



2024-2025

# Student Health Insurance Plan: Mississippi State University



## Who can enroll?

All international students who are attending or participating in a program at the University are required to have health insurance and are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. **Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.**

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> )	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse.
  - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring	Spring/Summer	Summer
Coverage dates	8-1-24 to 7-31-25	8-1-24 to 12-31-24	1-1-25 to 5-31-25	1-1-25 to 7-31-25	6-1-25 to 7-31-25
Student	\$2,314.00	\$970.00	\$957.00	\$1,344.00	\$387.00
Spouse	\$2,314.00	\$970.00	\$957.00	\$1,344.00	\$387.00
One Child	\$2,314.00	\$970.00	\$957.00	\$1,344.00	\$387.00
Two or More Children	\$4,628.00	\$1,940.00	\$1,914.00	\$2,688.00	\$774.00
Spouse and Two or More Children	\$6,942.00	\$2,910.00	\$2,871.00	\$4,032.00	\$1,161.00

Rates are subject to regulatory approval and may change. 23COL4751-545-4

## Plan highlights

Metallic Level: Gold with actuarial value of 84.520%

### Student Health Center Benefits:

- The Deductible and Copay will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: Prescription Drugs.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, per Policy Year \$500 For all Insureds in a Family, Per Policy Year	\$500 Per Insured Person, per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$7,000 Per Insured Person, Per Policy Year \$14,000 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	\$20 Copay for generic drugs \$50 Copay for brand name drugs Up to a 31-day supply per prescription 80% of billed charge after Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$20 after Deductible Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital	Physician's Visits: \$20 after Deductible Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital

Questions about your plan?

Contact Customer Service at 1-800-980-4698  
or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

You can also contact Holland Insurance, Inc. at 1-888-393-9500 or at: [Benefits@hollandinsuranceinc.com](mailto:Benefits@hollandinsuranceinc.com)

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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