



# Student Health Insurance Plan 2018-2019

## Comparison to 2018 PA Health Market Place Plans

Area of Coverage	United States	Greater Pittsburgh Area - Only UPMC	Greater Pittsburgh Area - Only UPMC	Greater Pittsburgh Area - Only UPMC	Greater Pittsburgh Area - Only UPMC	Greater Pittsburgh Area - Only UPMC
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
Plan ID	Plan ID: 867853	Plan ID: 16322PA0040012	Plan ID: 16322PA0040010	Plan ID: 16322PA0040008	Plan ID: 16322PA0040024	Plan ID: 16322PA0040026
In-Network Plan	CMU Student Health Insurance Plan (AETNA)	Pittsburgh Market Place Platinum Plan (UPMC Health Plan UPMC Advantage Platinum Premium Network)	Pittsburgh Market Place Gold Plan (UPMC Health Plan UPMC Advantage Gold Premium Network)	Pittsburgh Market Place Silver Plan (UPMC Health Plan UPMC Advantage Silver Premium Network)	Pittsburgh Market Place Bronze Plan (UPMC Health Plan UPMC Advantage Bronze Premium Network)	Pittsburgh Market Place Catastrophic Plan (UPMC Health Plan UPMC Advantage Catastrophic Premium Network)
<b>Annual Premium</b>	\$2,339	\$8,688	\$4,956	\$4,572	\$3,576	\$3,396
<b>Annual Deductible</b>	\$0	\$250	\$800	\$1,750	\$6,950	\$7,900
<b>Total</b>	<b>\$2,339</b>	<b>\$8,938</b>	<b>\$5,756</b>	<b>\$6,322</b>	<b>\$10,526</b>	<b>\$11,296</b>
<b>Out-of-Pocket Maximum</b>	<b>\$5,000</b>	<b>\$1,500</b>	<b>No Maximum</b>	<b>\$7,900</b>	<b>No Maximum</b>	<b>\$7,900</b>
<b>Co-Pay Per Visits</b>						
- Primary Care	\$25	\$20	\$20	\$50	\$35	No Charge After Deductible Met
- Specialist	\$25	10% After Deductible Met	\$50	\$80	No Charge After Deductible Met	No Charge After Deductible Met
- Walk-In Clinic	\$25	\$	\$	\$	\$	\$
- Urgent Care	\$25	\$	\$	\$	\$	\$
- Emergency	\$125	10% After Deductible Met	10% After Deductible Met	20% After Deductible Met	No Charge After Deductible Met	No Charge After Deductible Met
- Mental Health	\$0	10% After Deductible Met	\$50	\$75	No Charge After Deductible Met	No Charge After Deductible Met
- Substance Abuse	\$0	Not Stated	Not Stated	Not Stated	Not Stated	Not Stated
<b>Prescriptions</b>						
- Additional Deductible	\$0	\$0	\$0	\$250	\$0	\$0
- Generic	\$15	\$10	\$25	\$25	\$30	No Charge After Deductible Met
- Brand-Name	\$35	\$45	\$50	\$50 After Deductible Met	30% After Deductible Met	No Charge After Deductible Met
- Non-Preferred	\$65	\$90	\$100	\$100 After Deductible Met	50% After Deductible Met	No Charge After Deductible Met
- Specialty	Amount Not Stated	50% After Deductible Met	50% After Deductible Met	50% After Deductible Met	50% After Deductible Met	No Charge After Deductible Met

\*CMU SHIP: [https://www.cmu.edu/health-services/student-insurance/forms/Carnegie\\_Mellon\\_1819\\_PDDBS\\_FORMATTED\\_Remediated.pdf#18-19 Medical](https://www.cmu.edu/health-services/student-insurance/forms/Carnegie_Mellon_1819_PDDBS_FORMATTED_Remediated.pdf#18-19%20Medical)

\* PA Health Exchange: <https://www.healthcare.gov/>

\*Estimates generated using age 27 years old, \$0 income, and lives in Allegheny County