



STUDENT HEALTH INSURANCE

2023 - 2024 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

2023-24 Fall Enrollment

For all eligible students

Enrollment Period: August 15, 2023 - October 15, 2023

Coverage Begins: September 1, 2023

Coverage Period: September 1, 2023 - August 31, 2024

2023-24 Spring Enrollment

For new students only

Enrollment Period: December 1, 2023- January 30, 2024

Coverage Begins: January 1, 2024

Coverage Period: January 1, 2024 - August 31, 2024



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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-Doctoral -Fellows & Certificate Trainees (as defined by [University Policy](#))
- Post-Doctoral Fellows & Health Science Fellows

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
- Inpatient hospital stay: covered 90% after \$250 copayment
- Retail pharmacies: \$15 generic/\$35 preferred brand/\$70 non-preferred brand copayment
- Preventive Care is covered at 100%, deductible does not apply
- 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

In order to keep coverage affordable for families with children in the 2023-2024 plan year, the University will provide subsidies to offset the total cost of the monthly child, children, and family premium for graduate students with an Academic Appointment and Pre/Post-Doctoral Fellows and Certificate Trainees.



MEDICAL PLAN



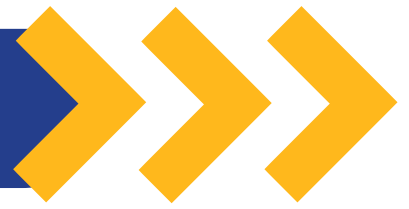
Graduate Students without an Academic Appointment, Post-Doctoral Fellows, Health Science Fellows and Full-Time Undergraduate Students

| Level | Total 2023-24 Monthly Premium / Student Contribution |
|--|--|
| Student only | \$244.23 |
| Student + Spouse/Domestic Partner | \$488.46 |
| Student + Spouse/Domestic Partner + 1 Child | \$677.82 |
| Student + Spouse/Domestic Partner + Children | \$861.98 |
| Student + 1 Child | \$433.59 |
| Student + Children | \$622.95 |

Graduate Students with an Academic Appointment (GSA, GSR, TA, TF) Pre-Doctoral Fellows and Certificate Trainees (as Defined in [University Policy](#))

| Level | Total 2023-24 Monthly Premium / Student Contribution |
|--|--|
| Student only | \$0.00 |
| Student + Spouse/Domestic Partner | \$425.14 |
| Student + Spouse/Domestic Partner + 1 Child | \$637.71 |
| Student + Spouse/Domestic Partner + Children | \$637.71 |
| Student + 1 Child | \$425.14 |
| Student + Children | \$637.71 |





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](#)
- [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*)

| | |
|--------------------|----------|
| Total Example Cost | \$12,700 |
|--------------------|----------|

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 |
| The total Peg would pay is | \$1,810 |

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)

| | |
|---|-----------|
| ■ Specialist copayment | \$250 |
| ■ Hospital (facility) copayment | \$40 |
| ■ Other coinsurance | \$250;10% |
| | 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*)

| | |
|--------------------|---------|
| Total Example Cost | \$5,600 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$100 |
| Copayments | \$1,300 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$40 |
| The total Joe would pay is | \$1,440 |

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*)

| | |
|--------------------|---------|
| Total Example Cost | \$2,800 |
|--------------------|---------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$250 |
| Copayments | \$300 |
| Coinsurance | \$100 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$650 |

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.





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 | \$16.21 | \$15.27 |
| Student + 1 Dependent | \$33.00 | \$30.55 |
| Student + Family | \$49.12 | \$47.36 |



Who It's For:

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- Full-time and Part-Time Graduate Students without an Academic Appointment
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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 |
| Student Only | \$7.54 |
| Student + 1 Dependent | \$15.06 |
| Student + Family | \$18.08 |



HOW TO ENROLL



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

1. Go to **my.pitt.edu** and select “Students” from the Roles drop-down (located underneath the search bar) if not already selected
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/Pos-Doctoral Fellows and Certificate Trainees 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 October 15, otherwise we reserve the right to place a registration hold on academic accounts for international students that do not take any action. A registration hold will prohibit registration for future classes or graduation.

ENROLLMENT PERIOD & IMPORTANT DATES

Plan Year

September 1 - August 31 (annual)

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For all eligible students

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August 15 - October 15, 2023*

Coverage Begins: September 1, 2023

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2023-24 Spring Enrollment

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December 1, 2023 - January 30, 2024

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**System unavailable August 29 - September 5*

***If you enroll between August 15 and August 28 you must log back into eBenefits between September 6 and October 15 to enter your payment info in order to avoid cancellation due to non-payment.*

RESOURCES

UNIVERSITY OF PITTSBURGH BENEFITS DEPARTMENT

Call:
1-833-852-2210

Online inquiry:
hr.pitt.edu/contact-ohr

Student information:
hr.pitt.edu/students

UPMC HEALTH PLAN

1-888-499-6885
Monday - Friday, 7:00am - 7:00pm
Saturday, 8:00am - 3:00pm

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



University of
Pittsburgh

Office of
Human Resources

