



# STUDENT HEALTH INSURANCE

## 2024 - 2025 Summary Guide

As a graduate, professional, or full-time undergraduate student, you can enroll in medical, dental, and vision insurance coverage through the University of Pittsburgh.

### PLAN YEAR

September 1 - August 31 (annual)

### ENROLLMENT PERIOD & IMPORTANT DATES

#### 2024-25 Fall Enrollment

*For all eligible students*

**Enrollment Period:** August 1, 2024 - September 30, 2024\*

**Coverage Begins:** September 1, 2024

**Coverage Period:** September 1, 2024 - August 31, 2025

*\*NOTE: The enrollment system will be temporarily unavailable between Aug. 31 and Sept. 1.*

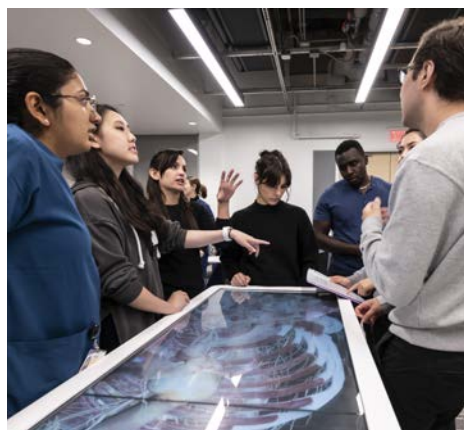
#### 2024-25 Spring Enrollment

*For eligible new students only*

**Enrollment Period:** December 1, 2024 - January 30, 2025

**Coverage Begins:** January 1, 2025

**Coverage Period:** January 1, 2025 - August 31, 2025



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## Who It's For:

- Full-time Undergraduate Students
- Full-time and Part-Time Graduate Students without an Academic Appointment
- Full-time and Part-time Graduate Students with an Academic Appointment (GSA, GSR, TA, TF) and Pre/Post-Doctoral -Fellows & Certificate Trainees

Premiums will differ based on your student type.

## What's Included:

- \$250 individual/\$500 family deductible
- \$4,200 individual/\$8,400 family out-of-pocket maximum
- Plan pays 100% of covered services after applicable copayment
- No pre-existing condition limitations
- Primary care physician: \$30 copayment per visit for illness/injury
- Specialist: \$40 copayment per visit
- Urgent care: \$40 copayment per visit
- Emergency room: \$75 copayment per visit
- Behavioral health: \$10 copayment per visit
- Inpatient hospital stay: covered 90% after \$250 copayment
- Retail pharmacies: \$15 generic/\$35 preferred brand/\$70 non-preferred brand copayment
- Out-of-network coverage provided at a lower benefit level
- UPMC Health Plan members are covered at their highest level of benefits, anywhere in the world, for emergency medical or pharmacy services



# MEDICAL PLAN



## Graduate Students without an Academic Appointment and Full-Time Undergraduate Students

Level	Total 2024-25 Monthly Premium / Student Contribution
Student only	\$231.27
Student + Spouse/Domestic Partner	\$462.52
Student + Spouse/Domestic Partner + 1 Child	\$647.36
Student + Spouse/Domestic Partner + Children	\$827.02
Student + 1 Child	\$416.11
Student + Children	\$600.95

## Graduate Students with an Academic Appointment (GSA, GSR, TA, TF) and Pre/Post-Doctoral Fellows and Certificate Trainees

Level	Monthly Student Contribution
Student Only	\$0.00
Student + Spouse/Domestic Partner	\$436.16
Student + Spouse/Domestic Partner + 1 Child	\$654.24
Student + Spouse/Domestic Partner + Children	\$654.24
Student + 1 Child	\$436.16
Student + Children	\$654.24





## COVERAGE EXAMPLES

The following treatments shown are just examples of how this plan might cover medical care. Actual costs will be different depending on the actual care you receive, prices your providers charge, and other factors.

Coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$250
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$250;10%
■ Other coinsurance	10%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$300
Coinsurance	\$1,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,810</b>

This is **not** a cost estimator and for illustrative purposes only. If you have questions about specific coverage and costs, contact your health care representative.





## COVERAGE EXAMPLES continued

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$250
- Specialist copayment \$40
- Hospital (facility) copayment \$250;10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)

Diagnostic tests (*blood work*)

Prescription drugs

Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$1,300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
<b>The total Joe would pay is</b>	<b>\$1,590</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$250
- Specialist copayment \$40
- Hospital (facility) copayment \$250;10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)

Diagnostic test (*x-ray*)

Durable medical equipment (*crutches*)

Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$250
Copayments	\$300
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$650</b>

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## United Concordia Plus DHMO

### Who It's For:

- Full-time and part-time graduate students with or without an academic appointment
- Full-time and part-time Health Sciences Fellows, Pre- and Post-Doctoral Fellows, Certificate Trainees

**Note:** The United Concordia Plus DHMO plan is only available to Western PA residents. If you live, or are planning to live, outside of Western PA, it is recommended that you do not enroll in this plan.

### What's Included:

- No deductible, annual maximum, or claims to file
- 100% coverage for exams, cleanings, and x-rays
- In-network benefits only
- Benefits available in Pennsylvania only
- Reduced member copays and coverage for crowns, root canals, oral surgery, and fillings
- Selection of primary dental office required during enrollment

## United Concordia Flex PPO

### Who It's For:

- Full-time undergraduate students

### What's Included:

- \$50 annual deductible
- \$500 annual plan maximum
- 100% coverage for exams, cleanings, and x-rays
- 50% coverage for root canals, oral surgery, and fillings
- National dental provider network with the freedom to see any participating licensed dentist
- No referrals needed for specialty dental care

Dental Plans (United Concordia)		
Level	Plus DHMO Monthly Premium (Graduate) (PA Only)	Flex PPO Monthly Premium (Undergraduate)
Student Only	\$17.57	\$14.29
Student + 1 Dependent	\$35.76	\$28.60
Student + Family	\$53.23	\$44.33



## Who It's For:

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## What's Included:

- 100% coverage for eye exams every 12 months
- Select eyeglasses from Davis Vision by MetLife's collection covered in full, or receive a:
  - \$60 frame allowance toward frames of your choice, **or**  
\$75 contact lens allowance
- Additional lens options available at discounted member prices
- One-year breakage warranty on plan eyewear

Vision Plan (Davis Vision by MetLife)	
Level	Monthly Premium
<b>Student Only</b>	\$7.54
<b>Student + 1 Dependent</b>	\$15.06
<b>Student + Family</b>	\$18.08



# HOW TO ENROLL



## Enrolling in student medical, dental, and vision coverage is simple:

1. Go to **my.pitt.edu** and click on "Sign in" in the upper right corner to bring up the pop-up menu, then select "Campus & Roles". If not already selected, select "Students" from the role choices then click on "Apply Filter"
2. Search for "Student Health Insurance"
3. Find the option for the "Student Health Insurance" (eBenefits) and launch the portal, logging in via Pitt Passport (if not logged in)
4. Continue through the online enrollment and payment process
5. Payment can be made on a monthly, recurring basis via a credit or debit card, or through a checking or savings account

### Academic Appointments

Graduate students who hold an academic appointment (GSA, GSR, TA, or TF) and Pre Doctoral Fellows and Certificate Trainees ([as defined in University Policy](#)) should select the \$0.00 payment option for medical coverage.

If this payment option is not available, you should contact your academic department to update the academic appointment info. Enrollment can be completed once the \$0 monthly cost medical option is available.

### International Students

International students are required to attest to having other medical insurance coverage or enroll in a University-sponsored program.

To attest to other coverage, an Acknowledgment of Insurance Coverage must be submitted. You will need the insurance company's name, address, and telephone number; the policy or group number; the effective date of coverage; and confirmation that the insurance meets the minimum coverage requirement.

**International students must submit their attestation no later than September 30. The University reserves the right to place a registration hold on academic accounts for international students who do not take any action by September 30. The hold will prohibit registration for future classes or graduation for those affected students.**

## ENROLLMENT PERIOD & IMPORTANT DATES

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# RESOURCES

## UNIVERSITY OF PITTSBURGH BENEFITS DEPARTMENT

**Call:**  
1-833-852-2210

**Online inquiry:**  
[hr.pitt.edu/contact-ohr](https://hr.pitt.edu/contact-ohr)

**Student information:**  
[hr.pitt.edu/students](https://hr.pitt.edu/students)

## UPMC HEALTH PLAN

1-888-499-6885

## DAVIS VISION by MetLife

1-833-393-5433

## UNITED CONCORDIA

1-877-215-3616

## UNIVERSITY OF PITTSBURGH STUDENT HEALTH SERVICE, COUNSELING CENTER, & UNIVERSITY PHARMACY

Mark A. Nordenberg Hall  
Wellness Center  
119 University Place  
Pittsburgh, PA 15260

**Student Health Service:**  
412-383-1800

**Counseling Center:**  
412-648-7930

**University Pharmacy:**  
412-383-1850

