

2025–26 International Scholar Plan—Snapshot of Benefits* and Premiums

University Health Services (UHS)

SHIP members (and covered spouse or partner) should use UHS for primary care whenever possible, and must use UHS for all available preventive care. Most UHS services are fully covered for SHIP members with no out-of-pocket expense. Visit the UHS website for more information and to make an appointment: uhs.wisc.edu.

Utilizing Network providers for services not available at UHS

UHS is not open evenings and weekends and does not provide Emergency Room care, hospitalization, or specialty care for complex problems. In these instances, SHIP members have access to providers in the networks listed below.

The Alliance Premier Ruby Network	The Alliance Comprehensive Network	First Health Network
Your member cost-sharing is lower for most services when you use the high-value providers in The Alliance Premier Ruby Network.	SHIP members have the flexibility to utilize providers in The Alliance Comprehensive Network. <i>Standard member cost-sharing is higher than the Premier Ruby Network.</i>	Gives SHIP members access to providers nationwide when outside The Alliance service area. <i>Standard member cost-sharing is higher than the Premier Ruby Network.</i>
For additional guidance refer to “Find Network Providers” at: uhs.wisc.edu/ship/providers/		

Benefit Category	Health Care at UHS	The Alliance Premier Ruby Network**	The Alliance Comprehensive Network & First Health Network	Out-of-Network
Plan Year Deductible	None	\$75 (per person)	\$150 (per person)	\$500 (per person)
Primary/Urgent Care	No member cost	5% member coinsurance (after deductible)	10% member coinsurance (after deductible)	40% member coinsurance (after deductible)
Diagnostic Services	No member cost (x-rays and lab tests ordered by UHS providers)	5% member coinsurance (after deductible)	10% member coinsurance (after deductible)	40% member coinsurance (after deductible)
Mental Health and Chemical Dependency	No member cost	5% member coinsurance (after deductible)	10% member coinsurance (after deductible)	40% member coinsurance (after deductible)
Hospital Services (including inpatient and outpatient professional services)	not applicable	5% member coinsurance (after deductible)	10% member coinsurance (after deductible)	40% member coinsurance (after deductible)
Plan Year Maximum Out-of-Pocket Expense (coinsurance, copayments, and deductible)	not applicable	\$1,500 (per person) (for covered services)	\$3,000 (per person) (for covered services)	\$6,000 (per person) (for covered services)
Emergency Room (life threatening emergencies)	Not applicable	No member cost for medical emergencies (after a \$100 copayment and \$150 deductible)		
Prescription Drugs	Generic = \$10 copayment; Brand = \$25 copayment; Non-Formulary = \$40 copay; Specialty Drugs = 10% member responsibility up to a max of \$150 per fill			
Maximum Lifetime Benefit	Unlimited			
SHIP coverage also includes annual eye exam and worldwide assistance (including medical evacuation and repatriation).				

* This is a snapshot of benefits only. Exceptions may apply. Benefits are payable in accordance with the online Plan Document.

** Premier Ruby Network facilities near campus include all UW Health Hospitals and Clinics, and UnityPoint Health-Meriter Hospital and Clinics.

SHIP Premiums—2025–26 International Scholar Plan			
Coverage Type	Annual 8/15/25 to 8/14/26	6 Months (Half Year)	Monthly***
Scholar only	\$2,184	\$1,092	\$182
Scholar + Spouse/Partner	\$5,340	\$2,670	\$445
Scholar + Child	\$4,728	\$2,364	\$394
Scholar + Family	\$8,256	\$4,128	\$688

*** For reference only. Premiums are not payable on a monthly basis. Premiums are payable on an annual or half yearly basis. Premiums are pro-rated for J-1 scholars who are in the United States for a shorter period (subject to a minimum requirement).

Questions? Call 608-265-5232, email: shipmail@uhs.wisc.edu, or visit: uhs.wisc.edu/ship/