

Missouri State University

Student Health Insurance Plan - International

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?

- 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 HealthiestYou
- Access to a Student Assistance Program
- Academic Emergency Services*
- Coverage when traveling
- Small Co-Pay for approved prescription medications

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

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.



Missouri State University International **2022-2023**

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**.

The student and Spouse should use the services of the Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained will be paid at the Out-of-Network level of benefits.

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

BENEFIT MAXIMUMS & DUCTIBLES	Bill and Lucille Magers Family Health and Wellness Center	Preferred Provider	Out-of-Network Provider
		Payments are based on the PPO Allowance	Payments are based on Usual and Customary Changes
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	Unlimited, per Insured Person, per Policy Year	Unlimited, per Insured Person, per Policy Year
Deductible 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 per Insured Person, per Policy Year	\$ 500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Not Applicable	\$ 8,550 per Insured Person, per Policy Year	\$ 17,100 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Not Applicable	\$17,100 all Insureds in a Family, per Policy Year	Not Applicable

BENEFIT CATEGORY (Deductible applies unless otherwise stated below)	Bill and Lucille Magers Family Health and Wellness Center	Preferred Provider	Out-of-Network Provider
		Payments are based on the Preferred Allowance	Payments are based on Usual and Customary Charges
Hospital Room and Board Expense	Not Applicable	70%	50%
Inpatient/Outpatient Surgery	Not Applicable	70%	50%
Physician's Visits (deductible waived) \$10 Copay per visit - Outpatient	**Copay Waived	70%	50%
Diagnostic X-ray Services & Laboratory Procedures	100%	70%	50%
Medical Emergency Expenses (deductible waived) \$100 Copay per visit	Not Applicable	70%	70%
Prescription Drugs (deductible waived) Up to a 31-day supply	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 HealthSmart RX® 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 Services
Includes benefits for adults, women, and children.
For more information, please visit healthcare.gov/coverage/preventive-care-benefits/

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

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall	Spring/Summer	Summer
	08/10/22 - 12/31/22	01/01/23 - 08/09/23	06/01/23 - 08/09/23
Open Enrollment for Dependents and Qualifying Events	07/01/22 - 09/14/22	12/14/22 - 02/13/23	05/12/23 - 06/27/23
Student	\$ 808	\$ 808	\$ 310
Spouse	\$ 808	\$ 808	\$ 310
Child ¹	\$ 808	\$ 808	\$ 310

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

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