



University of Colorado
Anschutz Medical Campus

Student Injury and Sickness Insurance Plan 2013-2014



UnitedHealthcare®

IMPORTANT: Please see the Notice on the back of the front cover of this plan material concerning student health insurance coverage.

13-BR-CO(202512-1/2)

Policy Number: 2013-202512-1/2

Notice Regarding Your Student Health Insurance Coverage

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the health care reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012 and \$500,000 for policy years beginning on or after September 23, 2012 but before January 1, 2014. Your student health insurance coverage puts a policy year limit of \$1,000,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

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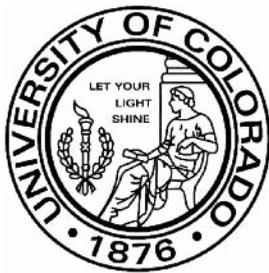
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Dear Student,

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 Injury and Sickness Insurance Plan is designed to provide students with health care coverage offering a PPO Injury 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 Injury and Sickness Insurance 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 Injury and Sickness Insurance Plan by submitting a selection/waiver form by the deadline date.

The Student 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 Injury and Sickness Insurance Plan. If you are enrolled in the University of Colorado Anschutz Medical Campus Student Injury and Sickness Insurance Plan and are having problems understanding claims, or you think a claim processing error has been made, don't hesitate to contact the Student Insurance Office. One of the functions of the Student Insurance Office is to help you resolve insurance issues.

The Student 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 Insurance Office

STUDENT INJURY AND SICKNESS INSURANCE PLAN

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 UnitedHealthcare Insurance Company 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 7887, 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 Insurance Office at 303-724-7674, or via e-mail at amcstudentinsurance@ucdenver.edu.

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, 2013 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 and correspondence courses do not fulfill the eligibility requirements that the student actively

ELIGIBILITY (CON'T)

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. Insured 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 (High Option) on a mandatory hard waiver basis unless they choose to enroll in Plan B (Low Option), or waive coverage by providing proof of comparable coverage. To waive coverage, a selection/waiver enrollment form must be 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 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 4, 2013. **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/enrollment forms are located on-line at www.ucdenver.edu/amcstudentinsurance. Waiver forms and insurance brochures can also be obtained at the Student Insurance Office located in Education Facility II North, Room #3213. **Health insurance waiver/enrollment forms are only valid for one academic year.**

Continuing students are required to complete a new waiver/enrollment 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 9, 2013. 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, 2014. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

	Annual	Fall	Spring/ Summer*	Summer*
Plan A:				
Student	\$3,827	\$1,293	\$2,554	\$977
Spouse	\$5,761	\$1,946	\$3,815	\$1,479
Each Child	\$4,331	\$1,468	\$2,863	\$1,119
			Spring/ Summer*	Summer*
Plan B:				
Student	\$2,978	\$1,009	\$1,989	\$763
Spouse	\$4,533	\$1,535	\$2,998	\$1,170
Each Child	\$3,425	\$1,164	\$2,261	\$891

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

**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	09-01-2013	08-31-2014	09-04-2013
Fall*	09-01-2013	12-31-2013	09-04-2013

*for Students graduating in December

New Students and their eligible dependents

Enrollment

Period(s):	Beginning	Through	Deadlines:
Annual	08-09-2013	08-31-2014	09-04-2013
Fall*	08-09-2014	12-31-2013	09-04-2013
Spring/Summer	01-01-2014	08-31-2014	02-04-2014
Summer	06-01-2014	08-31-2014	06-13-2014

*for Students graduating in December

COVERAGE DATES AND COSTS (CON'T)

REFUNDS

Refunds will be made upon the entry of any Insured 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 below the required credit hours within the first 31 days they are not eligible for the Student Injury and Sickness Insurance 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 children under age 26. Dependent/Domestic Partner eligibility expires concurrently with that of the Insured 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 an Insured 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, and benefits will be the same as for the Insured Person who is the child's parent. Benefits mandated by the state of Colorado to apply to newborn infants are payable under the Policy for the first 31 days.

LATE ENROLLMENT

Insured Students will not be allowed to enroll in the Plan after the applicable enrollment/waiver period unless proof is furnished that the Insured 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

LATE ENROLLMENT (CON'T)

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 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 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 at Aurora University of Colorado Hospital
Boulder	Boulder Community Foothills Hospital Boulder Community Hospital
Centennial	Denver South Valley Hope
Englewood	Swedish Medical Center
Littleton	Littleton Adventist Hospital
Thornton	North Suburban Medical Center North Valley Rehabilitation Hospital
Lone Tree	Sky Ridge Medical Center
Parker	Parker Adventist Hospital
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

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES (CON'T)

verification of hospitals, facilities and Doctors in the Participating Providers Network visit www.cofinity.net or call 800-831-1166. For participating Providers outside the State of Colorado visit www.myfirsthealth.com or call First Health at 800-226-5116.

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 Insurance Office at 303-724-7674, or via e-mail at amcstudentinsurance@ucdenver.edu.

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 45 for details.

SUMMARY OF BENEFITS

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

POLICY YEAR DEDUCTIBLES

Plan A: \$300 per Insured Person

Plan B: \$1,000 per Insured Person

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 Insured 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

Plan B:

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

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

Out-of-Pocket Maximum: After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any benefit maximums that may apply. Separate Out-of-Pocket Maximums apply to Preferred Provider and Out-of-Network benefits. The policy Deductible, Copays and per service Deductibles, and services that are not Covered Medical Expenses do not count toward meeting the Out-of-Pocket Maximum. Even when the Out-of-Pocket Maximum has been satisfied, the Insured Person will still be responsible for Copays and per service Deductibles.

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 an Insured Person incurs Rx claims within the first 6 weeks of enrollment, the Insured Person must pay for the Rx and submit a claim to Express Scripts after the 6th week at:

Express Scripts, Inc.

Attn: Commercial Claims – Group # AM2A

P.O. Box 2872

Clinton, IA 52733-2872

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

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

PRESCRIPTION DRUG BENEFIT EXPRESS SCRIPTS PHARMACY (CON'T)

Your Copays 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 Insured Person chooses to purchase a brand name drug, even when the Doctor writes “dispense as written” or “may not substitute,” the Insured Person must pay the cost difference between the brand name prescription and the generic prescription, in addition to the Copay.

Home-Delivery Program:

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

The mail-order copay 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 obtain a home-delivery form please call Express Scripts at 800-206-4005 or go to the Student Insurance Office, Room 3213, Education II North, call 303-724-7674, or contact the Student Insurance Office via e-mail at amcstudentinsurance@ucdenver.edu.

Out of Network

\$15 copay generic drugs / \$40 Copay brand-name drugs / \$60 copay non-formulary drugs.

Out of Network benefits will be paid at the negotiated Express Scripts Allowance. Insureds will be required to pay for their prescription and submit the paid receipt with the insured’s information to the administrator for processing. Payment will be made directly to the insured by the administrator.

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

PRESCRIPTION DRUG BENEFIT EXPRESS SCRIPTS PHARMACY (CON'T)

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, an Insured Person may contact Member Services or access the internet website address shown on the Insured Person’s medical identification card to identify the drugs contained on the Specialty Drug list. An Insured 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 Copay for specialty drugs will mirror the Retail Network Pharmacy copays.

Immunizations that are covered by this Plan under “Preventive Care Services” can be done at participating network pharmacies.

RIGHT OF REIMBURSEMENT

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

The Insured Person (or a parent or a guardian if the Insured Person is not able to execute such papers) will execute and deliver such papers as may be required by the Company. Also, the Insured 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 Insured Person or the individual’s assignee.

GENERAL PLAN PROVISIONS

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

MENTAL HEALTH BENEFITS

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 **STUDENTS ONLY** on an outpatient basis only. For further information on these benefits, or a list of providers, please call 303-724-7674, via e-mail at amcstudentinsurance@ucdenver.edu.

	INPATIENT	OUTPATIENT
Special Select Providers	N/A	100%, No Policy Year Deductible.
Cofinity PPO Preferred Providers	<p>Biologically Based Mental Illness: Paid as any other Sickness after Policy Year Deductible.</p> <p>Mental Illness Treatment: Paid as any other Sickness after Policy Year Deductible.</p> <p>Substance Abuse Treatment: Paid as any other Sickness after Policy Year Deductible.</p>	<p>Biologically Based Mental Illness: Paid as any other Sickness. No Policy Year Deductible.</p> <p>Mental Illness Treatment: Paid as any other Sickness. No Policy Year Deductible.</p> <p>Substance Abuse Treatment: Paid as any other Sickness. No Policy Year Deductible.</p>
Out-of-Network Providers	<p>Biologically Based Mental Illness: Paid as any other Sickness after Policy Year Deductible.</p> <p>Mental Illness Treatment: Paid as any other Sickness after Policy Year Deductible.</p> <p>Substance Abuse Treatment: Paid as any other Sickness after Policy Year Deductible.</p>	<p>Biologically Based Mental Illness: Paid as any other Sickness. No Policy Year Deductible.</p> <p>Mental Illness Treatment: Paid as any other Sickness. No Policy Year Deductible.</p> <p>Substance Abuse Treatment: Paid as any other Sickness. No Policy Year Deductible.</p>

COVERED MEDICAL EXPENSES

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for an Insured Person for loss due to Injury or Sickness subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any Coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto.

Covered Medical Expenses include:

State Mandated Covered Medical Expenses

1. Treatment of **Autism Spectrum Disorders**: Benefits will be paid the same as any other Sickness for Covered Medical Expenses related to the assessment, diagnosis and treatment, including Applied Behavior Analysis, of Autism Spectrum Disorders. Treatment for Autism Spectrum Disorders must be prescribed or ordered by a licensed Physician or license psychologist.

“Applied behavior analysis” means the use of behavior analytic methods and research findings to change socially important behaviors in meaningful ways.

“Autism Spectrum Disorders” include 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 diagnosis.

“Treatment for Autism Spectrum Disorders” shall be for treatments that are Medically Necessary, appropriate, effective, or efficient. Treatment for Autism Spectrum Disorders shall include:

- a. Evaluation and assessment 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, 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;
- s. Psychiatric care;
- e. Psychological care, including family counseling;
- f. Therapeutic care; and
- g. Pharmacy care and medication if provided for in the policy.

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

COVERED MEDICAL EXPENSES (CON'T)

2. **Biologically Based Mental Illness:** Benefits will be paid the same as any other Sickness for the treatment of Biologically Based Mental Illness and Mental Disorders as defined below. The benefit provided will not duplicate any other benefits provided in this policy.

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

“Mental Disorder” means posttraumatic stress disorder, drug and alcohol disorders, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. Mental Disorder also includes 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.

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

3. **Cervical Cancer Vaccines:** Benefits are payable for the cost of cervical cancer vaccinations for all Insured Persons for whom a vaccination is recommended by the Advisory Committee on Immunization practices of the United States Department of Health and Human Services.

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

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

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

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

COVERED MEDICAL EXPENSES (CON'T)

are available from:

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

American Academy of Pediatrics, www.aap.org;

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

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

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

5. **Cleft Lip or Cleft Palate:** Benefits will be paid the same as any other Sickness for treatment of newborn children born with cleft lip or cleft palate or both. Benefits shall include the Medically Necessary care and treatment including oral and facial surgery; surgical management; the Medically Necessary care by a plastic or oral surgeon; prosthetic treatment such as obturators, speech appliances, feeding appliances; Medically Necessary orthodontic and prosthodontic treatment; rehabilitative speech therapy, otolaryngology treatment; and audiological assessments and treatment.

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

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

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

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

7. **Hearing Aids for Minor Children:** Benefits will be paid for Covered Medical Expenses for Hearing Aids for a Minor Child who has a hearing loss that has been verified by a licensed Physician and a licensed Audiologist. The Hearing Aid shall be medically appropriate to meet the needs of the Minor Child according to accepted professional standards.

Benefits shall include the purchase of the following:

- a. Initial Hearing Aids and replacement Hearing Aids not more frequently than every five years;
- b. A new Hearing Aid when alterations to the existing

COVERED MEDICAL EXPENSES (CON'T)

Hearing Aid cannot adequately meet the needs of the Minor Child; and

- c. Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to professional standards.

“Hearing Aid” means amplification technology that optimizes audibility and listening skills in the environments commonly experienced by the patient, including a wearable instrument or device designed to aid or compensate for impaired human hearing. “Hearing Aid” shall include any parts or ear molds.

“Minor Child” means an Insured Person under the age of eighteen.

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

8. **Hospitalization and General Anesthesia for Dental Procedures for Dependent Children:**

Benefits will be paid the same as any other Sickness for general anesthesia, when rendered in a Hospital, outpatient surgical facility, or other facility licensed pursuant to Colorado Statute Section 25-3-101, and for associated Hospital or facility charges for dental care provided to a Dependent child. Such Dependent child shall, in the treating Physician's opinion, meet one or more of the following criteria:

- a. The child has a physical, mental, or medically compromising condition;
- b. The child has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy;
- c. The child is an extremely uncooperative, unmanageable, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred; or
- d. The child has sustained extensive orofacial and dental trauma.

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

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

If the policy provides benefits for Prescription Drugs, benefits will be paid the same as any other Sickness for Medical Foods, to the extent Medically Necessary, for home use for which a Physician has issued a

COVERED MEDICAL EXPENSES (CON'T)

written, oral or electronic prescription. Benefits will not be provided for alternative medicine.

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

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

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

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

10. **Oral Anticancer Medication:** If the policy provides benefits for cancer chemotherapy treatment, then benefits will be provided for prescribed, orally administered anticancer medication that has been approved by the Federal Food and Drug Administration and is used to kill or slow the growth of cancerous cells.

The orally administered medication shall be provided at a cost to the Insured not to exceed the Coinsurance percentage or the Copayment amount as is applied to an intravenously administered or an injected cancer medication prescribed for the same purpose.

The medication provided pursuant to this benefit shall:

- a. only be prescribed upon a finding that it is Medically Necessary by the treating Physician for the purpose of killing or slowing the growth of cancerous cells in a manner that is in accordance

COVERED MEDICAL EXPENSES (CON'T)

- with nationally accepted standards of medical practice;
- b. be clinically appropriate in terms of type, frequency, extent site, and duration; and
- c. not be primarily for the convenience of the Insured or Physician.

This benefit does not require the use of orally administered medications as a replacement for other cancer medications, nor does it prohibit the Company from applying an appropriate formulary or other clinical management to any medication described in this benefit.

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

11. **Preventive Health Care:** Benefits will be provided for the cost of the following Preventive Health Care services, in accordance with the A or B recommendations of the Task Force for the particular Preventive Health Care service:

- a. Alcohol misuse screening and behavioral counseling interventions for adults by their Physician;
- b. Cervical Cancer Screening;
- c. Breast Cancer Screening with Mammography:
 - 1) Benefits shall be determined on a Policy Year basis and shall in no way diminish or limit diagnostic benefits otherwise allowable under the policy;
 - 2) If an Insured Person who is eligible for a preventive mammography screening has not utilized the benefit during the Policy Year, then the coverage shall apply to one diagnostic screening for that same Policy Year. Any other diagnostic screenings shall be subject to all applicable policy provisions;
 - 3) Benefits shall also be provided for an annual breast cancer screening with mammography for an Insured Person possessing at least one risk factor including, but not limited to, a family history of breast cancer, being forty years of age or older, or a genetic predisposition to breast cancer;
- d. Cholesterol screening for lipid disorders;
- e. Colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps. Benefits shall also be provided to an Insured Person who is at a high risk for colorectal cancer, including an Insured Person who has a family medical history of colorectal cancer; a prior occurrence of cancer or precursor neoplastic polyps; a prior occurrence of a

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- chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or other predisposing factors as determined by a Physician;
- f. Childhood immunizations pursuant to the schedule established by the ACIP;
- g. Influenza vaccinations pursuant to the schedule established by the ACIP;
- h. Pneumococcal vaccinations pursuant to the schedule established by the ACIP; and
- i. Tobacco use screening of adults and tobacco cessation interventions by the Insured Person's Physician.

For the purposes of this mandate:

"ACIP" means the advisory committee on immunization practices to the centers for disease control and prevention in the federal Department of Health and Human Services, or any successor entity.

"A Recommendation" means a recommendation adopted by the task force that strongly recommends that clinicians provide a preventive health care service because the task force found there is a high certainty that the net benefit of the preventive health care service is substantial.

"B Recommendation" means a recommendation adopted by the task force that recommends that clinicians provide a preventive health care service because the task force found there is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

"Task force" means the U.S. preventive services task force, or any successor organization, sponsored by the agency for healthcare research and quality, the health services research arm of the federal Department of Health and Human Services.

The recommended schedules for Preventive Health Care can be found at <http://www.uspreventiveservicestaskforce.org/uspstf/uspstabrecs.htm>.

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

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

12. **Prostate Cancer Screening:** Benefits will be paid for actual charges incurred for an annual screening by a Physician for the early detection of prostate cancer. Benefits will be payable for one screening per year for any male Insured 50 years of age or older. One screening per year shall be covered for any male Insured 40 to 50 years of age who is at risk of developing prostate cancer as determined by the

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Insured's Physician. The screening shall consist of the following tests:

- a. A prostate-specific antigen (PSA) blood test; and
- b. Digital rectal examination.

The policy Deductible will not be applied to this benefit and this benefit will not reduce any diagnostic benefits otherwise allowable under the policy.

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

13. **Prosthetic Devices:** Benefits will be paid for the Usual and Customary Charges for the purchase of Prosthetic Devices.

Prosthetic device means an artificial device to replace, in whole or in part, an arm or leg. Benefits are limited to the most appropriate model that adequately meets the medical needs of the Insured as determined by a Physician. Repairs and replacements of Prosthetic Devices are also covered unless necessitated by misuse or loss.

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

14. **Telemedicine Services:** Benefits will be paid for Covered Medical Expenses on the same basis as services provided through a face-to-face consultation for services provided through Telemedicine for an Insured residing in a county with one hundred fifty thousand or fewer residents. "Telemedicine" means the use of interactive audio, video, or other electronic media to deliver health care. The term includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data and medical education. The term does not include services performed using a telephone or facsimile machine.

Nothing in this provision shall require the use of Telemedicine when in-person care by a participating provider is available to an Insured Person within the Company's network and within the Insured's geographic area.

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

15. **Therapies for Congenital Defects and Birth Abnormalities:** Benefits will be paid the same as any other Sickness for physical, occupational and speech therapy for congenital defects and birth abnormalities for covered Dependent children beginning after the first 31 days of life to five years of age.

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Benefits will be paid for the greater of the number of such visits provided under the policy or twenty visits per year for each therapy. Benefits will be provided without regard to whether the condition is acute or chronic and without regard to whether the purpose of the therapy is to maintain or to improve functional capacity.

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

All Other Covered Medical Expenses

16. **Acupuncture**
17. **Ambulance Services**
18. **Anesthetist Services (Inpatient):** professional services administered in connection with Inpatient surgery.
19. **Anesthetist (Outpatient):** professional services administered in connection with outpatient surgery.
20. **Assistant Surgeon Fees (Inpatient):** in connection with Inpatient surgery, if provided in the Schedule of Benefits.
21. **Assistant Surgeon Fees (Outpatient):** in connection with outpatient surgery.
22. **Chemotherapy (Outpatient)**
23. **Circumcision**
24. **Complications of Pregnancy:** Same as any other Sickness.
25. **Consultant Physician Fees:** when requested and approved by the attending Physician. Includes most services provided in the Doctor's office, including laboratory services referred outside the office for testing and reading. Includes consultant services, allergy testing and treatment, and chiropractic services for treatment of Accident or Injury which pays at the Specialist copayment for all Doctors. Includes testing referred by the Doctor to another provider.
26. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; therapeutic services; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.
27. **Dental Treatment:** 1) performed by a Physician; and, 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered.

PLAN A – SCHEDULE OF BENEFITS

Maximum Benefit:	\$1,000,000 (per Insured Person per Policy Year)
Deductible:	\$300 (per Insured Person per Policy Year)
Co-Insurance:	80% PPO Providers (except as noted below) 50% OON (except as noted below)
Out-of-Pocket:	\$2,500 PPO (per Insured Person per Policy Year) \$5,000 OON (per Insured Person per Policy Year)

The PPO Network is Cofinity (in the State of Colorado) and FIRST HEALTH (outside the State of Colorado). If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. Covered Medical Expense incurred at a Preferred Provider facility by an Out-of-Network Provider will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Coverage outside of the country for Eligible Expenses is reimbursable at 50% of U&C.

PA = Preferred Allowance for PPO providers. U&C = Usual and Customary Charges are based on data provided by FAIR Health, Inc. using the 80th percentile based on location of provider.

BENEFIT DESCRIPTIONS	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	ADDITIONAL LIMITATIONS AND EXPLANATIONS
INPATIENT			
Anesthetist:	80% of PA	50% of U&C	
Assistant Surgeon:	80% of PA	50% of U&C	
Hospital Miscellaneous:	80% of PA	50% of U&C	
Intensive Care:	80% of PA	50% of U&C	
Physician's Visits:	80% of PA	50% of U&C	
Physiotherapy:	80% of PA	50% of U&C	
Pre-admission Testing:	100% of PA No Deductible	100% of U&C No Deductible	Payable within 10 working days prior to admission.
Registered Nurse's Services:	80% of PA	50% of U&C	
Room & Board:	80% of PA	50% of U&C	
Routine Newborn Care:	Paid as any other Sickness	Paid as any other Sickness	
Surgery:	80% of PA	50% of U&C	
OUTPATIENT			
Anesthetist:	80% of PA	50% of U&C	
Assistant Surgeon:	80% of PA	50% of U&C	
Chemotherapy:	80% of PA	50% of U&C	
Consultant:	\$10 copay per visit 100% of PA No Policy Year Deductible	50% of U&C	
Day Surgery Miscellaneous:	80% of PA	50% of U&C	
Injections:	\$10 copay per visit 100% of PA No Policy Year Deductible	\$10 copay per visit 100% of U&C	
Laboratory:	80% of PA	50% of U&C	For services not associated with an office visit.
Medical Emergency:	80% of PA	80% of U&C	
Physician's Visits:	\$10 copay per visit PCP \$10 copay per visit Specialists 100% of PA No Policy Year Deductible	50% of U&C	See Covered Medical Expenses item 44.
Physiotherapy:	\$10 copay per visit 100% of PA No Policy Year Deductible	50% of U&C	Occupational Therapy, Cardiac Rehabilitation Therapy, Speech Therapy, Respiratory Therapy and Dialysis Treatment will be paid at 80% of PA/50% of U&C. The Policy Deductible applies to these therapies.
Prescription Drugs:	<i>Express Scripts Pharmacy Network:</i> 100% of U&C \$15 copay generic \$40 copay brand name \$60 copay non-formulary Up to a 30-day supply per prescription.	100% of U&C \$15 copay generic \$40 copay brand name \$60 copay non-formulary Up to a 30-day supply per prescription.	Mail order Prescription Drugs through Express Scripts Home Delivery Program. \$30 copay generic \$80 copay brand name \$120 copay non-formulary Up to a 90-day supply per prescription. Includes hormone replacement therapy drugs.

PLAN A – SCHEDULE OF BENEFITS (CON'T)

BENEFIT DESCRIPTIONS	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Radiation Therapy:	80% of PA	50% of U&C	
Surgery:	80% of PA	50% of U&C	
Tests & Procedures:	80% of PA	50% of U&C	
X-ray, MRI, Cat Scan and Other Advanced Imaging	80% of PA	50% of U&C	
OTHER			
Acupuncture/Massage Therapy:	80% of PA	80% of U&C	\$500 maximum per Policy Year. Policy deductible does not apply; Acupuncture/ Massage Therapy benefits are not subject to the \$1,000,000 maximum benefit.
Ambulance:	80% of PA	80% of U&C	
Complications of Pregnancy:	Paid as any other Sickness	Paid as any other Sickness	
Dental:	80% of PA	50% of U&C	Benefits paid on Injury to Sound, Natural Teeth only. Benefits are not subject to the \$1,000,000 Maximum Benefit.
Diabetes Services:	See Benefits for diabetes, p.14	See Benefits for diabetes, p.14	Deductible waived for diabetic supplies.
Durable Medical Equipment:	80% of PA	50% of U&C	See also Benefits for Prosthetic Devices, p. 19. Includes coverage for Transcutaneous Electrical Nerve Stimulation (TENS) units.
Foot Care:	80% of PA	50% of U&C	Benefits are limited to treatment resulting from metabolic or peripheral-vascular disease and other foot care when a Medical Necessity.
Home Health Care:	80% of PA	50% of U&C	
Mammography:	100% of PA	100% of U&C	Deductible and per service copays do not apply. This benefit provides mammography screenings not otherwise provided for under Preventive Care Services and mandated Benefits for Preventive Health Care.
Maternity:	Paid as any other Sickness	Paid as any other Sickness	
Medical Evacuation:	Benefits provided by FrontierMEDEX	Benefits provided by FrontierMEDEX	
Mental Illness Treatment:	Paid as any other Sickness	Paid as any other Sickness	No Copay or Deductible will be applied when treatment is rendered at Special Select Providers. See Mental Health Benefits, p. 11, and Benefits for Biologically Based Mental Illness, p. 13.
Nutrition Programs:	80% of PA	50% of U&C	Nutrition Programs Benefits are not subject to the \$1,000,000 Maximum Benefit.
Preventive Care Services:	100% of PA	50% of U&C	No Deductible, copay or coinsurance will be applied when the services are received from a Preferred Provider. See also Benefits for Preventive Health Care, p. 17.
PSA (Prostate Cancer Screening):	100% of PA	100% of U&C	Not subject to the policy deductible. Except as specifically provided in the mandated benefits for Prostate Cancer Screening.
Reconstructive Breast Surgery Following Mastectomy:	Paid as any other Sickness	Paid as any other Sickness	
Skilled Nursing Facility:	80% of PA	50% of U&C	
STD/TB Testing:	\$10 copay 100% of PA No Policy Year Deductible	50% of U&C	Except as specifically provided under Preventive Care Services.
Substance Use Disorder Treatment:	Paid as any other Sickness	Paid as any other Sickness	No Copay or Deductible will be applied when treatment is rendered at Special Select Providers. See Mental Health Benefits, p. 11, and Benefits for Biologically Based Mental Illness, p. 13.

PLAN B – SCHEDULE OF BENEFITS

Maximum Benefit:	\$1,000,000 (per Insured Person per Policy Year)
Deductible:	\$1,000 (per Insured Person per Policy Year)
Co-Insurance:	80% PPO Providers (except as noted below) 50% OON (except as noted below)
Out-of-Pocket:	\$6,000 PPO (per Insured Person per Policy Year) \$12,000 OON (per Insured Person per Policy Year)

The PPO Network is Cofinity (in the State of Colorado) and FIRST HEALTH (outside the State of Colorado). If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. Covered Medical Expense incurred at a Preferred Provider facility by an Out-of-Network Provider will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used. Coverage outside of the country for Eligible Expenses is reimbursable at 50% of U&C.

PA = Preferred Allowance for PPO providers. U&C = Usual and Customary Charges are based on data provided by FAIR Health, Inc. using the 80th percentile based on location of provider.

BENEFIT DESCRIPTIONS	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	ADDITIONAL LIMITATIONS AND EXPLANATIONS
INPATIENT			
Anesthetist:	80% of PA	50% of U&C	
Assistant Surgeon:	80% of PA	50% of U&C	
Hospital Miscellaneous:	80% of PA	50% of U&C	
Intensive Care:	80% of PA	50% of U&C	
Physician's Visits:	80% of PA	50% of U&C	
Physiotherapy:	80% of PA	50% of U&C	
Pre-admission Testing:	100% of PA No Deductible	100% of U&C No Deductible	Payable within 10 working days prior to admission.
Registered Nurse's Services:	80% of PA	50% of U&C	
Room & Board:	80% of PA	50% of U&C	
Routine Newborn Care:	Paid as any other Sickness	Paid as any other Sickness	
Surgery:	80% of PA	50% of U&C	
OUTPATIENT			
Anesthetist:	80% of PA	50% of U&C	
Assistant Surgeon:	80% of PA	50% of U&C	
Chemotherapy:	80% of PA	50% of U&C	
Consultant:	\$50 copay per visit 100% of PA No Policy Year Deductible	50% of U&C	
Day Surgery Miscellaneous:	80% of PA	50% of U&C	
Injections:	\$30 copay per visit 100% of PA No Policy Year Deductible	\$30 copay per visit 100% of U&C	
Laboratory:	80% of PA	50% of U&C	For services not associated with an office visit.
Medical Emergency:	80% of PA	80% of U&C	
Physician's Visits:	\$30 copay per visit PCP \$50 copay per visit Specialists 100% of PA No Policy Year Deductible	50% of U&C	See Covered Medical Expenses item 44.
Physiotherapy:	\$30 copay per visit 100% of PA No Policy Year Deductible	50% of U&C	Occupational Therapy, Cardiac Rehabilitation Therapy, Speech Therapy, Respiratory Therapy and Dialysis Treatment will be paid at 80% of PA/50% of U&C. The Policy Deductible applies to these therapies.
Prescription Drugs:	<i>Express Scripts Pharmacy Network:</i> 100% of U&C \$15 copay generic \$40 copay brand name \$60 copay non-formulary Up to a 30-day supply per prescription.	100% of U&C \$15 copay generic \$40 copay brand name \$60 copay non-formulary Up to a 30-day supply per prescription.	Mail order Prescription Drugs through Express Scripts Home Delivery Program. \$30 copay generic \$80 copay brand name \$120 copay non-formulary Up to a 90-day supply per prescription. Includes hormone replacement therapy drugs.

PLAN B – SCHEDULE OF BENEFITS (CON'T)

BENEFIT DESCRIPTIONS	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Radiation Therapy:	80% of PA	50% of U&C	
Surgery:	80% of PA	50% of U&C	
Tests & Procedures:	80% of PA	50% of U&C	
X-ray, MRI, Cat Scan and Other Advanced Imaging	80% of PA	50% of U&C	
OTHER			
Acupuncture/Massage Therapy:	80% of PA	80% of U&C	\$500 maximum per Policy Year. Policy deductible does not apply; Acupuncture/ Massage Therapy benefits are not subject to the \$1,000,000 maximum benefit.
Ambulance:	80% of PA	80% of U&C	
Complications of Pregnancy:	Paid as any other Sickness	Paid as any other Sickness	
Dental:	80% of PA	50% of U&C	Benefits paid on Injury to Sound, Natural Teeth only. Benefits are not subject to the \$1,000,000 Maximum Benefit.
Diabetes Services:	See Benefits for diabetes, p.14	See Benefits for diabetes, p.14	Deductible waived for diabetic supplies.
Durable Medical Equipment:	80% of PA	50% of U&C	See also Benefits for Prosthetic Devices, p. 19. Includes coverage for Transcutaneous Electrical Nerve Stimulation (TENS) units.
Foot Care:	80% of PA	50% of U&C	Benefits are limited to treatment resulting from metabolic or peripheral-vascular disease and other foot care when a Medical Necessity.
Home Health Care:	80% of PA	50% of U&C	
Mammography:	100% of PA	100% of U&C	Deductible and per service copays do not apply. This benefit provides mammography screenings not otherwise provided for under Preventive Care Services and mandated Benefits for Preventive Health Care.
Maternity:	Paid as any other Sickness	Paid as any other Sickness	
Medical Evacuation:	Benefits provided by FrontierMEDEX	Benefits provided by FrontierMEDEX	
Mental Illness Treatment:	Paid as any other Sickness	Paid as any other Sickness	No Copay or Deductible will be applied when treatment is rendered at Special Select Providers. See Mental Health Benefits, p. 11, and Benefits for Biologically Based Mental Illness, p. 13.
Nutrition Programs:	80% of PA	50% of U&C	Nutrition Programs Benefits are not subject to the \$1,000,000 Maximum Benefit.
Preventive Care Services:	100% of PA	50% of U&C	No Deductible, copay or coinsurance will be applied when the services are received from a Preferred Provider. See also Benefits for Preventive Health Care, p. 17.
PSA (Prostate Cancer Screening):	100% of PA	100% of U&C	Not subject to the policy deductible. Except as specifically provided in the mandated benefits for Prostate Cancer Screening.
Reconstructive Breast Surgery Following Mastectomy:	Paid as any other Sickness	Paid as any other Sickness	
Skilled Nursing Facility:	80% of PA	50% of U&C	
STD/TB Testing:	\$30 copay 100% of PA No Policy Year Deductible	50% of U&C	Except as specifically provided under Preventive Care Services.
Substance Use Disorder Treatment:	Paid as any other Sickness	Paid as any other Sickness	No Copay or Deductible will be applied when treatment is rendered at Special Select Providers. See Mental Health Benefits, p. 11, and Benefits for Biologically Based Mental Illness, p. 13.

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28. **Diabetes Services:** See Benefits for Diabetes, p.14.
29. **Diagnostic X-ray Services (Outpatient)**
30. **Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price. See also Benefits for Prosthetic Devices, p. 19.
31. **Home Health Care:** services received from a licensed home health agency that are: 1) ordered by a Physician; 2) provided or supervised by a Registered Nurse in the Insured Person's home; and 3) pursuant to a home health plan. Benefits will be paid only when provided on a part-time, intermittent schedule and when skilled care is required. One visit equals up to four hours of skilled care services.
32. **Hospital Miscellaneous Expenses:** 1) when confined as an Inpatient; or 2) as a precondition for being confined as an Inpatient. 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.
33. **Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement. Immunizations for preventive care are provided as specified under Preventive Care Services.
34. **Intensive Care**
35. **Laboratory Procedures (Outpatient):** Laboratory procedures for preventive care are provided as specified under Preventive Care Services.
36. **Massage Therapy**
37. **Maternity:** Same as any other Sickness. Benefits will be paid for an inpatient stay of at least: 1) 48 hours following a vaginal delivery; or 2) 96 hours following a cesarean section delivery. If the mother agrees, the attending Physician may discharge the mother earlier than these minimum time frames.
38. **Maternity Testing: This policy does not cover all routine, preventive, or screening examinations or testing.** The following maternity tests and screening exams will be considered for payment according to the policy benefits if all other policy provisions have been met.

Initial screening at first visit: Pregnancy test: urine human chorionic gonatropin (HCG); Asymptomatic

COVERED MEDICAL EXPENSES (CON'T)

bacteriuria: urine culture, Blood type and Rh antibody, Rubella, Pregnancy-associated plasma protein-A (PAPPA) (**first trimester only**); Free beta human chorionic gonadotrophin (hCG) (**first trimester only**); Hepatitis B: HBsAg, Pap smear; Gonorrhea: Gc culture; Chlamydia: chlamydia culture; Syphilis: RPR; HIV: HIV-ab; Coombs test

Each visit: Urine analysis

Once every trimester: Hematocrit and Hemoglobin

Once during first trimester: Ultrasound

Once during second trimester: Ultrasound (anatomy scan); Triple Alpha-fetoprotein (AFP), Estriol, hCG or Quad screen test Alpha-fetoprotein (AFP), Estriol, hCG, inhibin-a

Once during second trimester if age 35 or over: Amniocentesis or Chorionic villus sampling (CVS)

Once during second or third trimester: 50g Glucola (blood glucose 1 hour postprandial)

Once during third trimester: Group B Strep Culture

39. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for the attending Physician's charges, X-rays, laboratory procedures, tests and procedures, injections, the facility charge for use of the emergency room and supplies.
40. **Medical Evacuation:** 1) when Hospital Confined for at least five consecutive days; and 2) when recommended and approved by the attending Physician. Benefits will be paid for the evacuation of the Insured to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.
41. **Mental Illness Treatment:** the benefits are specified in the Schedule of Benefits. Benefits will be paid for services received: 1) on an Inpatient basis while confined to a Hospital including partial hospitalization/day treatment received at a Hospital; and 2) on an outpatient basis including intensive outpatient treatment. No Copay or Deductible will be applied when treatment is rendered at Special Select Providers, see Mental Health Benefits, p. 11. See also Benefits for Biologically Based Mental Illness, p. 13.
42. **Nasal and Sinusitis** surgery.
43. **Physician's Visits (Inpatient):** non-surgical services when confined as an Inpatient.
44. **Physician's Visits (Outpatient):** Benefits do not apply when related to surgery or Physiotherapy. Physician's Visits for preventive care are provided as specified under Preventive Care Services.
45. **Physiotherapy (Inpatient):** See Schedule of Benefits, pp. 21-28.

COVERED MEDICAL EXPENSES (CON'T)

46. **Physiotherapy (Outpatient):** benefits are limited to one visit per day. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy. Speech therapy will be paid only for the treatment of speech, language, voice, communication and auditory processing when the disorder results from Injury, trauma, stroke, surgery, cancer or vocal nodules.
47. **Pre-admission Testing:** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. This benefit is payable within 10 working days prior to admission.
48. **Prescription Drugs (Outpatient)**
49. **Preventive Care Services:** medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the *United States Preventive Services Task Force*; 2) immunizations that have in effect a recommendation from the *Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention*; 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the *Health Resources and Services Administration*; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the *Health Resources and Services Administration*. See also Benefits for Preventive Health Care, p. 17.
50. **Reconstructive Breast Surgery Following Mastectomy:** same as any other Sickness and in connection with a covered mastectomy. Benefits include: 1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications of mastectomy, including lymphedemas.
51. **Radiation Therapy (Outpatient)**
52. **Registered Nurse's Services:** 1) private duty nursing care only; 2) while an Inpatient; 3) ordered by a licensed Physician; and 4) a Medical Necessity.

COVERED MEDICAL EXPENSES (CON'T)

- General nursing care provided by the Hospital, or Skilled Nursing Facility is not covered under this benefit.
53. **Repatriation:** if the Insured dies while insured under the policy; benefits will be paid for: 1) preparing; and 2) transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.
 54. **Room and Board Expense:** 1) daily semi-private room rate when confined as an Inpatient; and 2) general nursing care provided and charged by the Hospital.
 55. **Routine Newborn Care:** 1) while Hospital Confined; and 2) routine nursery care provided immediately after birth. Benefits will be paid for an inpatient stay of at least: 1) 48 hours following a vaginal delivery; or 2) 96 hours following a cesarean section delivery. If the mother agrees, the attending Physician may discharge the newborn earlier than these minimum time frames.
 56. **Skilled Nursing Facility:** services received while confined as an Inpatient in a Skilled Nursing Facility for treatment rendered: 1) in lieu of Hospital Confinement as a full-time inpatient; or 2) within 24 hours following a Hospital Confinement and for the same or related cause(s) as such Hospital Confinement.
 57. **Sleep Disorders,** if a result of a Sickness.
 58. **Speech therapy** from a qualified practitioner to restore speech loss due to Accident or Sickness.
 59. **Substance Use Disorder Treatment:** the benefits are specified in the Schedule of Benefits. Benefits will be paid for services received: 1) on an Inpatient basis while confined to a Hospital including partial hospitalization/day treatment received at a Hospital; 2) on an outpatient basis including intensive outpatient treatment. No Copay or Deductible will be applied when treatment is rendered at Special Select Providers, see Mental Health Benefits, p. 11. See also Benefits for Biologically Based Mental Illness, p. 13.
 60. **Surgery:** Physician's fees for Inpatient surgery.
 61. **Surgery (Outpatient):** Physician's fees for outpatient surgery.
 62. **Tests and Procedures (Outpatient):** 1) diagnostic services and medical procedures; 2) performed by a Physician; 3) excluding Physician's Visits; Physiotherapy; X-Rays; and Laboratory Procedures. The following therapies will be paid under the Tests and Procedures (Outpatient) benefit: inhalation therapy; infusion therapy; pulmonary therapy; and respiratory therapy. Tests and Procedures for preventive care are provided as specified under Preventive Care Services.

COVERED MEDICAL EXPENSES (CON'T)

63. **Transcutaneous Electrical Nerve Stimulation (TENS)** units.
64. **Transgender Medical Treatment and Surgery:** Paid as any other Sickness. Includes sexual reassignment surgery, office visits, lab tests, pharmacy and hormone treatment (\$1,000,000 maximum). Transgender benefits are not subject to the \$1,000,000 per Policy Year maximum benefit.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. **Addiction**, such as: nicotine addiction, except as specifically provided in the policy;
2. **Biofeedback**;
3. **Cosmetic** procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
4. **Custodial** Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
5. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth
6. **Elective abortion**;
7. **Elective Surgery** or Elective Treatment;
8. **Eye** examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;
9. Flat **foot** conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery) except as specifically provided in the policy;
10. **Hearing** examinations; hearing aids, except as specifically provided in the policy; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
11. **Hirsutism**; alopecia;
12. **Immunizations**, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;

EXCLUSIONS AND LIMITATIONS (CON'T)

13. **Injury** or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. **Injury** sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. **Injury** sustained while (a) participating in any interscholastic, high school, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
16. **Investigational** services;
17. **Learning disabilities**;
18. **Lipectomy**;
19. **Prescription Drugs**, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical substances, regardless of intended use, except as specifically provided in the policy;
 - b) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
20. **Preventive care services**; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
21. **Reproductive/Infertility** services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; reversal of sterilization procedures;

EXCLUSIONS AND LIMITATIONS (CON'T)

22. **Research** or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
23. **Supplies**, except as specifically provided in the policy;
24. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
25. **Treatment** in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
26. **War** or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rata premium will be refunded upon request for such period not covered); and
27. **Weight management**, service and supplies related to weight reduction programs, weight management programs, related nutritional supplies and treatment for obesity. Treatment for Morbid Obesity is covered (Morbid Obesity is defined as follows: Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company's medical criteria.) and surgery for removal of excess skin or fat.

EXTENSION OF BENEFITS

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

CONTINUATION OF COVERAGE

All Insured Persons who have been continuously insured under the school's regular student Policy for at least 1 consecutive month and who no longer meet the Eligibility requirements under that Policy are eligible to continue their coverage for a period of not more than 90 days under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that policy year.

Additional information and enrollment forms for Continuation of Coverage are available in the Student Insurance Office, Education Facility II North, Room #3213 or on-line at www.ucdenver.edu/amcstudentinsurance.

Submit your enrollment form and payment:

- at the Student Insurance Office; or
- by mail to Student Insurance Office, Mail Stop A035, Education II North, Room 3213, Aurora, CO 80045

COVERAGE FOR STUDENT ON APPROVED LEAVE

An Insured Person may become eligible for a medical leave of absence when approved by the Policyholder. During the approved medical leave, coverage may continue for the Insured Person 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 medical leave extend beyond 12 months.

DEFINITIONS

Coinurance means the percentage of Covered Medical Expenses that the Company pays.

Complications of Pregnancy means a condition: 1) caused by pregnancy; 2) requiring medical treatment prior to, or subsequent to termination of pregnancy; 3) the diagnosis of which is distinct from pregnancy; and 4) which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.

Copay/Copayment means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

DEFINITIONS (CON'T)

Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any. Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

Deductible means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply as specified in the Schedule of Benefits.

Domestic Partner means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

Elective Surgery or Elective Treatment means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

Hospital means a health institution planned, organized, operated, and maintained to offer facilities, beds, and services over a continuous period exceeding twenty four

DEFINITIONS (CON'T)

(24) hours to individuals requiring diagnosis and treatment for illness, Injury, deformity, abnormality, or pregnancy. Clinical laboratory, diagnostic X-ray, and definitive medical treatment under an organized medical staff shall be provided within the institution. Treatment facilities for emergency and surgical services shall be provided either within the institution or by contractual agreement for those services with another licensed Hospital.

Services provided by contractual agreement shall be documented by a well-defined plan for the provision of contracted services, related to community needs. Definitive medical treatment may include obstetrics, pediatrics, psychiatry, physical medicine and rehabilitation, X-ray therapy, and similar specialized treatment.

Injury means bodily injury which is all of the following:

- 1) directly and independently caused by specific accidental contact with another body or object.
- 2) unrelated to any pathological, functional, or structural disorder.
- 3) a source of loss.
- 4) treated by a Physician within 30 days after the date of accident.
- 5) sustained while the Insured Person is covered under this policy.

All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

Medical Emergency means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

- 1) Death.
- 2) Placement of the Insured's health in jeopardy.
- 3) Serious impairment of bodily functions.
- 4) Serious dysfunction of any body organ or part.
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

DEFINITIONS (CON'T)

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury.
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury.
- 3) In accordance with the standards of good medical practice.
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician.
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both:

- 1) The Insured requires acute care as a bed patient.
- 2) The Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

Mental Illness means a Sickness that is a mental, emotional or behavioral disorder listed in the mental health or psychiatric diagnostic categories in the current Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Illness does not mean a Biologically Based Mental Illness or a Mental Disorder as defined in the Benefits for Biologically Based Mental Illness. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Medical Expense. If not excluded or defined elsewhere in the policy, all mental health or psychiatric diagnoses are considered one Sickness.

Physician means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

Physiotherapy means any form of the following short-term rehabilitation therapies: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

DEFINITIONS (CON'T)

Usual and Customary Charges means the lesser of the actual charge or a reasonable charge which is : 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

IMPORTANT NOTICE

Federal regulations now permit the time you are on the University of Colorado Anschutz Medical Campus Student Injury and Sickness Insurance 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.

CLAIM SUBMISSIONS REQUIREMENTS/PROOF OF LOSS DEADLINES

You have 90 days after the date of loss to furnish proof of loss to AmeriBen. If you do not furnish notice of proof within the time allotted, your claim will still be considered if you show that it was not reasonably possible to furnish the notice of proof and that the notice of proof was furnished as soon as reasonably possible. Except for absence of legal capacity, no claim for benefit will be accepted after one year from date treatment was completed. AmeriBen and University of Colorado Anschutz Medical Campus reserve the right and opportunity to examine the person whose Injury or Sickness is the basis of a claim as often as it may

CLAIM SUBMISSIONS REQUIREMENTS/PROOF OF LOSS DEADLINES (CON'T)

reasonably require during continuance of the claim. No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed. Nor shall action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the Policy. If any time limitation of the Policy with respect to giving notice, filing proof of loss or commencing an action at law or in equity is less than permitted by the law of the state in which you reside at the time the Policy is issued, the limitation is hereby extended to agree with the minimum period permitted by such law.

NOTICE OF APPEAL RIGHTS

Right to Internal Appeal

Standard Internal Appeal

The Insured Person has the right to request an Internal Appeal if the Insured Person disagrees with the Company's denial, in whole or in part, of a claim or request for benefits. The Insured Person, or the Insured Person's Designated Representative, must submit a written request for an Internal Appeal within 180 days of receiving a notice of the Company's Adverse Determination. In order to secure an Internal Review after the receipt of the notification of a benefit denied due to a contractual exclusion, the Insured Person must be able to provide evidence from a medical professional that there is a reasonable medical basis that the policy exclusion does not apply to the denied benefit.

The written Internal Appeal request should include:

1. A statement specifically requesting an Internal Appeal of the decision;
2. The Insured Person's Name and ID number (from the ID card);
3. The date(s) of service;
4. The Provider's name;
5. The reason the claim should be reconsidered; and
6. Any written comments, documents, records, or other material relevant to the claim.

Please contact AmeriBen at 1-855-639-8679 with any questions regarding the Internal Appeal process. The written request for an Internal Appeal should be sent to: AmeriBen, PO Box 7887, Boise, ID 83707.

Expedited Internal Appeal

For Urgent Care Requests, an Insured Person or a

NOTICE OF APPEAL RIGHTS (CON'T)

Designated Representative may submit a request, either orally or in writing, for an Expedited Internal Appeal of an Adverse Determination:

1. involving Urgent Care Requests; and
2. related to a concurrent review Urgent Care Request involving an admission, availability of care, continued stay or health care service for an Insured Person who has received emergency services, but has not been discharged from a facility.

All necessary information, including the Company's decision, shall be transmitted to the Insured Person or a Designated Representative via telephone, facsimile or the most expeditious method available. The Insured Person or the Designated Representative shall be notified of the EIR decision no more than seventy-two (72) hours after the Company's receipt of the EIR request.

If the EIR request is related to a concurrent review Urgent Care Request, benefits for the service will continue until the Insured Person has been notified of the final determination.

At the same time an Insured Person or a Designated Representative files an EIR request, the Insured Person or the Designated Representative may file:

1. An Expedited External Review (EER) request if the Insured Person has a medical condition where the timeframe for completion of an EIR would seriously jeopardize the life or health of the Insured Person or would jeopardize the Insured Person's ability to regain maximum function; or
2. An Expedited Experimental or Investigational Treatment External Review (EEIER) request if the Adverse Determination involves a denial of coverage based on the a determination that the recommended or requested service or treatment is experimental or investigational and the Insured Person's treating Physician certifies in writing that the recommended or requested service or treatment would be significantly less effective if not promptly initiated.

To request an Expedited Internal Appeal, please contact AmeriBen at 1-855-639-8679. The written request for an Expedited Internal Appeal should be sent to: Claims Appeals, AmeriBen, PO Box 7887, Boise, ID 83707.

Right to External Independent Review

After exhausting the Company's Internal Appeal process, the Insured Person, or the Insured Person's Designated Representative, has the right to request an External

NOTICE OF APPEAL RIGHTS (CON'T)

Independent Review when the service or treatment in question:

1. Is a Covered Medical Expense under the Policy; and
2. Is not covered because it does not meet the Company's requirements for Medical Necessity, appropriateness, health care setting, level of care, or effectiveness, or the treatment is determined to be experimental or investigational.

Standard External Review

A Standard External Review request must be submitted in writing within 4 months of receiving a notice of the Company's Adverse Determination or Final Adverse Determination.

Expedited External Review

An Expedited External Review request may be submitted either orally or in writing when:

1. The Insured Person or the Insured Person's Designated Representative has received an Adverse Determination, and
 - a. The Insured Person, or the Insured Person's Designated Representative, has submitted a request for an Expedited Internal Appeal; and
 - b. Adverse Determination involves a medical condition for which the time frame for completing an Expedited Internal Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
2. The Insured Person or the Insured Person's Designated Representative has received a Final Adverse Determination, and
 - a. The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person's ability to regain maximum function; or
 - b. The Final Adverse Determination involves an admission, availability of care, continued stay, or health care service for which the Insured Person received emergency services, but has not been discharged from a facility.

The Insured Person or Insured Person's Designated Representative's request for an Expedited External Review must include a Physician's Certification that the Insured Person's medical condition meets the above criteria.

An EER may not be provided for retrospective Adverse Determinations or Final Adverse Determinations.

NOTICE OF APPEAL RIGHTS (CON'T)

Where to Send External Review Requests

All types of External Review requests shall be submitted to the Company at the following address:

Claims Appeals
AmeriBen
PO Box 7887
Boise, ID 83707
855-639-8679

Questions Regarding Appeal Rights

Contact AmeriBen at 855-639-8679 with questions regarding the Insured Person's rights to an Internal Appeal and External Review.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of UnitedHealthcare Insurance Company's privacy practices by calling them toll-free at 800-767-0700 or visiting them at www.uhcsr.com.

MEDICAL MANAGEMENT PROGRAM

AmeriBen Compass Medical Management, Inc.

*is not affiliated with
UnitedHealthcare Insurance Company*

University of Colorado Anschutz Medical 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

FRONTIERMEDEX: GLOBAL EMERGENCY SERVICES

If you are a student insured with this insurance plan, you and your insured Spouse/Domestic Partner and minor child(ren) are eligible for FrontierMEDEX. The requirements to receive these services are as follows:

International Students, insured Spouse/Domestic Partner and insured minor child(ren): You are eligible to receive FrontierMEDEX services worldwide, except in your home country.

Domestic Students, insured Spouse/Domestic Partner and insured minor child(ren): You are eligible for FrontierMEDEX services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

FrontierMEDEX includes Emergency Medical Evacuation and Return of Mortal Remains that meet the US State Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by FrontierMEDEX; any services not arranged by FrontierMEDEX will not be considered for payment.

Key Services include:

- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Medication, Vaccine and Blood Transfers
- Transfer of Medical Records
- Dispatch of Doctors/Specialists
- Worldwide Medical and Dental Referrals
- Facilitation of Hospital Admission Payments
- Emergency Medical Evacuation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Participant
- Emergency Travel Arrangements
- Continuous Updates to Family and Home Physician
- Replacement of Corrective Lenses and Medical Devices
- Replacement of Lost or Stolen Travel Documents
- Hotel Arrangements for Convalescence
- Return of Dependent Children
- Repatriation of Mortal Remains
- Legal Referrals
- Transfer of Funds
- Message Transmittals
- Translation Services

Please visit www.uhcsr.com/frontiermedex for the FrontierMEDEX brochure which includes service descriptions and program exclusions and limitations.

FRONTIERMEDEX: GLOBAL EMERGENCY SERVICES (CON'T)

To access services please call:
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at operations@frontiermedex.com.

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

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

FrontierMEDEX is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by FrontierMEDEX. Claims for reimbursement of services not provided by FrontierMEDEX will not be accepted. Please refer to the FrontierMEDEX information in MyAccount at www.uhcsr.com/frontiermedex for additional information, including limitations and exclusions.

STUDENT INSURANCE OFFICE QUESTIONS

Student Insurance Office

Mail Stop A035
Education II North, Room 3213
Aurora, CO 80045
303-724-7674

E-Mail:
amcstudentinsurance@ucdenver.edu

Website:
www.ucdenver.edu/amcstudentinsurance

CLAIMS PROCEDURES

Send Medical claims to:

AmeriBen
PO Box 7887
Boise, ID 83707
Group #0812013

Send Prescription claims to:

Express Scripts, Inc.
P.O. Box 2872
Clinton, IA 52733-2872
Attn: Commercial Claims –
Group # AM2A
800-206-4005

Send Mail Order Home Delivery Claims

after you receive your ID card to:
Express Scripts, Inc.
P.O. Box 52123
Phoenix, AZ 85072-2123
800-206-4005

CLAIMS, ELIGIBILITY AND BENEFIT QUESTIONS

AmeriBen

855-639-8679

Website:

<http://amc.ameriben.com>

E-Mail inquiries at:

webinquiries@ameriben.com

PREFERRED PROVIDER ORGANIZATIONS

Cofinity (Inside Colorado)

Toll-Free Number for PPO Information 800-831-1166
www.cofinity.net

First Health Network (Outside Colorado)

Toll-Free Number for PPO Information 800-226-5116
www.myfirstthealth.com

HEALTH CARE MANAGEMENT PROGRAM

AmeriBen Compass Medical Management, Inc.

For Pre-Admission Notification
800-388-3193

INSURANCE COMPANY

UnitedHealthcare Insurance Company

Form Number: 12-BR-CO
Policy Number: 2013-202512-1/2

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