



2018-2019

PLAN SNAPSHOT

Martin Methodist College International Student Insurance Plan

Welcome to the 2018-2019 International Student Insurance Plan! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. For more information, please consult the Plan Brochure. For questions about or help with enrollment, contact Relation Insurance Services at **(800) 955-1991**.

You can find all plan materials at www.4studenthealth.com/martinmeth. If you have any questions about benefits, please call Relation Insurance Services at **(877) 246-6997**.

If You Need to See a Doctor

Students are encouraged to visit the campus health center first for treatment. There is no copay.

If the campus health center is closed or you are away from campus, visit a Preferred Provider Organization (PPO) network provider to obtain medical care. This plan utilizes the First Health Network as the primary Preferred Provider Organization (PPO). To locate PPO providers, visit www.myfirsthealth.com or call **(800) 226-5116**.

The secondary PPO is MultiPlan Network. To locate a PPO provider, visit www.multiplan.com or call **(800) 678-7427**.

Prescription Drugs

The Pharmacy Benefit Manager for this plan is Express Scripts. To fill a prescription, visit any Express Scripts network pharmacy and pay the copay. If you visit an out-of-network provider, you will need to pay for the prescription in full at the time of pickup, then submit a claim for reimbursement.

To locate an Express Scripts pharmacy, visit www.express-scripts.com or call **(800) 447-9638**.

Insurance ID Card

Go to www.4studenthealth.com/martinmeth to download your insurance ID card. No other ID card will be mailed to you. If you go to a Doctor's office, urgent care center, Hospital, or pharmacy, you will be asked for your ID card.

Carry your insurance identification card with you at all times.

Rates and Important Dates

Rates are effective 08/01/2018 to 07/31/2019. Rates include medical insurance premium and administrative fees.

	Student	Spouse	Each Child
Annual 08/01/2018 to 07/31/2019	\$ 1,086.00	\$ 3,786.00	\$ 3,528.00
Fall 08/01/2018 to 12/31/2018	\$ 452.50	\$ 1,577.50	\$ 1,470.00
Spring 01/01/2019 to 05/31/2019	\$ 452.50	\$ 1,577.50	\$ 1,470.00
Summer 06/01/2019 to 07/31/2019	\$ 181.00	\$ 631.00	\$ 588.00

For more information, please visit www.4studenthealth.com/martinmeth

Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	In-Network Provider	Out-of-Network Provider
Deductible	\$300 per person, per policy year	
Covered Percentage	80% of Preferred Allowance for first \$25,000; then 100%	60% of URC*
Office Visit Copay	\$25 per visit (waived at campus health center)	\$40 per visit
Emergency Room Copay	\$150 per visit (waived if admitted to hospital)	\$250 per visit (waived if admitted to hospital)
Prescription Drug Copays	\$25 generic/ \$50 preferred brand/ \$50 non-formulary/ \$50 specialty	\$25 generic/ \$50 preferred brand/ \$50 non-formulary/ \$50 specialty
Out-of-Pocket Maximum	\$5,000 per person/ \$10,000 per family, per policy year	No maximum

* URC means Usual, Reasonable, and Customary charges. See Plan Brochure for further information.