

## CU GME Benefits Summary July 2009-June 2010

**CU GME BENEFITS SUMMARY is attached. (Review this, avoid problems!)**

A. Benefit Basics.....	p. 2
B. Summary of Medical Benefits.....	p. 3-8
C. Mental Health & Substance Abuse Benefits.....	p. 9
D. Prescription and Dental Benefits Summary.....	p. 10
E. Long Term Disability and Life Insurance Information.....	p. 11

### **RESOURCES for RESIDENTS:**

#### **INFORMATION, POLICIES, PROCEDURES, RESPONSIBILITIES, etc:**

Graduate Medical Education Website.....	<a href="http://www.uchsc.edu/gme">www.uchsc.edu/gme</a>
Graduate Medical Education Manual.....	<a href="http://www.uchsc.edu/gme/HManual.pdf">www.uchsc.edu/gme/HManual.pdf</a>
Complete CU GME health, dental and prescription drug information including <b>Provider Directory</b> and <b>Plan Document</b> .....	<a href="http://www.uchsc.edu/gme/medins.htm">www.uchsc.edu/gme/medins.htm</a>

### **BENEFIT-RELATED CONTACTS:**

AmeriBen/IEC Group (Medical/dental claims administrator, eligibility, benefits).....	1-866-955-1498
WellDyneRx (Prescription drug claims administrator).....	<a href="http://www.welldynrx.com">www.welldynrx.com</a> or 303-793-9954
UPI Medical Management Pre-certification/utilization review.....	303-493-7507
GME Benefits Office.....	email <a href="mailto:dee.fetter@ucdenver.edu">dee.fetter@ucdenver.edu</a> or 303-724-6024

### **GENERAL CONTACTS:**

Graduate Medical Education Office.....	303-724-6031
Housestaff Association.....	303-724-3039

(The Housestaff Association is available to represent the resident's concerns and seek resolution to issues that arise that cannot be resolved within the training program. They will assist residents in addressing training issues and work environment problems. The Association can provide anonymity addressing complaints and confidential matters related to the work environment.)

### **CU GME HEALTH/DENTAL BENEFITS PLAN ID CARDS:**

1. List **ONLY** the resident's, **NOT** dependent's name.
2. Each adult plan participant carries this ID card with them at all times. It is your health, dental and prescription drug benefits ID card, and must be presented for all services received by yourself or your enrolled dependents. Claims for health, dental and prescription drug benefits cannot be filed correctly unless you give your provider this card.

The following is a synopsis of some of the most frequently used benefits and reminders for the CU GME Benefits Plans. It is not considered a contract for benefits. Contract Plan provisions prevail over any written or verbal interpretation.

As of the date of this notice, this summary is true and correct for coverage effective July 1, 2009-June 30, 2010. Changes to plan provisions may occur at any time. Check the GME website for the most up-to-date information.

**It is your responsibility to know the terms of your coverage.**

## CU GME HEALTH/DENTAL BENEFIT PLAN BENEFIT BASICS

A. Pre-certification: **It is the insured's responsibility (THAT'S YOU!) to make certain pre-certification is obtained when required.** Pre-certification is required for all in-patient hospital stays, out-patient surgery, home health, DME over \$500 and/or rented for 60 days, outpatient MRIs, CTs, PET scans, physical, occupational and speech therapies, sleep studies, synagis injections, and other services as listed in the Plan Document\*. In the case of an emergency admission, pre-certification management must be notified within 48 hours after confinement, 72 hours if confinement begins on a Friday or Saturday or as soon as reasonably possible. Pre-certification for ALL OTHER SERVICES must be done in advance. Failure to comply with the pre-certification requirements will result in the denial of benefits and the insured will be responsible for payment of all related charges.

B. **Special Enrollment Periods:** To add an eligible dependent to this plan, the CU GME Benefits Office must receive **written notification and documentation within 31 days** of the qualifying event allowing the dependent to be added (e.g. marriage, adoption, loss of other coverage, etc.). If notification is not made, the dependent(s) cannot be added to coverage until open enrollment (July 1-31). Exception: A newborn, biological child of a member is covered from date of birth. Please notify GME Benefits as soon as possible about an upcoming birth if you intend for the child to be added to the CU GME Health Plan. You will be provided with benefit information, including the form to document the addition of your child to the health plan once s/he arrives.

C. **Provider Directory\*:** In-network providers for this Plan include only the providers listed in the directory and only at the address listed in the directory. (Exception: No network for dentists or mental health providers. Select any licensed provider in these two areas.) Provider network status WILL change without notice. Before seeing a provider (even one you have seen before) verify the provider's CU GME Health Plan network status by checking the online directory or calling the Claims Administrator. Using in-network providers will substantially reduce out-of-pocket expenses to you. For services performed by an out-of-network provider, the Plan reimburses 50% of usual and customary allowance after the out-of-pocket deductible (\$750 per individual/\$1200 per family per Plan year) is met.

D. Residents are not allowed to provide treatment or prescribe medication for themselves, another resident, a family member, or family member of another resident.

E. **Residents need healthcare, too.** The plan does not require PCP selection; however, residents are **STRONGLY ENCOURAGED to establish care** with a PCP. This will improve your access to care should you become ill or have an injury, perhaps avoid an ER visit and co-payment, and is optimal for your continuity of care. Many in-network family medicine practices provide SAME DAY ACCESS appointments during regular office hours even if you have not been previously seen. Internal Medicine practices generally provide same day access for established patients. The Denver Health Medical Center Adult Walk-In Clinic is available during extended weekday and weekend hours as your in-network urgent care provider.

F. **Adult Routine Wellness (Preventive) Care:** Your medical plan has a **plan year maximum of \$500** for adult wellness care. Claims submitted for services not related to a specific diagnosis of illness, injury or symptom will likely apply toward this maximum. Be aware that payment for wellness care that exceeds \$500 per plan year will be an out-of-pocket expense to you.

G. **Pay attention to paperwork.** You will receive an Explanation of Benefits (EOB) from the Claims Administrator for every claim that is processed on your behalf. If you receive an EOB that you do not understand or have any question about, follow up promptly. You have 90 days from the date of the **first EOB** notifying you of a claim denial to file an appeal. If you wait until you receive a bill from a provider, you may have missed the 90 day period allowed to file an appeal. Pay attention to insurance paperwork and follow up promptly.

G. University Risk Management, not your health insurance, is responsible for processing claims for services related to an on-the-job injury or exposure. Refer to [www.uchsc.edu/gme/workcomp.htm](http://www.uchsc.edu/gme/workcomp.htm) for complete information and be aware of the procedures, paperwork and designated providers for an on-the-job injury, exposure or needle stick.

**\*Complete information is available in the Plan Document and Provider Directory at [www.uchsc.edu/gme/medins.htm](http://www.uchsc.edu/gme/medins.htm).** Call your Claims Administrator, AmeriBen, 1-866-955-1498 or the GME Benefits Office (303-724-6024) with questions.

## CU GME HEALTH/DENTAL BENEFIT PLAN PLAN SUMMARY EFFECTIVE JULY 1, 2009

This summary contains only a general description of some of the most commonly accessed benefits covered by this plan. All benefits are subject to Plan **provisions, exclusions and limitations** and to the determination that: care and treatment is **medically necessary**; that charges are **usual and reasonable**; and that services, supplies and care are not **experimental and/or investigational**. The meanings of the terms above that appear in bold type and the effect they have on different benefit categories are described more fully in the Plan Document at [www.uchsc.edu/gme/medins.htm](http://www.uchsc.edu/gme/medins.htm).

### Pre-certification

Pre-certification is required for the services listed below. **If a service requires pre-certification and it is not obtained, all related charges will be denied and will become the responsibility of the plan participant. It is the responsibility of the plan participant to assure pre-certification is obtained.**

Durable Medical Equipment costing more than \$500 and/or rented more than 60 days  
(Exceptions: Pre-certification of oxygen for newborns up to one year of age is not required.  
Insulin pump SUPPLIES do not require pre-certification but are limited to a 90 day supply.)

Home Health Care

Hospitalizations\*

Emergency: Pre-certification management must be notified within forty-eight (48) hours after confinement (within 72 hours if confinement begins on a Friday or Saturday) or as soon as reasonably possible following the Emergency admission.

Nonemergency: Pre-certification should be requested at least 7-10 days in advance of confinement whenever possible.

Hospice Care

Mental Disorder and/or Substance Abuse treatments (Inpatient, Partial Hospitalization or intensive outpatient care)

Organ and Tissue transplants

Outpatient surgical procedures

- performed at a free-standing surgical facility or in the outpatient department of a Hospital
- that require an incision
- that are not diagnostic (e.g. colonoscopy, sigmoidoscopy)
- that require use of an operating room (surgery in a physician's office does not require precertification, even if a treatment room is used)

Pediatric Dental Services: General anesthesia and Hospital or facility charges only as specified in the Plan Document

Physical, speech and occupational therapy (Outpatient)

Prosthesis

Scans: Outpatient MRI, CT, PET scans

Skilled Nursing Facility stays

Sleep studies

Synagis injections

\*The Plan does not require certification for a maternity length of stay that is 48 hours or less for a vaginal delivery or 96 hours or less for a cesarean delivery.

However, it is recommended that you notify the Pre-certification and Utilization Review Administrator of the approximate date of delivery. If the admission exceeds the 48 or 96 hour allowance, this information will assist in certification of additional days.

## SUMMARY OF MEDICAL BENEFITS

Services indicated with an “\*” may require Pre-certification.

	NETWORK (IN-NETWORK) PROVIDERS	NON-NETWORK (OUT-OF- NETWORK) PROVIDERS
<b>MAXIMUM LIFETIME BENEFIT AMOUNT</b>	\$1,000,000	
<b>DEDUCTIBLE, PER PLAN YEAR</b> <b>Applies to out-of-network Providers. (Does not apply to Mental Health Providers.)</b>		
Per Covered Person	N/A	\$750
Per Family Unit	N/A	\$1,200
Outpatient Substance Abuse, Per Covered Person	\$50	
<b>COPAYMENTS</b> <b>Applies to Network Providers, Mental Health Providers, Emergency Room Services, and specified Urgent Care Services</b>		
<b>Maximum Copayment out-of-pocket, per Plan Year</b>		
Per Covered Person	\$400	N/A
Per Family Unit	\$600	N/A
<b>Office Visit</b> Per Visit	\$20	N/A
<b>Maternity</b> Per Global Physician’s Charge	\$200	N/A
<b>*MRI, CT, PET scans</b> (outpatient) Per Scan	\$100	N/A
<b>*Inpatient Hospital</b> Per Confinement For Continuous Confinements, only one copay will apply	\$200	N/A
<b>Emergency Room</b> Per Visit Waived if patient is admitted to the Hospital directly from the emergency room	\$100	\$100
<b>*Outpatient Surgery</b> Per Day Waived if admitted directly from outpatient department If surgery is performed in conjunction with Emergency Room services, only Emergency Room copay applies	\$100	N/A
<b>Urgent Care</b> Per Visit	\$20.00 Office visit copay will apply for <ul style="list-style-type: none"> <li>▪ Network Physician visit,</li> <li>▪ Denver Health Adult Walk-In Clinic,</li> <li>▪ Denver Health Pediatric Urgent Care Clinic</li> </ul> Emergency room copay will apply for Emergency Room	\$20.00 For facility charge and related Physician charges incurred at time of presentation to a facility licensed to provide Urgent Care <b>if Plan Participant is traveling greater than 100 miles from residence (for purposes other than to seek non- preapproved medical care) and/or Resident participating in “away” rotation.</b>

<b>COVERED SERVICES</b>	<b>NETWORK (IN-NETWORK) PROVIDERS</b>	<b>NON-NETWORK (OUT-OF-NETWORK) PROVIDERS</b> <i>Benefits are subject to Usual, Customary and Reasonable Allowance</i>
<b>Ambulance Service</b>	100%	50% after Deductible if for a condition that is not a medical Emergency; 100% if ordered for a Medical Emergency or authorized by the Precertification and Utilization Review Administrator
<b>Chiropractic Services</b>	Not covered	
<b>*Durable Medical Equipment</b>	100%	50% after Deductible
	\$4,000 Plan Year Maximum Maximum does not apply to oxygen, oxygen supplies or prosthetics	
<b>*Home Health Care</b>	100%	50% after Deductible
<b>*Hospice care</b>	100%	50% after Deductible
<b>*Hospital Services</b> <b>Room and Board</b> <b>Ancillary Services</b>	100% after copay for inpatient admissions	50% after Deductible 100% after copay for inpatient admissions for Emergency Admissions if certified within specified time period. Patient must be transferred to a network facility, based on bed availability, as soon as his/her condition safely permits, or benefits revert to 50%
	The semiprivate room rate If Hospital has only private rooms, 90% of the average private room rate Hospital's ICU Charge Hospital's reasonable charge for necessary Ancillary Services	
<b>Emergency Room</b>	100% after copay for emergency room	100% after copay for emergency room
<b>Outpatient Surgery</b> (includes charges from outpatient hospital facility and ambulatory surgery center)	100% after copay for outpatient surgery	50% after Deductible
<b>Immunization Screenings</b> Resident only	100%	Not Covered

COVERED SERVICES	NETWORK (IN-NETWORK) PROVIDERS	NON-NETWORK (OUT-OF-NETWORK) PROVIDERS <i>Benefits are subject to Usual, Customary and Reasonable Allowance</i>
<b>Infertility Benefits</b>	100% \$2,500 Lifetime Maximum Includes: care, supplies and services leading to the <u>diagnosis</u> of Infertility, as specifically listed under "Covered Charges". Services associated with the <u>treatment</u> of Infertility are not covered.	50% after Deductible
<b>Laboratory and X-ray (also refer to *Scans)</b>	100% after copay for scans	50% after Deductible – or-- 100% of usual and customary if blood work or tissue specimen obtained in the office of a Network Physician or ordered by a Behavioral Health Provider licensed to do so by the state.
<b>Midwifery Services</b>	100% after copay for global maternity physician's charge Applies only to services performed by Network midwife and rendered at Network facility	Not covered.
<b>*Occupational Therapy</b>	100%	50% after Deductible 20 Visits Plan Year Combined with Speech Therapy
<b>*Organ Transplants</b>	100%	50% after Deductible Not covered unless approved through the Alternative Care provision Meals and lodging-\$150 daily maximum Transportation, meals and lodging-\$10,000 Lifetime maximum Donor-\$10,000 Lifetime maximum
<b>Pervasive Developmental Disorder Office Visit</b>	100% after copay for office visits	50% after Deductible
<b>Other Covered Services</b>	Per Plan provision for specific services	50% after Deductible \$5,000 Plan Year Maximum
<b>*Physical Therapy</b>	100%	50% after Deductible 20 visits within 60 calendar days Per plan year Per incident

COVERED SERVICES	NETWORK (IN-NETWORK) PROVIDERS	NON-NETWORK (OUT-OF-NETWORK) PROVIDERS Benefits are subject to Usual, Customary and Reasonable Allowance
<b>Physician Services</b> <b>Inpatient Visits</b> <b>Office Visits</b>  <b>Surgery</b>	100% 100% after copay for office visits 100%	50% after Deductible 50% after Deductible  50% after Deductible 100% for a pre-certified surgical procedure, if a Non-network Provider is used under the referral of a Network Provider (doctor or Hospital), and without the knowledge of the patient
<b>Podiatric Services</b> <b>Office Visit</b>  <b>Other Covered Services</b> <b>Foot Orthotics</b>	100% after copay for office visits  100% 100%	50% after Deductible  50% after Deductible 50% after Deductible  \$250 Lifetime Maximum for Foot Orthotics
<b>Pregnancy Physician</b>   <b>Hospital</b>	100% after copay for global physician's charge  100% after copay for inpatient admissions	50% after Deductible   50% after Deductible  Not covered for dependent daughters
<b>Well Baby In Patient Newborn Nursery</b>	100% Inpatient admission copay applies for sick baby	50% after Deductible
<b>Preventive Care</b>		
<b>Routine Well Child Care (Ages 0-2)</b>	100% after copay for office visits Includes: office visits, routine physical examination, laboratory tests and immunizations	50% after Deductible
<b>Routine Well Child Care (Ages 2-18)</b>	100% after copay for office visits Includes routine physical examination and laboratory tests up to \$150 per Plan Year Immunizations in full	50% after Deductible Includes routine physical examination and laboratory tests up to \$150 per Plan Year Immunizations up to \$60 per Plan Year

COVERED SERVICES	NETWORK (IN-NETWORK) PROVIDERS	NON-NETWORK (OUT-OF-NETWORK) PROVIDERS Benefits are subject to Usual, Customary and Reasonable Allowance
<b>Preventive Care (cont.)</b>		
<b>Routine Well Adult Care</b> Age 19 and over	100% after copay for office visits \$500 Plan Year Maximum  • Includes: routine physical examination, pap smear, mammogram, prostate screening, gynecological exam, x-rays, laboratory tests and immunizations/flu shots (services, including immunizations, for the purpose of travel are not covered) • Frequency limits for mammogram Ages 35-40 one baseline mammogram during this period Ages 41-49 one mammogram every 2 years Age 50 and over one mammogram per Plan Year; or, if indicated by family history (close direct line relations). • Frequency limits for prostatic specific antigen One exam per Plan Year or more often if determined to be Medically Necessary by the attending Physician for male participants age 45 and over.	50% after Deductible
<b>*Prosthetics</b>	100%	50% after Deductible
<b>*Scans</b> MRI PET CT	100% after copay for scans Separate copay per scan	50% after Deductible
<b>*Skilled Nursing Facility</b>	100% after copay for inpatient admissions  The facility's semiprivate room rate	50% after Deductible
<b>*Speech Therapy</b>	100%	50% after Deductible 20 Visits Plan Year Combined with Occupational Therapy
<b>TMJ/Jaw Joint</b>	100%	50% after Deductible \$1,500 Lifetime Maximum
<b>Urgent Care</b>	Office visit copay will apply for  ▪ Network Physician visit, ▪ Denver Health Adult Walk-In Clinic, ▪ Denver Health Pediatric Urgent Care Clinic  Emergency room copay will apply for Emergency Room	50% after Deductible -or- 100% after copay For facility charge and related Physician charges incurred at time of presentation to a facility licensed to provide Urgent Care <b>if Plan Participant is traveling greater than 100 miles from residence (for purposes other than to seek non-preapproved medical care) and/or Resident participating in "away" rotation.</b>
<b>All Other Covered Services</b>	100%	50% after Deductible

## SUMMARY OF MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

<b>COVERED SERVICES</b>	<b>NO NETWORK PROVIDERS FOR MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT</b> <b>Select any licensed Provider</b>  <i>Benefits are subject to Usual, Customary and Reasonable Allowance</i>
<b>Mental Disorders</b>	
<b>*Inpatient</b>	<p style="text-align: center;">100%</p> <p style="text-align: center;">after copay for inpatient admissions</p> <p style="text-align: center;">The semiprivate room rate</p> <p>If Hospital has only private rooms, 90% of the average private room rate</p> <p style="text-align: center;">Hospital's ICU Charge</p> <p style="text-align: center;">Hospital's reasonable charge for necessary Ancillary Service</p> <p style="text-align: center;">45 days Plan Year Maximum combined with Substance Abuse</p> <p>Once the 45 day maximum has been used during a Plan Year, no benefit is available until 90 days has elapsed from the date of the last discharge and the next readmission, even if the Plan Year renewal date occurs during the period between inpatient and/or partial day hospitalizations</p>
<b>*Partial Hospitalization</b> <b>*Intensive Outpatient</b>	<p style="text-align: center;">100%</p> <p style="text-align: center;">after copay for inpatient admissions</p> <p style="text-align: center;">90 days Plan Year Maximum combined with Substance Abuse</p> <p>Once the 90 day maximum has been used during a Plan Year, no benefit is available until 90 days has elapsed from the date of the last discharge and the next readmission, even if the Plan Year renewal date occurs during the period between inpatient and/or partial day hospitalizations</p>
<b>Outpatient</b>	<p style="text-align: center;">100%</p> <p style="text-align: center;">after copay for office visits</p> <p style="text-align: center;">30 Visits Plan Year Maximum</p>
<b>Substance Abuse</b>	
<b>*Inpatient</b>	<p style="text-align: center;">100%</p> <p style="text-align: center;">after copay for inpatient admissions</p> <p style="text-align: center;">The semiprivate room rate</p> <p>If Hospital has only private rooms, 90% of the average private room rate</p> <p style="text-align: center;">Hospital's ICU Charge</p> <p style="text-align: center;">Hospital's reasonable charge for necessary Ancillary Service</p> <p style="text-align: center;">45 days Plan Year Maximum combined with Mental Disorders</p> <p>Once the 45 day maximum has been used during a Plan Year, no benefit is available until 90 days has elapsed from the date of the last discharge and the next readmission, even if the Plan Year renewal date occurs during the period between inpatient and/or partial day hospitalizations</p>
<b>*Partial Hospitalization</b> <b>*Intensive Outpatient</b>	<p style="text-align: center;">100%</p> <p style="text-align: center;">after copay for inpatient admissions</p> <p style="text-align: center;">90 days Plan Year Maximum combined with Mental Disorders</p> <p>Once the 90 day maximum has been used during a Plan Year, no benefit is available until 90 days has elapsed from the date of the last discharge and the next readmission, even if the Plan Year renewal date occurs during the period between inpatient and/or partial day hospitalizations</p>
<b>Outpatient</b>	<p style="text-align: center;">80% after separate \$50 Deductible</p>

### SUMMARY OF DENTAL BENEFITS

<b>Deductible, per Plan Year</b>	
Individual	\$50
Per Family Unit	\$100
The Deductible applies to these Classes of Service: Class B Services – Basic Class C Services – Major Class D Services – Orthodontia	
<b>Percentages Payable</b>	<b>Benefits are Subject to Usual, Customary and Reasonable Allowance</b>
Class A Services – Preventive	100%
Class B Services – Basic	80%
Class C Services – Major	50%
Class D Services – Orthodontia	50%
<b>Maximum Benefit Amount</b>	
Maximum Dental Benefit	\$1,250 per person per Plan Year
Occlusal guards for bruxism	\$500 per person per Lifetime
Class D-Orthodontia	\$1,500 per person per Lifetime

### SUMMARY OF PRESCRIPTION BENEFITS

<b>Retail</b>		
<b>Type</b>	<b>Copayment</b>	<b>Maximum Supply</b>
Over-the-counter (OTC) proton pump inhibitors and allergy medications (requires written prescription)	No copayment	90 day
Generic Drugs	\$10/30 day supply	90 day
Brand Name Drugs	\$25/30 day supply	90 day
Brand Name Drugs where Generic is available	\$25/30 day supply plus the difference in cost between the Brand and Generic Drug	90 day
<b>Mail Order</b>		
<b>Type</b>	<b>Copayment</b>	<b>Maximum Supply</b>
Over-the-counter (OTC) proton pump inhibitors and allergy medications (requires written prescription)	No copayment	90 day
Generic Drugs	\$20/90 day supply	90 day
Brand Name Drugs	\$50/90 day supply	90 day
Brand Name Drugs where Generic is available	\$50/90 day supply plus the difference in cost between the Brand and Generic Drug	90 day

## **CU GME DISABILITY INSURANCE**

### **Group Coverage Highlights:**

Residents are covered by the CU GME Group long term disability policy (unless coverage has been specifically waived).

- Resident pays no premium for coverage while in training
- Elimination period is 90 days
- Monthly benefit levels while in training:

PGY I & II	\$3,000
PGY III & IV	\$3,500
PGY V & up	\$4,000
- Benefits generally payable to age 65 as long as you remain disabled
- Guaranteed issue (no medical exam, tests, etc.) group-to-individual conversion policy (and increase in coverage) offered to residents exiting CU GME with successful completion of training program.

### **Conversion Policy Features:**

- True "own occupation/specialty specific" definition of disability to age 67 (If you are unable to do your job, the plan pays, even if gainfully employed in another occupation)
- Guaranteed issue (No lengthy paperwork, no medical exam, no health or activity questions)
- Premium discount/unisex rates. Significant savings, especially for females
- No pre-existing conditions
- Residual coverage (benefit proportional to income loss due to injury or sickness)
- Cost of living increases (monthly benefit increases each year when disabled)
- Special claim procedures if positive test for HIV
- Future purchase option – Additional \$7,500 per month available, based on earnings
- The most comprehensive definition of disability available

A consultant is available to discuss your group coverage, conversion policy, compare other policies, and to answer general disability coverage questions. Be aware that if you choose to apply for coverage outside of the GME disability program and that coverage is issued with limitations or even declined, you may be ineligible to participate in the GME disability conversion program. Outside coverage will decrease the amount of the guaranteed-issue policy for which you may be eligible. Be an informed consumer. Additional information: [www.uchsc.edu/gme/disinsur.htm](http://www.uchsc.edu/gme/disinsur.htm).

## **LIFE INSURANCE**

Residents have group term life insurance (unless coverage has been specifically waived). You must complete the enrollment form in order for this insurance to be in effect. This policy is for the resident only and is not available for other family members. The resident pays no premium for this coverage.

### **Coverage Highlights:**

- \$50,000 term life insurance
- Additional \$50,000 for accidental death or dismemberment

In the event of your death while insured under this policy, payment would be made to the most recently named beneficiary. The beneficiary is the person you named, in writing, on your enrollment form. **UPDATE YOUR BENEFICIARY INFORMATION AS NEEDED.** To update, obtain a new enrollment form from the CU GME Benefits office. Return completed form to GME. It will be retained in your file. Additional information: [www.uchsc.edu/gme/lifeins.htm](http://www.uchsc.edu/gme/lifeins.htm)