollments will not be processed prior to the enrollment start date. Please click here or call Academic HealthPlans to enroll during the enrollment period.					
Enrollment Start Date	12/1/25	12/1/25	12/5/25	12/5/25	12/5/245
Enrollment Deadline	2/1/26	2/1/26	2/5/26	2/5/26	2/5/26
Student Only (Medical, Dental and Vision)	\$3,219.90	\$3,219.90	\$3,219.90	\$3,219.90	\$3,219.90
Dependent coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.					
Spouse/Domestic Partner Only (Medical Only Coverage)	\$4,183.95	\$4,183.95	\$4,183.95	\$4,183.95	\$4,183.95
Spouse/Domestic Partner Only (Medical, Dental and Vision)	\$4,251.65	\$4,251.65	\$4,251.65	\$4,251.65	\$4,251.65
Child(ren) Only (Medical Only Coverage)	\$3,861.25	\$3,861.25	\$3,861.25	\$3,861.25	\$3,861.25
Child(ren) Only (Medical, Dental and Vision)	\$3,930.06	\$3,930.06	\$3,930.06	\$3,930.06	\$3,930.06
Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.					
Spouse/Domestic Partner and Child(ren) (Medical Only Coverage)	\$8,045.70	\$8,045.70	\$8,045.70	\$8,045.70	\$8,045.70
Spouse/Domestic Partner and Child(ren) (Medical, Dental and Vision)	\$8,174.69	\$8,174.69	\$8,174.69	\$8,174.69	\$8,174.69

PROGRAM COSTS

Terms of Coverage	SPRING PROF 4 3/16/26 – 7/19/26	SPRING PROF 9 3/30/26 – 6/14/26	SPRING PROF 6 3/30/26 – 6/30/26	SPRING PROF 1 & 3 3/30/26 – 7/31/26	SPRING PROF 2 3/30/26 – 9/9/26	SPRING PROF 5 4/6/26 – 6/27/26
Enrollments will not be processed prior to the enrollment start date. Please click here or call Academic HealthPlans to enroll during the enrollment period.						
Enrollment Start Date	2/13/26	2/27/26	2/27/26	2/27/26	2/27/26	3/6/26
Enrollment Deadline	4/16/26	4/30/26	4/30/26	4/30/26	4/30/26	5/6/26
Student Only (Medical, Dental and Vision)	\$3,219.90	\$3,219.90	\$3,219.90	\$6,439.80	\$6,439.80	\$3,219.90
Dependent coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.						
Spouse/Domestic Partner Only (Medical Only Coverage)	\$4,183.95	\$4,183.95	\$4,183.95	\$8,367.90	\$8,367.90	\$4,183.95
Spouse/Domestic Partner Only (Medical, Dental and Vision)	\$4,251.65	\$4,251.65	\$4,251.65	\$8,503.30	\$8,503.30	\$4,251.65
Child(ren) Only (Medical Only Coverage)	\$3,861.25	\$3,861.25	\$3,861.25	\$7,722.50	\$7,722.50	\$3,861.25
Child(ren) Only (Medical, Dental and Vision)	\$3,930.06	\$3,930.06	\$3,930.06	\$7,860.12	\$7,860.12	\$3,930.06
Family coverage is voluntary, is in addition to student coverage, and must be purchased for the same term of insurance as the student's plan.						
Spouse/Domestic Partner and Child(ren) (Medical Only Coverage)	\$8,045.70	\$8,045.70	\$8,045.70	\$16,091.40	\$16,091.40	\$8,045.70
Spouse/Domestic Partner and Child(ren) (Medical, Dental and Vision)	\$8,174.69	\$8,174.69	\$8,174.69	\$16,349.38	\$16,349.38	\$8,174.69

NOTE: The final cost will include a 3% processing fee if paying with credit card. You can avoid this fee if paying by ACH (electronic check).

Required Documentation for Dependent Enrollments:

- For spouse**, a marriage certificate
- For same-sex/opposite-sex domestic partner**, a Declaration of Domestic Partnership issued by the State of California or another country or state jurisdiction
- For natural child**, a birth certificate showing the student is the parent of the child
- For stepchild**, a birth certificate, and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
- For adopted or foster child**, documentation from the placement agency showing that the student has the legal right to control the child's health care
- For child eligible by court order**, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

Eligible dependents of an enrolled UC SHIP student include: Legally married spouse; Same or opposite sex domestic partner; Child(ren) under the age of 26; child(ren) includes: a) Biological child(ren), b) Stepchild(ren) (A stepchild becomes a dependent on the date the student marries the child's parent.), c) Child(ren) of the insured student's domestic partner, d) Adopted child(ren) from the date of placement as certified by the agency making the placement (includes a child placed with the student for the purpose of adoption), e) Foster child(ren) under the age of 18 (A foster child becomes a dependent from the moment of placement with the student, as certified by the agency making the placement.), g) Child(ren) for whom the insured student is legally required to provide health insurance in accordance with an administrative or court order, provided that the child otherwise meets UC SHIP eligibility requirements.

NOTE: If both student parents are covered under UC SHIP, their children may be covered as the dependents of either student, but not both.

Newborns: Newborns of enrolled UC SHIP members (students, eligible spouse, or domestic partner) are covered for the first 31 days after birth, provided Anthem is notified within this time period. For coverage beyond the first 31 days after birth, the newborn must be enrolled in UC SHIP as a dependent within 31 days of birth.

READY to choose a Plan option. Got your PAYMENT in hand. Click [here](#) to enroll NOW.

Questions? Call 1-855-428-0723 or email ucship@ahpservice.com