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

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

First Time Logging In?
- Log onto: 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

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.

Find A Doctor

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

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

<table>
<thead>
<tr>
<th></th>
<th>Your Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$450</td>
<td>$600</td>
</tr>
<tr>
<td>Covered Percentage</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$15 Copay</td>
<td>$15 Copay</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$300 Copay then 80%</td>
<td>$300 Copay then 60%</td>
</tr>
<tr>
<td>Prescription Drug Copay</td>
<td>$15 Copay Generic</td>
<td>$15 Copay Generic</td>
</tr>
<tr>
<td></td>
<td>$30 Copay Preferred Brand</td>
<td>$30 Copay Preferred Brand</td>
</tr>
<tr>
<td></td>
<td>$50 Copay Non-Preferred Brand</td>
<td>$50 Copay Non-Preferred Brand</td>
</tr>
</tbody>
</table>

This document is intended as a quick reference, not a comprehensive description. It contains only a partial description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations and exclusions as described in the Policy. In case of any discrepancies, the official plan documents will govern.