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

Plan Year: 8/1/2025 – 7/31/2026	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	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

Plan Year: 8/1/2025 – 7/31/2026	Student Plan — Highmark (national network access)		University Plan — UPMC (regional network access)	
	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		$2877.00	Student Only	$1404.00
Student + Partner OR 1 Child		$5709.00	Student + Child	$3588.00
Student + Partner and 1 Child OR + 2 or more Children		$8541.00	Student + 2 or more Children	$4212.00
Student + Partner and 2 or more Children		$11373.00	N/A	N/A
Maximum Benefit	Unlimited		Unlimited	
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