

2025-26 UC SAN FRANCISCO SHIP ENROLLMENT FORM FOR DEPENDENTS OF SCHOLARS & RESEARCHERS

www.ucop.edu/ucship

ENROLLMENT INSTRUCTIONS: Determine which Group the Insured Student (primary policyholder) belongs to. Note: Dependent enrollment in this plan is voluntary. Dependents must enroll in the same term of coverage as the student.

Open enrollment starts 31 days prior to each specified term start date. Enrollments received outside of the 31-day period will NOT be processed. Please mail, email or fax your form to Academic HealthPlans. 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. Premium is non-refundable and will not be pro-rated.

TERM	DATES OF COVERAGE	Spouse/Domestic Partner Only MEDICAL ONLY	Spouse/Domestic Partner Only MEDICAL, DENTAL, VISION	Child(ren) MEDICAL ONLY	Child(ren) MEDICAL, DENTAL, VISION	Family (Spouse & Children) MEDICAL ONLY	Family (Spouse & Children) MEDICAL, DENTAL, VISION
GROUP 1: Grad	uate Researchers						
EARLY START/ SUMMER 1	6/16/25 - 8/31/25	\$2,820.74	\$2,876.54	\$2,551.55	\$2,608.30	\$5,372.50	\$5,478.73
FALL 1	9/1/25 - 12/31/25	\$5,593.88	\$5,684.40	\$5,162.44	\$5,254.44	\$10,756.99	\$10,929.45
WINTER 1	1/1/26 - 3/29/26	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7,759.14	\$7,883.54
SPRING 1	3/30/26 - 6/14/26	\$3,530.57	\$3,587.70	\$3,258.26	\$3,316.33	\$6,789.25	\$6,898.09
	essional Researcher						
EARLY START/ SUMMER 2	6/16/25 - 9/10/25	\$3,187.07	\$3,250.12	\$2,882.92	\$2,947.03	\$6,070.22	\$6,190.24
FALL 2	9/11/25 - 12/31/25	\$5,135.37	\$5,218.47	\$4,739.29	\$4,823.74	\$9,875.27	\$10,033.59
WINTER 2	1/1/26 - 3/29/26	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7,759.14	\$7,883.54
SPRING 2	3/30/26 - 6/14/26	\$3,530.57	\$3,587.70	\$3,258.26	\$3,316.33	\$6,789.25	\$6,898.09
GROUP 3: Pha	macy Fellows, Doris						
EARLY START/ SUMMER 3	7/1/25 - 9/30/25	\$3,370.22	\$3,436.89	\$3,048.60	\$3,116.40	\$6,419.08	\$6,546.01
FALL 3	10/1/25 - 12/31/25	\$4,218.34	\$4,286.60	\$3,892.99	\$3,962.36	\$8,111.83	\$8,241.88
WINTER 3	1/1/26 - 3/31/26	\$4,126.64	\$4,193.42	\$3,808.36	\$3,876.23	\$7,935.49	\$8,062.71
SPRING 3	4/1/26 - 6/30/26	\$4,172.48	\$4,239.99	\$3,850.67	\$3,919.29	\$8,023.65	\$8,152.29
	cal Pastoral Educati			*****	*****		
EARLY START/ SUMMER 4	6/1/25 - 9/5/25	\$3,553.40	\$3,623.69	\$3,214.29	\$3,285.77	\$6,767.95	\$6,901.77
FALL 4	8/25/25 - 11/30/25	\$4,493.45	\$4,566.16	\$4,146.88	\$4,220.78	\$8,640.86	\$8,779.39
WINTER 4	12/1/25 - 2/28/26	\$4,126.64	\$4,193.42	\$3,808.36	\$3,876.23	\$7,935.49	\$8,062.71
SPRING 4	3/1/26 - 5/31/26	\$4,218.34	\$4,286.60	\$3,892.99	\$3,962.36	\$8,111.83	\$8,241.88
GROUP 5: Diet						***	
FALL 5	8/4/25 - 12/31/25	\$6,877.72	\$6,989.01	\$6,347.26	\$6,460.38	\$13,225.80	\$13,437.83
WINTER 5	1/1/26 - 3/31/26	\$4,126.64	\$4,193.42	\$3,808.36	\$3,876.23	\$7,935.49	\$8,062.71
SPRING 5	4/1/26 - 6/5/26	\$3,026.19	\$3,075.15	\$2,792.79	\$2,842.56	\$5,819.35	\$5,912.65
	ool of Pharmacy Pos		#0.000.05	AC 054 05	AC 150 00	#40 000 00	M40 040 74
FALL 6	8/11/25 - 12/31/25	\$6,556.76	\$6,662.85	\$6,051.05	\$6,158.89	\$12,608.60	\$12,810.74
WINTER 6	1/1/26 - 3/29/26	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7,759.14	\$7,883.54
SPRING 6	3/30/26 - 5/31/26	\$2,888.64	\$2,935.38	\$2,665.85	\$2,713.35	\$5,554.83	\$5,643.89
GROUP 7: Scho	ool of Medicine (SON 9/11/25 –	\$5,135.37	\$5,218.47	\$4,739.29	\$4,823.74	\$9,875.67	\$10,033.59

	12/31/25										
	12/31/23										
WINTER 7	1/1/26 -	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7,759.14	\$7,883.54				
	3/29/26										
SPRING 7	3/30/26 -	\$2.888.64	\$2,935.38	\$2,665.85	\$2,713.35	\$5,554.83	\$5,643.89				
0	5/31/26	+ 2,000.0 .	+ 2,000.00	72,000.00	¥2,: 20.00	40,0000	40,010.00				
GROUP 8: School of Dentistry (SOD) Post Bacs											
FALL 8	8/1/25 -	\$7,015.28	\$7,128.80	\$6,474.21	\$6,589.58	\$13,490.32	\$13,706.60				
TALLO	12/31/25	Ψ1,013.20	Ψ1,120.00	Ψ0,+14.21	Ψ0,303.30	Ψ10,400.02	Ψ13,700.00				
WINTER 8	1/1/26 -	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7.759.14	\$7.883.54				
WINTERO	3/29/26	Ψ4,054.54	Ψ 4 ,100.23	Ψ3,123.13	Ψ3,130.00	Ψ1,133.14	Ψ1,003.54				
CDDING		#0.000.C4	#0.00F.00	\$0.005.05	#O 740 OF	ΦΕ ΕΕ 4 OO	ΦE C42 00				
SPRING 8	3/30/26 -	\$2,888.64	\$2,935.38	\$2,665.85	\$2,713.35	\$5,554.83	\$5,643.89				
	5/31/26										
GROUP 10: SC)M - Bridges Curriculu	m									
EARLY	6/16/25 -	\$1,685.12	\$1,718.46	\$1,524.30	\$1,558.20	\$3,209.55	\$3,273.01				
START/	7/31/25										
SUMMÉR											
10											
FALL 10	8/1/25 -	\$7.015.28	\$7,128.80	\$6,474,21	\$6,589.58	\$13,490.32	\$13,706.60				
	12/31/25	Ψ1,010.20	Ψ1,120.00	Ψ0,111122	Ψ0,000.00	Ψ10, 100.0L	\$20,700.00				
WINTER 10	1/1/26 -	\$4,034.94	\$4,100.23	\$3,723.73	\$3,790.08	\$7.759.14	\$7,883.54				
***************************************	3/29/26	Ψ=,00=.0=	Ψ-1,±00.25	Ψ5,125.15	Ψ5,150.00	Ψ1,100.14	ψ1,000.0 1				
0000000		40.050.57	40.507.70	40.050.00	40.0040.00	#0.700.05	#0.000.00				
SPRING 10	3/30/26 -	\$3,350.57	\$3,587.70	\$3,258.26	\$3,3316.33	\$6,789.25	\$6,898.09				
	6/14/26										

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:

- a) For spouse, a marriage certificate
- b) For same-sex/opposite-sex domestic partner, a Declaration of Domestic Partnership issued by the State of California or another country or state jurisdiction
- c) For natural child, a birth certificate showing the student is the parent of the child
- d) 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
- e) 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
- f) 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