

# Student Health Insurance Plan

## Morgan State University

### Rates & Dates



**Enroll/Waive Deadline:** October 3, 2022  
**Coverage Period:** 8/10/2022-8/9/2023  
**Premium:** \$515 Fall Semester  
 \$644 Spring Semester

### Enroll/Waive Deadline and Coverage Period

*If your existing health plan covers you in your school area, you may opt to submit a waiver by logging in to your school specific website and entering your insurance information. Learn more about benefits, coverage periods, dependent enrollment and more at [gallagherstudent.com/morgan](http://gallagherstudent.com/morgan)*

### Login Online



Login into your account on our website to waive, enroll, access your ID card, and view your coverage and more at [www.morgan.edu/studenthealthinsurance](http://www.morgan.edu/studenthealthinsurance)

### First Time Logging In?

- Log onto: [www.morgan.edu/studenthealthinsurance](http://www.morgan.edu/studenthealthinsurance)
- Select "LOG IN" on the Profile tile

### Find A Doctor



The Provider network for this plan is the United Healthcare Choice Plus network. You may choose any physician or hospital; however, using providers that are part of the network may decrease your share of the costs. For a complete listing of network providers, click "Find a Doctor" at [gallagherstudent.com/morgan](http://gallagherstudent.com/morgan)

### Did you know?

Student Health Insurance Plans are generally less expensive and have better coverage than individual plans purchased through state marketplaces. Premiums are lower and your out of pocket costs will be low as well. Most plans are PPO's (Preferred Provider Networks), which means easy access to providers near campus or anywhere you may live or travel.

### Prescription Drugs



To fill a prescription visit any in-network pharmacy and pay the copay. Participating pharmacies can be found online, click "Pharmacy Program" at [gallagherstudent.com/morgan](http://gallagherstudent.com/morgan)

**University Health Center (UHC) is your primary care provider; there is 100% coverage for all services rendered in the UHC and no co-pays.**

	Your Network	Out of Network
<b>Deductible</b>	\$450	\$600
<b>Covered Percentage</b>	80% of Preferred Allowance	60% of Usual & Customary
<b>Office Visit Copay</b>	\$15 Copay	\$15 Copay
<b>Emergency Room Copay</b>	\$300 Copay then 80%	\$300 Copay then 60%
<b>Prescription Drug Copay</b>	\$15 Copay Generic \$30 Copay Preferred Brand \$50 Copay Non-Preferred Brand	\$15 Copay Generic \$30 Copay Preferred Brand \$50 Copay Non-Preferred Brand

