

Midwestern State University

Student Health Insurance Plan 2024-2025



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?

- UnitedHealthcare Choice Plus is the Preferred Provider and will provide maximum benefits at lowest cost
- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Coverage when traveling with Academic Emergency Services*
- Access to Optional Dental and Vision plans

*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, Inc. (AHP), a Risk Strategies Company.

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

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 visit mwsu.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 Choice Plus**.

Midwestern State University 2024-2025

Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Maximum Benefit 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 Copay per visit (Deductible waived)	60%
Diagnostic X-Ray Services & Laboratory Procedures	80%	60%
Medical Emergency Services Copay waived if admitted (Deductible waived)	80% after a \$200 Copay per visit	80% after a \$200 Copay per visit
Prescription Drugs Up to a 31-day supply (Deductible waived)	For prescriptions filled at Trott's Call Field Drug Store 100% after a Tier 1: \$10 Copay Tier 2: \$20 Copay Tier 3: \$20 Copay	For prescriptions filled at UnitedHealthCare pharmacies 100% after a Tier 1: \$25 Copay Tier 2: \$50 Copay Tier 3: \$50 Copay
		100% after a Generic Drug: \$25 Copay ¹ Brand-Name Drug: \$50 Copay ¹

¹Please note: You are required to pay the full amount charged at the time of service for prescriptions dispensed at an Out-of-Network provider and must file a claim for reimbursement.

Coverage Periods & Cost

	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025	SUMMER 06/01/2025 - 07/31/2025
Enrollment Periods	07/11/2024 - 09/15/2024	12/16/2024 - 02/08/2025	05/13/2025 - 06/17/2025
Student	\$1,161	\$1,609	\$463
Spouse	\$1,161	\$1,609	\$463
Each Child ²	\$1,161	\$1,609	\$463

²The 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