

# Missouri Baptist University

## Student Health Insurance Plan 2024-2025



The new insurance carrier for 2024-2025 is Cigna Global Insurance Company Limited.

### Eligibility

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

### What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services\*
- Vision coverage through Academic Vision Care (AVC)

### More Information

For full details of participation in the plan, please view the complete brochure online at: [mobap.myahpcare.com](http://mobap.myahpcare.com)

### Questions

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

### Insurance ID Card

To access your ID card, please [click here](#).

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Cigna OAP**.

\*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 [mobap.myahpcare.com](http://mobap.myahpcare.com).

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## Benefits

(Deductible applies unless otherwise stated below)

	U.S. IN-NETWORK PROVIDER Payments are based on the Preferred Allowance	U.S. OUT-OF-NETWORK PROVIDER Payments are based on the Usual, Customary & Reasonable Rate
Annual Maximum Per Individual, per Policy Year	\$250,000	
Individual Deductible Per Individual, per Policy Year	\$0	\$1,000
Individual Out-of-Pocket Maximum Per Individual, per Policy Year	\$4,000	\$10,000
Inpatient Hospital	90% after a \$100 Copay (Deductible waived)	70%
Physician's Office Visit	90% after a \$20 Copay (Deductible waived)	70%
Emergency Room (Copay waived if admitted)	90% after a \$150 Copay per visit	90% after a \$150 Copay per visit
Urgent Care Services	90% after a \$35 Copay (Deductible waived)	70%
Laboratory Services	90% (Deductible waived)	70%
Prescription Drugs Up to 30-day supply per prescription Maximum Benefit per period is \$5,000	100% after a Generic: \$20 Copay Preferred Brand Name: \$40 Copay Non-Preferred Brand Name: \$60 Copay	50%
Preventive Care For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	70%

## Rates & Coverage Periods

	ANNUAL 08/01/2024 - 07/31/2025
Student	\$1,527.60

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