# Highlights of Benefits for 2018-2019
## CMU Student Health Insurance Plan (SHIP) *

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>CMU SHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Maximum Individual Out of Pocket Limit</td>
<td>$5,000</td>
</tr>
<tr>
<td>If you visit a healthcare provider:</td>
<td></td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$0</td>
</tr>
<tr>
<td>Routine Physical Exam</td>
<td>$0</td>
</tr>
<tr>
<td>If you have a test:</td>
<td></td>
</tr>
<tr>
<td>Diagnostic test (x-ray, blood work)</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$40 copay</td>
</tr>
<tr>
<td>If you need a prescription:</td>
<td></td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Preferred Brand Name</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Name</td>
<td>$65 copay</td>
</tr>
<tr>
<td>If you have outpatient surgery:</td>
<td></td>
</tr>
<tr>
<td>Surgical Expense</td>
<td>$0</td>
</tr>
<tr>
<td>Anesthesia Expense</td>
<td>$0</td>
</tr>
<tr>
<td>If you need immediate medical attention:</td>
<td></td>
</tr>
<tr>
<td>Emergency room services</td>
<td>$125 (waived if admitted)</td>
</tr>
<tr>
<td>Emergency medical transportation</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$25 copay</td>
</tr>
<tr>
<td>If you have a hospital stay:</td>
<td></td>
</tr>
<tr>
<td>Room and Board Expense</td>
<td>$150 copay per admission</td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>$0</td>
</tr>
<tr>
<td>If you have mental health, behavioral health or substance abuse needs:</td>
<td></td>
</tr>
<tr>
<td>Mental/Behavioral health outpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>Mental/Behavioral health inpatient services</td>
<td>$150 copay per admission</td>
</tr>
<tr>
<td>Substance use disorder outpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>Substance use disorder inpatient services</td>
<td>$150 copay per admission</td>
</tr>
<tr>
<td>If you are pregnant:</td>
<td></td>
</tr>
<tr>
<td>Prenatal and postnatal care</td>
<td>$0</td>
</tr>
<tr>
<td>Delivery and all inpatient services</td>
<td>$150 copay per admission</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs:</td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational &amp; Speech Therapy</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>$0</td>
</tr>
<tr>
<td>Chiropractic Therapy Expense</td>
<td>$0</td>
</tr>
<tr>
<td>Chemotherapy Expense</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic Testing for Learning</td>
<td>$0</td>
</tr>
</tbody>
</table>

* Assumes a Preferred Provider is used.