



**Visit your schools website:**

Jackson State University – [www.uhcsr.com/jsums](http://www.uhcsr.com/jsums)

Delta State University – [www.uhcsr.com/deltastate](http://www.uhcsr.com/deltastate)

Mississippi Valley State – [www.uhcsr.com/mvsu](http://www.uhcsr.com/mvsu)

Mississippi University for Women – [www.uhcsr.com/muw](http://www.uhcsr.com/muw)

## 2022-2023 Student Health Insurance Plan for Mississippi IHL System

Jackson State University  
Delta State University  
Mississippi University for Women  
Mississippi Valley University

### Who is eligible to enroll?

**Mississippi Valley, Mississippi University for Women and Jackson State University:**

All full-time domestic and international students are eligible to enroll in this insurance plan on a voluntary basis.

**Delta State University:**

All domestic and international students taking 9 or more credit hours are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) 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 and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse.
  - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com](http://www.uhcsr.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-203523-1. The Policy is a Non-Renewable One-Year Term Policy.

### Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-980-4698 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

# Highlights of Coverage offered by UnitedHealthcare StudentResources

## Coverage Dates and Plan Cost

| Rates                           | Annual<br>8-1-22 to 7-31-23 | Fall<br>8-1-22 to 12-31-22 | Spring/Summer<br>1-1-23 to 7-31-23 | Summer<br>6-1-23 to 7-31-23 |
|---------------------------------|-----------------------------|----------------------------|------------------------------------|-----------------------------|
| Student                         | \$2,004.00                  | \$841.00                   | \$1,163.00                         | \$335.00                    |
| Spouse                          | \$2,004.00                  | \$841.00                   | \$1,163.00                         | \$335.00                    |
| One Child                       | \$2,004.00                  | \$841.00                   | \$1,163.00                         | \$335.00                    |
| Two or More Children            | \$4,008.00                  | \$1,682.00                 | \$2,326.00                         | \$670.00                    |
| Spouse and Two or More Children | \$6,012.00                  | \$2,523.00                 | \$3,489.00                         | \$1,005.00                  |

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

## Highlights of the Student Health Insurance Plan Benefits

### METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 83.290%

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Preferred Providers                                                                                                                                                                                              | Out-of-Network Providers                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Overall Plan Maximum</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | There is no overall maximum dollar limit on the policy                                                                                                                                                           |                                                                                                                                                    |
| <b>Plan Deductible</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$250 Per Insured Person, per Policy Year<br>\$500 For all Insureds in a Family, Per Policy Year                                                                                                                 | \$500 Per Insured Person, per Policy Year<br>\$1,000 For all Insureds in a Family, Per Policy Year                                                 |
| <b>Out-of-Pocket Maximum</b><br><i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>                                                                                                                                                      | \$7,000 Per Insured Person, Per Policy Year<br>\$14,000 For all Insureds in a Family, Per Policy Year                                                                                                            | \$15,000 Per Insured Person, Per Policy Year                                                                                                       |
| <b>Coinsurance</b><br><i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>                                                                                                                                                                                                                                                                                      | 80% of Allowed Amount for Covered Medical Expenses                                                                                                                                                               | 60% of Allowed Amount for Covered Medical Expenses                                                                                                 |
| <b>Prescription Drugs</b><br><i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>                                                                                                                                                                                                                                                                                                 | \$20 Copay for Tier 1<br>\$50 Copay for Tier 2<br>\$75 Copay for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible | \$20 Copay for generic drugs<br>\$50 Copay for brand name drugs<br>80% of billed charge<br>Up to a 31-day supply per prescription after Deductible |
| <b>Preventive Care Services</b><br><i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i> | 100% of Allowed Amount                                                                                                                                                                                           | Allowed Amount after Deductible                                                                                                                    |

|                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The following services have per service Copays</b><br><i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i> | Physician's Visits: \$20 after Deductible<br><br>Medical Emergency: \$150 after Deductible<br>The Copay will be waived if admitted to the Hospital. | Physician's Visits: \$20 after Deductible<br><br>Medical Emergency: \$150 after Deductible<br>The Copay will be waived if admitted to the Hospital. |
| <b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>                                               | Office Visits: \$20 Copay per visit Allowed Amount after Deductible<br><br>Other Outpatient Services: Allowed Amount after Deductible               | Office Visits: \$20 Copay per visit Allowed Amount after Deductible<br><br>Other Outpatient Services: Allowed Amount after Deductible               |
| <b>Pediatric Dental and Vision Benefits</b>                                                                                                                      | Refer to the plan certificate for details (age limits apply).                                                                                       |                                                                                                                                                     |

## 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:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
4. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
5. Biofeedback.
6. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
7. 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.
8. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment.
10. Elective abortion.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
12. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.
  - Fallen arches.
  - Weak feet.
  - Chronic foot strain.
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
14. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to:
  - Hearing defects or hearing loss as a result of an infection or Injury.
15. Hirsutism. Alopecia.
16. Hypnosis.

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 or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business or pleasure.
20. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
21. Injury sustained while:
  - Participating in any intercollegiate or professional sport, contest or competition.
  - Traveling to or from such sport, contest or competition as a participant.
  - Participating in any practice or conditioning program for such sport, contest or competition.
22. Investigational services.
23. Lipectomy.
24. Marital or family counseling.
25. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
26. Prescription Drugs, services or supplies as follows:
  - 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.
  - Immunization agents, except as specifically provided in the Policy.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
  - Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
27. Reproductive services for the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Fertility tests.
  - Infertility treatment (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.
  - Reversal of sterilization procedures.
28. 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 the Policy.
29. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.

This exclusion does not apply as follows:

  - When due to a covered Injury or disease process.
  - To benefits specifically provided in Pediatric Vision Services.
30. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
31. Preventive care services which are not specifically provided in the Policy, including:
  - Routine physical examinations and routine testing.
  - Preventive testing or treatment.
  - Screening exams or testing in the absence of Injury or Sickness.
32. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
33. Supplies, except as specifically provided in the Policy.
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

36. 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).
37. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

## UnitedHealthcare Global: Global Emergency Services

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

International Students, insured spouse and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

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

The Assistance and Evacuation Benefits and related 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 services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

### Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

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

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

# Highlights of Services offered by UnitedHealthcare StudentResources

## Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.\* By visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with **StudentResources**, there is no consultation fee for this service.\*Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your Student Health Center first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

\*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

## HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.\* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

As an insured with **StudentResources**, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

\*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

## 24/7 StudentAssist

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include:

- 24/7 Crisis Support - access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Advice - financial services are provided by licensed CPA's and Certified Financial Planners who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law.
- Mediation services - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc
- Living Well Portal – access to [liveanworkwell.com](http://liveanworkwell.com) where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) under Additional Benefits.

## Gallagher Program Enhancements

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- SilverCloud - an online behavioral health program to help manage stress, anxiety and depression
- Basix - discount dental program
- EyeMed - discount vision program

To learn more, visit <https://go.gallagherstudent.com/universities/login>, find your school, and click on Program Enhancements

This Summary Brochure is based on Policy #2022-203523-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

## NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
United HealthCare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.



