Missouri Consortium is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All registered domestic students taking credit hours are eligible to participate in the plan on a voluntary basis. Eligible Dependents (including Domestic Partners) of enrolled students may participate in the plan on a voluntary basis.

**Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:**

- Up to $100,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- $50 Deductible Per Insured Person Per Policy Year. The Deductible will be waived if treatment is received at Student Health Center (SHC).
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 90% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: $7.50 Copay for Tier 1 / $15 Copay for Tier 2 up to a 31-day supply per prescription for prescriptions filled at a UnitedHealthcare Network Pharmacy (UHPS). $7.50 Deductible for generic drugs / $15 Deductible for brand name up to a 31-day supply at an Out-of-Network pharmacy.
- Coverage available for eligible dependents.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, [http://www.uhcsr.com/lookupredirect.aspx?delsys=01](http://www.uhcsr.com/lookupredirect.aspx?delsys=01)
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company may not meet the minimum standards required by the healthcare 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 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.
<table>
<thead>
<tr>
<th>Rates</th>
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Pre-Existing Condition means any condition which is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured’s Effective Date under the policy.

**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:

1. Acne; acupuncture; allergy, including allergy testing;
2. Addiction, such as: and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Assistant Surgeon Fees;
4. Biofeedback;
5. Durable Medical Equipment;
6. Foot care including: flat foot conditions, supportive devices for the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
7. General Anesthesia;
8. Physical therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
9. Cosmetic procedures, except as specifically provided for Newborns or adopted infants;
10. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
11. Dental treatment, except as specifically provided in Benefits for Dental General Anesthesia;
12. Elective Surgery or Elective Treatment;
13. Elective abortion, unless elected by the Policyholder and an additional premium charged;
14. 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 disease process;
15. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
16. Health spa or similar facilities; strengthening programs;
17. Unless coverage is elected by the Policyholder, hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided in Benefits for Newborn Hearing Screening. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
18. Hirsutism; alopecia;
19. Hypnosis;
20. 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;
21. Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogens, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person’s Physician;
22. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
23. 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;
24. Investigations services;
25. Lipoctomy;
26. Organ transplants, including organ donation;
27. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician’s release for rehabilitation;
28. Unless coverage is elected by the Policyholder, Mental Illness; marital or family counseling;
29. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
30. 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; This exclusion will not be applied to an Insured Person who is under age 19;
31. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
   a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
   b) Immunization agents, 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, except as specifically provided in Benefits for Clinical Trial for Cancer Treatment;
   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 Parlodol, Pergonal, Clomid, Probarb, Methotrex, 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.
32. 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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
33. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in Benefits for Clinical Trial for Cancer Treatment;
34. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
35. 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;
36. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
37. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
38. 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;
39. Sleep disorders;
40. Unless coverage is elected by the Policyholder, speech therapy; naturopathic services;
41. Supplies, except as specifically provided in the policy;
42. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
43. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skiing scuba diving, surfing, roller skating, riding in a rodeo;
44. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
45. 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
46. Weight management, weight reduction, nutrition programs, treatment for obesity, (except surgery for morbid obesity), surgery for removal of excess skin or fat,