

Missouri Baptist University

Student Health Insurance Plan 2023-2024



Eligibility

Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below: Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below:

Class 1

1. A registered Full Time Undergraduate or a Graduate Student attending classes who is a minimum age of 16 years and maximum of 64 years;
2. Student must have a current passport and be travelling outside their Home Country; and
3. Student must have a valid F1 visa or J1 visa. F1 and J1 visa holder on OPT are not eligible.

Class 2

1. The spouse or domestic partner of a Class 1 Insured Person

Class 3

1. The Dependent child(ren) of a Class 1 Insured Person

What's Included?

- Telehealth solutions through AcademicLiveCare
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: mobap.mycare26.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 Options PPO**.

*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).

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 mobap.mycare26.com.

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Benefits

	IN-NETWORK PROVIDER Payments are based on the Preferred Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual, Customary & Reasonable Rate
Maximum Benefit Per Insured Person, per Policy Year		\$250,000
Deductible Per Insured Person, per Policy Year		\$0
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$4,000	Unlimited
Hospital Visit	90% after a \$100 Copay	70% after a \$100 Copay
Surgery	90%	70%
Physician/Specialist Office Visits	90% after a \$20 Copay (waived at student health center)	70% after a \$20 Copay
Emergency Room	90% after a \$150 Copay (waived if admitted)	70% after a \$150 Copay (waived if admitted)
Urgent Care Center	90% after a \$35 Copay	70% after a \$35 Copay
Diagnostic Testing	90%	70%
Prescription Medications Up to 31-day supply per prescription Maximum Benefit per period is \$5,000		CVS/Caremark network pharmacy is required Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: \$60 Copay
Preventive Care and Annual Exams Maximum Benefit per period is \$1,000 Student Health Center payable at UCR	100%	Not Covered

Rates & Coverage Periods

	ANNUAL 08/01/2023 - 07/31/2024	FALL 08/01/2023 - 12/31/2023	SPRING/SUMMER 01/01/2024 - 07/31/2024
Student	\$ 1,367.21	\$ 569.70	\$ 797.58

To view all enrollment and coverage periods available, please visit mobap.mycare26.com