

Midwestern State University

Student Health Insurance Plan 2023-2024



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.

What's Included?

- 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.

More Information

For full details of participation in the plan, please view the complete brochure online at: mwsu.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 [click here](#).

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 Choice Plus**.

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Benefits

Deductible applies unless otherwise stated below.

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred. A \$25.00 Copayment applies to the doctor's visits. Policy Exclusions and Limitations do not apply.

	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charges
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Deductible per Insured Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$8,100	\$8,100
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year	\$16,200	\$16,200
Room & Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician's Visits	100% after a \$50 Copayment per visit (Deductible Waived)	60%
Diagnostic X-Ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expenses Copayment Waived if admitted	80% after a \$200 Copayment per visit (Deductible Waived)	80% after a \$200 Copayment per visit (Deductible Waived)
Prescription Drugs Up to a 31 day supply (Deductible waived)	For all prescriptions filled at Trott's Call Field Drug Store 100% after a Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$20 Copayment	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$25 Copayment Tier 2: \$50 Copayment Tier 3: \$50 Copayment 100% after a Generic Drug: \$25 Copayment Brand-Name Drug: \$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.

Rates & Coverage Periods

	FALL 08/01/2023 - 12/31/2023	SPRING/SUMMER 01/01/2024 - 07/31/2024	SUMMER 06/01/2024 - 07/31/2024
Enrollment Periods	07/11/2023 - 09/15/2023	12/15/2023 - 02/08/2024	05/13/2024 - 06/17/2024
Student	\$1,158	\$1,612	\$462
Spouse	\$1,158	\$1,612	\$462
Each Child ¹	\$1,158	\$1,612	\$462

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 mwsu.myahpcare.com