

Missouri State University 2016-2017 Student Health Insurance Plan

Eligibility

All **International** students with an F-1 or J-1 visa status (including ELI students) are required to enroll in the Student Health Insurance Plan on a mandatory basis, and the premium will be automatically billed to the student's university account.

Eligible students who enroll may also insure their **Dependents**.

Students must actively attend classes for at least the first 31 days for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

What is included?

- The Maximum Benefit per Person, per Policy Year is Unlimited.
- UnitedHealthcare Option PPO is the Preferred Provider and will provide maximum benefits at lowest cost.
- Value-added discount programs for vision and dental care provided through UnitedHealth Allies Discount Program.

Please view the complete brochure on-line at missouristate.myahpcare.com for full details of participation in the plan.



Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 missouristate.myahpcare.com
- ☎ (855) 844-3017

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This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Options PPO**.

BENEFIT MAXIMUMS & DEDUCTIBLES

Policy Aggregate Maximum: Unlimited Aggregate Maximum per Insured Person Per Policy Year (Only applies to Essential Benefits)

Benefit Maximum	Taylor Health and Wellness Center	Unlimited, per Insured Person, per Policy Year
Deductible per Policy Year <i>Not applicable to Preventive Services Benefits</i>	Deductible does not apply. Benefits will be paid at 100% up to the benefit maximums below for Covered Expenses incurred at the Taylor Health and Wellness Center.	Network Provider: \$ 250 per Insured Person, per Policy Year Non-Network Provider: \$ 500 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>Does include Policy Year Deductible</i>	Not Applicable	Network Provider: \$ 6,850 per Insured Person, per Policy Year \$13,700 per Insured Family, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year

BENEFIT CATEGORY	Taylor Health and Wellness Center	Network Provider	Non-Network Provider
		<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual & Customary Charges</i>
Hospital Room and Board Expense	Not Applicable	80%	60%
Inpatient/Outpatient Surgery	Not Applicable	80%	60%
In-Office Physician Fees <i>\$10 Copayment/Deductible per visit - Outpatient</i>	*Copayment Waived	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	100%	80%	60%
Emergency Services Expense <i>\$100 Copayment/ Deductible per visit</i>	Not Applicable	80%	60%
Prescription Drugs	100% after a \$15 Copayment per Generic Prescription (<i>\$0 Copay for Generic Contraception</i>) \$30 Copayment per Brand Name Prescription (When Generic Unavailable) \$50 Copayment per Brand Name Prescription (When Generic Available) Up to a 30 day supply per prescription	At pharmacies contracting with HealthSmart RX® 100% after a \$25 Copayment per Generic Prescription \$50 Copayment per Brand \$60 Copayment per prescription non-preferred brand Name Prescription Up to a 31 day supply per prescription	60% after a \$50 Deductible per Generic Prescription \$70 Deductible per Brand Name Prescription Up to a 31 day supply per prescription
Preventive Care Services <i>Includes benefits for adults, women, and children</i>	100%	100%	60%

*Basic office visit covered by student health fee. All other visits covered at 100% by Insurance.

2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/10/2016 through 12/31/2016	Spring/Summer 01/01/2017 through 08/09/2017	Summer 06/01/2017 through 08/09/2017
Open Enrollment for Dependents and Qualifying Events	06/16/2016 through 09/16/2016	12/15/2016 through 01/22/2017	05/15/2017 through 06/06/2017
Student	\$ 642	\$ 642	\$ 246
Spouse	\$ 642	\$ 642	\$ 246
Child	\$ 642	\$ 642	\$ 246

To view all enrollment and coverage periods available, please visit missouristate.myahpcare.com or call Academic HealthPlans at (855) 844-3017.