



2025 – 2026 University of Miami Student Health Insurance Plan (UM-SHIP)

Underwritten by UnitedHealthcare StudentResources

2025 – 2026 Summary of Benefits*

Select Care Providers:

University of Miami Hospital
 Anne Bates Leach Eye Hospital
 University of Miami Hospital & Clinics
 Sylvester Comprehensive Cancer Center

Plan Benefit	Student Health Services	Select Care	In-Network	Out-of-Network
Maximum Benefit	No maximum dollar limit	No maximum dollar limit	No maximum dollar limit	No maximum dollar limit
Individual Plan Deductible	No Annual Deductible	\$300 per Policy Year		\$750 per Policy Year
Annual Out-of-Pocket Limit	No Out-of-Pocket Limit	\$5,500 per Individual		\$6,000 per Individual
Emergency Health Services	Covered at 100%	After a \$200 Copay per visit, 100% of the Negotiated Charge	After a \$200 Copay per visit, 100% of the Negotiated Charge	Paid the same as In-Network levels
Eye Examinations	\$20 Copay, then covered 100% (Covered only at Student Health Service designated facility for 1 annual visit)	Not Covered	Not Covered	Not Covered
Hospital Inpatient	Not Applicable	90% of the Negotiated Charge per admission	70% of the Negotiated Charge per admission	60% of the Recognized Charge per admission
Mental Health and Substance Abuse Treatment Expense (Outpatient Office Visits)	\$20 Copay then covered at 100%	Covered at 100% (not subject to Deductible)	After a \$20 Copay per visit, 100% of the Negotiated Charge	60% of the Recognized Charge per visit
Outpatient Surgery	Not Applicable	90% of the Negotiated Charge	70% of the Negotiated Charge	60% of the Recognized Charge
Physician and Specialist Office Visits	Covered at 100%	Covered at 100% (not subject to Deductible)	\$40 Copay per visit, 100% of the Negotiated Charge	60% of the Recognized Charge
Urgent Care Expense	Not Applicable	\$50 Copay per visit, 100% of the Negotiated Charge	\$50 Copay per visit, 100% of the Negotiated Charge	60% of the Recognized Charge per visit

Prescription Drug Benefits

30-day retail supply

Drug Type	Lennar Walgreens	In-Network	Out-of-Network
Preferred Generic Drugs	After a \$10 copay per 30-day supply then 100% of the Negotiated Charge	After a \$20 copay per 30-day supply then 100% of the Negotiated Charge	After a \$20 copay per 30-day supply then 100% of the Negotiated Charge
Preferred Brand Name Drugs	After a \$35 copay per 30-day supply then 100% of the Negotiated Charge	After a \$45 copay per 30-day supply then 100% of the Negotiated Charge	After a \$45 copay per 30-day supply then 100% of the Negotiated Charge
Non-Preferred Brand Name / Non-Preferred Generic Drugs	After a \$70 copay per 30-day supply then 100% of the Negotiated Charge	After a \$85 copay per 30-day supply then 100% of the Negotiated Charge	After a \$85 copay per 30-day supply then 100% of the Negotiated Charge
Specialty Drugs	Not Applicable	After a \$150 copay per 30-day supply then 100% of the Negotiated Charge	After a \$150 copay per 30-day supply then 100% of the Negotiated Charge

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Benefits Changes for the 2025 – 2026 Policy Year

Plan Benefit	Student Health Services	Select Care	In-Network	Out-of-Network
(Current) Aetna Diagnostic Lab/Xray <i>(2024-2025)</i>	Covered at 100%	100% of the Negotiated Charge (No policy year deductible applies)	100% of the Negotiated Charge (No policy year deductible applies)	60% of the Recognized Charge
(New) UnitedHealthcare Diagnostic Lab/Xray <i>(2025 – 2026)</i>	Covered at 100%	After a \$50 copay , 100% of the Negotiated Charge (No policy year deductible applies)	After a \$50 copay , 100% of the Negotiated Charge (No policy year deductible applies)	60% of the Recognized Charge

(Current) Aetna Chiropractic Care (2024-2025)	N/A	\$20 Copay per visit, 100% of the Negotiated Charge 24 Visits per Policy Year	\$20 Copay per visit, 100% of the Negotiated Charge 24 Visits per Policy Year	60% of the Recognized Charge 24 Visits per Policy Year
(New) UnitedHealthcare Chiropractic Care (2025-2026)	N/A	\$20 Copay per visit, 100% of the Negotiated Charge <i>No Visit Limit</i>	\$20 Copay per visit, 100% of the Negotiated Charge <i>No Visit Limit</i>	60% of the Recognized Charge <i>No Visit Limit</i>
(Current) Aetna Preventive Care Services (2024-2025)	Covered at 100%	100% of the Negotiated Charge (No policy year deductible applies) Policy Year Visit Limits apply (i.e. 1 Routine Physical Exam per Year)	100% of the Negotiated Charge (No policy year deductible applies) Policy Year Visit Limits apply (i.e. 1 Routine Physical Exam per Year)	60% of the Recognized Charge Policy Year Visit Limits apply (i.e. 1 Routine Physical Exam per Year)
(New) UnitedHealthcare Preventive Care Services (2025-2026)	Covered at 100%	100% of the Negotiated Charge (No policy year deductible applies) <i>No Policy Year Visit Limits</i>	100% of the Negotiated Charge (No policy year deductible applies) <i>No Policy Year Visit Limits</i>	60% of the Recognized Charge <i>No Policy Year Visit Limits</i>

***This summary provides a brief overview of plan benefits. Please refer to your full 2025-2026 UnitedHealthcare Student Resources Plan Brochure for full plan details.**