

Missouri State University - International

Student Health Insurance Plan 2024-2025



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's Included?

- 100% coverage at Bill and Lucille Magers Family Health and Wellness Center for approved Clinical Services
- UnitedHealthcare Options PPO is the Preferred Provider and will provide maximum benefits at lowest cost.
- Telehealth Solutions through AcademicLiveCare
- Access to a Student Assistance Program
- Coverage when traveling through Academic Emergency Services*
- Small Co-Pay for approved prescription medications

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

More Information

For full details of participation in the plan, please view the complete brochure online at: missouristate.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit missouristate.myahpcare.com/additionalresources

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**.

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Benefits

Policy Aggregate Maximum: Unlimited Aggregate Maximum Per Insured Person Per Policy Year (Only applies to Essential Benefits).
(Deductible applies unless otherwise stated below)

	Bill and Lucille Magers Family Health and Wellness Center	Preferred Provider Payments are based on the Allowed Amount	Out-of-Network Provider Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	Unlimited	Unlimited
Deductible per Policy Year Per Insured Person, per Policy Year Not applicable to Preventive Services Benefits	Deductible does not apply. Benefits will be paid at 100% up to the benefit maximums below for Covered Expenses incurred at the Bill and Lucille Magers Family Health and Wellness Center.	\$250	\$500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	Not Applicable	\$8,550	\$17,100
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	Not Applicable	\$17,100	Not Applicable
Physician's Visits (Deductible waived)	**Copay Waived	70% after a \$10 Copay per visit	70% after a \$10 Copay per visit
Inpatient/Outpatient Surgery	Not Applicable	70%	50%
Room and Board Expense	Not Applicable	70%	50%
Diagnostic X-ray Services & Laboratory Procedures	100%	70%	50%
Medical Emergency Expense (Deductible waived)	Not Applicable	70% after a \$100 Copay per visit	70% after a \$100 Copay per visit
Prescription Drugs (Deductible waived) Up to a 31-day supply	At pharmacies contracting with Optum Rx 100% after a Generic: \$15 Copayment (\$0 Copay for Generic Contraception) Brand Name: \$30 Copayment (When Generic Unavailable) Brand Name: \$50 Copayment (When Generic Available)	At pharmacies contracting with UnitedHealthcare Pharmacy 50%	50% Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement
Preventive Care Includes benefits for adults, women, and children. For more information, please visit healthcare.gov/coverage/preventive-care-benefits/	100%	100% (Deductible waived)	50%

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

Rates & Coverage Periods

	FALL 08/10/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 08/09/2025	SUMMER 06/01/2025 - 08/09/2025
Open Enrollment for Dependents & Qualifying Events	07/01/2024 - 09/14/2024	12/02/2024 - 02/13/2025	05/13/2025 - 06/27/2025
Student	\$849	\$849	\$326
Spouse	\$849	\$849	\$326
Child ¹	\$849	\$849	\$326

¹The cost for two (2) or more children will be two (2) times the child rate.

To view all enrollment and coverage periods available, please visit missouristate.myahpcare.com