The payment of any co-pays, deductibles, the balance above any coinsurance amount, and any medical expenses not covered are the responsibility of the insured person. **To maximize your savings and reduce out-of-pocket expenses, choose the University Health Center (UHC) or Designated CareFirst In-Network Provider.** It is to your advantage to utilize an In-Network provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Out-of-Network care is subject to reasonable charge allowance maximums. Any charges in excess of the reasonable charge allowance are not covered under the Plan.

**AFTER HOURS/URGENT CARE**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedStar Promptcare</td>
<td>1420 Key Hwy #2000, 410-230-7820</td>
<td>Monday-Friday 8 am to 8 pm, Weekends 8 am to 4 pm</td>
</tr>
<tr>
<td>ChoiceOne</td>
<td>600 E. Belvedere Ave, 410-269-0018</td>
<td>Daily 8 am to 9 pm</td>
</tr>
<tr>
<td>Patient First</td>
<td>5100 Eastern Ave, 410-814-4500</td>
<td>Daily 8 am to 10 pm</td>
</tr>
</tbody>
</table>

**PRESCRIPTION COVERAGE**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Network Providers</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 - Generic Drugs</td>
<td>$15 Copayment</td>
<td>$15 Copayment</td>
</tr>
<tr>
<td>Tier 2 - Preferred Drugs</td>
<td>$30 Copayment</td>
<td>$30 Copayment</td>
</tr>
<tr>
<td>Tier 3 - Non-Formulary Drugs</td>
<td>$50 Copayment</td>
<td>$50 Copayment</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**MAIL ORDER 90-DAY SUPPLY**

2x Retail 30-Day Supply Copayment

Should you have any questions, contact CareFirst Pharmacy Services at 800-241-3371.

**To find a provider, including specialists and pharmacy locations, visit carefirst.com/doctor.**
ELIGIBILITY

The Comprehensive Plan - is a plan for matriculating Domestic and International Students. It is the intent of this plan to offer coverage that meets or exceeds the Minimum Essential Coverage requirements currently set forth by the Federal Department of Health and Human Services. It is also the intent of this plan to offer coverage that meets or exceeds the Visa requirements, as set forth by the U.S. Department of State.

Part-time, graduate students and students participating in the NEXUS program with the Community College of Baltimore County (CCBC) are eligible to voluntarily enroll in this student health plan. Graduate students completing their thesis and enrolled in a minimum of six (6) credits are also eligible to enroll on a voluntary basis.

Also eligible are dependents and spouses of covered students of the University (the spouse, domestic partner or unmarried children of the student).

DEPENDENT COVERAGE

Eligible students who enroll may also insure their eligible dependents. Eligible dependents are the spouse, including domestic partners, and children to the age of 26. Dependent eligibility expires concurrently with that of the insured student. For Newborn Infant Coverage and Adopted Child Coverage the insured person must (1) enroll the child within 60 days of birth or adoption and (2) pay the appropriate premium.
Step One - Your First Stop for Health Care.
If you are covered by the MSU Student Health Benefit Plan, the University Health Center (UHC) is your primary care provider and first stop for health care needs. At the University Health Center, our professional staff can take care of most routine health issues, including annual gynecological exams and physicals.

Step Two - You're not alone, call Customer Service, powered by CareFirst Blue Cross Blue Shield.
We do the work for you. Reach out to our experienced customer support team. We are standing by to find the right provider who has been vetted to give you the care and service you deserve, while keeping your expenses low. Your representative will lead you through your choices.

To Find a Provider call + 844-898-3332 or visit carefirst.com/doctor.

MSU HEALTH CENTER
UNIVERSITY HEALTH CENTER
Hours of Operation - Monday-Friday - 8:30 a.m. to 5:00 p.m.
443.885.3236

The Harriet A. Woolford Health Center is the primary care facility where Morgan State University students can be evaluated and treated for acute and chronic medical conditions, as well as given guidance on practices that promote good health and disease prevention. The center is located behind Cummings House (adjacent to Baldwin Hall). Parking is available in front of the building on Parking Lot L, which is gated. To gain access to parking Lot L, call 443.885.3236 to notify one the Health Center’s staff members. Parking is also available in the garage located directly behind the University Student Center.

Appointments may be made by calling 443.885.3236. Appointments are scheduled until 3:15 p.m. Walk-ins are seen on a “first come, first serve basis.” Students are evaluated by the nurse and, based upon the severity of illness, may be immediately seen by a provider, given an appointment for a later time, or referred to a specialist or hospital. Students with scheduled appointments have priority over walk-ins, unless there is a life-threatening emergency.

When the University Health Center is closed, call 911 or MSU Police if there is a life threatening illness or injury go to the nearest emergency room. If the illness or injury is not life threatening, call the Health Center at 443.885.3236 and follow the directions provided on the recorded message. If you are unsure whether you should visit the UHC or an emergency room, contact FirstHelp at 800-535-9700 to speak with a registered nurse who can recommend the most appropriate care. Free 24/7 nurse advice line—call a registered nurse who can provide medical advice.

Additional care options

CareFirst Video Visit
See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit carefirstvideovisit.com for more information.

Convenience care centers (retail health clinics)
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers
Urgent care centers (such as Medstar Promptcare, ChoiceOne and Patient First) have a doctor on staff and are another option when you need care on weekends or after hours.

Pre-certification, COB, and notification of emergency admissions are part of the contractual obligations of CareFirst in-network providers.
ABOUT CAREFIRST

When choosing a CareFirst Student Health Plan, you get:
- The largest network of providers in the region — Choose the doctors you want to see
- Coverage in 50 states and nearly 200 countries — Access to nearly all providers throughout the nation and emergency care abroad
- Mobile access — Log in quickly with iPhone’s Touch ID. Search for a provider, locate nearby urgent care or pharmacies, or view digital member ID cards

Lots of ways to save:
- No-cost preventive services including routine adult physicals, and immunizations
- Lower out-of-pocket costs such as low deductibles and low office visit copays
- Prescription coverage with access to 69,000 pharmacies nationwide
- Free 24/7 nurse advice line — call a registered nurse who can provide medical advice
- Online tools to manage your health care

carefirst.com

COORDINATION OF BENEFITS

A Coordination of Benefits (COB) provision applies to the Plan when you have medical coverage under more than one Plan. Your other Plan will ALWAYS be the primary plan and must pay first. PayerFusion will only pay after the primary plan; and may reduce the benefits it pays; so that payments from all group plans do not exceed 100% of the total allowable expense. For more information about the Coordination of Benefits procedure, including the Order of Benefits Determination Rules, you may call the Member Services telephone number shown on your ID card. A complete description of the Coordination of Benefits procedure is contained in the Master Policy and may be viewed on-line at www.morgan.edu/studenthealthbenefits

TERMINATION OF BENEFITS

Benefits are payable under the Plan only for those Covered Medical Expenses incurred while the Plan is in effect as to the insured person. No benefits are payable for expenses incurred after the date the coverage terminates.
CLAIMS PROCEDURES

Customer Service Representatives are available 8:00 a.m. to 5:00 p.m. Monday through Thursday (EST) and 10:00 a.m. to 5:00 p.m. Friday (EST). For any questions, please call 844-898-3332

1. Bills must be submitted from the provider of service within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned.

3. Any itemized medical bills should include:
   - Member name and ID number
   - Provider name
   - Date(s) of service
   - Admission and discharge date if applicable
   - A copy of the original Explanation of Benefits, voucher or bill
   - Medical records (e.g. Emergency room records or X-ray reports)

Mail Administrators
P. O. Box 14116
Lexington, KY 40512-4116

4. In the event you are unable to put the request in writing, a Member Services representative can assist you. Or, ask your provider if they can submit this information for you.

CLAIMS APPEALS PROCEDURES

To appeal a claim payment or denial, follow these steps:

**Step 1: Contact Us**
Call the Member Services phone number on your member ID card. If your concern is not resolved through a discussion with a CareFirst representative, you may submit a written appeal.

Note: Virginia members who wish to appeal an adverse benefit decision that is related to the treatment of cancer may be entitled to an expedited external review without first exhausting the internal review process.

**Step 2: Submit A Written Appeal**
CareFirst must receive your written appeal within 180 days of the date of notification of the denial of benefits or services. Submit a letter addressed to the Member Services Department describing your reasons for appeal. Send the letter to the address that appears on your Member ID card. If you need help in finding the address, call Member Services.

**Step 3: Appeal Decisions**
All appeal decisions will be sent to you in writing and will include a detailed explanation about the decision, as well as any documentation to support the decision. You will also receive information on next steps you may take if you are not satisfied with the appeal decision.

Many members have a right to an independent external review of any final appeal or grievance decision.

* Please note that state mandates may alter the steps above. Refer to your Evidence of Coverage for more information regarding your appeal process.
Important Provisions of the Student Health Plan:

The Plan will always pay benefits in accordance with any applicable Insurance Law(s).

Before paying or providing benefits under this Plan, CareFirst will review the claims to see if any other party might be potentially responsible for making any payment.

If an insured person receives any payment from any other party, CareFirst has the right to be reimbursed for all amounts they have paid up to, and including, the full amount the insured person receives.

Others that may be responsible may include but not limited to:

- Primary Coverage through yourself or a parent
- Automobile Insurance
- General Liability Insurance
- Personal umbrella coverage
- Med-pay coverage
- Workers compensation coverage

MORGAN.EDU/STUDENTHEALTHBENEFITS

INFORMATION IN YOUR PLAN DOCUMENT

- Eligibility to join the plan
- When your coverage period ends
- Description of benefits
- Exclusions
- Other important plan information

GO TO www.morgan.edu/studenthealthbenefits TO FIND YOUR PLAN DOCUMENT AND MASTER POLICY.