Missouri Consortium is pleased to offer an Injury and Sickness Insurance Plan underwritten by United-Healthcare 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/lookuptdirect.aspx?delesye=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.
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:
1. Malignancies, excluding skin cancers; and
2. Pre-existing conditions, unless specified in the policy.

Rates

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/15/12 - 8/14/13</td>
<td>8/15/12 - 12/31/12</td>
<td>1/1/13 - 5/14/13</td>
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<tr>
<td>Student</td>
<td>$1,573</td>
<td>$611</td>
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<td>$1,975</td>
<td>$1,904</td>
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<td>All Children</td>
<td>$3,632</td>
<td>$1,411</td>
<td>$1,360</td>
<td>$934</td>
</tr>
</tbody>
</table>

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 exclusion 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 apply to an Insured Person who is under age 18.

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 Paradox, Pergonal, Clomid, Perglin, Metrodin, Serophene, or Velber;
   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 of or with the intent of inducing conception, prenatal examinations, impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures.

33. Research or examinations related 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.

33. 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 care or treatment; screening exams or testing in the absence of Injury or Illness; 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; deformed 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; otoneurologic services; well-baby nursery and related Physician charges except as specifically provided in the policy.

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, sitting on or around any motorcycle or recreational vehicle including but not limited to two- or three-wheeled motor vehicle, four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile skeg 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 when in the armed forces of any country a pays premium will be refunded upon request for such period not covered.

46. Weight management, weight reduction, nutrition programs, treatment for obesity (except surgery for morbid obesity); surgery for removal of excess skin or fat.