Important: Please see the Notice on the first page of this plan material concerning student health insurance coverage.
Notice Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012 and $500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of $100,000 for each Injury or Sickness that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.
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Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

Eligibility & Coverage

All international students are automatically enrolled at registration, unless proof of comparable coverage is furnished to the Administrator at the MSU Student Health Center.

All other fee-paying students of Mississippi State University enrolled at the Starkville or Meridian campuses, work-phase Co-op students, Doctoral students writing their dissertation, Optional Practical Training Program students, and fifth year Architecture students are eligible to enroll in the insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate Eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's spouse, husband or wife and dependent children under 26 years of age. Dependent Eligibility expires concurrently with that of the Insured student.

Effective and Termination Dates

The Master Policy becomes effective at 12:01 a.m., August 1, 2012. The individual students coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m., July 31, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.
Extension of Benefits After Termination

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the termination date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

Pre-Admission Notification

UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:**
   The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.

2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:**
   The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Student Health Center (SHC) Referral Required

The student must use the resources of the Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A SHC referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student must return to SHC for necessary follow-up care.
2. When the Student Health Center is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 50 miles from campus.
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status.
6. Maternity, obstetrical and gynecological care.

Dependents are not eligible to use the SHC and therefore are exempt from the above limitations and requirements.
The Preferred Providers for this plan are John C. Longest Health Center, Oktibbeha County Hospital and UnitedHealthcare Options PPO.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of $100,000 for each Injury or Sickness.

Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 80% of Usual and Customary Charges after a $10 Copay for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center with the exception of Prescription Drugs, which will be paid at 100% of Usual and Customary Charges after a $10 Copay.

Meridian Campus Only: Students attending the Meridian Campus are not required to obtain a referral for Outpatient Physiotherapy Benefits.

Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated. Covered Medical Expenses include:

### Schedule of Medical Expense Benefits

#### Injury and Sickness

**Maximum Benefit:** $100,000 Paid As Specified Below  
(For Each Injury or Sickness)

**Deductible:** $300 (Per Insured Person) (Per Policy Year)

**Coinsurance**  
- Preferred Provider: 80% except as noted below  
- Out-of-Network: 60% except as noted below
<table>
<thead>
<tr>
<th><strong>INPATIENT</strong></th>
<th><strong>Preferred Providers</strong></th>
<th><strong>Out-of-Network Providers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Expense, daily semi-private room rate when confined as an Inpatient; and general nursing care provided by the Hospital.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Routine Newborn Care, while Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>50% of PA</td>
<td>50% of U&amp;C</td>
</tr>
<tr>
<td>Surgeon's Fees, If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td>Anesthetist, professional services administered in connection with Inpatient surgery.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Registered Nurse's Services, private duty nursing care.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Physician's Visits, non-surgical services when confined as an Inpatient. Benefits are limited to one visit per day and do not apply when related to surgery.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>Pre-Admission Testing, payable within 3 working days prior to admission.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td>Preferred Providers</td>
<td>Out-of-Network Providers</td>
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</tr>
<tr>
<td><strong>Surgeon’s Fees</strong>, if two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Day Surgery Miscellaneous</strong>, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Assistant Surgeon</strong></td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Anesthetist</strong>, professional services administered in connection with outpatient surgery.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Physician's Visits</strong>, benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.</td>
<td>80% of PA; $10 Copay per visit</td>
<td>60% of U&amp;C; $10 Deductible per visit</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong>, benefits are limited to one visit per day. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules. Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.</td>
<td>80% of PA; $10 Copay per visit</td>
<td>60% of U&amp;C; $10 Deductible per visit</td>
</tr>
<tr>
<td><strong>Medical Emergency Expenses</strong>, facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. (The per visit Copay/Deductible will be waived if admitted to the Hospital.)</td>
<td>80% of PA; $100 Copay per visit</td>
<td>80% of U&amp;C; $100 Deductible per visit</td>
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<tr>
<td><strong>Diagnostic X-ray Services</strong></td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Radiation Therapy</strong></td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Laboratory Services</strong></td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td>Preferred Providers</td>
<td>Out-of-Network Providers</td>
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<tr>
<td><strong>Tests &amp; Procedures</strong>, diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Injections</strong>, when administered in the Physician's office and charged on the Physician's statement. Allergy Injections are not payable.</td>
<td>80% of PA</td>
<td>60% of U&amp;C</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>, ($10 Copay per prescription at the Student Health Center.)</td>
<td>UnitedHealthcare Network Pharmacy (UHPS) $25 Copay per prescription up to a 31-day supply per prescription.</td>
<td>No Benefits</td>
</tr>
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<th>Out-of-Network Providers</th>
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<tr>
<td><strong>Ambulance Services</strong></td>
<td>80% of PA</td>
<td>80% of U&amp;C</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong>, a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body. ($1,000 maximum Per Policy Year) (Durable Medical Equipment benefits payable under the $1,000 maximum are not included in the $100,000 Maximum Benefit)</td>
<td>80% of PA</td>
<td>80% of U&amp;C</td>
</tr>
<tr>
<td><strong>Consultant Physician Fees</strong>, when requested and approved by attending Physician.</td>
<td>80% of PA $10 Copay per visit</td>
<td>60% of U&amp;C $10 Deductible per visit</td>
</tr>
<tr>
<td><strong>Dental Treatment</strong>, made necessary by Injury to Sound, Natural Teeth only. ($100 maximum per tooth) (Benefits are not subject to the $100,000 Maximum Benefit.)</td>
<td>80% of U&amp;C</td>
<td>80% of U&amp;C</td>
</tr>
<tr>
<td>OTHER</td>
<td>Preferred Providers</td>
<td>Out-of-Network Providers</td>
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</tr>
<tr>
<td><strong>Mental Illness Treatment</strong>, services received on an Inpatient and outpatient basis. Benefits are limited to one visit per day. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Use Disorder Treatment</strong>, services received on an Inpatient and outpatient basis. Benefits are limited to one visit per day. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity</strong>, benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the mother earlier.</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td><strong>Complications of Pregnancy</strong></td>
<td>Paid as any other Sickness</td>
<td></td>
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<tr>
<td><strong>Elective Abortion</strong></td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong>, medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; 2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.</td>
<td>100% of PA</td>
<td>No Benefits</td>
</tr>
<tr>
<td>OTHER</td>
<td>Preferred Providers</td>
<td>Out-of-Network Providers</td>
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</tr>
<tr>
<td><strong>Reconstructive Breast Surgery Following Mastectomy,</strong> in connection with a covered Mastectomy. See Benefits for Reconstructive Breast Surgery Following Mastectomy.</td>
<td></td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td><strong>Diabetes Services,</strong> in connection with the treatment of diabetes for Medically Necessary: 1) outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals; and 2) Prescription Drugs, equipment, and supplies including insulin pumps and supplies, blood glucose monitors, insulin syringes with needles, blood glucose and urine test strips, ketone test strips and tablets and lancets and lancet devices.</td>
<td></td>
<td>Paid as any other Sickness</td>
</tr>
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UnitedHealthcare Network Pharmacy Benefits

Benefits are available for outpatient Prescription Drugs on our Prescription Drug List (PDL) when dispensed by a UnitedHealthcare Network Pharmacy. Benefits are subject to supply limits and Copayments that vary depending on which tier of the PDL the outpatient drug is listed. There are certain Prescription Drugs that require your Physician to notify us to verify their use is covered within your benefit.

You are responsible for paying the applicable Copayments. Your copayment is determined by the tier to which the Prescription Drug Product is assigned on the PDL. Tier status may change periodically and without prior notice to you. Please access www.uhcsr.com or call 1-877-417-7345 for the most up-to-date tier status.

$25 Copay per prescription order or refill for a Prescription Drug up to 31 day supply

Please present your ID card to the network pharmacy when the prescription is filled. If you do not use a network pharmacy, you will be responsible for payment of the full cost for the prescription.

If you do not present the card, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please visit www.uhcsr.com and log in to your online account or call 1-877-417-7345.

Definitions

**Prescription Drug or Prescription Drug Product** means a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of the benefits under the policy, this definition includes insulin.

**Prescription Drug List** means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to the Company's periodic review and modification (generally quarterly, but no more than six times per calendar year). The Insured may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.uhcsr.com or call Customer Service at 1-877-417-7345.

Additional Exclusions

In addition to the policy Exclusions and Limitations, the following Exclusions apply:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.
2. Experimental or Investigational Services or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by the Company to be experimental, investigational or unproven.
3. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. Compound drugs that contain at least one ingredient that requires a Prescription Order or Refill.
4. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless the Company has designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician.
Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that the Company has determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and the Company may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.

5. Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury.

**Preferred Provider Information**

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are

**UnitedHealthcare Options PPO, John C. Longest Health Center, and Oktibbeha County Hospital.**

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-767-0700 and/or by asking the provider when making an appointment for services.

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Network Area” means the 50 mile radius around the local school campus the Named Insured is attending.

“Out of Network” providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

**Inpatient Hospital Expenses**

**PREFERRED PROVIDERS** - Eligible Inpatient expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. Preferred Hospitals include UnitedHealthcare Options PPO United Behavioral Health (UBH) facilities. Call (800) 767-0700 for information about Preferred Hospitals.

**OUT-OF-NETWORK PROVIDERS** - If Inpatient care is not provided at a Preferred Provider, eligible Inpatient expenses will be paid according to the benefit limits in the Schedule of Benefits.

**Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

**Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by UnitedHealthcare Options PPO, John C. Longest Health Center, and Oktibbeha County Hospital will be paid at the coinsurance percentage specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.
Maternity Testing

This policy does not cover all routine, preventive, or screening examinations or testing. The following maternity tests and screening exams will be considered for payment according to the policy benefits if all other policy provisions have been met.

Initial screening at first visit:
- Pregnancy test: urine human chorionic gonatropin (HCG)
- Asymptomatic bacteriuria: urine culture
- Blood type and Rh antibody
- Rubella
- Pregnancy-associated plasma protein-A (PAPPA) (first trimester only)
- Free beta human chorionic gonadotrophin (hCG) (first trimester only)
- Hepatitis B: HBsAg
- Pap smear
- Gonorrhea: Gc culture
- Chlamydia: chlamydia culture
- Syphilis: RPR
- HIV: HIV-ab
- Coombs test

Each visit: Urine analysis

Once every trimester: Hematocrit and Hemoglobin

Once during first trimester: Ultrasound

Once during second trimester:
- Ultrasound (anatomy scan)
- Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a

Once during second trimester if age 35 or over: Amniocentesis or Chorionic villus sampling (CVS)

Once during second or third trimester: 50g Glucola (blood glucose 1 hour postprandial)

Once during third trimester: Group B Strep Culture

Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-767-0700.

Mandated Benefits

Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder

Benefits shall be provided, on the same basis as benefits for treatment to any other joint in the body, for diagnostic and surgical treatment of temporomandibular joint disorder and craniomandibular disorder. Treatment may be administered or prescribed by a Physician or dentist. This coverage will not exceed a $5,000 maximum benefit.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the policy.
Benefits for Reconstructive Breast Surgery Following Mastectomy

Benefits will be paid the same as any other Sickness for all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of mastectomy, including lymphedema in a manner determined in consultation with the attending Physician and the Insured.

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the policy.

Definitions

**Covered Medical Expenses** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**Injury** means bodily injury which is all of the following:

1) directly and independently caused by specific accidental contact with another body or object.
2) unrelated to any pathological, functional, or structural disorder.
3) a source of loss.
4) treated by a Physician within 30 days after the date of accident.
5) sustained while the Insured Person is covered under this policy.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Inpatient** means an uninterrupted confinement that follows formal admission to a Hospital by reason of an Injury or Sickness for which benefits are payable under this policy.

**Sickness** means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Pre-Existing Condition** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured’s Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured’s Effective Date under the policy.

**Usual and Customary Charges** means the lesser of the actual charge or a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.
Exclusions And Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne;
2. Acupuncture;
3. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
4. Assistant Surgeon Fees;
5. Autistic disease of childhood, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Biofeedback;
7. Circumcision;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
10. Dental treatment, except for accidental Injury to Sound, Natural Teeth only;
11. Elective Surgery or Elective Treatment;
12. Elective abortion;
13. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;
14. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
15. Hearing examinations; hearing aids; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
16. Hirsutism; alopecia;
17. Immunizations; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
18. Injury caused by, contributed to, or resulting from the use of intoxicants or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
19. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
20. Injury sustained while (a) participating in any intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
21. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;
22. Organ transplants, including organ donation;
23. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
24. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy; The Pre-existing Condition exclusion will also apply credit for continuous coverage under a prior health insurance policy if the prior coverage was continuous to a date within 63 days prior to the Insured's Effective Date of coverage under this policy; except as specifically provided in the policy; This exclusion will not be applied to an Insured Person under age 19;
25. Prescription Drugs, services or supplies as follows:
   a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided in the policy;
   b. Immunization agents, except as specifically provided in the policy; biological sera, blood or blood products administered on an outpatient basis;
   c. Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   d. Products used for cosmetic purposes;
   e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
   f. Anorectics - drugs used for the purpose of weight control;
   g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   h. Growth hormones; or
   i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
26. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
27. Routine Newborn Infant Care, well-baby nursery and related Physician, except as specifically provided in the policy;
28. Preventive Care Services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
29. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
30. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
31. Sleep disorders;
32. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury or chronic purulent sinusitis;
33. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
34. Supplies, except as specifically provided in the policy;
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy;
36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
37. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
38. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

**Collegiate Assistance Program**

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing the number indicated on the permanent ID card. The Collegiate Assistance Program is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

**Notice Of Appeal Rights**

You have a right to appeal any decision we make that denies payment on your claim or your request for coverage of a health care service or treatment.

You may request more explanation when your claim or request for coverage of a health care service or treatment is denied or the health care service or treatment you received was not fully covered. Contact us when you:

- Do not understand the reason for the denial;
- Do not understand why the health care service or treatment was not fully covered;
- Do not understand why a request for coverage of a health care service or treatment was denied;
- Cannot find the applicable provision in your Benefit Plan Document;
- Want a copy (free of charge) of the guideline, criteria or clinical rationale that we used to make our decision; or
- Disagree with the denial or the amount not covered and you want to appeal.

If your claim was denied due to missing or incomplete information, you or your health care provider may resubmit the claim to us with the necessary information to complete the claim.

**Appeals:** All appeals for claim denials (or any decision that does not cover expenses you believe should have been covered) must be sent to Claims Appeals, UnitedHealthcare Student Resources, P.O. Box 809025, Dallas, TX 75380-9025 within 180 days of the date you receive our denial. We will provide a full and fair review of your claim by individuals associated with us, but who were not involved in making the initial denial of your claim. You may provide us with additional information that relates to your claim and you may request copies of information that we have that pertains to your claims. We will notify you of our decision in writing within 60 days of receiving your appeal. If you do not receive our decision within 60 days of receiving your appeal, you may be entitled to file a request for external review.
External Review: We have denied your request for the provision of or payment for a health care service or course of treatment. You may have a right to have our decision reviewed by independent health care professionals who have no association with us if our decision involved making a judgment as to the Medical Necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested by submitting a request for external review within 4 months after receipt of this notice to the Office of the Insurance Commissioner, Mississippi Insurance Department, Attn: Life and Health Actuarial Division, P.O. Box 79, Jackson, MS 39205, Phone: (601) 359-3569. For standard external review, a decision will be made within 45 days of receiving your request. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an Expedited External Review of our denial. If our denial to provide or pay for health care service or course of treatment is based on a determination that the service or treatment is experimental or investigation, you also may be entitled to file a request for Eternal Review of our denial. For details, please review your Benefit Plan Document, contact us or contact your state insurance department.

Questions Regarding Appeal Rights

Contact Customer Service at (800) 767-0700 with questions regarding the Insured Person’s rights to an Internal Appeal and External Review.

Other resources are available to help the Insured Person navigate the appeals process. For questions about appeal rights, your state consumer assistance program may be able to assist you at:

Health Help Mississippi
800North President Street
Jackson, MS 39202
(877) 314-3843
www.healthhelpms.org
healthhelpms@mhap.org
Scholastic Emergency Services:
Global Emergency Assistance Services

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Scholastic Emergency Services (SES). The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive SES worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): You are eligible for SES when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

SES includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All SES services must be arranged and provided by SES, Inc.; any services not arranged by SES, Inc. will not be considered for payment.

Key Services include:

- Medical Consultation, Evaluation and Referrals
- Prescription Assistance
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Emergency Medical Evacuation
- Return of Mortal Remains
- Medically Supervised Repatriation
- Transportation to Join Patient
- Emergency Counseling Services
- Interpreter and Legal Referrals
- Lost Luggage or Document Assistance
- Care for Minor Children Left Unattended Due to a Medical Incident
- Medical Consultation, Evaluation and Referrals
- Prescription Assistance

Please visit your school's insurance coverage page at www.uhcsr.com for the SES Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:

(877) 488-9833 Toll-free within the United States
(609) 452-8570 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com.

When calling the SES Operations Center, please be prepared to provide:

1. Caller’s name, telephone and (if possible) fax number, and relationship to the patient;
2. Patient’s name, age, sex, and Reference Number;
3. Description of the patient's condition;
4. Name, location, and telephone number of hospital, if applicable;
5. Name and telephone number of the attending physician; and
6. Information of where the physician can be immediately reached

SES is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES, Inc. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES brochure or Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.
Online Access to Account Information

UnitedHealthcare StudentResources Insureds have online access to claims status, EOBs, correspondence and coverage information via My Account at www.uhcsr.com. Insureds can also print a temporary ID card, request replacement ID card and locate network provider from My Account. You may also access the most popular My Account features from your smartphone at our mobile site: myuhcsr.com.

If you don’t already have an online account, simply select the “Create an Account” link from the home page at www.uhcsr.com. Follow the simple, onscreen directions to establish an online account in minutes. Note that you will need your 7-digit insurance ID number to create an online account. If you already have an online account, just log in from www.uhcsr.com to access your account information.

Select create your Online Account Now, under the direct Links Heading
You will need your MSU e-mail address to complete the set-up.

From there you may print your I.D. card. In addition you can:

• Check Claim Status  • Update Personal Information  • Review Plan Coverage
• Contact us with a question or comment  • Look up a Network Provider

Claim Procedure

In the event of Injury or Sickness, students should:

1) Report to the Student Health Service for treatment or referral, or when not in school, to their Physician or Hospital.

2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.

3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is Underwritten by:
UnitedHealthcare Insurance Company
Submit all Claims or Inquiries to:
UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX  75380-9025
1-800-767-0700
claims@uhcsr.com
customerservice@uhcsr.com

Serviced Locally by:
Holland Insurance, Inc.
PO Box 328
Southaven, MS  38671-0328
1-662-895-5528
1-888-393-9500
gholland@hollandinsuranceinc.com

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

This Brochure is based on Policy Number:  2012-545-1