



MORGAN
STATE UNIVERSITY™

Plan administered by:
PayerFusion Holding, LLC
5200 Blue Lagoon Drive, Suite 100, Miami, Florida 33126
1 (866) 752-8881

2018-2019

STUDENT HEALTH BENEFIT PLAN BENEFIT SUMMARY

For more information visit:
www.morganstudentinsurance.com

Health Plan Requirement

All registered Full-Time Undergraduate students taking 12 or more credit hours and J-1 Visa Exchange students and Scholars are automatically enrolled and billed each semester for the Student Insurance Plan upon registration.

Students with proof of other creditable health insurance coverage may complete an online waiver application. The student insurance charge on your student account will be removed with an approved waiver and a credit will be applied to your account once the waiver process for the semester is completed.



How to Waive Coverage

To complete the online waiver, simply go to www.morganstudentinsurance.com and click on waive.

Please contact Alexandria Brown-Pitts via email at Alexandria.brownpitts@morgan.edu or call 443-885-3236 should you have additional questions.

Voluntary Eligibility

Part-time, graduate students and students participating in the NEXUS program with the Community College of Baltimore County (CCBC) are eligible to enroll in this insurance plan. Graduate students completing their thesis are also eligible to enroll on a voluntary basis. Part-time, graduate and NEXUS students may enroll in this plan, by going to www.morganstudentinsurance.com, then click on Enrollment. Students not enrolled in classes the first 30 days of the semester are not eligible for coverage.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse or Domestic Partner and unmarried children (natural child, stepchild, Adopted Child, grandchild, child for whom the Named Insured is under a court order to provide coverage and a child for whom the Named Insured is under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration) under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility. Dependent Eligibility expires concurrently with that of the Insured student.

Dental and vision coverage sold separately at www.morganstudentinsurance.com.

Morgan State University is pleased to offer the University-sponsored Student Health Benefit Plan (SHBP) administered by PayerFusion Holding, LLC. The University sponsored plan has no deductible and provides first dollar coverage. Many students find it is a better value and offers higher quality benefits than their parent, employer sponsored, or individual health plan. We advise that you review your current health plan to determine if you could benefit by switching to the University-sponsored SHBP. This brochure does not constitute a promise of benefits on behalf of Morgan State University, and is intended to provide an overview of the plan(s) benefits. A complete description of benefits, limitations, exclusions and special provisions is provided in the Plan Document which is posted on Morgan State University student website. Although many of the program benefits meet or exceed requirements that would otherwise apply to group or individual plans, you may be eligible up to the age of twenty-six (26) for coverage under a group health plan through your parent's employer, or under an individual policy through an independent carrier or State Exchange. Contact the plan administrator for your parent's employer, an individual health insurance issuer or a State Exchange for more information.

Costs and Coverage Effective Dates

Comprehensive Primary Plan	Academic Year 08/12/2018 to 08/11/2019	Fall Semester 08/12/2018 to 01/22/2019	Spring/Summer 01/23/2019 to 08/11/2019
Open Enrollment / Waiver Deadline	07/01/2018 to 09/04/2018	07/01/2018 to 09/04/2018	12/01/2018 to 02/05/2019
Full-time Domestic Undergraduates	\$969.00	\$484.00	\$485.00
Full-time International Undergraduates	\$969.00	\$484.00	\$485.00
Graduates, Part-time, and Nexus Students	\$969.00	\$484.00	\$485.00
Visiting Faculty / Scholars	\$969.00	\$484.00	\$485.00
Student + Spouse	\$3,546.00	\$1,770.00	\$1,776.00
Student + Children	\$2,510.00	\$1,252.00	\$1,258.00
Student + Spouse & Children	\$5,087.00	\$2,538.00	\$2,549.00

Cost for International students will be billed to your student account and can be waived with proof of comparable other health insurance. The student will need to pay all fees charged by the University prior to coverage becoming active. If Title IV funds are being used to pay the student fees the student must authorize the payment of allowable charges. Student's coverage is not active until the student account has been paid and students will be responsible for any claims incurred during the period. Costs for additional coverage, Dependents, Vision and Dental are the responsibility of the student and are accessible through logging into www.morganstudentbenefits.com to enroll and pay for the additional lines of coverage.

MedStar PromptCare

The insurance plan will allow 100% coverage after a \$15 copay (no deductible) when treated at a MedStar Health PromptCare Center. Urgent care centers provide convenient access to medical care for the treatment of injuries and illnesses that are not life threatening. They generally provide extended hours and do not require an appointment. Additional services may include X-ray and laboratory services, physicals, and immunizations such as flu shots.

Prompt Care hours of operation are M-F from 8 a.m. to 8 p.m. Weekdays and Holidays from 8:00 a.m. to 6:00 p.m. You may reduce your waiting time by visiting www.medstarhealth.org/mpc-towson.

Aetna Passport to Healthcare® Preferred Provider Network

The Plan has arranged for you to access the Aetna Preferred Provider Network in your local campus community. Using our Participating Provider Network you may access in-network savings for services rendered nationally if you require treatment or hospitalization outside the immediate area of the Morgan State University campus.

To maximize your savings and reduce your out-of-pocket expenses, select a provider that is participating in the Aetna Preferred Provider Network. It is to your advantage to utilize an In-Network Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. In-Network providers are independent contractors and are neither employees nor agents of Morgan State University, or PayerFusion Holding, LLC. You can obtain information regarding In-Network providers by going to www.morganstudentinsurance.com and then click on "Find an In-Network Provider".

Here you can find out whether a specific provider is In-Network or to find a list of In-Network providers practicing in your area. You may also contact PayerFusion Holding, LLC at (866) 752-8881.

2018-2019 Summary of Benefits

	Tier I - UHC/MedStar	Tier II - In-Network	Tier III - Out-of-Network
	Bioreference Lab	Aetna PPO	Usual & Customary
Lifetime Maximum per Person	Unlimited		
Annual Maximum per Year	Unlimited		
Annual Out of Pocket Maximum	\$5,000		\$10,000
	<i>The most you pay during a policy period (usually one year) before your health plan starts to pay 100% for covered essential health benefits. This limit must include deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits.</i>		
Annual Deductible per Year	\$0	\$450	\$600
<i>Deductibles do not apply when a Copayment is required.</i>			
UNIVERSITY HEALTH CENTER & COUNSELING CENTER			
Doctor	100%		
Extended Physician	100%		
Nurse	100%		
Mental Health Visits	100%		
Wellness and Preventive (HCR)	100%		
Lab and X-Rays	100% Paid were specimen or xray is taken		
Pharmacy (when filled in the UHC)	100%		
Pre-Certification Requirement	Yes		
MedStar (Urgent Care)	\$15 copay		
IN-PATIENT BENEFITS			
	Tier I - UHC/MedStar	Tier II - In-Network	Tier III - Out-of-Network
	Bioreference Lab	Aetna PPO	Usual & Customary
Hospital Room and Board (HRB or BASIC)	90%	80%	60%
Intensive Care	90%	80%	60%
Hospital Miscellaneous Expenses (HME)	90%	80%	60%
Hospital Based Physicians	<i>Paid per the setting of the Facility</i>		
Physician Hospital Visit (PHV)	90%	80%	60%
Surgical Expense	90%	80%	60%
Anesthesia	90%	80%	60%
Assistant Surgeon	90%	80%	60%
Registered Nurse's Services	90%	80%	60%
Skilled Nursing <i>Limited: 90 Days/Benefit Period</i>	90%	80%	60%
Transplant Services	90%	80%	60%
Physiotherapy	90%	80%	60%
Psychotherapy	90%	80%	60%
OUT-PATIENT BENEFITS			
	Tier I - UHC/MedStar	Tier II - In-Network	Tier III - Out-of-Network
	Bioreference Lab	Aetna PPO	Usual & Customary
Surgical Expense & Day Surgery Misc.	\$150 copay then 90%	\$150 copay then 80%	\$150 copay then 60%
Outpatient Physician's Visit (OPV)	\$15 copay with referral	80%	60%
Injections (OPV)	90%	80%	60%
Outpatient Miscellaneous Benefits (OMB)	90%	80%	60%
Medical Emergency Visit	\$300 copay, then 90%	\$300 copay, then 80%	\$300 copay, then 60%
<i>(Copay only, plan deductible waived unless admitted into the hospital.)</i>			
Urgent Care Expenses	\$15 copay with referral	80%	60%
Physiotherapy	90%	80%	60%
Chiropractic	90% visit 1-25, then 60%	80% visit 1-25, then 60%	60%
Assistant Surgeon	90%	80%	60%
Laboratory & X-Ray Expense	90%	80%	60%
Test & Procedures	90%	80%	60%
Injections	90%	80%	60%
Preventive & Wellness Benefits (HCR) <i>Additional flu shot and PPD screening benefit nursing students.</i>	100%	80% (100% if services are not available from a Tier 1 provider)	60%
OBGYN (Annual Exam)	100%	80%	60%
Psychotherapy	90%	80%	60%

	PHARMACY BENEFITS		
Prescription Maximum	Unlimited		
Pharmacy Supply Limit	31 Days or 101 Tablets		
Deductible	<i>Plan deductible does not apply to prescription medications, only copay and coinsurance.</i>		
	UHC	Participating Pharmacies	Usual & Customary
Tier 1	\$0	\$15 + 20%	\$15 + 40%
Tier 2	\$0	\$30 + 20%	\$30 + 40%
Tier 3	\$0	\$50 + 20%	\$50 + 40%
Contraceptives	100%	100%	100%
90 Day Maintenance Supply	2.5 Copayments + Coinsurance		N/A
	ADDITIONAL BENEFITS		
	Tier I - UHC/MedStar	Tier II - In-Network	Tier III - Out-of-Network
	Bioreference Lab	Aetna PPO	Usual & Customary
Durable Medical Equipment <i>(Precertification required over \$500)</i>	80%	80%	60%
Consultant Physician Fees	80%	80%	60%
Infertility (Counseling, Testing & Treatment)	90% upto \$750, 60% thereafter		
Transexualism/Gender Identity	90% upto \$750, 60% thereafter		
Intramural Sports	Paid as Accident		
Treatment for TMJ	80%	80%	60%
Ambulance	80%	80%	60%
Dental Treatment, injury to sound teeth only	Paid as Accident		
Accidental Death & Dismemberment	\$10,000		

UHC Referral Requirement

Students must first come to the UHC for an assessment of their medical condition and possible treatment. You will only be given a referral for treatment outside the UHC if you require care that the UHC is not able to provide. If you are covered by the MSU Student Health Plan, the UHC is your primary care provider and first stop for health care needs. At the University Health Center, our professional staff can take care of most routine health issues, including annual GYN exams and physicals. For specialty care, diagnostic testing, or therapeutic services, we will make referrals as needed. This plan requires a separate referral from the UHC for additional services (i.e. an MRI or physical therapy) that the consultant may order. Once you are issued a referral from the UHC, it will be entered in the plan's referral system within 24 hours. If you are referred to a specialist directly from an emergency room, it is important that the specialist be a participating provider with the Student Health Plan in order to maximize your benefit. The University Health Center must be notified of this referral as soon as possible.

A UHC referral is not necessary under the following conditions:

1. The enrollee is a dependent. (Dependents are not eligible to use the UHC and therefore are exempt from the above limitations and requirements.)
2. It is for treatment of an Emergency Medical Condition. For any follow-up care you must return to the UHC and obtain a referral.
3. When the UHC is closed.
4. The enrollee's and the provider's addresses at the time of service are more than 25 miles away from campus.
5. Treatment for Mental Health Services. However, students needing assistance in determining their need for mental health services or in locating mental health providers in the community can consult with staff at the Counseling Center or University Health Center.
6. Treatment for Maternity.

Pre-Certification Requirement

This program is designed to help you receive quality, cost-effective medical care. Services requiring Pre-Certification include: inpatient admissions, outpatient surgeries, rehabilitative physical therapy, occupational therapy, speech and language therapy, CAT Scans and MRIs. If you do not secure Pre-Certification for the above mentioned services, your covered medical expenses will be subject to an out-of-network penalty. Pre-certification is designed to help you receive quality, cost-effective medical care.

1. All above services must be certified in advance by contacting **PayerFusion at (855) 773-7810**. Pre-certification does not guarantee the payment of benefits.
2. Each claim is subject to medical plan review in accordance with the exclusions and limitations contained in the Plan, as well as a review of eligibility, adherence to notification guidelines, and benefit coverage under the Student Health Plan.
3. If you do not secure Pre-certification for non-emergency inpatient admissions or provide notification for emergency admissions, your covered medical expenses will be subject to an out-of-network penalty.

Pre-Certification of Non-Emergency Inpatient Admissions

The patient, physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions

The patient, patient's representative, physician, or hospital must telephone **PayerFusion at (855) 773-7810** within one business day following admission.

Pre-Certification simply means calling prior to treatment to obtain approval for a medical procedure or service. Pre-Certification may be done by you, your doctor, a hospital administrator, or one of your relatives.