



## ELIGIBILITY

All **Domestic** (Undergraduate and Graduate) students taking nine (9) or more credit hours are eligible to enroll in the insurance plan. Domestic students enrolled in summer semesters must be taking three (3) or more credit hours to be eligible to enroll. Students need to re-enroll each semester for coverage. Home study, correspondence and online courses do not fulfill the eligibility requirements.

All registered **International** students and **Intensive English Language** students are required to enroll in the Student Health Insurance Plan or provide proof of comparable coverage. The insurance premium will be automatically assessed on the student's tuition bill. In order to have the insurance premium removed from the tuition, students must complete and submit a waiver form with proof of comparable coverage prior to the waiver deadline date.

Eligible dependents of enrolled students may participate in the plan on a voluntary basis. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will not automatically be re-enrolled. You will need to re-enroll by each semester's deadline.

Please view the complete brochure on-line at [mwsu.myahpcare.com](https://mwsu.myahpcare.com) for full details of participation in the plan.

## ADDITIONAL BENEFITS

- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services\*

\*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.

# Midwestern State University 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of **UnitedHealthcare Choice Plus**.

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred. Policy Exclusions and Limitations do not apply.

MAXIMUMS & DEDUCTIBLES	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 8,100	\$ 8,100
<b>Family Out-of-Pocket Maximum</b> for all Insureds in a Family, per Policy Year	\$ 16,200	\$ 16,200

## COVERAGE & COST

<b>Fall</b>	<b>08/01/22 - 12/31/22</b>
Open Enrollment	07/11/22 - 09/15/22
Student	\$ 1,108
Spouse	\$ 1,108
Each Child <sup>1</sup>	\$ 1,108
<b>Spring/Summer</b>	<b>01/01/23 - 07/31/23</b>
Open Enrollment	12/16/22 - 02/08/23
Student	\$ 1,535
Spouse	\$ 1,535
Each Child <sup>1</sup>	\$ 1,535
<b>Summer</b>	<b>06/01/23 - 07/31/23</b>
Open Enrollment	05/12/23 - 06/16/23
Student	\$ 441
Spouse	\$ 441
Each Child <sup>1</sup>	\$ 441

<sup>1</sup>The 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 [mwsu.myahpcare.com](https://mwsu.myahpcare.com).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [mwsu.myahpcare.com](https://mwsu.myahpcare.com).

## BENEFITS (deductible applies unless otherwise stated below)

PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual & Customary Charges	
<b>Room and Board Expense</b>		
80%	60%	
<b>Inpatient/Outpatient Surgery</b>		
80%	60%	
<b>Physician's Visits</b>		
100% after a \$50 Copayment per visit (deductible waived)	60%	
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>		
80%	60%	
<b>Medical Emergency Expenses</b> , Copayment waived if admitted		
80% after a \$200 Copayment per visit (deductible waived)	80% after a \$200 Copayment per visit (deductible waived)	
<b>Preventive Care Services</b> For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>		
100% (deductible waived)	60%	
<b>Prescription Drugs</b> , Up to a 31 day supply (deductible waived)		
For all prescriptions filled at Trott's Call Field Drug Store	At pharmacies contracting with UnitedHealthcare Pharmacy	
100% after a	100% after a	100% after a
Tier 1: \$10 Copayment	Tier 1: \$25 Copayment	Generic Drug: \$25 Copayment
Tier 2: \$20 Copayment	Tier 2: \$50 Copayment	Brand-Name Drug: \$50 Copayment
Tier 3: \$20 Copayment	Tier 3: \$50 Copayment	

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.