

Missouri State University 2017-2018 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
- ☎ 1-855-844-3017

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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 all Insureds in a 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 per visit - Outpatient</i>	*Copayment Waived	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	100%	80%	60%
Emergency Services Expense <i>\$100 Copayment per visit</i>	Not Applicable	80%	60%
Prescription Drugs	100% after a \$15 Copayment per Generic (<i>\$0 Copay for Generic Contraception</i>) \$30 Copayment per Brand Name (When Generic Unavailable) \$50 Copayment per Brand Name (When Generic Available) Up to a 30 day supply per prescription	At pharmacies contracting with HealthSmart RX® 100% after a \$25 Copayment per Generic \$50 Copayment per Preferred Brand \$60 Copayment per Non-Preferred Brand Up to a 31 day supply per prescription	100% after a \$50 Copayment per Generic \$70 Copayment per Brand Name 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.

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/10/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/09/2018	Summer 06/01/2018 through 08/09/2018
Open Enrollment for Dependents and Qualifying Events	06/16/2017 through 09/15/2017	12/15/2017 through 01/22/2018	05/15/2018 through 06/06/2018
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 1-855-844-3017.