

2011-2012

COMMUNITY COLLEGE COLLEGE OF DENVER CONVERSION PLAN

SCHEDULE OF MEDICAL EXPENSE BENEFITS – INJURY AND SICKNESS
UP TO \$10,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)
DEDUCTIBLE \$250 (FOR EACH INJURY OR SICKNESS)

The Policy provides benefits for 80% of the Usual and Customary Charges (U&C) incurred by an Insured Person for loss due to a covered injury or Sickness up to the Maximum Benefit of \$10,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

Policy Exception: The age limit for the mandated Cervical Cancer Vaccine is 26.

COVERED MEDICAL EXPENSES INCLUDE:

INPATIENT

Room and Board/Hospital Miscellaneous Expense, daily semi private room rate: Usual and Customary Charges/
and general nursing care provided by the Hospital. Hospital miscellaneous expenses such as \$1,000 aggregate maximum per day
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.

Physiotherapy Paid under Room & Board/Hospital Misc.
Surgeon's Fees, in accordance with data provided by FAIR Health, Inc. No more than one Usual and Customary Charges/
surgical procedure will be covered when multiple procedures are performed through the \$2,000 maximum
the same incision or in immediate succession.

(The aggregate maximum payable for Inpatient and Outpatient Surgery is \$2,000 Per Policy Year).

Anesthetist, professional services in connection with inpatient surgery Paid under Room & Board/Hospital Misc.

Assistant Surgeon's Fees, payable only when required by the Hospital Paid under Room & Board/Hospital Misc.

Registered Nurses' Services, private duty nursing care Paid under Room & Board/Hospital Misc.

Physician's Visits, benefits are limited to one visit per day and do not apply Paid under Room & Board/Hospital Misc.
when related to surgery.

Pre-Admission Testing, payable within 72 hours prior to admission Paid under Room & Board/Hospital Misc.

Psychotherapy, as mandated by the State of Colorado Paid as any other Sickness/45 days
maximum (per Policy Year)

Biologically Based Mental Illness, as mandated by the State of Colorado Paid as any other Sickness

OUTPATIENT

Surgeon's Fees, in accordance with data provided by FAIR Health, Inc. No more than one Usual and Customary Charges/
surgical procedure will be covered when multiple procedures are performed through the \$2,000 maximum
the same incision or in immediate succession.

(The aggregate maximum payable for Inpatient and Outpatient Surgery is \$2,000 Per Policy Year).

Day Surgery Miscellaneous, related to scheduled surgery performed in a Hospital, including Paid under Surgery Benefit
the cost of the operating room; laboratory tests and X-ray examinations, including professional
fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day
Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.

Anesthetist, professional services in connection with outpatient surgery Paid under Surgery Benefit

Assistant Surgeon's Fees, payable only when required by the Hospital Usual and Customary Charges

Outpatient Miscellaneous Benefit, including benefits designated as Paid under Outpatient Miscellaneous Usual and Customary Charges/
\$500 maximum

Physician's Visits, benefits are limited to one visit per day. Benefits for Physician's Visits Paid under Outpatient Miscellaneous
do not apply when related to surgery or physiotherapy.

Physiotherapy, benefits are limited to one visit per day. See exclusion number 18 for Paid under Outpatient Miscellaneous
additional limitations.

Medical Emergency Expenses, use of the emergency room and supplies. Treatment Paid under Outpatient Miscellaneous
must be rendered within 72 hours from time of injury or first onset of sickness.

Diagnostic X-Ray Services/Laboratory Services Paid under Outpatient Miscellaneous

Tests & Procedures, diagnostic services and medical procedures performed by a Paid under Outpatient Miscellaneous
Physician, other than Physician's visits. Physiotherapy, X-rays and lab procedures.

Prescription Drugs Usual & Customary Charges/
\$700 maximum (Per Policy Year)

Biologically Based Mental Illness, as mandated by the State of Colorado Paid as any other Sickness

Injections, Chemotherapy, Radiation Therapy No Benefits

Psychotherapy No Benefits

OTHER

Alcoholism/Drug Abuse, as mandated by the State of Colorado Paid as any other Sickness

Ambulance Services Paid under Outpatient Miscellaneous

Durable Medical Equipment, a written prescription must accompany the claim when Paid under Outpatient Miscellaneous
submitted. Replacement equipment is covered if required because of a change
in the insured's physical condition. (Exception; as mandated for Prosthetic Devices)

Maternity/Complications of Pregnancy Paid as any other Sickness

Consultant Physician's Visits No Benefits

Pre-existing Condition – means any condition for which an Insured Person: 1) incurred charges; 2) received medical treatment; 3) consulted with a health care professional or; 4) took Prescription Drugs within 6 months immediately prior to the Insured's Effective Date under this policy. "Pre-existing condition" does not include pregnancy.

ELIGIBILITY

All Insured Persons who were insured at least 3 consecutive months under the school's blanket student insurance plan underwritten by UnitedHealthcare Insurance Company whose coverage has terminated because of loss of eligibility are eligible to enroll in the Plan in accordance with the provisions of the Conversion Privilege endorsement.

Eligible students may also insure their Dependents who have been continuously insured for at least 3 consecutive months. Eligible Dependents are the spouse or domestic partners and unmarried children under 24 years of age, if a full-time dependent student at an accredited institution of higher learning, who are non self-supporting. Dependent Eligibility expires concurrently with that of the insured student.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file becomes effective on August 22, 2011. Coverage becomes effective on that date or the date the enrollment form and premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on August 19, 2012. 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. Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy. You must enroll within 14 days of your expiration date under the school's regular student plan.

ADDITIONAL MANDATED BENEFITS

Benefits are provided as mandated by the State of Colorado such as Benefits for Therapies for Congenital Defects & Birth Abnormalities, Cleft Lip or Cleft Palate, Telemedicine Services, Mammography, Psychotherapy, Hearing Aids for Minor Children, Colorectal Cancer Screenings, Biologically Based Mental Illness, Cervical Cancer Vaccines, Child Health Supervision Services, Prostate Cancer Screening, Hospitalization and General Anesthesia for Dental Procedures for Dependent Children, Treatment of Autism Spectrum Disorder, Diabetes, Prosthetic Devices and Medical Foods. A detail of these benefits may be found in the Master Policy on file at the College.

EXCLUSIONS AND LIMITATIONS

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

1. **Acne;** Acupuncture;
2. **Addiction**, such as nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling sexual, spending, shopping, working and religious; codependency;
3. **Autistic disease** of childhood, except as specifically provided in the Benefits for the Treatment of Autism Spectrum Disorders, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy.
4. **Biofeedback;**
5. **Circumcision;**
6. **Congenital** conditions, except as specifically provided in the policy;
7. **Cosmetic** procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; removal of warts, non-malignant moles and lesion;
8. **Dental** treatment;
9. **Elective Surgery** or Elective Treatment;
10. **Elective abortion;**
11. **Eye** examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting or eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
12. **Foot** care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;
13. **Hearing** examinations or hearing aids, except as specifically provided in this policy; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. **Hirsutism;** alopecia;
15. **Immunizations;** preventive medicines or vaccines, except where required for treatment of a covered injury, (accidental exposure is a covered injury);
16. **Injury or Sickness** for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act. Or similar legislation;
17. **Injury sustained** while a) participating in any interscholastic, club intercollegiate, or professional sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competition;
18. **Organ transplants**, including organ donation;
19. **Outpatient Physiotherapy**, except as specifically provided in the policy; or except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
20. **Participation in a riot** or civil disorder; commission of or attempt to commit a felony; or fighting;
21. **Pre-existing Conditions**, except for: 1) individuals who have been continuously insured for at least 6 consecutive months under the school's student insurance policy; or 2) a child that is adopted or placed for adoption before attaining eighteen years of age. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under prior Creditable Coverage if such Creditable Coverage was continuous to a date not more than 90 days prior to the Insured's Effective Date under this policy;
22. **Prescription Drugs**, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as provided under Benefits for Diabetes;
 - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs Labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
 - e) Products used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - g) Anorectics – drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. **Reproductive/infertility** services including but not limited to: family planning; fertility test; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

EXCLUSIONS AND LIMITATIONS, Cont'd

24. **Residential** treatment of eating disorders, such as anorexia or bulimia;
25. **Routine Newborn Infant Care**, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery. If forty-eight hours following a vaginal delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning. If ninety-six hours following the cesarean section falls after 8 p.m., coverage shall continue until 8 a.m., the following morning.
26. **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;
27. **Services** provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
28. **Skeletal irregularities** of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery; except for treatment of chronic purulent sinusitis;
29. **Skydiving**, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
30. **Supplies**, except a specifically provided in the policy;
31. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
32. **Treatment in a Government** hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
33. **War** or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rate premium will be refunded upon request for such period not covered); and
34. **Weight management**, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.

COORDINATION OF BENEFITS:

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

CLAIM PROCEDURE:

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

- 1) Mail to the address below all medical and hospital bill along with the patient's name and insured student's name, address, Social Security or School ID number and name of the college under which the student is insured. A Company claim form is not required for filing a claim.
- 2) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

THE PLAN IS UNDERWRITTEN BY:

**UnitedHealthcare
Insurance Company**

SUBMIT ALL CLAIMS OR INQUIRIES TO:

AmeriBen
P.O. Box 7186 • Boise, ID 83707
(800) 953-1801
<http://myameriben.com>

MASTER POLICY:

Please keep this as a general summary of the insurance. The Master Policy on file at the College contains all of the Provisions, Limitations, Exclusions and Qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control payment of benefits.