

MEASURE J

Graduate Student Health Insure Plan (GSHIP) Increase for Dental

- New graduate compulsory fee: not to exceed \$75/qtr. in the initial year
- Fee begins: fall quarter 2000, permanent fee (no ending date) and would be used for the sole purpose of providing dental insurance for all graduate students.
- This question was approved for placement on the graduate ballot by the Dean of Graduate Studies and resolution of the Graduate Student Association (GSA).

MEASURE J BALLOT STATEMENT

This measure would authorize the campus GSHIP Committee in cooperation with the UCSC Office of Community Development and Health to solicit bids for dental insurance with coverage comparable to that outlined below and select the most advantageous policy available within the cost limitation (\$75 per student per quarter) specified in the text of the measure. Normal annual increases in premium expense would be reflected in the GSHIP Fee and would not require additional student approval.

The new dental coverage would take effect in fall quarter 2000. Any graduate student employed as a Graduate Student Researcher (GSR) at 25 percent or greater for the quarter would have the GSHIP Fee paid by the same fund source that pays the GSR's salary. Any student receiving a full Regents' Fellowship or other campus fellowship, or a major external award (e.g., NSF, GAANN, Mellon), would have the GSHIP Fee paid by the fellowship in addition to the normal fellowship stipend. Payment of the GSHIP Fee for Teaching Assistants, Teaching Fellows, and Associates-In would be subject to negotiation between the University and the Association of Student Employees (ASE/UAW).

PRO/CON Statements for Measure J

Pro: None submitted.

Con: None submitted.

Sample Student Dental Insurance Plan

Following is an example of the coverage currently available in the student insurance market. Although any actual policy obtained by the campus may differ slightly in the benefits provided and in the premium cost, depending on the coverage recommended by the GSHIP Committee, the benefits described below generally represent the level of coverage that would be accepted.

Calendar Year Maximum: \$1,500.00 Per Person

Calendar Year Deductible: \$25.00 Per Person

- Student Dental is a dental assistance plan. Under this Plan, benefits for covered dental services are reimbursed on a "Usual and Customary" basis and pre-existing dental conditions are covered.
- You may obtain dental care from any dentist of your choice.
- Once you have satisfied the Continuous Coverage Limitation, no further Waiting Periods are required as long as you remain continuously insured under the Plan.
- Coverage remains in force, provided continuous Coverage Limitation has been met, even when you are no longer a student.

BENEFITS

PREVENTATIVE SERVICES BENEFITS - PLAN PAYS 80% USUAL AND CUSTOMARY

- Initial Oral Exam
- Periodic Oral Exam
- Emergency Oral Exam
- Panorex Film
- Full Mouth X-Ray
- Single Film
- Additional Films
- Bitewing-Single Film
- Bitewing-Two Films
- Bitewing-Four Films
- Prophy-Adult (a)
- Prophy-Child
- Prophy with Flouride-Child

BASIC SERVICES - PLAN PAYS 50% USUAL AND CUSTOMARY

SIMPLE RESTORATIVE / FILLINGS *

- One Surface Amalgam-Primary
- Two Surface Amalgam-Primary
- Three Surface Amalgam-Primary
- Four Surface Amalgam-Primary
- One Surface Amalgam-Permanent
- Two Surface Amalgam-Permanent
- Three Surface Amalgam-Permanent
- Four Surface Amalgam-Permanent

ORAL SURGERY *

- Simple Extraction
- Additional Extraction
- Surgical Extraction
- Impacted (soft tissue)
- Impacted (partial bony)

(a) Maximum 1 procedure per 6 months

(b) Maximum 1 procedure per 36 months

* These benefits are payable after 6 months of continuous coverage

GENERAL INFORMATION

ELIGIBILITY

All eligible students are guaranteed acceptance. An eligible student is one who (a) is enrolled at least 6 quarter/semester hours for credit in a junior college, college or university; or (b) enrolled in a graduate school program sponsored by the college or university.

DEDUCTIBLE AMOUNT

The Deductible amount is shown in the Coverage Schedule. The Deductible is an amount of covered dental charged incurred by an insured person for which no benefits will be paid. The Deductible amount will apply to each insured person.

CALENDAR YEAR MAXIMUM

The maximum amount payable for all Eligible Dental Expenses in any calendar year is shown in the Coverage Schedule. The Calendar Year Maximum will apply to each insured person.

USUAL AND CUSTOMARY

This means a charge that does not exceed the general level of charges being made by other providers of dental services in the state where the charge is incurred.

CONTINUOUS COVERAGE LIMITATION

This is the period of time the insured person must be continuously covered under the Policy before the insured is entitled to be reimbursed for covered dental charges.

ELIGIBLE EXPENSES

Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental service must be performed by: (1) a licensed Dentist acting within the scope of his license; (2) a licensed Physician performing dental services within the scope of his license; or (3) a licensed dental hygienist acting under the supervision and direction of a Dentist.

NOTE: Your coverage will become effective the first of the month following receipt and acceptance of your fully completed enrollment card and valid premium payment.

EXPENSES NOT COVERED

No benefit will be paid for expenses incurred:

31. Any portion of a charge for a service in excess of the Schedule of Benefits.
 32. For procedures that are not included in the Schedule of Benefits.
 33. For overdentures and associated procedures.
 34. For cosmetic procedures.
 35. For the replacement of bridges, full and partial denture, crowns, inlays or onlays that can be repaired and restored to natural function.
 36. Implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs.
 37. Oral hygiene instructions; and or (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs.
 38. Services not completed by the end of the month in which insurance terminates.
 39. Procedures that are begun but not completed.
 40. Those services for which there would be no charge in the absence of insurance.
 41. In connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
 42. For care or treatment of a condition for which you are entitled to or eligible for benefits under any Workers' Compensation Act or similar law.

NOTICE: This example provides a very brief description of some important features of your Plan. It is not the insurance Contract, nor does it represent the insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance.

