

# Midwestern State University 2020-2021 Student Health Insurance Plan



## Eligibility

All **Domestic** students taking nine (9) or more credit hours (three (3) credit hours in the summer) and all **Graduate** students taking nine (9) or more credit hours are eligible to enroll in the insurance plan. Students enrolled in summer semesters must be taking three (3) or more credit hours.

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.

Students may also enroll their dependents by completing an enrollment form at Vinson Health Center.

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 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services

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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 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.

BENEFIT MAXIMUMS & DEDUCTIBLES	
<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b>	Preferred Provider: \$ 500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 1,000 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	\$8,100 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	\$16,200 for all Insureds in a Family, per Policy Year

<b>BENEFIT CATEGORY</b> <i>(deductible applies unless otherwise stated below)</i>	Preferred Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
<b>Hospital Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>Physician Visits</b>	100% after \$50 Copayment per visit <i>(Deductible waived)</i>	60%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Medical Emergency Expense</b> <i>Copayment waived if admitted</i>	80% after a \$200 Copayment per visit	80% after a \$200 Copayment per visit
<b>Prescription Drugs</b> <i>up to a 31 day supply</i>  <b>For prescriptions filled at Trott's Call Field Drug Store:</b> 100% of allowable amount after a \$10 copayment for Tier 1 \$20 copayment for Tier 2 \$20 copayment for Tier 3	At Pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$25 Copayment for Tier 1 \$50 Copayment for Tier 2 \$50 Copayment for Tier 3	100% after a \$25 Copayment for generic drugs \$50 Copayment for brand name drugs <i>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</i>
<b>Preventive Care Services</b> <i>For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a></i>	100% <i>(Deductible waived)</i>	60%

2020-2021 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021	Summer 06/01/2021 through 07/31/2021
Open Enrollment	07/02/2020 through 09/17/2020	12/17/2020 through 02/11/2021	05/14/2021 through 06/17/2021
Student	\$ 1,054.00	\$ 1,460.00	\$ 420.00
Spouse	\$ 1,054.00	\$ 1,460.00	\$ 420.00
Child <sup>1</sup>	\$ 1,054.00	\$ 1,460.00	\$ 420.00

2020-2021 INTERNATIONAL PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021	Summer 06/01/2021 through 07/31/2021
Open Enrollment	07/02/2020 through 09/17/2020	12/17/2020 through 02/11/2021	05/14/2021 through 06/17/2021
Student	\$ 1,054.00	\$ 1,460.00	\$ 420.00
Spouse	\$ 1,054.00	\$ 1,460.00	\$ 420.00
Child <sup>1</sup>	\$ 1,054.00	\$ 1,460.00	\$ 420.00

<sup>1</sup>The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit [mwsu.myahpcare.com](https://mwsu.myahpcare.com).