

2008 - 2009

**Student
Injury And
Sickness
Insurance
Plan**

*Designed Especially
for the Domestic and
International Students of*



COMMUNITY COLLEGE OF
DENVER

For Questions on enrollment, contact:

ECI

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TABLE OF CONTENTS

Privacy Policy1
Eligibility1
Effective and Termination Dates1-2
Confirmation of Coverage for Particular Services . . . . .	.2-3
Special Health Center Benefits . . . . .	.3
Extension of Benefits After Termination . . . . .	.3
Coordination of Benefits . . . . .	.4
Mandated Benefits . . . . .	.4-5
Benefits for Medical Foods . . . . .	.4
Benefits for Mammography . . . . .	.4-5
Benefits for Diabetes . . . . .	.5
Benefits for Child Health Supervision Services . . . . .	.5
Additional Benefits . . . . .	.5
Subrogation . . . . .	.6
Covered Medical Expenses . . . . .	.6-8, 11
Schedule of Medical Benefits . . . . .	.9-10
Psychiatric and Alcohol & Substance Abuse Benefits . . . . .	.12
Definitions . . . . .	.12-13
Scholastic Emergency Services Inc. (SES) Global Emergency . . . . .	.13-14
Pre-Existing Conditions . . . . .	.14
Preferred Providers . . . . .	.14-15
Prescription Drug Plan Express Scripts . . . . .	.15
Prescription Drug Plan Health Center at Auraria . . . . .	.15
Conversion Plan . . . . .	.16
Maternity Testing . . . . .	.16
Biologically-Based Mental Illness . . . . .	.16
Exclusions and Limitations . . . . .	.17-18
Insurance Company . . . . .	.19
Master Policy . . . . .	.19
Collegiate Assistance Program . . . . .	.20
Claim Procedure . . . . .	.20
Claims, Benefits and Eligibility Questions . . . . .	.20
Preferred Provided Organization . . . . .	.20
Vision Plan . . . . .	.20

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 detailed copy of our privacy practices by calling us toll-free at 1-800-767-0700 or by visiting us at www.uhcsr.com.

ELIGIBILITY

All J-1, and F-1 Visa International students and all School of Nursing students are required to enroll on the plan on a hard waiver basis. All domestic students registered for (6) credit hours are eligible to enroll in the plan on a voluntary basis. Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet and television (TV) courses do not fulfill the eligibility requirements that the Student actively attend classes. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium. Students on a leave of absence are not eligible to purchase this Insurance Plan. Nursing Students in clinical rotation may take on-line courses to fulfill eligibility.

Students who meet eligibility requirements and are enrolled during the Spring semester coverage do not have to attend Summer Session classes to purchase Summer semester insurance. Summer eligibility will be waived. New enrolling students in the Summer session who meet the eligibility requirements are eligible to purchase coverage under the Summer period.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age; or 24 years, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Dependent eligibility expires concurrently with that of the Insured student.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file begins on August 11, 2008. Coverage becomes effective on the first day of the semester for which premium is paid by the enrollment deadline. The Master Policy terminates on August 16, 2009. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

EFFECTIVE AND TERMINATION DATE (CONT'D)

<u>Period</u>	<u>Beginning</u>	<u>Through</u>	<u>Enrollment Deadline</u>	<u>Premium</u>
Annual	08/11/2008	08/16/2009	09/04/2008	\$1,996
Fall	08/11/2008	01/19/2009	09/04/2008	\$ 889
Spring	01/20/2009	05/17/2009	02/06/2009	\$ 651
Spring/Summer	01/20/2009	08/16/2009	02/06/2009	\$1,147
Summer	05/18/2009	08/16/2009	06/05/2009	\$ 496

Coverage starts on the first day of the semester for which premium has been paid if enrollment and premium are paid by the enrollment deadline date. For all other enrollments, coverage begins on the first day the enrollment form and full premium is received by the Company (or it's authorized representative). 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.

You must meet the Eligibility requirements listed above each time you pay a premium to continue insurance coverage. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES

It is the student's responsibility to confirm whether or not a particular service is covered under the plan. ***This confirmation must be done with AmeriBen*** by calling them at 800-953-1801. Health Center staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services.

Health Center at Auraria:

303-556-2525

Find out the availability of daily access, appointments and hours of the Health Center.

100% Reimbursement With NO Deductible Or Coinsurance (except for Prescriptions - see below)

(This applies to eligible services; this option is not always available due to hours of operation and staffing)

Prescriptions at the Health Center at Auraria

Subject to \$20 co-pay per prescription up to a 30-day supply.

Contraceptives are provided at the Health Center at Auraria only for students with a copay of \$20 per prescription.

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES (CONT'D)

First Health Network:

888-685-7774

Community College of Denver has a specially-designed Preferred Network through First Health.

The following hospitals are in the network (eligible charges are payable at the 80% reimbursement level):

Denver	Exempla St. Joseph National Jewish Medical & Research Center Presbyterian St. Lukes Rose Medical Center University of Colorado Hospital
Aurora	Medical Centers of Aurora (North and South)
Boulder	Boulder Community Foothills Hospital Boulder Community Hospital
Englewood	Swedish Medical Center
Thornton	North Suburban Medical Center
Wheat Ridge	Exempla Lutheran Medical Center

For a more complete list and verification of hospitals, facilities and physician providers in the PPO network visit www.myfirsthealth.com or call First Health toll-free at 888-685-7774.

SPECIAL HEALTH CENTER BENEFITS

Necessary eligible medical expenses incurred for Sickness or Injury will be reimbursed at 100% (following the appropriate prescription co-pay) for care provided at Health Center at Auraria. This includes limited well care, supplies, in-house testing and procedures. In addition, the Insured's Deductible, Coinsurance and pre-existing condition exclusion clause will be waived for services performed at the Health Center. No claim forms will be required. All other plan provisions will continue to apply to treatment rendered by the Health Center at Auraria. This option is not always available due to hours of operation and staffing. The Health Center at Auraria is NOT a Medicare/Medicaid Provider.

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 30 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 payment be made.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or Hospital Plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

MANDATED BENEFITS

BENEFITS FOR MEDICAL FOODS

Benefits are payable for medical foods needed to treat inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic, and fatty acids as specified below.

If the policy provides benefits for Prescription Drugs, benefits will be paid the same as for any other Sickness for medical foods, to the extent Medically Necessary, for home use for which a Physician has issued a written, oral or electronic prescription. Benefits will not be provided for alternative medicine.

Coverage includes but is not limited to the following diagnosed conditions: phenylketonuria; maternal phenylketonuria; maple syrup urine disease; tyrosinemia; homocystinuria; histidinemia; urea cycle disorders; hyperlysine-mia; glutaric acidemias; methylmalonic acidemia; and propionic acidemia. Benefits do not apply to cystic fibrosis patients or lactose or soy-intolerant patients.

There is no age limit on the benefits provided for inherited enzymatic disorders except for phenylketonuria. The maximum age to receive benefits for phenylketonuria is twenty-one years of age; except that the maximum age to receive benefits for phenylketonuria for women who are of child-bearing age is thirty-five years of age.

Medical foods means prescription metabolic formulas and their modular counterparts, obtained through a pharmacy that is specifically designed and manufactured for the treatment of inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic, and fatty acids and for which medically standard methods of diagnosis, treatment, and monitoring exist. Such formulas are specifically processed or formulated to be deficient in one or more nutrients and are to be consumed or administered enterally either via tube or oral route under the direction of a Physician.

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

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid for the actual expense incurred up to \$150 for low-dose screening mammography for the presence of occult breast cancer. Benefits will be provided according to the following guidelines:

1. A single baseline mammogram for women thirty-five to thirty-nine years of age.
2. A mammogram not less than once every two years for women forty years of age and under fifty years of age or more often for women with risk factors to breast cancer if recommended by her Physician.
3. A mammogram every year for women fifty to sixty-five years of age.

MANDATED BENEFITS

BENEFITS FOR MAMMOGRAPHY

“**Low-dose mammography**” means the x-ray examination of the breast, using equipment dedicated specifically for mammography including but not limited to the x-ray tub, filter, compression device, screens, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.

The policy Deductible will not be applied to this benefit.

Benefits shall be subject to all copayment, coinsurance, limitations or any other provisions of the policy.

BENEFITS FOR DIABETES

Benefits will be paid for the Usual and Customary Charges for all medically appropriate and necessary equipment, supplies, and outpatient diabetes self-management training and educational services including nutritional therapy if prescribed by a Physician.

Diabetes outpatient self-management training and education shall be provided by a Physician with expertise in diabetes.

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

BENEFITS FOR CHILD HEALTH SUPERVISION SERVICES

Benefits will be paid for the Usual and Customary charges for Child Health Supervision Services from birth up to the age of 13. Benefits are payable on a per visit basis to one health care provider per visit.

Child Health Supervision Services rendered during a periodic review are covered only to the extent such services are provided during the course of one visit by, or under the supervision of a single Physician, Physician’s assistant or Registered Nurse.

Child Health Supervision Services means the periodic review of a child’s physical and emotional status by a Physician or other provider as above. A review shall include but not be limited to a history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations, preventative services, and laboratory tests in keeping with prevailing medical standards.

Immunizations are based on the recommended childhood immunization schedule and the recommended immunization schedule for children who start late or who are more than 1 month behind published by the CDC. Recommended schedules are available from:

Advisory Committee on Immunization Practices, www.cdc.gov/nip/acip;

American Academy of Pediatrics, www.aap.org;

American Academy of Family Physicians, www.aafp.org.

The policy Deductible and dollar limits will not be applied to this benefit.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.

ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Colorado such as Hospitalization and General Anesthesia for Dental Procedures for Dependent Children, Cervical Cancer Vaccines, Prostate Cancer Screening, Prosthetic Devices Benefit, Telemedicine Services, Therapies for Congenital Defects and Birth Abnormalities, and Cleft Lip and Cleft Palate. A detail of these benefits may be found in the Master Policy on file at the College.

SUBROGATION

The Company shall be subrogated to all rights of recovery which an Insured Person has against any person, firm or corporation to the extent of payments for benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and so whatever else is necessary to secure such rights to the Company.

COVERED MEDICAL EXPENSES

1. **Ambulance Services.**
2. **Anesthetist Services:** professional services administered in connection with inpatient and outpatient surgery.
3. **Biologically-based Mental Illness** (schizophrenia schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder) as mandated by Colorado law is paid as any other Sickness and are not subject to the 45-day Inpatient limit and \$1,000 Outpatient maximum as stated in Covered Medical Expenses, Items 33 and 34. (The following Mental Disorders will be paid under the Benefits for Biologically Based Mental Illness: post-traumatic stress disorder, drug and alcohol disorder, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. Also included are anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an outpatient, day treatment, and inpatient basis, exclusive of residential treatment.)
4. **Blood and/or plasma** and the equipment for its administration on an inpatient basis.
5. Benefits for **Cervical Cancer Vaccines.** Benefits are payable for the cost of cervical cancer vaccinations for all female Insured Persons under the age of 20 for whom a vaccination is recommended by the Advisory Committee on Immunization practices of the United States Department of Health and Human Services.
5. Benefits for **Cleft lip** and Cleft palate as specifically provided for Newborn Infants.
6. **Congenital Birth Defects and Abnormalities** as specifically provided for Newborn Infants and Dependent Children beginning after the first 31 days of life to five years of age.
7. **Consultant**, when requested and approved by the attending Physician.
8. **Contraceptives** are provided at the Health Center at Auraria only for students over age 18 at a copay of \$20 per prescription.
9. **Cytologic Screening**, one PAP smear provided every year after the age of 18 including office visits. Subject to Deductible except at the Health Center at Auraria.
10. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician’s office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and X-ray examinations, including professional fees, anesthesia; drugs or medicines; and supplies, up to \$1,400 maximum per Injury or Sickness.
11. **Dental treatment of Injury** to sound natural teeth resulting from an accident occurring while insured. This includes replacement of teeth and any related x-rays. Injury as a result of chewing or biting will not be considered an accident or Injury;
12. Treatment of **Diabetes** including insulin, insulin syringes, insulin infusion

COVERED MEDICAL EXPENSES (CONT'D)

pumps, and outpatient selfmanagement training and education including medical nutrition therapy, and as mandated by Colorado law. Diabetic supplies are not covered under the prescription drug plan, but these supplies will be covered under the Medical Plan.

13. **Dialysis.** Limited to one visit per day.
14. **Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement equipment is covered if required because of a change in the Insured's physical condition. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
15. **Hearing test,** if for the diagnosis of a Sickness or Injury.
16. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies 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.
17. **Injections (outpatient):** only when administered at the Health Center at Auraria and charged on the Physician's statement.
18. **Magnetic Resonance Imaging (MRI),** only when medically necessary, up to \$1,000 maximum per Sickness or Injury combined with X-rays and Laboratory claims.
19. **Mammograms – Diagnostic** are subject to the Deductible.
20. **Mammograms – Routine** including radiology charges, as mandated by Colorado law. Pays the lesser of \$150 or the actual charge, not subject to the Deductible, for each routine low-dose mammography screening according to the following schedule: Baseline 35-39 years of age; once every two years for women from 40 years of age and under 50 years of age, or once annually if ordered by a Physician; and once annually for women from 50 to 65 years of age. If a participant has a family history of breast cancer, the baseline routine mammogram can be done after age 25.
21. **Maternity:** Same as any other Sickness.
22. **Maternity Testing.** This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.
23. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.

COVERED MEDICAL EXPENSES (CONT'D)

24. **Medical foods prescriptions** for inherited enzymatic disorders as mandated by Colorado law.
25. **Nutritional counseling** as mandated by Colorado law for the coverage of Diabetes.
26. **Physician's Visits:** (Inpatient) Benefits do not apply when related to surgery. (Inpatient and Outpatient) More than one visit per day allowed provided the second or subsequent visits are not with the same doctor.
27. **Physiotherapy (Physical therapy)** from a qualified practitioner, not including supplies. Benefits are limited to one visit per day.
28. **Podiatry treatment** of metabolic or peripheral-vascular disease and medically necessary foot-care, except as excluded in the Policy.
29. **Pre-admission Testing** as per the Schedule of Medical Benefits.
30. **Preventive Health Services** are provided at the Health Center at Auraria only. Benefits include one comprehensive physical per Policy Year and one HIV/syphilis test per year (includes pre/post test counseling). For men the benefit covers the office visit charge and may include a gonorrhea/Chlamydia test, a hemoglobin, and urine test, as indicated. For men over 50 a hemocult and PSA test is included. For women, an annual examination includes the office visit charge and a Pap Smear. A Gonorrhea/Chlamydia test, a hemoglobin and a urine test may be done as indicated. For women over age 50 a hemocult test is included.
31. **Prostate Cancer Screening** as mandated by Colorado law. One screening per year for men over the age of 40 who are in high-risk categories as determined by the Insured Person's Physician. One screening per year for all men over the age of 50 years. Pay the lesser of \$65 per screening or the actual charge for such screening. Not subject to the Deductible.
32. **Prosthetic Devices,** including repair and replacement, unless necessitated by misuse or loss, as mandated by Colorado law.
33. **Psychotherapy (Inpatient):** as mandated by Colorado law, Inpatient Benefits are based on confinement as an inpatient or partial hospitalization in a Hospital or Psychiatric Hospital licensed by the Colorado Department of Health. Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period. The maximum number of days payable per 12-month period is 45 days for inpatient confinement and 90 days for partial hospitalization. The maximum amounts are specified in the Schedule of Benefits. For the purpose of computing the period for which benefits are payable, the following will apply:
 - 1) Two days of partial hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for partial hospitalization.
 - 2) Each day of inpatient confinement under this benefit or each two days of partial hospitalization shall reduce by one day, the total days available for all Sickness for any one 12-month period.
 - 3) Each day of confinement as an inpatient in a Hospital or psychiatric Hospital, or each two days of partial hospitalization, shall reduce by one day, any days available for alcoholism coverage.

SCHEDULE OF MEDICAL BENEFITS

This chart summarizes co-insurance amounts paid by the plan. Note: The chart column entitled “Health Center at Auraria” applies to Insured persons. Maximum Benefit is \$75,000 per Injury or Sickness per Policy Year. Usual and Customary allowances will be determined by using the current survey of Ingenix with a 75th percentile level. Coverage outside of the country for eligible charges is reimbursable at 80%. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provided level of benefits. If a Preferred Provider is not available in the network area, benefits will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is 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.

BENEFIT DESCRIPTIONS	HEALTH CENTER AT AURARIA	FIRST HEALTH PPO NETWORK	OUT-OF-NETWORK	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Annual Deductible	Does Not Apply	Yes (\$250)	Yes (\$500)	Does not apply to Routine Mammograms or Prostrate Screening for any provider.
Pre-existing Condition Limitations	N/A	Applies	Applies	
Physician Visits (Outpatient)	100%, No Deductible	\$20 co-payment PCPs \$30 co-payment Specialists	50% of U&C	More than one visit allowed per day, provided the second or subsequent visits are not with the same provider.
Physician Visits (Inpatient)	N/A	80%	50% of U&C	
Consultant Physician Fees	N/A	80%	50% of U&C	When requested by attending physician.
Preventive Health Services	100%, No Deductible	Not covered	Not covered	See Covered Medical Expenses, Item 30.
Mammograms – Routine	N/A	100%, No Deductible	100%, No Deductible	Up to a Maximum of \$150 per Plan Year. Includes radiology readings.
Mammograms – Diagnostic	N/A	80%	50% of U&C	
PAP Smears (Cytologic Screening)	100%, No Deductible	80%	50% of U&C	Limited to once per Policy year after age 18.
PSA (Prostate Cancer Screening)	100%, No Deductible	100%, No Deductible	100% of U&C No Deductible	Paid up to \$65 per screening. One screening per year for any male insured: 1) 50 years or older; 2) 40 to 50 years of age who is at risk.
X-Ray Services & Laboratory	100%, No Deductible	80%	50% of U&C	Some limitations on Laboratory Services at the Health Center at Auraria. \$1,000 per Injury or Sickness Maximum outside the Health Center at Auraria
Inpatient Hospital Services (Room and Board/Hospital Misc.)	N/A	80%	50% of U&C	\$1,400 Aggregate Maximum per Day.
Outpatient (Day Surgery Miscellaneous)	N/A	80%	50% of U&C	\$1,400 per Injury or Sickness Maximum. Day surgery miscellaneous is based on the Outpatient Surgical Facility Charge Index.
Anesthetist (Inpatient and Outpatient)	N/A	25% of Surgery Allowance	25% of Surgery Allowance	
Surgery (Inpatient)	N/A	80%	50% of U&C	See limitations under Covered Medical Expenses #42, Surgery. \$3,500 per Injury or Sickness Maximum.
Surgery (Outpatient)	N/A	80%	50% of U&C	See limitations under Covered Medical Expenses #42, Surgery. \$2,000 per Injury or Sickness Maximum.
Assistant Surgeon Fees	N/A	No Benefits	No Benefits	
Preadmission Testing (Within 10 Days of Admission)	N/A	100%, No Deductible	100%, No Deductible	Within 10 days of admission to a hospital.
Preadmission Testing (Prior to 10 Days of Admission)	N/A	80%	50% of U&C	More than 10 days before admission to a hospital.
Home Health Care	N/A	80%	50% of U&C	Maximum payment of \$100 per day, 100 day maximum per Policy Year.
Skilled Nursing Facility	N/A	75%	50% of U&C	
Inpatient Mental/Nervous Disorders	See page 12 For Explanation of Benefits			
Outpatient Mental/Nervous Disorders	See page 12 for Explanation of Benefits			
Biologically Based Mental Illness	See pages 12 for Explanation of Benefits			
Prescriptions	\$20 copay per prescription up to 30 day supply; \$40 copay for 31-60 day supply; \$60 copay for 61-day supply (see “Confirmation of Coverage” page 2-3). For maintenance medications filled near the end of the semester, only a 30 day supply will be filled 30 days or less to the end of the semester and only a 60 day supply will be filled 60 to 30 days to the end of the semester. If it is over 60 days to the end of the semester a 90 day prescription can be filled. \$20 copay per month not to exceed \$240 per Policy Year.	See Express Scripts	N/A	Separate \$50 Deductible when not filled at the Health Center at Auraria. You must pay \$15 generic/\$30 brand/\$45 non-formulary up to 30 day supply through Express Scripts for eligible prescriptions up to \$1,000 per Policy Year. Contraceptives are only covered at the Health Center.
Contraceptives	\$20 copay per prescription	Not Covered	Not Covered	
Inpatient Physiotherapy	N/A	80%	50% of U&C	Limited to one visit per day.
Outpatient Physiotherapy	N/A	80%	50% of U&C	Includes Outpatient Occupational, Speech, Respiratory, Physical Therapy and Dialysis. Limited to one visit per day.
Dental Treatment for an Injury	N/A	80%	80% of U&C	Treatment for injury to sound, natural teeth occurring while Insured.
Ambulance	N/A	80%	80% of U&C	
Durable Medical Equipment	N/A	80%	80% of U&C	\$5,000 maximum per Injury or Sickness.
Emergency Medical Services	100%, No Deductible	\$50 copay per visit 80%	\$50 copay per visit 80%	Medical Emergency Services only; as defined on page 12. Use of the emergency room & supplies. \$1,000 maximum per Policy Year.
All Other Covered Medical Expenses	100%	80%	50% of U&C	Additional benefits are shown in the Covered Medical Expenses section of this brochure beginning on page 6.

COVERED MEDICAL EXPENSES (CONT'D)

34. **Psychotherapy (Outpatient)** is for outpatient services furnished by 1) a comprehensive health care service corporation; or 2) a Hospital, a community mental center; or 3) other mental health clinic approved by the Colorado Department of Human Services to provide such care; or 4) a registered professional nurse; or 5) a licensed clinical social worker, acting within the scope of license; or 6) furnished by or under the supervision of a licensed Physician or Psychologist. Limited to \$1,000 maximum per Policy Year. Benefits are as mandated by Colorado law.
35. **Radiation** therapy and chemotherapy, including the administration of oral chemotherapy drugs.
36. **Reconstructive surgery** when needed to correct damage caused by an Injury or for breast reconstruction following a total or partial mastectomy. Benefits for congenital birth defects are limited to children born after the insured's effective date and who are covered by the Plan.
37. **Registered Nurse's Services**, private duty nursing care.
38. **Room and Board Expense:** 1) daily semi-private room rate when Hospital confined; 2) general nursing care provided and charged for by the Hospital and 3) for accommodations in an intensive care unit. Up to \$1,400 Aggregate maximum per day.
39. **Routine Newborn Care**, while hospital confined and routine nursery care provided immediately after birth. Paid as any other Sickness up to a four (4) days Hospital Confinement expense maximum.
40. **Speech therapy** from a qualified practitioner to restore speech loss due to a Sickness or Injury. Limited to one visit per day.
41. Inpatient and outpatient treatment of **Substance abuse and/or Alcohol abuse:** See Inpatient and Outpatient Biologically Based Mental Illness Benefits.
42. **Surgery**, Inpatient or Outpatient: Physician fees for inpatient or outpatient surgery. In accordance with data provided by Ingenix. Inc. multiple surgeries performed through the same incision will be paid as follows: 100% for the largest, 50% for second largest, 25% for third largest, and a composite fee if four (4) or more are performed based on the Physician's written report. Up to \$3,500 per Injury or Sickness for Inpatient Surgery and up to \$2,000 per Injury or Sickness for Outpatient Surgery.
43. **Telemedicine Services** as mandated by Colorado Law.
44. **Tests and Procedures**, diagnostic services and medical procedures performed by a Physician other than Physician's Visits, physiotherapy, X-rays and lab procedures.
45. **Ultrasounds**, only when medically necessary.
46. **X-Rays and Laboratory:** Up to \$1,000 maximum per Injury or Sickness outside the Health Center at Auraria.

PSYCHIATRIC AND ALCOHOL & SUBSTANCE ABUSE BENEFITS

Biologically-based Mental Illness and Certain Mental Disorders: Paid as any other Sickness and not subject to 45 day inpatient limit and \$1,000 per Policy Year outpatient maximum. (The following Mental Disorders will be paid under the Benefits for Biologically Based Mental Illness: post-traumatic stress disorder, drug and alcohol disorder, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. Also included are anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an outpatient, day treatment, and inpatient basis, exclusive of residential treatment.)

Other Mental or Nervous Disorders: Inpatient benefits subject to 45 days per Policy Year maximum. Outpatient benefits subject to \$1,000 per Policy Year maximum.

	INPATIENT	OUTPATIENT
Student Health Center	N/A	100% with no Deductible
First Health PPO Network	Paid as any other Sickness after Deductible	50% of Preferred Allowance after Deductible
Out-of-Network	Paid as any other Sickness after Deductible	50% of U&C after Deductible
Additional Limitations and Explanations	See Covered Medical Expenses, Items 3, 33, 34 and 41	See Covered Medical Expenses, Items 3, 33, 34 and 41

DEFINITIONS

Creditable Coverage means benefits or coverage provided under: 1) Medicare or Medicaid; 2) An employee welfare benefit plan or group health insurance or health benefit plan; 3) An individual health benefit plan; 4) A state health benefits risk pool (including but not limited to CoverColorado); or 5) Chapter 55 of title 10 of the United States code, a medical care program of the federal Indian health service or tribal organization, a health plan offered under chapter 89 of title 5, United States code, a public health plan, or a health benefit plan under section 5(e) of the federal "Peace Corps Act" (U.S.C. sec. 2504(e)).

Medical Emergency means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence for immediate medical attention, a reasonable person could believe the condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

Pre-existing Condition means any condition for which an Insured Person: 1) incurred charges; 2) received medical treatment; 3) consulted a health care professional; or 4) took Prescription Drugs within the 6 months immediately prior to the Insured's Effective Date under this policy. Pre-existing does not include pregnancy. **NOTE: Covered Medical Expenses related to Pregnancy and Health Center at Auraria charges are not subject to any Pre-existing Condition Limitations.**

DEFINITIONS (CONT'D)

Usual and Customary Charges means 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. 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.

SCHOLASTIC EMERGENCY SERVICES, INC. (SES): GLOBAL EMERGENCY MEDICAL ASSISTANCE

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.

The Emergency Medical Evacuation and Return of Mortal Remains services provided by SES meet U.S. visa 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, any services not arranged by SES will not be considered for payment.

Key Services include:

Medical Consultation, Evaluation and Referrals

Foreign Hospital Admission Guarantee

Emergency Medical Evacuation

Critical Care Monitoring

Medically Supervised Repatriation

Prescription Assistance

Transportation to Join Patient

Care for Minor Children Left Unattended Due to a Medical Incident

Return of Mortal Remains

Emergency Counseling Services

Lost Luggage or Document Assistance

Interpreter and Legal Referrals

Please log into your online account www.uhcsr.com for additional information on SES Global Emergency Assistance Services, including 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

SCHOLASTIC EMERGENCY SERVICES, INC. (SES) (CONT'D)

5. Name and telephone number of the attending physician

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. Claims for reimbursement of services not provided by SES will not be accepted. Please refer to your SES Program Guide at www.uhcsr.com for additional information, including limitations and exclusions pertaining to the SES program.

PRE-EXISTING CONDITIONS

Pre-Existing Conditions are covered at the end of the six (6) month period following the Insured Person's effective date of coverage under the Policy. A Pre-Existing condition is any condition that an insured: 1) incurred charges; 2) received medical treatment; 3) consulted a health professional; or 4) took prescription drugs in the 6 months immediately preceding the Insured's effective date under this Policy.

The 6 month Pre-existing Condition waiting period will be reduced by the period of time an Insured Person was previously covered by Creditable Coverage if the Creditable Coverage was continuous to the date not more than 90 days prior to the effective date of the Insured Person's coverage under the Policy.

NOTE: Covered Medical Expenses related to Pregnancy and Health Center at Auraria charges are not subject to any Pre-existing Condition Limitations.

Students and Dependents who have been covered during the Fall and Spring semesters for at least six months will not be considered to have had an interruption in coverage for the purposes of administering the Pre-existing Condition exclusion if they do not enroll in the Summer Semester.

PREFERRED PROVIDERS

"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 your local school area are with FirstHealth PPO Network inside and outside the State of Colorado.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling First Health PPO Network at 888-685-7774 or by visiting their website at www.myfirsthealth.com.

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

"Out-of-Network" providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

CONVERSION PLAN

At the end of Fall, Spring and Summer semesters, students who were covered under the insurance plan can purchase the Conversion Plan in increments of one month, with a twelve (12) month maximum, limited to the length of time to the next plan year. Determination of the length of coverage and payment must be made at the time of application. The Conversion Plan does not provide the same premium rate and benefit as this policy. Brochures and enrollment forms for the Conversion Plan are available in Room 301, South Classroom Building, Auraria Campus, or by calling ECI toll free at 866-780-3824.

PREFERRED PROVIDERS, (CONT'D)

Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits.

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

PRESCRIPTION DRUG PLAN EXPRESS SCRIPTS

Benefits are provided through Express Scripts, a point-of service provider. Please call 1-800-206-4005 for questions regarding benefits or network participating pharmacies. If an Insured Person incurs Rx claims within the first 6 weeks of the semester, the Insured Person must pay for the Rx and submit a claim to Express Scripts after the 6th week at:

Express Scripts, Inc.
P.O. Box 66583
St. Louis, Missouri 63166-6583
Attn: STD Accts
Group RX # AM2A

After 6 weeks, the Covered Person may go to any network pharmacy. A separate \$50 point-of-service Plan Year Rx Deductible must be satisfied before co-payments become effective. After the Deductible is satisfied, a \$15 co-payment will apply per generic prescription. A co-payment of \$30 will apply per brand name prescription. A co-payment of \$45 will apply per non-formulary prescription.

Your co-payments are for allowable drugs, for up to a 30 day supply per prescription or refill, and up to a \$1,000 maximum per year. Mail order prescriptions not covered. Contraceptives are only covered at the Health Center at Auraria, unless medically necessary.

When a generic drug is available and you choose to purchase a brand name drug, even when the doctor writes “dispense as written” or “may not substitute,” you must pay the cost difference between the brand name prescription and the generic prescription, in addition to your coinsurance.

After you have exhausted the \$1,000 annual maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

PRESCRIPTION DRUG PLAN HEALTH CENTER AT AURARIA

Maintenance medications filled at the Health Center of Auraria may be filled up to a 90 day supply. A co-pay of \$20 will apply per prescription up to a 30 day supply. A co-pay of \$40 will apply per prescription for a 31-60 day supply. A co-pay of \$60 will apply per prescription for a 61-90 day supply. No Deductible applies for prescriptions filled at the Health Center.

For maintenance medications filled near the end of the semester, only a 30 day supply will be filled 30 days or less to the end of the semester and only a 60 day supply will be filled 60 to 30 days to the end of the semester. If it is over 60 days to the end of the semester a 90 day prescription can be filled.

Contraceptives are provided at the Health Center at Auraria only for students at a copay of \$20 per prescription.

MATERNITY TESTING

This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35- years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.

BIOLOGICALLY-BASED MENTAL ILLNESS

Benefits will be paid as any other Sickness for the treatment of Biologically-Based Mental Illness. The Benefit provided will not duplicate any other Benefits provided in this Policy.

“**Biologically Based Mental Illness**” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

Benefits payable will be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of 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;
2. **Addiction**, such as nicotine addiction;
3. **Assistant Surgeon's Fees**;
4. **Autistic disease** of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
5. **Cosmetic** procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy, removal of warts, non-malignant moles or lesions.
6. **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;
7. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth. Injury as a result of chewing or biting will not be considered an accident or Injury;
8. **Elective Surgery** or Elective Treatment;
9. **Elective abortion**;
10. **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;
11. **Health Spa** or similar facilities; strengthening programs;
12. **Hearing** examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. **Hirsutism**; alopecia;
14. **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 (accidental exposure is a covered Injury);
15. **Injections** (outpatient); except at the Health Center at Auraria;
16. **Injury or Sickness** for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. **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;
18. **Injury sustained** while a) participating in any interscholastic, club, 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;
19. **Lipectomy**;
20. **Participation in a riot** or civil disorder; commission of or attempt to commit a felony; or fighting;
21. **Pre-existing Conditions**, except for: 1) individuals who have been continuously insured for at least 6 consecutive months under the school's student insurance policy; 2) a child that is adopted or placed for adoption before attaining eighteen years of age. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under prior Creditable Coverage if such Creditable Coverage was continuous to a date not more than 90 days prior to the Insured's Effective Date under this policy;

EXCLUSIONS AND LIMITATIONS (CONT'D)

22. **Prescription Drugs**, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical substances, regardless of intended use; except as provided under Benefits for Diabetes;
 - b) Birth control and /or contraceptives, oral or other, whether medication or device, except as specifically provided in the policy;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs Labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; attention disorder; anabolic steroids used for body building;
 - g) Anorectics – drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. **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;
24. **Routine Newborn Infant Care**, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery. If forty-eight hours following a vaginal delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning. If ninety-six hours following the cesarean section falls after 8 p.m., coverage shall continue until 8 a.m., the following morning;
25. **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;
26. **Services** provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. **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;
28. **Supplies**, except as specifically provided in the policy;
29. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
30. **Treatment** in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. **War** or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rate premium will be refunded upon request for such period not covered); and
32. **Weight** management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

INSURANCE COMPANY

United HealthCare Insurance Company
Policy Number 2008-200282-1

MASTER POLICY

Please keep this Brochure as a general summary of the insurance. The Master Policy (#200282-1) on file at the College 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 payment of benefits.

COLLEGIATE ASSISTANCE PROGRAM

Insured students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-877-643-5130. 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.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- 1) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, school I.D. number and name of the College under which the student is insured. A Company claim form is not required for filing a claim.
- 2) 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 to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

CLAIMS, BENEFITS AND ELIGIBILITY QUESTIONS

Send Medical claims to:

AmeriBen
P.O. Box 7186
Boise, ID 83707
800-953-1801
Group #200282
<https://services.ameriben.com>

Send Prescription claims to:

Express Scripts, Inc.
P.O. Box 66583
St Louis, MO 63166-6583
Attn: STD Accts
800-206-4005
Group Rx # AM2A

PREFERRED PROVIDER ORGANIZATION

In and Out of the State of Colorado

First Health PPO Network
Toll-Free Number for PPO Information 888-685-7774
www.myfirstthealth.com

VISION PLAN

Express Scripts offers you savings on your eyecare through the Vision One Eyecare Discount Program. You'll receive discounts of up to 60% through Cole Managed Visions' network of Independent Doctors of Optometry and locations such as Sears, Pearle Vision, Target Optical, and JC Penney Optical. To find a provider, visit www.colemanagedvision.com and enter plan number 56003 or call 800-804-4384. Present your Medical/Rx ID card with the Express Scripts logo at any participating network location to receive your discount. This Vision Plan is not underwritten by The United HealthCare Insurance Company.

