



University of Colorado Anschutz Medical Campus

“the Policyholder”



Student Accident and Sickness Health Plan

*Designed for University of Colorado
Anschutz Medical Campus
Students and Dependents*

2011 - 2012

Underwritten by:
National Union Fire Insurance Company of Pittsburg, Pa.
with its principal place of business in New York, NY
("the Company")

Administrator Policy Number: CHH8017822
Underwriter Reference Number: CAS9499975

TABLE OF CONTENTS

Student Health/Insurance Office Letter	1
Student Accident and Sickness	
Insurance Health Plan	2
Eligibility	2-3
Waiver and Enrollment Policy	3
Coverage Dates and Costs	4-5
Dependent Coverage	5
Late Enrollment	5-6
Confirmation of Coverage for Particular Services	6-7
Summary of Benefits	7
Aggregate Policy Year Deductibles	7
Out-of-Pocket Maximum	7-8
Prescription Drug Benefit – Express Scripts	
Pharmacy	8-9
Right of Reimbursement	10
General Plan Provisions	10
Mental Health Benefits	10-12
Eligible Expenses	12-19
Exclusions and Limitations	20, 29-30
Schedule of Benefits	21-28
Extension of Benefits After Termination	30
Continuation of Coverage	31
Coverage for Student on Approved Leave	31
Coordination of Benefits	31
Disputed Claims	32
Definitions	32-35
Additional Mandated Benefits	36
Important Notice	36
Privacy Policy	36
Optional Dental Benefits	37-38
Insurance Company	39
Claims Procedures	39
Claims, Eligibility and Benefits Questions	39
Participating Provider Organizations	39
Important Information	40
Health Care Management Program	40
Optional Needlestick/Body Fluid Splatter Benefit	40
Optional Amacore Vision Discount Plan	41
24-Hour Student Emergency Care Hotline	42
Medical Management Program	43
Travel Guard and Student Assist Services	44-46
Additional Services	47



STUDENT ACCIDENT AND SICKNESS INSURANCE HEALTH PLAN

Dear Student,

The University of Colorado Anschutz Medical Campus, while concerned with educational pursuits, is aware of varied student needs in other areas – including the area of health. The Student Accident and Sickness Insurance Health Plan is designed to provide students with health care coverage offering a PPO Accident and Sickness health plan.

All degree and specific approved certificate seeking students enrolled in five or more credit hours must be enrolled in the University of Colorado Anschutz Medical Campus Student Accident and Sickness Insurance Health Plan unless they can prove enrollment in another health plan with comparable benefits. Students taking under five credit hours in a degree program are also eligible to purchase the Student Accident and Sickness Insurance Health Plan by submitting a selection/waiver form by the deadline date.

The Student Health/Insurance Office is available to provide help to all students at University of Colorado Anschutz Medical Campus to assist with selecting or waiving the Student Accident and Sickness Insurance Health Plan. The Student Health Insurance Coordinator can help you evaluate your insurance needs so you choose the best plan available. If you are enrolled in the University of Colorado Anschutz Medical Campus Student Accident and Sickness Insurance Health Plan and are having problems understanding a bill, or you think a claim processing error has been made, don't hesitate to contact the Student Health/Insurance Office. One of the functions of the Student Health/Insurance Office is to help you resolve billing issues.

The Student Health/Insurance Office welcomes each of you to the University of Colorado Anschutz Medical Campus. We are looking forward to assisting you in maintaining good health while you achieve your educational goals.

Sincerely,
Student Health/Insurance Office

This brochure is designed to acquaint students, their dependents and other interested parties with the medical services available, cost of the plan and exclusions to the services offered. We ask that you read it carefully so that you will know the extent of medical services and insurance benefits you can expect.

The insurance plan is entirely supported by student premiums, no tuition or State appropriations are used to pay for these services.

The insurance becomes effective for a student as provided in the Master Policy and explained in this booklet.

The description in this brochure is generalized information. In all cases the contract with National Union Fire Insurance Company of Pittsburgh, Pa. is the document that will prevail, in accordance with the "Blanket" policy regulations of the State of Colorado. Claims should be submitted to AmeriBen, PO Box 6577, Boise, ID 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen by calling 855-639-8679.

This brochure is only a summary of a master insurance policy (the Master Policy) issued to the Policyholder by the Company. The Master Policy contains language and provisions not contained in this brochure. In the event of a conflict between this brochure and the Master Policy, the Master Policy will govern. Any provision of the Master Policy in conflict with the laws of the jurisdiction in which the Policyholder is located is hereby automatically amended to conform to the minimum requirement of those laws. Review this brochure carefully. If you have questions, contact the Student Health/Insurance Office at 303-724-7682.

ELIGIBILITY

If you are enrolled in a degree and certain approved certificate-seeking program at the University of Colorado Anschutz Medical Campus, you are eligible for the insurance. Annual coverage will become effective on September 1, 2011 or the first day of scheduled classes, provided that payment is made as required within the enrollment period.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and television (TV) courses

ELIGIBILITY (CON'T)

do not fulfill the eligibility requirements that the student actively attends classes. The Company retains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, the student is not eligible for coverage. See the section on Coverage Dates and Costs for details of premium refunds. Covered Students who do enroll may also insure their eligible dependents.

Enrollment for the insurance is limited to the Fall semester for Annual Enrollment, except for new students in the Spring or Summer semesters; or for students who qualify for Late Enrollment (see page 5).

WAIVER AND ENROLLMENT POLICY

All students taking 5 or more credit hours will automatically be enrolled in Plan A unless a selection/waiver enrollment form is completed and returned within the prescribed enrollment/waiver period. Students taking less than 5 credit hours must fill out a selection/waiver enrollment form and return it to the Student Health/Insurance Office by the enrollment/waiver deadline date. A specified period of time will be allowed for enrolling in the Plan or waiving coverage. The enrollment/waiver deadline for the Annual/Fall semester is September 1, 2011. **Individual insurance plans that are not required to meet State and Federal benefit mandates are not considered comparable and consequently will not be considered proof of comparable coverage.**

Students are **AUTOMATICALLY** billed for the Student Health Insurance on their tuition bill. For those students who have outside coverage, it is their responsibility to complete a "waiver form" by the deadline listed on page 4 in order to have the insurance charge removed from their tuition bill. Waiver forms will not be accepted after the enrollment/waiver deadline.

Waiver forms are located on-line at www.ucdenver.edu/amcstudenthealth. Waiver forms and insurance brochures can also be obtained at the Student Health/Insurance Office located in Education Facility II North, Room #3208. **Health Insurance waiver forms are only valid for one academic year.**

Continuing students are required to complete a new waiver form ANNUALLY prior to each Fall semester. Students with a break in their academic enrollment are required to complete a new waiver form when they re-enroll and every Fall semester thereafter.

COVERAGE DATES AND COSTS

The Master Policy becomes effective at 12:01 a.m. on August 8, 2011. Coverage becomes effective at 12:01 a.m. the first day of the semester for which premium is received by the enrollment deadline; or the date for which the first premium is paid, whichever is later. The Master Policy terminates at 11:59 p.m. on August 31, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Plan A:	Annual	Fall	Spring/ Summer*	Summer*
Student	\$3,260	\$1,113	\$2,187	\$845
Spouse	\$4,870	\$1,650	\$3,260	\$1,248
Each Child	\$3,646	\$1,242	\$2,444	\$942

Plan B:	Annual	Fall	Spring/ Summer*	Summer*
Student	\$2,534	\$871	\$1,703	\$664
Spouse	\$3,780	\$1,287	\$2,533	\$975
Each Child	\$2,832	\$971	\$1,901	\$738

**Open enrollment for Spring/Summer and Summer only applies to new students or previously ineligible students. All continuing students must provide documentation of being involuntarily dropped from other group coverage for enrollment in Spring/Summer or Summer semesters.*

Returning Students and their eligible dependents

Enrollment

Period(s):	Beginning	Through	Deadlines:
Annual	09-01-2011	08-31-2012	09-01-2011
Fall*	09-01-2011	12-31-2011	09-01-2011

*for Students graduating in December

New Students and their eligible dependents

Enrollment

Period(s):	Beginning	Through	Deadlines:
Annual	08-08-2011	08-31-2012	09-01-2011
Fall*	09-01-2011	12-31-2011	09-01-2011
Spring/Summer	01-01-2012	08-31-2012	02-01-2012
Summer	06-01-2012	08-31-2012	06-15-2012

*for Students graduating in December

REFUNDS

Refunds will be made upon the entry of any Covered Person into the armed forces of any country. Refund rates are pro-rated. A refund will be returned to such person upon written request less any claims paid.

Students must actively attend classes the first 31 days of the semester for which the student purchased insurance coverage. If the student withdraws from school or drops

COVERAGE DATES AND COSTS (CON'T)

below the required credit hours within the first 31 days they are not eligible for the Student Accident and Sickness Health Plan. The entire cost of the coverage will be refunded if the withdrawal occurs within the first 31 days. Students who withdraw from school will not be entitled to any benefits during the days described above and no claims received will be honored. **No other refunds will be issued.**

DEPENDENT COVERAGE

(Including Newborn Enrollment and Eligibility)

Eligible students who do enroll may also insure their eligible dependents on a voluntary basis. Eligible dependents are the spouse and Domestic Partner and unmarried children under age 26 if: the Child is a full-time student, or the Child has the same legal residence as the Eligible Student, or the Child is financially dependent on the Eligible student. Dependent/Domestic Partner eligibility expires concurrently with that of the Covered Student unless the dependent is covered through the Extension of Benefits provision after termination of coverage.

Newborn Children

In the event of the birth of a child to a Covered Student while the student's health plan is in force, that child will be covered for Injury or Sickness from the moment of birth until 31 days old. If the student wants continuing coverage for the newborn after 31 days, enrollment and payment of premium must be made within the first 31 days, or the coverage will terminate for that child at the end of the 31-day period. While covered under the Policy, coverage is subject to all Policy provisions, including the deductible. Benefits mandated by the state of Colorado to apply to newborn infants are payable under the Policy for the first 31 days.

LATE ENROLLMENT

Covered Students will not be allowed to enroll in the Plan after the applicable enrollment/waiver period unless proof is furnished that the Covered Student became ineligible for coverage under another group health plan during the 30 days* immediately preceding the date of the request for late enrollment in the University's plan. In such cases, the cost of the period will be the same as it would have been at the beginning of that period but the effective date will be the date the student enrolls and makes the required payment. The premium for the period purchased will not be pro-rated unless the period purchased is 60 days or less. In such cases, a one month premium

LATE ENROLLMENT (CON'T)

amount will apply to coverage periods of up to 30 days and a two month premium amount will apply to coverage periods of 31 to 60 days.

* 30 days means the enrollment form and payment is due at the Student Health/Insurance Office within that 30 day period.

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 855-639-8679. Health Office staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services.

Participating Provider Network:

University of Colorado Anschutz Medical Campus has a specially-designed Participating Network through Cofinity PPO in the State of Colorado. The following hospitals are in the network:

Denver	Denver Health Exempla St. Joseph National Jewish Health Porter Adventist Hospital PSL Medical Center Rose Medical Center
Aurora	Children's Hospital Medical Center of Aurora North Campus Medical Center of Aurora South Campus Spalding Rehabilitation Hospital University of Colorado Hospital
Boulder	Boulder Community Foothills Hospital Boulder Community Hospital
Englewood	Swedish Medical Center
Littleton	Littleton Adventist Hospital
Thornton	North Suburban Medical Center North Valley Hospital
Lone Tree	Sky Ridge Medical Center
Parker	Parker Adventist Hospital Parker Valley Hope
Wheat Ridge	Exempla Lutheran Medical Center

NOTE: This is not an all-inclusive list of hospitals and may be subject to change. For a more complete list and verification of hospitals, facilities and Doctors in the Participating Providers Network visit www.cofinity.net or call 800-850-2249. For participating Providers outside the State of Colorado visit www.myfirsthealth.com or call First Health at 888-685-7774.

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES (CON'T)

Special Select Mental Health Provider Network:

The University of Colorado Anschutz Medical Campus Department of Psychiatry has contracted with certain providers for outpatient psychiatric services. These services are completely confidential. Benefits are available for STUDENTS ONLY and only on an outpatient basis. For further information on this network of providers and how to access care, please contact 303-724-4716, or the Student Health/Insurance Office at 303-724-7674.

Admission Notification:

For pretreatment authorization of emergency and non-emergency hospitalizations, call AmeriBen at 800-388-3193. Refer to the Medical Management Program section on page 43 for details.

SUMMARY OF BENEFITS

Benefits will be paid when a Covered Person incurs a Eligible Medical Expense while under the Plan. The Eligible Expense must be due to an Accident or Sickness, be Medically Necessary, and authorized by a Doctor. All benefits are subject to Reasonable and Customary guidelines, deductibles, Co-payments, Coinsurance, plan maximums and limitations and exclusions. Reasonable and Customary allowances will be determined using the current survey of Fair Health Inc. with an 80th percentile reimbursement level.

AGGREGATE POLICY YEAR DEDUCTIBLES

Plan A: \$300 of Eligible Expenses

Plan B: \$1,000 of Eligible Expenses

CARRYOVER DEDUCTIBLE

Although a new deductible will apply each Policy Year, expenses incurred during the last three months of the Policy Year which are applied against the deductible will also be applied to the deductible for the next Policy Year and thus reducing that Policy Year's Deductible.

OUT-OF-POCKET MAXIMUM

The Out-of-Pocket maximum per Covered Person per Policy Year is:

Plan A:

\$2,500 for services provided by a Participating Provider

\$5,000 for services provided by a Non-Participating Provider

OUT-OF-POCKET MAXIMUM (CON'T)

Plan B:

\$6,000 for services provided by a Participating Provider

\$12,000 for services provided by a Non-Participating Provider

Types of charges that do not apply toward the maximum out-of-pocket expense include the following: 1) prescription co-payments, 2) non-covered expenses such as expenses in excess of the Reasonable and Customary charges and charges not covered by the Plan, 3) charges in excess of maximum benefits payable, 4) medical co-payments, and 5) the Policy Year Deductible.

PRESCRIPTION DRUG BENEFIT EXPRESS SCRIPTS PHARMACY

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

Express Scripts, Inc.
Attn: Standard Accounts
P.O. Box 66583
St. Louis, MO 63166-6583

For new students, after the Covered Person receives their insurance card, the Covered Person may go to any participating pharmacy or utilize the Express Scripts Home-Delivery program. For returning students, the Covered Person may go to any participating pharmacy or utilize the Express Scripts Home-Delivery program. For both Plan A and Plan B, the following Co-pays apply:

	<u>Express Scripts</u>	<u>Home Delivery</u>
Generic Drug	\$15	\$30
Brand Name Drug	\$40	\$80
Non-Formulary Drug	\$60	\$120

Your Co-pays are for allowable drugs, for up to a 30-day Retail Pharmacy supply per prescription or refill or up to a 90-day Home Delivery supply per prescription or refill.

When a generic drug is available and the Covered Person choose to purchase a brand name drug, even when the Doctor writes "dispense as written" or "may not substitute," the Covered Person must pay the cost difference between the brand name prescription and the generic prescription, in addition to the Co-pay.

PRESCRIPTION DRUG BENEFIT EXPRESS SCRIPTS PHARMACY (CON'T)

Home-Delivery Program:

The Covered Person can utilize the Express Scripts Home Delivery Program to fill prescriptions for the Covered Person's maintenance medications. Using the Express Scripts Home Delivery Program allows the Covered Person to have these medications conveniently delivered directly to his or her home.

The mail-order co-pay structure is \$30 for generic drugs, \$80 for brand-name drugs, and \$120 for non-formulary drugs, for up to a 90-day supply, regardless of day supply. To get a home-delivery form please contact the Student Health Center, Room 3208, Education II North, or call 303-724-7674.

Specialty Drug Program:

The Specialty Drug Program covers certain drugs commonly referred to as **high-cost specialty drugs**. To receive the network discount for these medications, and lower out-of-pocket costs, these drugs must be obtained by mail through the Express Scripts Home Delivery Program. The Specialty Drug Program through Express Scripts Home Delivery specializes in dispensing and delivering drugs that require special handling; and provides additional helpful services, including free courier delivery, Medically Necessary ancillary supplies such as syringes and alcohol swabs, and education programs focused on the disease for which the medication is dispensed. Common conditions that involve treatment with one of the specialty drugs include multiple sclerosis, hepatitis C and rheumatoid arthritis.

With a new specialty drug prescription, a Covered Person may contact Member Services or access the internet website address shown on the Covered Person's medical identification card to identify the drugs contained on the Specialty Drug list. A Covered Person may also contact Member Services or access the internet website for assistance with using Express Scripts Home Delivery to obtain specialty drug medication.

The Co-pay for specialty drugs will mirror the Retail Network Pharmacy co-pays. Specialty Drugs can only be filled for 30 days. Members may fill a one-month supply at a networked Express Scripts retail Pharmacy before using the Express Scripts Home Delivery Specialty Drug Program.

RIGHT OF REIMBURSEMENT

The Company shall have a lien against any recovery received by a Covered Person as compensation for an Accident or Sickness to the extent that the Covered Person received benefits for such Accident or Sickness under the coverage of the Policy. The Company's lien will apply to such recovery made by the Covered Person from any person, or entity that was responsible for causing such Accident or Sickness or their insurers. The Covered Person will not be required to return to the Company more than the amount which was recovered for such Accident or Sickness.

The Covered Person (or a parent or a guardian if the Covered Person is not able to execute such papers) will execute and deliver such papers as may be required by the Company. Also, the Covered Person will do whatever else is needed to help the Company in its attempts to recover the benefits it paid under the Policy to the Covered Person or the individual's assignee.

GENERAL PLAN PROVISIONS

Coverage will be in effect 24 hours a day for emergency treatment. A Covered Person will be insured at home, school or when traveling outside the United States while insurance is in force.

MENTAL HEALTH BENEFITS

Benefits will be paid as set forth below for Biologically-based Mental Illness, Mental Disorders and Mental Health Conditions, subject to the Maximum Benefit per Covered Person.

1. **Biologically-based Mental Illness** (schizophrenia, schizo-affective disorder, bi-polar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder) as mandated by Colorado law is paid as any other Sickness. If benefits are paid under this provision for any Eligible Expense, payment for that same expense will not be duplicated under any other Plan provision. Benefits paid under this provision for any Eligible Expense is not subject to the limitations applicable to non-biologically based mental health conditions detailed in item 3 on page 11-12.

Select Providers (Special) – The University of Colorado Anschutz Medical Campus Department of Psychiatry has contracted with certain providers for outpatient psychiatric services. This service is completely confidential. Benefits are available for

MENTAL HEALTH BENEFITS (CON'T)

STUDENTS ONLY on an outpatient basis only. For further information on these benefits, or a list of providers, please call 303-724-7674.

OUTPATIENT

Select Providers (Special)

No deductible
Payable at 100% of Allowable Charges

Participating Providers

No deductible
Plan A: \$10 Co-payment per visit. Payable at 100% of Allowable Charges
Plan B: \$30 Co-payment per visit. Payable at 100% of Allowable Charges

Non-Participating Providers

No deductible
Payable at 50% of R&C

INPATIENT

Select Providers

N/A

Participating Providers

Deductible applies
Payable at 80% of Allowable Charges

Non-Participating

Providers
Deductible applies
Payable at 50% of R&C

2. Eligible Expenses for **Mental Disorders**, as mandated by Colorado law, are payable on the same basis as Eligible Expenses for any other Accident or Sickness.

Mental Disorders mean:

- posttraumatic stress disorder;
- drug and alcohol disorders;
- dysthymia;
- cyclothymia;
- social phobia;
- agoraphobia with panic disorder,
- general anxiety disorder, and
- anorexia nervosa and bulimia nervosa (*to the extent those diagnoses are treated on an out-patient, day treatment and in-patient basis, exclusive of residential treatment*).

3. Inpatient and outpatient treatment of **Mental Health Conditions (other than Biologically-Based Mental Illness and Mental Disorders)**, as mandated by Colorado law, are payable as follows:

Inpatient treatment:

- up to 45 days per Policy Year while confined in a Hospital;
or
- up to 90 days for partial hospitalization per Policy Year.

MENTAL HEALTH BENEFITS (CON'T)

Partial hospitalization means treatment must be continuous for at least 3 but less than 12 hours in any 24-hour period. Two days of partial hospitalization will count as one day of inpatient confinement. Each day of inpatient care will reduce by two days the 90 days available for partial hospitalization care.

Outpatient treatment

- up to 20 visits per Policy Year for outpatient treatment. Medically Necessary services may be provided by a registered professional nurse, licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist, when acting within the scope of his/her license, or under the direct supervision of a Doctor or a licensed psychologist.

As used in this provision, the term "Hospital" includes a psychiatric hospital or, for outpatient treatment only, a community mental health center or mental health clinic which meets all requirements set by state law.

Autism is not considered to be a Mental Health Condition.

ELIGIBLE MEDICAL EXPENSES

The Benefits payable are as defined in and subject to all provisions of the Policy and any endorsements thereto. After the deductible has been satisfied, Benefits will be paid up to the Maximum Benefit for each service as specified below and as provided for in the Schedule of Benefits.

State Mandated Eligible Medical Expenses

- Autism Spectrum Disorders:** Coverage is provided for the assessment, diagnosis, and treatment of Autism Spectrum Disorders for a child from birth to age 19. For a child from birth to age 9, the annual maximum benefit for applied behavior analysis for autism spectrum disorders is \$34,000. For a child age 9 to age 19, the annual maximum benefit for applied behavior analysis for autism spectrum disorders is \$12,000. All charges incurred for the treatment of autism spectrum disorders will be subject to the same deductible, coinsurance, or co-payments that apply to other physical conditions.

For a child who is receiving Early Intervention Services, from birth to age 3, services for the treatment of autism will be considered the primary service. Early

ELIGIBLE MEDICAL EXPENSES

Intervention Services will be “in addition to” services provided to treat autism spectrum disorders.

For a child with a congenital disability, age 3 to age 6, who is receiving occupational therapy, physical therapy, or speech therapy the level of benefits may exceed the limit of twenty visits for each therapy if the therapy is Medically Necessary to treat autism spectrum disorders.

“Autism Spectrum Disorders” or “ASD” includes the following neurobiological disorders: Autistic Disorder, Asperger’s Disorder, and Atypical Autism as a diagnosis within pervasive developmental disorder not otherwise specified, as defined in the most recent edition of the “Diagnostic and Statistical Manual of Mental Disorders,” at the time of the diagnosis. Treatment for autism spectrum disorders must be prescribed or ordered by a licensed physician or licensed psychologist.

The following treatments are not considered experimental or investigational and are considered appropriate, effective or efficient for the treatment of autism. Treatment for autism spectrum disorders includes the following:

- a. Evaluation and assessment of services;
 - b. Behavior training and behavior management and applied behavior analysis, including but not limited to consultations, direct care, supervision, or treatment, or any combination thereof, for autism spectrum disorders provided by autism services providers;
 - c. Habilitative or rehabilitative care, including but not limited to, occupational therapy, physical therapy, or speech therapy, or any combination of those therapies;
 - d. Pharmacy care and medication;
 - e. Psychiatric care;
 - f. Psychological care, including family counseling; and
 - g. Therapeutic care.
2. The cost of **Cervical Cancer Vaccines** for all females for whom a vaccination is recommended by the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services. The recommended age for vaccines is females 11 to 12 years of age. Catch-up vaccinations are recommended for females aged 13 to 26 years who have not been previously vaccinated. If you start

ELIGIBLE MEDICAL EXPENSES (CON’T)

the series of vaccines at age 25 and turn age 26, the rest of the series of vaccines will be covered.

3. Benefits for **Cleft lip** and **Cleft palate** for newborn infants as mandated by Colorado law.
4. Treatment of **Diabetes** including insulin, insulin syringes, insulin infusion pumps, and outpatient self-management training and education including medical nutrition therapy, as mandated by Colorado law. Diabetic supplies are covered under the prescription drug plan.
5. **Mammograms** – Routine including radiology charges, as mandated by Colorado law. 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 Doctor; 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.
6. **Maternity** – Eligible Expenses for pregnancy are payable on the same basis as Eligible Expenses for any other Accident or Sickness. Coverage includes prenatal care and counseling, normal pregnancy, postnatal care and counseling, and Complications of Pregnancy.

Pregnancy coverage shall also include post-delivery inpatient Hospital care for a mother and her newly born Child in accordance with the guidelines recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists which is 48 hours following a vaginal delivery, or 96 hours following a caesarean section; except if the 48 or 96 hours end after 8 P.M., coverage will continue until 8 A.M. the following morning. A decision to shorten the length of stay may be made by the attending Doctor in consultation with the mother
7. **Medical foods** prescriptions for inherited enzymatic disorders as mandated by Colorado law.
8. **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 Covered Person’s Doctor. One screening per year for all men over the age of 50 years. Benefits will pay up to \$65 per Policy Year. Not subject to the deductible.

ELIGIBLE MEDICAL EXPENSES (CON'T)

9. **Routine Newborn Care**, while hospital confined and routine nursery care provided immediately after birth. Refer to the Eligible Medical Expenses item for Maternity.
10. **Telemedicine Services** as mandated by Colorado law.

All Other Eligible Medical Expenses

11. **Acupuncture**.
12. Medically Necessary treatment of **acne**.
13. **Ambulance Services**, ground or air transportation to a Hospital.
14. **Anesthetist Services**: professional services administered in connection with inpatient and outpatient surgery.
15. **Assistant Surgeon Fees**: professional services administered in connection with inpatient and outpatient surgery.
16. Benefits will be paid as for any Sickness for **Attention Deficit Disorder (ADD)** and **Attention Deficit Hyperactivity Disorder (ADHD)**.
17. **Blood** and/or plasma and the equipment for its administration on an inpatient basis.
18. **Colorectal Cancer Screening**: Coverage includes testing for the early detection of colorectal cancer and adenomatous polyps for those Covered Persons who are Asymptomatic, average risk adults who are fifty years of age or older and Covered Persons who are at high risk for colorectal cancer, including Covered Persons who have a family medical history of colorectal cancer; a prior occurrence of cancer or precursor neoplastic polyps; a prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or other predisposing factors as determined by the provider.
19. **Congenital Birth Defects** and Abnormalities.
20. **Consultant** services as per the Schedule of Medical Benefits.
21. Family and Group **Counseling** services (the Covered Person must be present for the counseling session).
22. **Consultant services** when requested by the attending Doctor.
23. **Contraceptive devices** and **Depo Provera injections**, subject to a maximum of \$1,500 per Policy Year.
24. **Dental** treatment of Injury to sound natural teeth resulting from an Accident. 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.

ELIGIBLE MEDICAL EXPENSES (CON'T)

25. **Diabetic supplies** are covered under the Prescription Drug Benefit (subject to Brand Name Co-pay)
26. **Dialysis**, limited to one visit per day.
27. **Durable Medical Equipment**: Charges for the following listed types of orthopedic or prosthetic devices or Hospital equipment:
 - a. man-made limbs or eyes for the replacing of natural limbs or eyes;
 - b. casts, splints or crutches;
 - c. purchase of a truss or brace;
 - d. oxygen and equipment for giving oxygen;
 - e. wheelchair or hospital bed;
 - f. rental of dialysis equipment and supplies;
 - g. colostomy bags and ureterostomy bags;
 - h. two external post-operative breast prostheses.No benefits will be paid for rental charges in excess of purchase price. Benefits are payable up to \$5,000 per Accident or Sickness per Policy Year. Charges for prosthetic arms and legs will be covered over the Durable Medical Equipment maximum as required by Colorado law.
28. **Hearing test**, if for the diagnosis of an Accident or Sickness.
29. Charges by a **Home Health Care** agency when such care is ordered by a Doctor and the Covered Person is confined to his/her home. Such care shall be for part-time nursing, physical, occupational or speech therapy and shall be limited to \$100 per day maximum/100 visits per Policy Year.
30. **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.
31. **HPV Vaccine** for insured male students up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.
32. **Immunizations**; preventive medicines or vaccines (includes Hepatitis B titers testing when routine and diagnostic (diagnostic when due to accidental Injury or exposure).
33. **Injections** (outpatient): when administered in the Doctor's office; and charged on the Doctor's statement.

ELIGIBLE MEDICAL EXPENSES (CON'T)

34. **Magnetic Resonance Imaging (MRI)**, only when Medically Necessary.
35. **Mammograms** – Diagnostic mammograms are paid same as any other Sickness and are subject to the deductible.
36. **Maternity Testing:** The 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.
37. **Nasal and Sinusitis** surgery.
38. **Outpatient Surgery Miscellaneous:** in connection with outpatient surgery (excluding take-home drugs); and surgery performed in a Hospital emergency room; trauma center; Doctor'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 excluding take home drugs; and supplies.
39. **Pap smear** (cytologic screening): One cytologic screening will be payable every Policy Year for female Covered Persons over age eighteen years.
40. **Doctor's Visits** (outpatient): charges for diagnosis and treatment by a Doctor (not an immediate family member), but not more than one visit per day allowed provided the second or subsequent visits are not with the same provider. The following services are considered Eligible Expenses under this benefit:
 - flu shots and TB skin test when provided in the Doctor's office;
 - Laboratory services referred outside the office for testing and reading;
 - Consulting Doctor services;
 - Administration of allergy shots.

ELIGIBLE MEDICAL EXPENSES (CON'T)

41. **Physical Therapy** services not including supplies, which are incurred while not confined in a Hospital and which are billed by a Doctor, physiotherapist, or qualified practitioner. Benefits are limited to one visit per day.
42. **Podiatry** treatment of metabolic or peripheral-vascular disease and Medically Necessary foot-care, except as excluded in the Policy.
43. **Post-Mastectomy Coverage:** Coverage of a Medically Necessary mastectomy will also include coverage of the following:
 - a. physical complications during any stage of the mastectomy, including lymphedemas;
 - b. reconstruction of the breast;
 - c. surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
 - d. two external breast prostheses.Eligible Expenses for the above are payable on the same basis as Eligible Expenses for any other surgery. This coverage will be provided in consultation with the attending Doctor and the patient.
44. **Pre-admission Testing** as per the Schedule of Medical Benefits.
45. **Private Duty Nursing Services:** when Medically Necessary, while Hospital confined and ordered by a Doctor. General nursing care provided by the Hospital is not covered under this benefit.
46. **Radiation** therapy and chemotherapy, including the administration of oral chemotherapy drugs.
47. **Reconstructive surgery** when needed to correct damage caused by an Injury or for breast reconstruction following a total or partial mastectomy as mandated by Colorado law. Benefits for congenital birth defects are limited to children born after the insured's effective date and who are covered by the Plan.
48. **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.
49. **Routine physical examinations** (preventive care) and routine testing; preventive testing or treatment; screening exams or testing in the absence of Accident or Sickness and immunizations. Limited to one examination per Policy Year.
50. **Skilled Nursing Facility** care when such care cannot be provided at home or on an outpatient basis.

ELIGIBLE MEDICAL EXPENSES (CON'T)

51. **Sleep Disorders**, if a result of a Sickness.
52. **Speech therapy** from a qualified practitioner to restore speech loss due to Accident or Sickness.
53. **Sexually-transmitted disease** (STD) testing: includes STD testing when performed with services in conjunction with Doctor Hospital visits, Preventive Care, routine physical examinations, pap smears or pre-IUD insertion.
54. **Surgery**: Doctor fees for inpatient and outpatient surgery. Includes coverage for multiple surgeries performed through the same incision.
55. **TB Mask Fittings**: one mask fitting per lifetime.
56. **Tests and Procedures**, diagnostic services and medical procedures performed by a Doctor other than Doctor's Visits, physical therapy, X-rays and lab procedures.
57. **Transcutaneous Electrical Nerve Stimulation** (TENS) units.
58. Human organ and tissue **transplants** that are Medically Necessary and appropriate. Experimental procedures are not covered.
59. **Ultrasounds**, only when Medically Necessary.
60. **X-Rays and Laboratory** as per the Schedule of Medical Benefits.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. For **addiction** and co-dependency services and supplies related to nicotine.
2. For **alopecia**.
3. For **biofeedback-type** services.
4. For **breast reconstruction** and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a Medically Necessary mastectomy.
5. For any period of **care** designed to help a Covered Person in the activities of daily living not requiring continuous attention by trained medical or paramedical personnel. Such care may involve: preparation of special diet; supervision over medication that can be self-administered; and assisting the person getting in or out of bed, walking, bathing, dressing, eating and using the toilet.
6. For **circumcision**, except as specifically provided.
7. For surgery and/or treatment of **corns, calluses and bunions**.
8. For **cosmetic surgery** except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
9. For rest cures or **custodial** care.
10. As a result of **dental** treatment, except for treatment resulting from Injury to sound, natural teeth.
11. For **elective abortions**.
12. For **Elective** Treatment or elective surgery.
13. For treatment, services, drugs, device, procedures or supplies that are **experimental** or **investigational**.
14. For **eye** examinations, eyeglasses, contact lenses, or prescription for such, or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Vision examinations not related to prescription or fitting of lenses will be covered only when performed in connection with the diagnosis or treatment of Sickness or Injury. Eye refraction is not covered.
15. For **eye** surgery such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring).

Exclusions and Limitations are continued on page 29

PLAN A – SCHEDULE OF BENEFITS – \$1,000,000 Aggregate Maximum Lifetime Benefit

This chart summarizes coinsurance amounts paid by the Plan. Coverage outside of the country for Eligible Expenses is reimbursable at 50% of R&C. If care is received from a Participating Provider any Eligible Expenses will be paid at the Participating Provider level of benefits. If a Participating Provider is not available in the Network Area, benefits will be paid at the Participating Provider level of benefits. Services provided by a Non-Participating Provider at a Participating Provider facility will be paid at the Participating Provider level of benefits.

BENEFIT DESCRIPTIONS	COFINITY PPO	NON-PPO	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Aggregate Policy Year Deductible	Yes (\$300)	Yes (\$300)	Applies unless stated otherwise.
Allergy Testing and Serum	80% of Allowable Charges	50% of R&C	Allergy serum is covered as a medical expense when it is not obtained with a prescription. Allergy shots are covered under the Doctor's Outpatient Office Visits.
Ambulance	80% of Allowable Charges	80% of R&C	Ground or air transportation to a hospital.
Anesthetist (Inpatient and Outpatient)	80% of Allowable Charges	50% of R&C	
Assistant Surgeon Fees (inpatient and Outpatient)	80% of Allowable Charges	50% of R&C	
Biologically-Based Mental Illness (BBMI)	See page 10		
Contraceptive Devices and Shots	80% of Allowable Charges, No deductible	80% of R&C No deductible	Oral contraceptives are payable under the Prescription Drug plan. Includes but not limited to NuvaRing, which is paid under the medical plan up to \$1,500 per Policy Year.
Dental Treatment for an Injury	80% of Allowable Charges	50% of R&C	Treatment for injury to sound, natural teeth.
Doctor Hospital Visits	80% of Allowable Charges	50% of R&C	Includes consultant services.
Doctor Outpatient Office Visits	100% of Allowable Charges, No deductible Co-payments: \$10 Primary Care Doctor \$10 Specialist	50% of R&C	More than one visit per day allowed provided the second or subsequent visits are not with the same Doctor. Includes most services provided in the Doctor's office including laboratory services referred outside the office for testing and reading. Includes consultant services, allergy shots, and chiropractic services for treatment of an Accident or Injury which pays at the Specialist co-payment for all Doctors.
Durable Medical Equipment	80% of Allowable Charges	50% of R&C	\$5,000 maximum per Accident or Sickness per Policy Year.
Emergency Services	80% of Allowable Charges	80% of R&C	Emergency Medical Condition only, as defined. Claims for non-PPO paid at the PPO level of benefit if admitted inpatient.
Home Health Care	80% of Allowable Charges	50% of R&C	Maximum payment of \$100 per day, 100 day maximum per Policy Year.
HPV (Cervical Cancer Vaccine) for Covered Female Students	100% of Allowable Charges, No deductible	100% of R&C, No deductible	Up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.
HPV for Covered Male Students	100% of Allowable Charges, No deductible	Not covered	Up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.
Injections	100% of Allowable Charges, No deductible \$10 Co-payment	100% of Allowable Charges, No deductible \$10 Co-payment	When administered in the Doctor's office. Immunizations are covered under the Routine physical exam Preventive Care benefit; and allergy shots are covered under the Doctor Outpatient Office Visits.
Inpatient & Outpatient Surgery	80% of Allowable Charges	50% of R&C	

PLAN A – SCHEDULE OF BENEFITS – \$1,000,000 Aggregate Maximum Lifetime Benefit (CONT)

BENEFIT DESCRIPTIONS	COFINITY PPO	NON-PPO	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Inpatient Room & Board & Hospital Miscellaneous	80% of Allowable Charges	50% of R&C	
Other Outpatient Therapy Services	80% of Allowable Charges	50% of R&C	Includes occupational, respiratory, and dialysis treatment. Limited to one visit per day per treatment.
Massage Therapy	80% of Allowable Charges, No deductible	80% of R&C, No deductible	Up to \$500 per Policy Year. Includes acupuncture.
Mental Disorders and Mental Health Conditions	See pages 10-12		
Physical Therapy - Outpatient	100% of Allowable Charges, No deductible \$10 Co-payment	50% of R&C	Limited to 15 visits per Accident or Sickness per Policy Year.
Preadmission Testing (Within 10 Days of Admission)	100% of Allowable Charges, No deductible	100% of R&C, No deductible	X-ray and lab tests performed within 10 days of admission to a hospital.
Preadmission Testing (Prior to 10 Days of Admission)	80% of Allowable Charges	50% of R&C	X-ray and lab tests performed more than 10 days before admission to a hospital.
Prescriptions	See pages 8-9	Not covered	Includes coverage of diabetic supplies.
Preventive Care			
Routine physical examinations	100% of Allowable Charges, No deductible	50% of R&C	One examination per Policy Year. Includes immunizations and laboratory services referred outside the office for testing and reading.
PAP Smears (Cytologic Screening)	100% of Allowable Charges, No deductible	50% of R&C	One per Policy Year, includes office visit, laboratory services and reading.
PSA (Prostate Cancer Screening)	100% of Allowable Charges, No deductible	100% of R&C, No deductible	See Eligible Expenses Item 8.
Mammograms - Routine	100% of Allowable Charges, No deductible	100% of R&C, No deductible	
Mammograms - Diagnostic	80% of Allowable Charges	50% of R&C	
Private Duty Nursing Services	80% of Allowable Charges	50% of R&C	\$10,000 maximum per Policy Year.
Sexually transmitted disease testing	100% of Allowable Charges, No deductible \$10 Co-payment	50% of R&C	Includes STD testing when performed with services in conjunction with Doctor visits, pap smears or pre-IUD insertion. Benefits are payable for STD testing at this benefit level regardless of reason or benefit level of other services when testing is performed.
TB Mask Fitting	100% of Allowable Charges, No deductible \$10 Co-payment	100% of R&C, No deductible \$10 Co-payment	One mask fitting per lifetime
X-Ray and Laboratory Services	80% of Allowable** Charges	50% of R&C	**Up to \$4,000 Maximum per Accident or Sickness, then payable at 50% for all Providers.
All Other Eligible Expenses	80% of Allowable Charges	50% of R&C	Additional benefits are shown in the Eligible Expenses section of this brochure, pages 12-19.

PLAN B – SCHEDULE OF BENEFITS – \$1,000,000 Aggregate Maximum Lifetime Benefit

This chart summarizes coinsurance amounts paid by the Plan. Coverage outside of the country for Eligible Expenses is reimbursable at 50% of R & C. If care is received from a Participating Provider any Eligible Expenses will be paid at the Participating Provider level of benefits. If a Participating Provider is not available in the Network Area, benefits will be paid at the Participating Provider level of benefits. Services provided by a Non-Participating Provider at a Participating Provider facility will be paid at the Participating Provider level of benefits.

BENEFIT DESCRIPTIONS	COFINITY PPO	NON-PPO	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Aggregate Policy Year Deductible	Yes (\$1,000)	Yes (\$1,000)	Applies unless stated otherwise.
Allergy Testing and Serum	80% of Allowable Charges	50% of R&C	Allergy serum is covered as a medical expense when it is not obtained with a prescription. Allergy shots are covered under the Doctor's Outpatient Office Visits.
Ambulance	80% of Allowable Charges	80% of R&C	Ground or air transportation to a hospital.
Anesthetist (Inpatient and Outpatient)	80% of Allowable Charges	50% of R&C	
Assistant Surgeon Fees (inpatient and Outpatient)	80% of Allowable Charges	50% of R&C	
Biologically-Based Mental Illness (BBMI)	See page 10		
Contraceptive Devices and Shots	80% of Allowable Charges, No deductible	80% of R&C No deductible	Oral contraceptives are payable under the Prescription Drug plan. Includes but not limited to NuvaRing, which is paid under the medical plan up to \$1,500 per Policy Year.
Dental Treatment for an Injury	80% of Allowable Charges	50% of R&C	Treatment for injury to sound, natural teeth.
Doctor Hospital Visits	80% of Allowable Charges	50% of R&C	Includes consultant services.
Doctor Outpatient Office Visits	100% of Allowable Charges, No deductible Co-payments: \$30 Primary Care Doctor \$50 Specialist	50% of R&C	More than one visit per day allowed provided the second or subsequent visits are not with the same Doctor. Includes most services provided in the Doctor's office including laboratory services referred outside the office for testing and reading. Includes consultant services, allergy shots, and chiropractic services for treatment of an Accident or Injury which pays at the Specialist co-payment for all Doctors.
Durable Medical Equipment	80% of Allowable Charges	50% of R&C	\$5,000 maximum per Accident or Sickness per Policy Year.
Emergency Services	80% of Allowable Charges	80% of R&C	Emergency Medical Condition only, as defined. Claims for non-PPO paid at the PPO level of benefit if admitted inpatient.
Home Health Care	80% of Allowable Charges	50% of R&C	Maximum payment of \$100 per day, 100 day maximum per Policy Year.
HPV (Cervical Cancer Vaccine) for Covered Female Students	100% of Allowable Charges, No deductible	100% of R&C, No deductible	Up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.
HPV for Covered Male Students	100% of Allowable Charges, No deductible	Not covered	Up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.
Injections	100% of Allowable Charges, No deductible \$30 Co-payment	100% of R&C, No deductible \$30 Co-payment	When administered in the Doctor's office. Immunizations are covered under the Routine physical exam Preventive Care benefit; and allergy shots are covered under the Doctor Outpatient Office Visits.
Inpatient & Outpatient Surgery	80% of Allowable Charges	50% of R&C	

PLAN B – SCHEDULE OF BENEFITS – \$1,000,000 Aggregate Maximum Lifetime Benefit (CONT)

BENEFIT DESCRIPTIONS	COFINITY PPO	NON-PPO	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Inpatient Room & Board & Hospital Miscellaneous	80% of Allowable Charges	50% of R&C	
Other Outpatient Therapy Services	80% of Allowable Charges	50% of R&C	Includes occupational, respiratory, and dialysis treatment. Limited to one visit per day per treatment.
Massage Therapy	80% of Allowable Charges, No deductible	80% of R&C, No deductible	Up to \$500 per Policy Year. Includes acupuncture.
Mental Disorders and Mental Health Conditions	See pages 10-12		
Physical Therapy - Outpatient	100% of Allowable Charges, No deductible \$30 Co-payment	50% of R&C	Limited to 15 visits per Accident or Sickness per Policy Year.
Preadmission Testing (Within 10 Days of Admission)	100% of Allowable Charges, No deductible	100% of R&C, No deductible	X-ray and lab tests performed within 10 days of admission to a hospital.
Preadmission Testing (Prior to 10 Days of Admission)	80% of Allowable Charges	50% of R&C	X-ray and lab tests performed more than 10 days before admission to a hospital.
Prescriptions	See pages 8-9	Not covered	Includes coverage of diabetic supplies.
Preventive Care			
Routine physical examinations	100% of Allowable Charges, No deductible	50% of R&C	One examination per Policy Year. Includes immunizations and laboratory services referred outside the office for testing and reading.
PAP Smears (Cytologic Screening)	100% of Allowable Charges, No deductible	50% of R&C	One per Policy Year, includes office visit, laboratory services and reading.
PSA (Prostate Cancer Screening)	100% of Allowable Charges, No deductible	100% of R&C, No deductible	See Eligible Expenses Item 8.
Mammograms - Routine	100% of Allowable Charges, No deductible	100% of R&C, No deductible	
Mammograms - Diagnostic	80% of Allowable Charges	50% of R&C	
Private Duty Nursing Services	80% of Allowable Charges	50% of R&C	\$10,000 maximum per Policy Year.
Sexually transmitted disease testing	100% of Allowable Charges, No deductible \$30 Co-payment	50% of R&C	Includes STD testing when performed with services in conjunction with Doctor visits, pap smears or pre-IUD insertion. Benefits are payable for STD testing at this benefit level regardless of reason or benefit level of other services when testing is performed.
TB Mask Fitting	100% of Allowable Charges, No deductible \$30 Co-payment	100% of R&C, No deductible \$30 Co-payment	One mask fitting per lifetime
X-Ray and Laboratory Services	80% of Allowable** Charges	50% of R&C	**Up to \$4,000 Maximum per Accident or Sickness, then payable at 50% for all Providers.
All Other Eligible Expenses	80% of Allowable Charges	50% of R&C	Additional benefits are shown in the Eligible Expenses section of this brochure, pages 12-19.

EXCLUSIONS AND LIMITATIONS (CON'T)

16. For surgery and/or treatment of **family planning**; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
17. For treatment provided in a **government Hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
18. For **gynecomastia**.
19. For surgery and/or treatment of **hair growth** or removal.
20. For **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.
21. For any services rendered by a Covered Person's **immediate family member**.
22. For surgery and/or treatment of **impotence**, organic or otherwise.
23. As a result of **Injury sustained or Sickness** contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
24. For **Injury** resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, or professional sports activity, including travel to and from the activity and practice.
25. For **learning disabilities**.
26. For **maintenance therapy** which is defined as those therapy services rendered to a Covered Person who is no longer making documentable progress to maintain the level of progress previously attained.
27. For a treatment, service or supply which is not **Medically Necessary**.
28. For treatment of **obesity**, except as specifically provided for morbid obesity.
29. For or in relation to **orthopedic** shoes or devices intended to be placed inside shoes or other footwear.
30. For **personal** items or services such as television, telephone or transportation.
31. For **premarital examinations**.
32. For **services normally provided** without charge by the Policyholder's Health Service/Center, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service/Center fee.

EXCLUSIONS AND LIMITATIONS (CON'T)

33. For surgery and/or treatment of **sexual reassignment surgery**; tubal ligation; vasectomy, elective sterilization or its reversal
34. After the date insurance **terminates** for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
35. For Injury or Sickness resulting from **war** or act of war, declared or undeclared.
36. For surgery and/or treatment of **weight reduction** (except for treatment of morbid obesity).
37. As a result of an Injury or Sickness for which benefits are paid under any **Workers' Compensation** or Occupational Disease Law.

EXTENSION OF BENEFITS AFTER TERMINATION

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or (3) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

CONTINUATION OF COVERAGE

If a Covered Student is no longer an Eligible Person under the Policy, he or she has the right to exercise the option to continue coverage for up to 6 months beginning on the date coverage would otherwise terminate. When the Covered Student chooses to exercise this right, his or her written request and the appropriate premium must be received by the Company within 31 days following the date coverage under the Policy terminates. In no event will this option to continue coverage be extended beyond the number of months initially requested. Continuation of coverage will be subject to the terms and conditions of the Policy in effect on the date the Covered Student becomes eligible under this option.

Additional information and enrollment forms for Continuation of Coverage are available in the Student Health/Insurance Office, Education Facility II North, Room #3208.

Submit your enrollment form and payment:

- at the Student Health/Insurance Office;
- on-line at www.ucdenver.edu/amcstudenthealth;
or
- by mail to ECI Services (14142 Denver West Parkway, Suite 200, Lakewood, CO 80401, 1-866-780-3824).
Note – your mailed enrollment form and payment must be postmarked within the 14-day enrollment period.

COVERAGE FOR STUDENT ON APPROVED LEAVE

A Covered Student may become eligible for a leave of absence when approved by the Policyholder. During the approved leave, coverage may continue for the Covered Student until the earlier of (1) the date the approved leave ends; or (2) the end of the period for which premium has been paid. In no event will the approved leave extend beyond 12 months.

COORDINATION OF BENEFITS

If the Covered Person has other group type, governmental, or automobile no fault medical benefits coverage, the benefits payable under the Policy will be coordinated with the other coverage so that the combined benefits paid or provided by all plans will not exceed 100% of the Eligible Expense. One plan will be determined to be primary under the policy rules and its benefits will be payable first. The plan paying second takes the benefits of the primary plan into account when it determines its benefits.

DISPUTED CLAIMS

If the Covered Person has reason to believe a claim in part or whole has not been settled properly, or a claim has been improperly denied, please contact AmeriBen at 855-639-8679 within 60 days after the claim payment date or the notice of denial of benefit and request a second review. The Covered Person's claim appeal will be reviewed by someone other than the person who made the initial determination.

If the result of this review is not satisfactory, please follow the directions for an appeal contained in the Explanation of Benefits or the notice of denial of benefit. Contact AmeriBen at 855-639-8679 or in writing at PO Box 6577, Boise, ID 83707. If the Covered Person contacts AmeriBen in writing, please include the name of the student, the ID number from the Covered Student's Policy ID card, the name of the patient, and state in clear and concise terms the reason for disagreement with the handling of the claim. AmeriBen and/or National Union Fire Insurance Company of Pittsburgh, Pa. will analyze the previously and newly submitted information and will conduct their own review. The Covered Person may be asked to provide additional information related to your appeal. The Covered Person will be notified promptly of the decision, but not later than the timeframes mandated by Colorado. If applicable, an explanation of the scientific or clinical judgment for the determination applying the terms of the Policy to the Covered Person's medical circumstances will be provided free of charge upon request.

Please keep in mind, the decision to proceed with the service and personally incur the expense is between the Covered Person and the Covered Person's healthcare provider.

DEFINITIONS

“Accident” means an occurrence which a) is unforeseen; b) is not due to or contributed to by Sickness or disease of any kind; and c) causes Injury.

“Allowable Charges” means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

“Co-pay/Co-payment” means the initial dollar amount payable by the Covered Person for an Eligible Expense at the time service is rendered.

“Covered Person” means a Covered Student while coverage under the Policy is in effect and those dependents with respect to whom a Covered Student has insured.

DEFINITIONS (CON'T)

“Deductible/Deductible Amount” means the dollar amount of Eligible Expenses a Covered Person must pay before benefits become payable.

“Doctor” means: a) legally qualified physician licensed by the state in which he or she practices; and b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term “Doctor” does not include a Covered Person’s immediate family member.

“Elective Treatment” means medical treatment , which is not necessitated by a pathological change in the function or structure of any part of the body, occurring after the Covered Person's effective date of coverage. Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual reassignment surgery; submucous resection and/or other surgical correction of deviated nasal septum, other than necessary treatment of acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; and treatment of infertility.

“Eligible Expense” means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: a) not in excess of the Reasonable and Customary charges; or b) not in excess of the charges that would have been made in the absence of this coverage; c) is the negotiated rate, if any and d) incurred while the Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

“Emergency Medical Condition” means the sudden, and at the time, unexpected onset of a health condition that requires immediate medical attention, that a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life or limb threatening emergency existed and that failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s health in serious jeopardy.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

DEFINITIONS (CON'T)

“Emergency Services” means the following:

- a) a medical screening examination, as required by federal law, that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department, to evaluate an Emergency Medical Condition;
- b) such further medical examination and treatment that are required by federal law to stabilize an Emergency Medical Condition and are within the capabilities of the staff and facilities available at the Hospital, including any trauma and burn center of the Hospital.

“Hospital” means a facility which meets all of these tests: a) provides in-patient services for the care and treatment of injured and sick people; and b) it provides room and board services and nursing services 24 hours a day; and c) it has established facilities for diagnosis and major surgery; and d) it is supervised by a Doctor; and e) it is run as a Hospital under the laws of the jurisdiction which it is located; and f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: a) as a convalescent home; or b) as a nursing or rest home; c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term “Hospital” includes: a) an ambulatory surgical center of ambulatory medical center; and b) a birthing facility certified and licenses as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

“Injury” means bodily injury due to an Accident which: a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

DEFINITIONS (CON'T)

A service shall not be considered as Medically Necessary if: a) it is provided only as a convenience to the Covered Person or provider; or b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or d) it is experimental/investigational or for research purposes; or e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual or Center for Medicare and Medicaid Services Issues Manual; or h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Pre-Existing Condition" means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy.

"Reasonable and Customary (R&C)" means the charge, fee or expense which is the smallest of: a) the actual charge; b) the charge usually made for a covered service by the provider who furnishes it; c) the negotiated rate, if any; and d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

"Geographic area" means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

"Sickness" means disease or illness including related conditions and recurrent symptoms of the Sickness. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered one Sickness.

ADDITIONAL MANDATED BENEFITS

Benefits are also provided for the items listed below as mandated by the State of Colorado. A detail of these benefits may be found in the Master Policy on file at the University's Student Insurance Office. These benefits include Benefits for Hospitalization and General Anesthesia for Dental Procedures for Dependent Children, Benefits for Home Health Services, Child Health Supervision Services, Colorectal Cancer Screening, and any other applicable mandated benefits.

IMPORTANT NOTICE

Federal regulations now permit the time you are on the University of Colorado Anschutz Medical Campus Student Accident and Sickness Insurance Health Plan to be counted as a credit toward satisfying pre-existing condition clauses in future health insurance plans you may participate in after you leave the University.

These regulations provide that, when your coverage under the University sponsored plan terminates (for example, your academic studies at University of Colorado Anschutz Medical Campus are completed or your eligibility under this plan ends, or you waive out of this plan with proof of outside insurance coverage), you are eligible to receive a certificate showing the amount of time you were covered under the University Policy.

Please call AmeriBen at 855-639-8679 to obtain a certificate.

PRIVACY POLICY

The HIPAA Privacy Rule requires protection of your personal health information. As the third party administrator of your student health plan, AmeriBen is dedicated to protecting the confidentiality of your personal health information. A Notice of Privacy Practices outlining these protections will be provided to enrollees on the health plan. If the Covered Person would like a copy of the National Union Fire Insurance Company of Pittsburgh, Pa. Notice of Privacy Practices, administered by AmeriBen, the Covered Person may write to AmeriBen at PO Box 6577, Boise, ID 83707, Attn: Privacy Office or call 855-639-8679.

OPTIONAL DENTAL BENEFITS

Good for your Health and Your Wallet

University of Colorado Anschutz Medical Campus recognizes that good dental health is important to overall health and is pleased to offer students and their eligible dependents the option to enroll in this dental benefit option.

Did you know over 100 severe medical conditions and illnesses can be detected and treated by a dental examination of the mouth, throat and neck? With dental benefits, which promote regular visits to the dentist, serious oral health problems can be detected early and treated more economically. A healthy mouth promotes better general health and well-being.

The dental benefits provide coverage for preventive care, basic and restorative care.

ELIGIBILITY: Participants must be enrolled in the Medical Plan in order to enroll in this Optional Dental Benefit.

ENROLL TODAY! Just complete the online form at www.myameriben.com remit payment. After eligibility is confirmed and your premium processed, present your Student Insurance Identification Card to your dental health care provider. If you have questions about enrollment call the Student Health/Insurance Office at 303-724-7674.

Eligibility, Termination and Effective Dates of coverage under this optional dental coverage are the same as under the Medical Plan.

The deadline to enroll is September 22, 2011 in the Fall and February 22, 2012 in the Spring.

PREMIUM ANNUAL

Student	\$353.00
Spouse/Domestic Partner	\$328.00
Per Child	\$391.00

BENEFIT OVERVIEW

Policy Year Benefit Maximum	\$1,000
Policy Year Deductible per Covered Person	\$50
Preventive Service Covered Percent	100%
Basic Service Covered Percent	80%
Major Service Covered Percent	50%
Orthodontic Service	Not Covered

OPTIONAL DENTAL BENEFITS (CON'T)

PARTIAL LIST OF PLAN PROVISIONS:

PREVENTIVE	BENEFIT
(Not subject to Policy Year Deductible)	
Oral examinations	100%
Cleanings, including scaling and polishing* Adult/Child	100%
Fluoride *	100%
Sealants (permanent molars only)*	100%
Full mouth series X-rays * / Bitewing X-rays	100%
Space maintainers	100%

BASIC

Root canal therapy, with X-rays and cultures Anterior teeth/ bicuspid teeth	80%
Amalgam (silver) fillings /Composite fillings (Anterior teeth only)	80%
Stainless steel crowns	80%
Scaling and root planing*	80%
Uncomplicated extraction of erupted teeth	80%

MAJOR

Root canal therapy, with X-rays and cultures	50%
Osseous surgery*	50%
Surgical removal of impacted tooth (partial bony/full bony)	50%
General anesthesia/intravenous sedation	50%
Inlays/Onlays/Crowns	50%
Full & partial dentures	50%
Denture repairs	50%
Pontics	50%

*Frequency and/or age limitations may apply to these services. These limits are described in the Master Policy.

NOTE: This material is for information only. The Optional Dental benefits contain exclusions and limitations. Not all dental services are covered. The Company does not provide care or guarantee access to dental services. Limitations, Exclusions and Definitions are outlined in the Master Policy.

INSURANCE COMPANY

National Union Fire Insurance Company
of Pittsburgh, Pa.

Administrator Policy Number: CHH8017822
Underwriter Reference Number: CAS9499975
The Policy is a Non-Renewable One Year Term Policy

CLAIMS PROCEDURES

Written notice of any event that may lead to a claim under the Policy must be given to the Company or its authorized administrator within 60 days after the event. Written proof of loss must be furnished to the Company within 90 days after the date of loss. Proper positive written notice and proof of loss must be given before the Company will be liable for any loss.

Send Medical claims to:

AmeriBen
PO Box 6577
Boise, ID 83707
Group #: 0811008

Send Prescription claims to:

Express Scripts, Inc.
P.O. Box 66583
St. Louis, MO 63166-6583
800-206-4005

Send Mail Order Home Delivery claims to:

Express Scripts, Inc.
P.O. Box 52123
Phoenix, AZ 85072-2123
800-206-4005

CLAIMS, ELIGIBILITY AND BENEFIT QUESTIONS

AmeriBen

855-639-8679
www.myameriben.com
Group #: 0811008

PARTICIPATING PROVIDER ORGANIZATIONS

COFINITY PPO (Inside Colorado)

For Participating Provider Information in the State of Colorado, call Cofinity toll-free at 800-850-2249
www.cofinity.net

FIRST HEALTH (Outside Colorado)

For Participating Provider Information outside the State of Colorado, call First Health toll-free at 888-685-7774
www.myfirstthealth.com

IMPORTANT INFORMATION

This is only a brief description of the coverage available under policy series S30494NUFIC-CO. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.

HEALTH CARE MANAGEMENT PROGRAM

AmeriBen Compass Medical Management, Inc.

For Pre-Admission Notification
800-388-3193

OPTIONAL NEEDLESTICK/BODY FLUID SPLATTER BENEFIT

Additional \$17.00 per student per Policy Year (regardless of when you enroll)

Enroll online at www.myameriben.com
If you have questions on enrollment call the Student Health/Insurance Office at 303-724-7674.

Benefit Highlights include the following:

- \$1,000 per Occurrence/Accident for each needlestick/body fluid splatter exposure to insured students participating in medical related studies.
- Benefits are not subject to any deductibles or co-payments or co-insurance and are separate from the benefits covered under the Student Accident and Sickness Insurance Health Plan.
- Provides benefits for expenses incurred for care following a needlestick and/or body fluid splatter, including, but not limited to, preventive/routine services, labs, x-rays, prescriptions and physician fees.
- You do not need to be enrolled on the Student Accident and Sickness Insurance Health Plan to enroll in this plan.

OPTIONAL AMACORE VISION DISCOUNT PLAN

**Additional \$12 per Individual per Policy Year
(regardless of when you enroll).**

Enroll online at www.myameriben.com

A Product of the Amacore Group, Inc. (*AMACORE is not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.*)

Amacore Vision is one of the nation's leading vision care discount plans providing point-of-service savings at thousands of eye care facilities nationwide including ophthalmologists (M.D.s), optometrists, opticians and optical outlets. This is not an insurance program — but a discount plan. Simply present your Identification Card at the time of service to receive your savings.

How to Use Your Discount Card

1. Locate a provider online at www.myameriben.com.

Then call Amacore's toll free number, 1-800-354-8336 and have a Patient Advocate call to confirm provider participation and program fee schedule. Please note: The free eye exam benefit is subject to participating providers.

2. Present your member ID card at the time of your visit to the provider.
3. You are responsible for the total bill, less the applicable savings, at the time the service is rendered.

24-HOUR STUDENT EMERGENCY CARE HOTLINE

**For confidential health care advice and
information,**

**24 hours a day, 365 days a year,
CALL TOLL-FREE 866-315-8756**

*(Not affiliated with National Union Fire Insurance
Company of Pittsburgh, Pa.)*

Comprehensive Resources and Advice from Registered Nurses

- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly to a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone services to specially trained personnel, trained to provide referral services for mental health concerns.

Special Care for Emergencies

- Integrated Emergency Support Services are available whenever members are in an emergency room or unexpectedly hospitalized. In serious emergencies, the clinical team including Doctors and registered nurses, assist patients and their families so they can make informed decisions about their care and treatment.
- The clinical team provides emotional reassurance, explains medical terms, discusses hospital culture and common routines, recommends resources and facilitates communications between patient and family to help them through the emergency.

MEDICAL MANAGEMENT PROGRAM

AmeriBen Compass Medical Management, Inc.

is not affiliated with

National Union Fire Insurance Company of Pittsburgh, Pa.

University of Colorado Denver, Downtown Campus has contracted with a professional health care management to assist Covered Persons in determining whether or not proposed services are appropriate for reimbursement under the plan. The program is not intended to diagnose or treat medical conditions, guarantee benefits or validate eligibility. The medical professionals, who conduct the program focus their review on the appropriateness of hospital stays and proposed surgical procedures.

PRE-ADMISSION NOTIFICATION

Covered Persons should call AmeriBen Compass Medical Management, Inc. at 800-388-3193, between 8:00 a.m. to 5:00 p.m. MST, Monday through Friday, before any elective admission to a hospital. Covered Persons must also call within 48 hours (2 working days) of any emergency admission. When calling, it will be necessary to provide the program with your name, the patient's name, the name of the Doctor and hospital, the reason for the hospitalization and any other information needed to complete the review.

SPECIAL CASE MANAGEMENT

Special Case Management is designed to help manage the care of Covered Persons who have catastrophic or extended care Sickness or Injury. The primary objective of Special Case Management is to identify and coordinate cost effective medical care alternatives meeting accepted standards of medical practice. Special Case Management also monitors the care of the patient, offers emotional support to the family and coordinates communications among health care providers, patients and others. Examples of Sickness or Injury that would be appropriate for Special Case Management include, but are not limited to:

- Terminal sicknesses
- Cancer
- AIDS
- Chronic illnesses: Renal failure, Cardiac Obstructive pulmonary disease, multiple sclerosis, cardiac conditions
- Accident victims requiring long-term rehabilitative therapy
- Newborns with high risk complications or multiple birth defects
- Diagnosis involving long-term IV therapy
- Mental health or substance abuse
- Sickness not responding to medical care

TRAVEL GUARD AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Guard and Student Assist Services 24-Hour Assistance Call Center

WHO IS TRAVEL GUARD

Multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help participants should the need arise while traveling.

The Travel Guard Medical Staff consists of full-time, on-site Registered Nurses and Emergency Doctors who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a Doctor has daily responsibility for a 24-hour period and is on-site during daytime hours.

WHEN TO CONTACT TRAVEL GUARD:

- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a nonmedical situation such as lost luggage, lost documents, legal help, etc.

WHEN TO CONTACT TRAVEL GUARD:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a **collect call to the USA at 1-715-295-9625**.
 - Our fax number is 1-262-364-2203.

**Travel Guard is available
24-hours-a-day/7-days-a-week/365-days-a-year**

WHAT INFORMATION WILL YOU NEED TO PROVIDE WHEN YOU CALL:

- Advise Travel Guard your TPA is Macori Administration
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

DESCRIPTION OF SERVICES

General Information: Services listed below include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

Technical: Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Enroute Travel Assistance
- Claims-related Assistance
- Telephone Interpretation
- Embassy/Consulate Information
- Lost/Stolen Luggage & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include Doctor/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

Medical Assistance:

- Medical Referral
- Out-patient Assistance
- In-patient Assistance

NOTE: Evacuation of Mortal Remains as shown on next page.

REPATRIATION AND MEDICAL EVACUATION BENEFITS

(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

Combined Maximum Limit of \$1,000,000

REPATRIATION OF MORTAL REMAINS

In the event an Injury or Sickness causes death while a participant is outside their home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

MEDICAL EVACUATION

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if a participant is outside their home country and a Doctor determines that adequate medical treatment is not locally available. **Certain exclusions apply.**

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

TRAVEL ASSIST/STUDENT ASSIST STUDENT ASSIST SERVICES

Concierge Services: You receive the comfort, care, and attention of Travel Guard's Personal Assistance Coordinators available 24/7 to respond to virtually any request — large or small.

Personal Security Assistance: You can feel safe and secure with Travel Guard's Personal Security Assistance at home or while traveling.

To activate personal security services, please log on to: www.chartisinsurance.com/personalsecurity. For initial setup, your login is "9499975" and the password is "security."

Find more details online at www.myameriben.com

ADDITIONAL SERVICES

Access to more at www.myameriben.com

Services Included or Available – at no additional cost:

- **Live Travel[®] Emergency Assistance:** Student Assist keeps you on the move. A unique service that is like having a dedicated around-the-clock travel counselor just a phone call away to solve last-minute travel problems or emergencies. Additional information under “Travel Guard” on page 44.
- **Travel Medical Assistance:** From Doctor referrals to coordination of medical evacuations, we attend to your medical needs everywhere in the world. Medical Evacuation/ Repatriation Benefits of \$1,000,000 aggregate. Additional information under “Travel Guard” on page 44.
- **24-Hour Student Emergency Care:** 24-Hour Emergency Care Hotline — Toll Free, confidential healthcare advice and information 24 hours a day, 365 days a year for both emergency and non-emergency medical situations. Additional information on page 42.
- **Worldwide Travel Assistance:** Travel is never a hassle with this complete suite of travel help. Our Student Assist assistance coordinators will arrange all your travel affairs and are always connected to the latest travel information.
- **Medical Management Program:** Helps participants and dependents manage and make treatment decisions when faced with chronic health conditions. Additional information under “Medical Management Program” on page 43.

Services Available – enrollment and payment are required. May only be purchased in conjunction with the Student Accident and Sickness Insurance Health Plan (except the Needlestick/Body Fluid Splatter Benefit), up to the Enrollment Deadline:

- **Optional Dental Coverage:** Dental Coverage that includes benefits for Preventive, Basic and Restorative Care. Premium per Policy Year or any part thereof:
Student — \$353
Spouse/domestic partner — \$328
Each Child — \$391
Additional information on pages 37-38.
- **Optional Needlestick/Body Fluid Splatter Benefit:** Additional \$17.00 per Student per Policy Year (regardless of when you enroll). \$1,000 per Occurrence/Accident for covered students participating in medical related studies. Additional information on page 40.
- **Optional Amacore Vision Discount:** Quality vision discount plan, \$12.00 per Individual per Policy Year (regardless of when you enroll). Receive discounts on care, supplies and specialty services from 20-60% including Lasik. Additional information on page 41.

STUDENT HEALTH INSURANCE
MAIL STOP A035, EDUCATION II NORTH
13120 E 19TH AVE, ROOM 3208
AURORA, CO 80045