

# Messiah University

## Graduate Student Coverage With Care



### Eligibility

All University students are required to enroll in the Plan, unless comparable coverage is provided and approved during waiver period.

For more information, visit [messiah.myahpcare.com](https://messiah.myahpcare.com).

### Coverage Periods & Rates

	EARLY FALL 07/01/2026 - 07/31/2026	ANNUAL 08/01/2026 - 07/31/2027	SPRING/SUMMER 01/01/2027 - 07/31/2027
Enrollment Periods	07/01/2026 - 07/31/2026	07/01/2026 - 09/11/2026	12/07/2026 - 02/12/2027
Student	\$341	\$4,019	\$2,334
Spouse	\$341	\$4,019	\$2,334
One Child <sup>1</sup>	\$341	\$4,019	\$2,334

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

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

### WHAT'S INCLUDED?

Telehealth solutions through AcademicLiveCare (ALC)

Access to Academic Student Assistance Program (ASAP)

Coverage while traveling with Academic Emergency Services (AES)\*

Optional Dental and Vision coverages



### Questions

To view Frequently Asked Questions or submit a request, please visit [help.ahpcare.com](https://help.ahpcare.com)



### ID Cards

To access your ID Card, please visit [school.myahpcare.com](https://school.myahpcare.com)

# Messiah University 2026-2027

## 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
<b>Benefit Maximum</b> Per Insured Person, Per Policy Year	Unlimited	
<b>Deductible</b> Per Insured Person, Per Policy Year	\$250	\$600
<b>Individual Out-of-Pocket Maximum</b> Per Person, Per Policy Year	\$7,500	\$15,000
<b>Family Out-of-Pocket Maximum</b> For All Insureds in a Family, Per Policy Year	\$13,700	N/A
<b>Room and Board Expense</b>	80%	60%
<b>Inpatient/Outpatient Surgery</b>	80%	60%
<b>Outpatient Physician's Visits</b>	80% after a \$25 Copay (Deductible waived)	80%
<b>Medical Emergency Expenses</b> Copay waived if admitted (Deductible waived)	80% after a \$150 Copay	80% after a \$150 Copay
<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)	No Benefits
<b>Prescription Drugs</b> Up to 31 day supply per prescription (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy  100% after a Tier 1: \$25 Copay Tier 2: \$60 Copay Tier 3: \$75 Copay	No Benefits

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [messiah.myahpcare.com](https://messiah.myahpcare.com) upon approval by federal and state authorities.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

\*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), Part of the Brown & Brown Team.