

Student Health Insurance Plan

Morgan State University

Rates & Dates



Enroll/Waive Deadline: September 5, 2020

Coverage Period: 8/10/2020-8/9/2021

Premium: \$475 Fall Semester

\$595 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



Create an 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 "Student Waive/Enroll"
- Create a user account

Find A Doctor



The Provider network for this plan is the CareFirst Blue Cross Blue Shield Blue Choice Advantage 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.

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.

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

