

Comparison of the Student Health Insurance Plan (SHIP) and the University Plan

Plan Year: 8/1/2024 – 7/31/2025	Student Plan – Highmark (national network access)		University Plan – UPMC (regional network access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible:				
Individual	\$0	\$250	\$6,350	\$12,700
Family	\$0	\$500	\$12,700	\$25,400
Out-of-Pocket Maximum (All costs are covered in full after the out-of-pocket maximum is met):				
Individual	\$5,000		\$6,350	\$12,700
Family	\$10,000		\$12,700	\$25,400
Coinsurance				
Coinsurance	100%	80% after deductible	100% after deductible	100% after deductible
Preventive services	100%	80%	100%	Limited coverage ¹
Emergency room	\$125 copay (waived if admitted)	\$125 copay (waived if admitted)	100% after deductible	100% after deductible
Emergency medical transportation	100%	100% after deductible	100% after deductible	100% after deductible
Urgent care	\$25 copay	80% after deductible	100% after deductible	100% after deductible
If you visit a healthcare provider:				
Primary care visit	\$25 copay	80% after deductible	100% after deductible	100% after deductible
Specialist visit	\$25 copay	80% after deductible	100% after deductible	100% after deductible
Free access to the CMU University Health Services Clinic	Included		Not Included	
Chiropractor visit	100%	80% after deductible	100% after deductible	100% after deductible
	Limited to 25 visits per plan year		Limited to 20 visits per plan year	
If you have a test:				
Diagnostic test (x-ray, blood work)	\$25 copay	80% after deductible	100% after deductible	100% after deductible
Imaging (CT/PET scans, MRIs)	\$40 copay	80% after deductible	100% after deductible	100% after deductible
If you need a prescription:				
Generic	\$15 copay		100% after deductible	Not covered
Formulary Brand	\$35 copay		100% after deductible	Not covered
Non-Formulary Brand	\$65 copay		100% after deductible	Not covered
If you have outpatient surgery:				
Facility fee (e.g. ambulatory surgery)	100%	80% after deductible	100% after deductible	100% after deductible
Physician/surgeon fees	100%	80% after deductible	100% after deductible	100% after deductible

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	In-Network	Out-of-Network	In-Network	Out-of-Network
If you have a hospital stay:				
Facility fee (e.g. hospital room)	100% after \$150 copay	80% after \$150 copay	100% after deductible	100% after deductible
Physician/surgeon fees	100%	80% after deductible	100% after deductible	100% after deductible
If you have mental health, behavioral health or substance abuse needs:				
Mental/behavioral health outpatient services	100%	80% after deductible	100% after deductible	100% after deductible
Mental/behavioral health inpatient services	100% after \$150 copay	80% after \$150 copay	100% after deductible	100% after deductible
Substance abuse disorder outpatient services	100%	80% after deductible	100% after deductible	100% after deductible
Substance abuse disorder inpatient services	100% after \$150 copay	80% after \$150 copay	100% after deductible	100% after deductible
If you are pregnant:				
Delivery and all inpatient services	100% after \$150 copay	80% after \$150 copay	100% after deductible	100% after deductible
If you need help recovering or have other special health needs:				
Home health care, rehabilitation services, skilled nursing care	100% ²	80% after deductible ²	100% after deductible ²	100% after deductible ²
Habilitation services	100% ²	80% after deductible ²	Not Covered	Not covered
Durable medical equipment	100%	80% after deductible	100% after deductible	100% after deductible
Hospice service	100%	80% after deductible	100% after deductible	100% after deductible
Annual Premium:				
Student Only		\$2697.00	Student Only	\$1260.00
Student + Partner OR 1 Child		\$5349.00	Student + Child	\$3264.00
Student + Partner and 1 Child OR + 2 or more Children		\$8001.00	Student + 2 or more Children	\$3840.00
Student + Partner and 2 or more Children		\$10653.00	N/A	N/A
Maximum Benefit				
Maximum Benefit	Unlimited		Unlimited	
Extended Benefit				
Extended Benefit	N/A		COBRA for up to 18 months	

¹ Pediatric immunizations and women's care are covered at 60%, deductible does not apply. Adult immunizations are covered at 100% after deductible. Other preventive care services are not covered.

² Limitations may apply