



# STUDENT HEALTH BENEFITS

Plan Guide Spring/Summer 2019



[www.morgan.edu/studenthealthbenefits](http://www.morgan.edu/studenthealthbenefits)



5200 Blue Lagoon Drive, Suite 100, Miami, FL 33126  
1.866.752.8881



[payerfusion.com](http://payerfusion.com)  
[universityprograms@payerfusion.com](mailto:universityprograms@payerfusion.com)



The payment of any co-pays, deductibles, the balance above any coinsurance amount, and any medical expenses not covered are the responsibility of the insured person. **To maximize your savings and reduce out-of-pocket expenses, choose the University Health Center (UHC) or Designated In-Network Provider.** 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. Out-of-Network care is subject to reasonable charge allowance maximums. Any charges in excess of the reasonable charge allowance are not covered under the Plan.

## PRESCRIPTION DRUGS

### How to Fill Prescription Medications:

Your EHIM pharmacy network is the preferred method of filling prescription medications and will be the most cost effective for you and your dependents. Prescriptions filled through these pharmacies are paid under the preferred network with straight copayments and are inclusive of 31 day supplies. Maintenance prescriptions in excess of 31 days are only available for 2.5 x the copays.

# PLAN

## COMPREHENSIVE

In-Network/Out-of-Network

ANNUAL MAXIMUM	UNLIMITED
DEDUCTIBLE	\$450 / \$600
COINSURANCE	90%/80%/60% (\$6,250 Individual; \$12,500 Family max)
FEATURES	
EMERGENCY ROOM	\$300 copay, then applicable co-insurance (plan deductible waived unless admitted into the hospital)
COMPREHENSIVE COVERAGE	Please see plan summary of benefits for tier coverage

## COSTS & COVERAGE

### UNDERGRADUATE & GRADUATE

	SPRING/SUMMER 2019 <u>01/22/19 - 08/11/19</u>	SUMMER 2019 <u>05/16/19 - 08/11 /19</u>
STUDENT	\$485	\$203
STUDENT + CHILD	\$1,258	\$527
STUDENT + CHILDREN	\$1,258	\$527
STUDENT + SPOUSE	\$1,776	\$745
STUDENT + FAMILY	\$2,549	\$1,068

## PRESCRIPTION COVERAGE

RETAIL 30-DAY SUPPLY	<u>NETWORK PROVIDERS</u>	<u>NON-NETWORK</u>
TIER 1 - GENERIC DRUGS	\$15 COPAYMENT + 20%	\$15 COPAYMENT + 20%
TIER 2 - PREFERRED DRUGS	\$30 COPAYMENT + 20%	\$30 COPAYMENT + 20%
TIER 3 - NON-FORMULARY DRUGS	\$50 COPAYMENT + 20%	\$50 COPAYMENT + 20%
CONTRACEPTIVE	100%	100%
RETAIL 90-DAY SUPPLY	2.5X COPAYMENT + 20%	2.5X COPAYMENT + 20%



Should you have any questions, contact the pharmacy benefit manager, EHIM.  
**Call +1.800.311.3446**

To find a pharmacy near you, please visit: <https://www.ehimrx.com/pharmacylocator.php>



# 2019 STUDENT HEALTH BENEFIT

EFFECTIVE DATES JANUARY 22, 2019 - AUGUST 11, 2019

Cost for international students will be billed to your student account and can be waived with evidence of comparable other health insurance. The student will need to pay all fees charge by the Univesity 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 un til the student account has been paid and the student will be responsible for any claims incurred during the period. Costs for additonal coverage, Dependents, Vision and Dental are the responsibility of the student and are accessible through logging into to enroll and pay for the additional lines of coverage.

## COSTS & COVERAGE

### COMPREHENSIVE PRIMARY PLAN

	SPRING/SUMMER 2019 01/22/19 - 08/11/19	SUMMER 2019 05/16/19 - 08/11 /19
OPEN ENROLLMENT/ WAIVER DEADLINE	1/17/2019	2/17/2019
FULL- TIME DOMESTIC UNDERGRADUATES	\$485	\$203
DOMESTIC INTERNATIONAL UNDERGRADUATES*	\$485	\$203
GRADUATES, PART-TIME, AND NEXUS STUDENTS	\$485	\$203
VISITING FACULTY/ SCHOLARS	\$485	\$203
STUDENT + SPOUSE	\$1,776	\$745
STUDENT + CHILDREN	\$1,258	\$527
STUDENT + SPOUSE & CHILDREN	\$2,549	\$1068

## 2019 SUMMARY OF BENEFITS

	TIER- I UHC/MEDSTAR Quest Diagnostic	TIER- II IN-NETWORK PayerFusion Network	TIER- III OUT-OF-NETWORK Usual & Customary
LIFETIME MAXIMUM PER PERSON	UNLIMITED		
ANNUAL MAXIMUM PER YEAR	UNLIMITED		
ANNUAL OUT OF POCKET MAXIMUM	\$6250	\$6250	\$12,500
ANNUAL DEDUCTIBLE	\$0	\$450	\$600
UNIVERSITY HEALTH CENTER & COUNSELING CENTER	UNIVERSITY HEALTH CENTER & COUNSELING CENTER		
DOCTOR	100%		
EXTENDED PHYSICIAN	100%		
NURSE	100%		
MENTAL HEALTH VISITS	100%		
WELLNESS AND PREVENTIVE (UHC)	100%		
LAB AND X-RAYS (UHC)	*100% PAID WERE SPECIMEN OR XRAY TAKEN*		
PHARMACY (WHEN FILLED IN THE UHC)	100%		
PRE-CERTIFICATION REQUIREMENT	YES		
MEDSTAR (URGENT CARE)	\$15 COPAY THEN 100% WITH REFERRAL		



# 2019 SUMMARY OF BENEFITS

## BENEFITS AT A GLANCE

### BENEFITS

BENEFITS	TIER- I UHC/MEDSTAR	TIER- II IN-NETWORK	TIER- III OUT-OF-NETWORK
	Quest Diagnostic	PayerFusion Network	Usual & Customary
LIFETIME MAXIMUM PER PERSON	UNLIMITED		
ANNUAL MAXIMUM PER YEAR	UNLIMITED		
ANNUAL OUT OF POCKET MAXIMUM PER PLAN YEAR	\$6,250 INDIVIDUAL / \$12,500 FAMILY		
ANNUAL DEDUCTIBLE	\$0	\$450	\$600
UNIVERSITY HEALTH CENTER & COUNSELING CENTER	UNIVERSITY HEALTH CENTER & COUNSELING CENTER		
OFFICE VISITS	100%		
ON-CAMPUS MENTAL HEALTH VISIT	100%		
PRESCRIPTIONS	100%		

### INPATIENT

HOSPITAL ROOM AND BOARD (HRB OR BASIC)	90%	80%	60% of usual and customary
INTENSIVE CARE	90%	80%	60% of usual and customary
PHYSICIAN HOSPITAL VISIT (PHV)	90%	80%	60% of usual and customary
SURGICAL EXPENSE	90%	80%	60% of usual and customary
ANESTHESIA	90%	80%	60% of usual and customary
ASSISTANT SURGEON	90%	80%	60% of usual and customary
SKILLED NURSE LIMITED: 90 DAYS/BENEFIT PERIOD	90%	80%	60% of usual and customary
TRANSPLANT SERVICES	90%	80%	60% of usual and customary
PHYSIOTHERAPY	90%	80%	60% of usual and customary
ANESTHESIA	90%	80%	60% of usual and customary
PSYCHOTHERAPY	90%	80%	60% of usual and customary

### OUTPATIENT

SURGICAL EXPENSE & DAY SURGERY MISCELLANEOUS	\$150 copay then 90%	\$150 copay then 80%	\$150 copay then 60% <sup>of usual &amp; customary</sup>
OUTPATIENT PHYSICIAN'S VISIT (OPV)	\$15 copay then 100% <sup>with referral</sup>	80%	60% of usual and customary
INJECTIONS (OPV)	90%	80%	60% of usual and customary
URGENT CARE EXPENSES	\$15 copay then 100% <sup>with referral</sup>	80%	60% of usual and customary
MEDICAL EMERGENCY VISIT	\$300 copay, then 90% <small>(Co-pay only, plan deductible waived unless admitted into the hospital.)</small>	\$300 copay, then 80% <small>(Co-pay only, plan deductible waived unless admitted into the hospital.)</small>	\$300 copay, then 60% <sup>of usual &amp; customary</sup> <small>(Co-pay only, plan deductible waived unless admitted into the hospital.)</small>



# 2019 SUMMARY OF BENEFITS

## BENEFITS AT A GLANCE - CONTINUED

### BENEFITS - CONTINUED

#### OUTPATIENT

	<u>TIER- I UHC/MEDSTAR</u> Quest Diagnostic	<u>TIER- II IN-NETWORK</u> PayerFusion Network	<u>TIER- III OUT-OF-NETWORK</u> Usual & Customary
PHYSIOTHERAPY	90% for visits 1-25, then 60%	80% for visits 1-25, then 60%	60% of usual and customary
CHIROPRACTIC (VISITS 1-25 ARE COMBINED FOR TIER 1 & 2)	90% for visits 1-25, then 60%	80% for visits 1-25, then 60%	60% of usual and customary
LABORATORY & X-RAY EXPENSE	\$10 copay then 90%	\$10 copay then 80%	\$10 copay then 60% of usual & customary
TEST & PROCEDURES	90%	80%	60% of usual and customary
INJECTIONS	90%	80%	60% of usual and customary
PREVENTATIVE & WELLNESS BENEFITS (HCR)	100%	100%	60% of usual and customary
OBGYN (ANNUAL EXAM)	100%	100%	60% of usual and customary
PSYCHOTHERAPY	90%	80%	60% of usual and customary

#### ADDITIONAL BENEFITS

DURABLE MEDICAL EQUIPMENT (Precondition required over \$500)	80%	80%	80% of usual and customary
INFERTILITY (COUNSELING, TESTING & TREATMENT)	80%	80% UP TO \$750, 60% THEREAFTER	80% of usual and customary
TRANSSEXUALISM/ GENDER IDENTITY	80%	80% UP TO \$750, 60% THEREAFTER	80% of usual and customary
INTRAMURAL SPORTS	80%	PAID AS ACCIDENT	80% of usual and customary
TREATMENT FOR TMJ	80%	80%	80% of usual and customary
AMBULANCE	90%	90%	90% of usual and customary
DENTAL TREATMENT, INJURY TO SOUND TEETH ONLY	80%	PAID AS ACCIDENT	80% of usual and customary
TERM LIFE INSURANCE	80%	\$10,000	80% of usual and customary
ACCIDENTAL DEATH & DISMEMBERMENT	80%	\$10,000	80% of usual and customary

#### PHARMACY BENEFITS

	<u>EHIM NETWORK</u>	<u>TIER- II IN-NETWORK</u>
PRESCRIPTION MAXIMUM	31 Days or 101 Tablets	UNLIMITED
PHARMACY SUPPLY LIMIT DEDUCTIBLE	31 Days or 101 Tablets	Plan deductible does not apply to prescription medications, only copay and coinsurance
TIER 1	\$15 + 20%	\$15 + 40%
TIER 2	\$30 + 20%	\$30 + 40%
TIER 3	\$50 + 20%	\$50 + 40%
CONTRACEPTIVES	100%	100%
90 DAYS MAINTENANCE SUPPLY	2.5x Copayments + 20%	2.5x Copayments + 40%



# TOOLS TO GET THE MOST OUT OF YOUR HEALTH PLAN

## PLAN INFORMATION

- [The Student Health Benefits Plan Guide Spring/Summer 2019](#)
- [The Summary of Benefits](#)
- [The Master Policy](#)

available at :

[morgan.edu/studenthealthbenefits](http://morgan.edu/studenthealthbenefits)

For details like copays, what's covered, general benefits and exclusions, check your Summary of Benefits document online at:

[morgan.edu/studenthealthbenefits](http://morgan.edu/studenthealthbenefits)

You can also see the Master Policy for a complete description of the benefits and full terms and conditions. If there's any discrepancy between this Plan Guide, the Summary of Benefits document and the Master Policy, the Master Policy will govern and control the payment of benefits.

## ENROLLMENT PORTAL

To enroll, sign up at:

[morgan.enrollanywhere.com](http://morgan.enrollanywhere.com)

& click the enrollment form to register!

## ELIGIBILITY

The Comprehensive Plan - is a plan for matriculating Domestic and International Students. It is the intent of this plan to offer coverage that meets or exceeds the Minimum Essential Coverage requirements currently set forth by the Federal Department of Health and Human Services. It is also the intent of this plan to offer coverage that meets or exceeds the Visa requirements, as set forth by the U.S. Department of State.

Part-time, graduate students and students participating in the NEXUS program with the Community College of Baltimore County (CCBC) are eligible to voluntarily enroll in this student health plan. Graduate students completing their thesis and enrolled in a minimum of six (6) credits are also eligible to enroll on a voluntary basis.

Also eligible are dependents and spouses of covered students of the University (the spouse, domestic partner or unmarried children of the student).

[WWW.MORGAN.EDU/STUDENTHEALTHBENEFITS](http://WWW.MORGAN.EDU/STUDENTHEALTHBENEFITS)

## WAIVING COVERAGE

All **full-time** undergraduate students attending Morgan State University taking (12) credit hours or more are required to carry a benefit plan that satisfies or exceeds the minimum essential benefit requirements under Health Care Reform. Students with proof of other creditable health insurance coverage may complete an online waiver application at [www.morgan.enrollanywhere.com](http://www.morgan.enrollanywhere.com). If you have other insurance, it is important to contact the Plan's Agent to understand how these optional benefit plans could impact your high deductible health plan or out-of-state HMO.

## DEPENDENT COVERAGE

Eligible students who enroll may also insure their eligible dependents. Eligible dependents are the spouse, including domestic partners, and children to the age of 26. Dependent eligibility expires concurrently with that of the insured student. For Newborn Infant Coverage and Adopted Child Coverage the insured person must (1) enroll the child within 31 days of birth or adoption and (2) pay the appropriate premium.



# MSU HEALTH CENTER

## UNIVERSITY HEALTH CENTER

Hours of Operation - Monday-Friday - 8:30 a.m. to 5:00 p.m.  
443.885.3236

### Step One - Your First Stop for Health Care.

If you are covered by the MSU Student Health Benefit Plan, the **University Health Center (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 gynecological exams and physicals.

For specialty care, diagnostic testing, or therapeutic services, the UHC will make referrals through PayerFusion's customer service. This Plan requires a separate referral from the UHC for additional services (i.e., an MRI or physical therapy).

Once you are issued a referral from the UHC, please contact PayerFusion Customer Service at **1.866.752.8881** and **press option 2**.

### Step Two - You're not alone, call Customer Service, powered by PayerFusion.

We do the work for you. Reach out to our experienced customer support team. We are standing by to find the right provider who has been vetted to give you the care and service you deserve, while keeping your expenses low. Your representative will lead you through your choices.

### Step Three - We set it, fill it, & complete it.

Customer Service will set the appointment and along with you, complete any required paperwork. For non-emergency appointments and sessions, most cases are completed, and a date is assigned within less than 72 hours. During this time, they are set to help you with the full scope of services offered by PayerFusion's Customer Service.

**To Find a Provider call**  
**+1.866.752.8881** or email  
**universityprograms@payerfusion.com**

The Harriet A. Woolford Health Center is the primary care facility where Morgan State University students can be evaluated and treated for acute and chronic medical conditions, as well as given guidance on practices that promote good health and disease prevention. The center is located behind Cummings House (adjacent to Baldwin Hall). Parking is available in front of the building on Parking Lot L, which is gated. To gain access to parking Lot L, call **443.885.3236** to notify one of the Health Center's staff members. Parking is also available in the garage located directly behind the University Student Center.

Appointments may be made by calling **443.885.3236**. Appointments are scheduled until 3:15 p.m. Walk-ins are seen on a "first come, first serve basis." Students are evaluated by the nurse and, based upon the severity of illness, may be immediately seen by a provider, given an appointment for a later time, or referred to a specialist or hospital. Students with scheduled appointments have priority over walk-ins, unless there is a life-threatening emergency.

When the University Health Center is closed, call 911 or MSU Police **if there is a life threatening illness or injury, or go to the nearest the emergency room**. If the illness or injury is not life threatening, call the Health Center at **443.885.3236** and follow the directions provided on the recorded message. If you are unsure whether you should visit the UHC or an emergency room, contact PayerFusion Customer Service to guide you to the appropriate provider. 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 Benefit Plan in order to maximize your benefit. PayerFusion must be notified of this referral as soon as possible.

### Notification of Emergency Admissions

The patient, patient's representative, physician, or hospital must contact PayerFusion at **1.866.752.8881** and **press option 2** within **one (1) business day** following admission.

**MedStar PromptCare:** The MSU Student Health Benefit 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. **Hours of Operation: M- F 8 am - 8 pm; Weekends and Holidays 8 am - 4PM. Call 855.477.0202 for immediate 24/7/365 phone access to a nurse or physician.** Ideal for students when your **University Health Center** is not available or when traveling!

Common Conditions We Treat Acne, Allergies, Asthma, Bronchitis, Bladder Infection, Cellulitis, Cold & Flu, Constipation, Diarrhea, Ear Infection, Fever, Gout, Headache, Infections, Insect Bites, Joint Aches & Pains, Pink Eye, Rashes, Sinus Infection, Skin Inflammation, Sore Throat Sports Injuries, Sunburn, Urinary Tract Infection, Weight Loss.



# 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 the University Health Center.
6. Treatment for Maternity.

## PRE-CERTIFICATION REQUIREMENTS

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

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 Customer Service: **1.866.752.8881 and press option 2**
2. Pre-certification does not guarantee the payment of benefits.
3. 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.
4. 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 (3) business days** prior to the planned admission.





## ABOUT PAYERFUSION

As, a fully licensed Third Party Administrator, PayerFusion Holdings, LLC has been providing services for domestic students for more than 5 years. That being said, we understand that well-being directly impacts learning and personal growth. We understand the importance of maintaining a stress free academic routine.

With decades of combined expertise in healthcare administration, the PayerFusion staff and executive team know exactly what is needed to provide steadfast and reliable systems and protocols. With these years of experience, knowledge of the medical industry and a team standing by, your healthcare needs are in reliable hands.



[payerfusion.com](http://payerfusion.com)

# COORDINATION OF BENEFITS

A Coordination of Benefits (COB) provision applies to the Plan when you have medical coverage under more than one Plan. Your other Plan will ALWAYS be the primary plan and must pay first.

PayerFusion will only pay after the primary plan; and may reduce the benefits it pays; so that payments from all group plans do not exceed 100% of the total allowable expense. For more information about the Coordination of Benefits procedure, including the Order of Benefits Determination Rules, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits procedure is contained in the Master Policy and may be viewed on-line at [morgan.edu/studentbenefits](http://morgan.edu/studentbenefits)

## SUBMISSION OF CLAIMS

In-network providers automatically submit your claim (bill) to PayerFusion. If you must use an out-of-network provider, make sure to ask how your claim will be handled. If the provider will not submit the claim directly to PayerFusion, you may have to pay the provider immediately. In this case, you must send us the itemized bill and all other required documentation. Make sure to write your name and ID number on all the medical bills, and keep a copy for your own records.

## Payment

The expenses covered under your plan will be paid directly to the medical provider unless you send proof of payment that you paid the provider directly. If you request to be reimbursed, send the proof (receipt, etc.) to PayerFusion.

## Ways We Pay Back (Reimbursement)

- Electronic direct deposit.
- Check can be sent to member and provider where electronic payment is not possible.

Once a claim has been processed, an Explanation of Benefits will be mailed to you indicating payments to your medical provider. If you have an outstanding balance, your medical provider will send you a separate statement indicating any payment due.

## TERMINATION OF BENEFITS

Benefits are payable under the Plan only for those Covered Medical Expenses incurred while the Plan is in effect as to the insured person. No benefits are payable for expenses incurred after the date the coverage terminates.



## CUSTOMER SERVICE, POWERED BY PAYERFUSION

Our superior support solutions are designed around you.

Our highly rated customer service provides you with personable staff and essential support services when you need them most. Our customer service provides a healthcare experience that eliminates the hassle. Whether you need assistance with a prescription or simply need to find a nearby provider, we are there to help.

The customer service team stands by to:

- guide you through your plan; what is covered and what may be excluded.
- help you find appropriate and affordable, in-network provider, for quality treatment.
- set appointments with your provider.
- explain and guide you through the claims process
- help you understand your bills.
- fulfill requests for policy documents.

## In case of an emergency...

In case of a serious medical emergency, contact emergency services at 911. After the proper authorities have been contacted, reach PayerFusion so we can lead you in the right direction and help you through any hardship you may have. Your satisfaction and safety is our priority. If you are unsure whether you should visit the UHC or an emergency room, contact us to guide you to the appropriate provider.

# CLAIMS PROCEDURES

Customer Service Representatives are available 9:00 a.m. to 6:00 p.m. Monday through Friday (EST). For any questions, please call **1.866.752.8881**.

1. Bills must be submitted from the provider of service within 90 days from the date of treatment.
2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned.
3. Any itemized medical bills should include the student ID number, date of service, name of provider, CPT code, diagnosis code, and should be mailed promptly to the below address. In the event of a disagreement over the payment of a claim, a written request to review the claim must be mailed to PayerFusion within 60 days from the date appearing on the Explanation of Benefits.

## CLAIMS APPEALS PROCEDURES

Benefits are payable under the Plan only for those Covered Medical Expenses incurred while the Plan is in effect for the insured person. No benefits are payable for expenses incurred after the date the coverage terminates.

If a claim is wholly or partially denied, a written notice will be sent to the Covered Person containing the reason for the denial. The notice will include a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal.

A written appeal along with any additional information or comments may be sent within 6 months after notice of denial. In preparing the appeal, the Covered Person, or his/her representative, may review all documents related to the claim and submit written comments and issues related to the denial. The appeal must be in writing and include:

1. The claims information in question;
2. The statement of why the claimant feels the denial or reduced payment was not correct;
3. The name of the health care provider or hospital;
4. The date of service;
5. The place of service;
6. The description of the service; and
7. The charge incurred.

## PLEASE SUBMIT ALL REQUESTS TO:

PayerFusion Holdings, LLC  
Attn: Appeals Department  
5200 Blue Lagoon Drive, Suite 100, Miami, FL 33126



# TOOLS TO GET THE MOST OUT OF YOUR HEALTH PLAN

## IMPORTANT PROVISIONS OF THE STUDENT HEALTH PLAN

The Plan will always pay benefits in accordance with any applicable Insurance Law(s).

Before paying or providing benefits under this Plan, PayerFusion will review the claims to see if any other party might be potentially responsible for making any payment.

If an insured person receives any payment from any other party, PayerFusion has the right to be reimbursed for all amounts they have paid up to, and including, the full amount the insured person receives.

Others that may be responsible may include but not limited to:

- Primary Coverage through yourself or a parent
- Automobile Insurance
- General Liability Insurance
- Personal umbrella coverage
- Med-pay coverage
- Workers compensation coverage

[MORGAN.EDU/STUDENTHEALTHBENEFITS](https://morgan.edu/studenthealthbenefits)

## INFORMATION IN YOUR PLAN DOCUMENT

- Eligibility to join the plan
- When your coverage period ends
- Description of benefits
- Exclusions
- Other important plan information

GO TO [MORGAN.ENROLLANYWHERE.COM](https://morgan.enrollanywhere.com)  
TO FIND YOUR PLAN DOCUMENT AND MASTER POLICY.

MORGAN.EDU/STUDENTHEALTHBENEFITS



payer  fusion®

5200 Blue Lagoon Drive, Suite 100, Miami, FL 33126  
1.866.752.8881



[payerfusion.com](http://payerfusion.com)  
[universityprograms@payerfusion.com](mailto:universityprograms@payerfusion.com)