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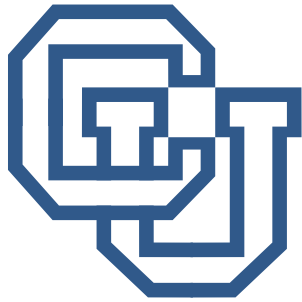
**STUDENT HEALTH
INSURANCE PLAN**



**UNIVERSITY OF COLORADO
AT DENVER AND
HEALTH SCIENCES CENTER
HEALTH SCIENCES CAMPUSES**

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STUDENT HEALTH INSURANCE PLAN

This brochure is designed to acquaint students 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 policy and explained in this booklet.

The description in this brochure is generalized information. In all cases the contract with The MEGA Life and Health 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 at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen at the above address or by calling 800-626-5520, reference the School's Group #0004016.

The exact provisions governing this insurance are contained in the Master Policy issued to the University located in the Student Insurance Office. Review this brochure carefully. If you have questions, contact the insurance office at 303-315-0800.

WAIVER POLICY

All students taking 5 or more credit hours will automatically be enrolled for the entire year unless a waiver form is completed and returned within the prescribed waiver period. 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 8, 2005. **Individual insurance plans that are not required to meet State and Federal benefit mandates are not considered comparable and consequently will not be considered proof of comparable coverage.**

Students are **AUTOMATICALLY** billed for the Student Health Insurance on their tuition bill (under the heading of "Student Insurance" and "Health Service"). For those students who have outside coverage, it is their responsibility to complete a "waiver form" by the deadline listed on page 3 in order to have the insurance charge removed from their tuition bill. **Waiver forms will not be accepted after the waiver deadline.**

Students taking 5 credits or more will be mailed a packet of insurance information. If, for any reason, you do not receive this packet, waiver forms are located on-line at www.uchsc.edu/studentinsurance. Waiver forms and insurance brochures can also be obtained at the Student Insurance Office located in 1-C37 Office Annex Building. **Health Insurance waiver forms are only valid for one academic year.**

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

Dear Student,

The University of Colorado at Denver and Health Sciences Center, Health Sciences Campuses (HSC), while concerned with educational pursuits, is aware of varied student needs in other areas – including the area of health, both preventative and therapeutic.

The Student Health Service and the Student Health Insurance Plan are separate but coordinated programs, designed to provide students with optimal health care coverage at reasonable costs.

All degree-seeking students enrolled in five or more credit hours must take the HSC Student Health Insurance Plan unless they can prove enrollment in other adequate insurance. All students taking 5 or more credit hours will automatically be billed for the Student Health Insurance unless they submit a selection/waiver form by the deadline. Please refer to this brochure for further explanation of health plan or coverage and actually compare benefits and exclusions of the Student Health Insurance Plan before requesting insurance waiver of the HSC plan.

It is recommended that students utilize the Student Health Service for their health needs since it is designed to provide or facilitate the majority of their medical care. As a student in the health services professions, it is important to become familiar with proper utilization of the HSC health facilities and services. Referrals and visits to other clinics and health facilities should be coordinated through the Student Health Service.

Students should obtain authorization from the Student Health Service for laboratory, x-ray studies, and outpatient visits recommended by medical staff providing care from locations other than the Student Health Service. Informal medical consultations with colleagues and associates are strongly discouraged.

The Student Health Service welcomes each of you to the University of Colorado at Denver and Health Sciences Center, Health Sciences Campuses. We are looking forward to assisting you in maintaining good health while you achieve your educational goals.

Sincerely,
Student Health Insurance Office

LATE ENROLLMENT

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

COVERAGE DATES AND COSTS

The Master Policy on file at the school becomes effective as per the Master Policy. Coverage becomes effective on the first day of the semester for which premium is paid by the enrollment deadline. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Annual Student Rate: **\$2,098**

Eligible Dependents/Domestic Partners are insured under a separate plan (Policy #2005-4016-3). Please call the Student Health Insurance Office at 303-315-0800 for Dependent Plan information.

Returning Students

Period(s):	Beginning	Through	Enrollment Deadlines:
Annual	09-01-2005	08-31-2006	09-08-2005
Fall*	09-01-2005	12-31-2005	09-08-2005

* for Students graduating in December

New Students

Period(s):	Beginning	Through	Enrollment Deadlines:
Annual	08-08-2005	08-31-2006	09-08-2005
Fall	09-01-2005	12-31-2005	09-08-2005
Spring/Summer	01-01-2006	08-31-2006	02-03-2006
Summer	06-01-2006	08-31-2006	06-15-2006

Refunds

Refunds will be made upon the entry of any Insured Person into the armed forces of any country. Refund rates are not pro-rated. A refund will be returned to such person upon 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 drops out of school within the first 31 days they are not eligible for the Student Health Plan. The entire cost of the coverage will be refunded (including Dependents covered under a separate dependent plan). Such a student 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.

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES

It is the student's responsibility to confirm whether or not a particular service is covered under the plan. ***This confirmation must be done with AmeriBen*** by calling them at 800-626-5520. Health Center staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services.

AF Williams (Student Health Clinic) 303-372-9797

Find out the availability of daily access, appointments and hours of operation by calling the number above. Please refer to the Student Health Service (SHS) Plan booklet for covered services under the SHS and note that it will be your responsibility to know when your Deductible and co-insurance will apply to services provided. For clarification please call the Student Insurance office at 303-315-0800.

**University of Colorado Hospital/
UPI Select Provider Network 303-372-2929**

HSC has a specially-designed Select Provider PPO network through UCH/UIP. The Select Providers include:

Denver University of Colorado Hospital
University Physicians Incorporated
University of Colorado at Denver and Health Sciences Center

Find a provider or make an appointment by calling this network. Certain services are payable at 90% after Deductible through this network.

Sloans Lake Preferred Health Networks 303-504-5615

HSC has a specially-designed PPO network through Sloans Lake. The following hospitals are in the network (certain services are payable at the 80% after Deductible reimbursement level):

Denver Porter Adventist – includes Psychiatric Care
St. Anthony Central
PSL Medical Center
Rose Medical Center
National Jewish Medical & Research Center
Aurora Medical Centers of Aurora (North and South)
Parker Parker Adventist Hospital
Englewood Swedish Medical Center
Littleton Littleton Adventist Hospital
Thornton North Suburban Medical Center
Westminster St. Anthony North Hospital

For a more complete list and verification that hospitals, facilities and physician providers are still in the PPO network visit www.sloanslake.com or call Sloans Lake at one of the following numbers:

Local Denver Number: 303-504-5615
Toll-Free Number: 800-850-2249

HMS Colorado

For pre-notification of both emergency and non-emergency hospitalizations

Local Number: 303-504-5613
Toll-Free Number: 800-850-1899

PRE-ADMISSION NOTIFICATION

HMS Colorado should be notified of all Hospital Confinements prior to admission.

- 1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone 800-850-1899 toll-free, or 303-504-5613 local, at least five working days prior to the planned admission.
- 2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient's representative, Physician or Hospital should telephone 800-850-1899 toll-free, or 303-504-5613 local, within two working days of the admission to provide notification of any admission due to Medical Emergency.

IMPORTANT: Failure to follow the notification procedure will not affect benefits otherwise payable under the policy. Pre-notification is not a guarantee that benefits will be paid.

HMS Colorado is open for Pre-Admission Notification calls from 8:00 a.m. to 5:00 p.m. M.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours.

ELIGIBILITY

If you are enrolled in a degree granting program at HSC, you are eligible for the insurance. Annual coverage will become effective on September 1, 2005 or the first day of scheduled classes, provided that payment is made as required within the enrollment period.

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

DEPENDENT COVERAGE

(Including Newborn Enrollment and Eligibility)

NEWBORN CHILDREN

In the event of the birth of a child to a covered student while the student's health plan is in force, that child will automatically become a covered person from the moment of birth. Coverage will continue without cost for 31 days. If the student wants continuing coverage for the newborn after 31 days, enrollment and payment of premium for the separate Dependent Plan (Policy #2005-4016-3) must be made within the first 31 days, or the coverage will terminate for that child at the end of the 31-day period.

DEPENDENT PLAN

The Dependent Plan (Policy #2005-4016-3) is described in a separate brochure. The Dependent plan contains different benefits, limitations and exclusions. Please contact the Student Health Insurance Office for a description of the Dependent Plan at 303-315-0800.

PLAN YEAR DEDUCTIBLES

INDIVIDUAL

\$250 of Covered Medical Expenses, per Insured Person, Per Policy Year.

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. This does not include the prescription drug Deductible.

PRESCRIPTION DRUGS

Separate: \$50 for eligible Prescription Drug Expenses, per Insured Person, Per Policy Year.

HEALTH CARE MANAGEMENT PROGRAM

HSC has contracted with a professional health care management company to assist Insured 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.

Admission Notification

Insured Persons should call HMS Colorado, at 303-504-5613 local, between 8:00 a.m. and 5:00 p.m. MST, Monday through Friday, before any elective admission to a hospital. Insured 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 Physician 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 patients 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
- Sicknesses not responding to medical care

MAXIMUM BENEFIT

Maximum Benefit is \$200,000 per Insured Person per Injury or Sickness.

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.

SUMMARY OF BENEFITS

The following benefits will be paid when an Insured Person incurs a Covered Medical Expense while insured under the Plan. The expense must be due to a Sickness or Injury, be medically necessary, and authorized by a Physician. All benefits are subject to Usual and Customary guidelines, Deductibles, Coinsurance, plan maximums and limitations and exclusions. Usual and Customary allowances will be determined using the current survey of Ingenix at the 75th percentile reimbursement level.

PRESCRIPTION DRUG PLAN EXPRESS SCRIPTS

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

**Express Scripts, Inc.
P.O. Box 66773
St. Louis, Missouri 63166-6773
Attn: Claims Department
Group Rx #AM2A**

After 6 weeks, the Insured Person may go to any network pharmacy and pay 25% coinsurance after a separate \$50 point-of-service Plan Year Deductible is satisfied.

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

After you have exhausted the \$1,250 annual maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

If you do not use a participating pharmacy, you are responsible for the full cost of the prescription. For information about participating pharmacies or to obtain other information, please call Express Scripts at 800-206-4005.

CONVERSION PLAN

At the end of Fall, Spring and Summer semesters, students who were covered under the insurance plan can purchase the Conversion Plan in increments of one month, with a twelve (12) month maximum, limited to the length of time to the next plan year. Determination of the length of coverage and payment must be made at the time of application. Brochures and enrollment forms for the Conversion Plan are available in the Student Insurance Office, 1-C37 Annex Building, 303-315-0800.

PRE-EXISTING CONDITIONS

Pre-Existing Conditions are covered at the end of the six (6) month period following the Insured Person's effective date of coverage under the Policy.

The Pre-existing Condition Limitation will be reduced by the period of time an Insured Person was previously covered by Creditable Coverage if the Creditable Coverage was continuous to a date not more than 90 days prior to the effective date of the Insured Person's coverage under the Policy. NOTE: The Pre-existing Condition Limitation shall not apply to pregnancy.

LEGAL LIABILITY (SUBROGATION)

If an Insured Person incurs Covered Medical Expenses for a Sickness or Injury that is caused by the act or omission of a third party, and if benefits are paid by the Policy, we reserve the right to have the Policy's benefits reimbursed from any payment made by the third party or its insurer. This right will only be to the extent of benefits that are paid by us for medical/dental expenses. The Insured Person shall furnish to us all information necessary to carry out the terms of this provision. This right will not apply to a recovery made from an insurance company under which the Covered Person is the Insured Person.

PSYCHOTHERAPY/MENTAL ILLNESS ALCOHOL AND DRUG ABUSE

Benefits for outpatient treatment will be paid as set forth below for Psychotherapy, Biologically Based Mental Illness, Alcoholism or Drug Abuse, subject to the Maximum per covered individual and subject to the following limitations:

1. Psychotherapy

Select Providers (Special)

The University of Colorado at Denver Health Sciences Department of Psychiatry has contracted with certain providers for psychiatric services. This service is completely confidential. Benefits are available at 100%, with no Deductible, to \$75 per session, up to 15 visits. Benefits are available for STUDENTS ONLY. For further information on these benefits, or a list of providers, please call 303-315-0800.

OUTPATIENT

Select Providers

100% to \$75, with no Deductible,
15 visit maximum

Preferred Providers

100% to \$75, with no Deductible,
15 visit maximum

Out-of-Network

100% of U & C to \$75,
with no Deductible
15 visit maximum

INPATIENT

Select Providers

90% after Deductible
45 day maximum

Preferred Providers

80% after Deductible
45 day maximum

Out-of-Network

50% of U&C after Deductible

45 day maximum

PSYCHOTHERAPY/MENTAL ILLNESS ALCOHOL AND DRUG ABUSE (CONT)

2. Biologically Based Mental Illness

Benefits will be paid as for any other Sickness for the treatment of Biologically Based Mental Illness. The Benefit provided will not duplicate any other Benefits provided in this Policy. "Biologically Based Mental Illness: means schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder."

Select Providers (Special)

The University of Colorado at Denver Health Sciences Department of Psychiatry has contracted with certain providers for psychiatric services. This service is completely confidential. Benefits are available at 100%, **with no Deductible**, to \$75 per session. Benefits are available for STUDENTS ONLY. For further information on these benefits, or a list of providers, please call 303-315-0800.

OUTPATIENT

Select Providers

90% with no Deductible

Preferred Providers

80% with no Deductible,

Out-of-Network

50% of U & C

With no Deductible

INPATIENT

Select Providers

90% after Deductible

Preferred Providers

80% after Deductible

Out-of-Network

50% of U&C after Deductible

3. Alcoholism/Drug Abuse

OUTPATIENT

Select Providers

First 10 visits 100% to \$50,

Next 5 visits 100% to \$25,

\$625 Maximum per Policy Year

Preferred Providers

First 10 visits 100% to \$50,

Next 5 visits 100% to \$25,

\$625 Maximum per Policy Year

Out-of-Network

First 10 visits 100% to \$50,

Next 5 visits 100% to \$25,

\$625 Maximum per Policy Year

INPATIENT

Select Providers

90% after Deductible

30 days maximum

Preferred Providers

80% after Deductible

30 days maximum

Out-of-Network

50% of U&C after Deductible

30 days maximum

COVERED MEDICAL EXPENSES

After Deductible has been satisfied, Covered Medical Expenses will be paid as listed for the provider selected up to \$200,000 for each Injury or Sickness. The Benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as listed below and as specified in the Schedule of Benefits:

- Ambulance Services** includes ground and air transportation.
- Anesthetist Services:** professional services in connection with inpatient and outpatient surgery.
- Assistant Surgeon Fees:** professional services administered in connection with inpatient and outpatient surgery; limited to 20% of the Surgery allowance.
- Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD)** benefits will be paid as any other Sickness.
- Biologically-based Mental Illness** (schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder) as mandated by Colorado law is paid as any other Sickness and is not subject to the 45-day Inpatient limit and 15 visit outpatient maximum limits as outlined in Section "Psychotherapy/Mental Illness/Alcohol – Drug Abuse," Item (1), Psychotherapy, pages 8-9.
- Blood** and/or plasma and the equipment for its administration on an inpatient basis.
- Benefits for **Cleft lip** and **Cleft palate** as mandated by Colorado law.
- Congenital Birth Defects** and Abnormalities as mandated by Colorado law.
- Consultant**, when requested and approved by the attending Physician.
- Day Surgery Miscellaneous** (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and X-ray examinations, including professional fees, anesthesia; drugs or medicines; and supplies.
- Dental treatment** of Injury to sound natural teeth resulting from an accident occurring while insured. This includes replacement of teeth and any related x-rays. Injury as a result of chewing or biting will not be considered an accident or Injury.
- Treatment of **Diabetes** including insulin, insulin syringes, insulin infusion pumps, and outpatient self-management training and education including medical nutrition therapy, and as mandated by Colorado law. Diabetic supplies are not covered under the prescription drug plan, but these supplies will be covered under the Medical Plan.
- Dialysis.** Limited to one visit per day.
- Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement equipment is not covered. 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. There is a \$5,000 maximum per Sickness or Injury.
- Hearing test**, if for the diagnosis of a Sickness or Injury.
- Charges by a **Home Health Care** agency when such care is ordered by a Physician and the Covered Person is confined to his/her home. Such care shall be for part-time nursing, physical, occupational or speech therapy and shall be limited to \$100 per day maximum /100 visits per Policy Year.

SCHEDULE OF MEDICAL BENEFITS

This chart summarizes co-insurance amounts paid by the plan. Coverage outside of the country for Covered Medical Expenses is reimbursable at 50%. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Network 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 Network benefits. Services provided by a non-network provider at a Preferred Network facility will be paid at the Preferred Level of benefits.

BENEFIT DESCRIPTIONS	UH/UIP SELECT PPO	SLOANS LAKE PREFERRED HEALTH NETWORKS	OUT-OF-NETWORK	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Annual Deductible	Yes (\$250)	Yes (\$250)	Yes (\$250)	Does not apply to routine mammograms or prostate screening by any provider.
Pre-existing Condition Limitations	Applies	Applies	Applies	
Well-care	Not Covered	Not Covered	Not Covered	Except for PAP Smears, Prostate Screening and Mammograms.
PAP Smears (Cytologic Screening)	90%	80%	50% of U&C	One every three Policy Years.
PSA (Prostate Cancer Screening)	100%, No Deductible	100%, No Deductible	100%, No Deductible	Paid up to \$65 per screening. One screening per Policy Year.
Mammograms (Routine)	100%, No Deductible	100%, No Deductible	100%, No Deductible	Paid up to \$80 per Policy Year. Includes radiology readings.
Mammograms (Diagnostic)	90%	80%	50% of U&C	
X-Ray and Laboratory Services	90%	80%	50% of U&C	
Inpatient Room & Board & Hospital Miscellaneous	90%	80%	50% of U&C	
Anesthetist (Inpatient & Outpatient)	90%	80%	50% of U&C	
Routine Newborn Care	90%	80%	50% of U&C	Four days confinement maximum.
Assistant Surgeon Fees	20% of Surgery Allowance	20% of Surgery Allowance	20% of Surgery Allowance	
Registered Nurse Services	90%	80%	50% of U&C	\$10,000 maximum per Policy Year.
Preadmission Testing (Within 10 Days of Admission)	100%, No Deductible	100%, No Deductible	100%, No Deductible	Within 10 days of admission to a hospital in connection with pre-admission x-ray and lab tests.
Preadmission Testing (Prior to 10 Days of Admission)	90%	80%	50% of U&C	More than 10 days before admission to a hospital in connection with pre-admission x-ray and lab tests.
Inpatient & Outpatient Surgery	90%	80%	50% of U&C	
Inpatient Mental/Nervous Disorders	See pages 8-9			
Outpatient Mental/Nervous Disorders	See pages 8-9			
Biologically-based Mental Illness	See pages 8-9			
Prescriptions	See Express Scripts for Explanation of Benefits		Not Covered	Separate \$50 Rx Deductible. Plan pays 75% co-insurance when filled at a participating pharmacy up to \$1,250 per Policy Year.
Contraceptive Devices and Shots	75%	75%	75% of U&C	Subject to \$1,250 maximum per policy year
Physician Office Visits	90%	80%	50% of U&C	More than one visit per day allowed provided the second or subsequent visits are not with the same provider.
Injections	90%	80%	50% of U&C	When administered in the physician's office.
Outpatient Physiotherapy	90%	80%	50% of U&C	Limited to one visit per day. Includes occupational, speech, respiratory, physical therapy and dialysis treatment.
Dental Treatment for an Accidental Injury	90%	80%	50% of U&C	Treatment for Injury to sound, natural teeth occurring while Insured.
Home Health Care	100%	80%	50% of U&C	Maximum payment of \$100 per day, 100 day maximum Per Policy Year.
Durable Medical Equipment	90%	80%	50% of U&C	\$5,000 maximum per Injury or Sickness.
Ambulance	80% of U&C	80% of U&C	80% of U&C	
Medical Emergency	90%	90%	90% of U&C	Medical Emergency only as defined on page 18. Use of emergency room and supplies.
All Other Covered Medical Expenses	90%	80%	50%	Additional benefits are shown in the Covered Medical Expenses section of this brochure beginning on page 10.

COVERED MEDICAL EXPENSES (CONT)

17. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
18. **Injections (outpatient):** when administered in the Physician's office; and charged on the Physician's statement.
19. **Magnetic Resonance Imaging (MRI),** only when medically necessary.
20. **Mammogram - Routine** including radiology charges, as mandated by Colorado law. Pays expenses up to \$80, **No Deductible**, for each routine low-dose mammography screening according to the following schedule: Baseline 35-40 years of age; once every two years for women from 40 years of age and under 50 years of age, or once annually if ordered by a Physician; and once annually for women from 50 to 65 years of age. If a participant has a family history of breast cancer, the baseline routine mammogram can be done after age 25.
21. **Mammogram - Diagnostic** is subject to the Deductible.
22. **Maternity** and Complications of Pregnancy, same as any other Sickness.
23. **Maternity Testing.** This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.
24. **Medical foods** prescriptions for inherited enzymatic disorders up to age 21 for men and 35 for women as mandated by Colorado law.
25. **Nasal and Sinusitis** surgery.
26. **Nutritional counseling** as mandated by Colorado law for the coverage of Diabetes.
27. **Physiotherapy (Physical Therapy)** from a qualified practitioner, not including supplies. Benefits limited to one visit per day.
28. **Physician's Visits:** outpatient. More than one visit per day allowed provided the second or subsequent visits are not with the same provider.
29. **Podiatry** treatment of metabolic or peripheral-vascular disease and medically necessary foot-care except as excluded in the Policy.
30. **Prostate Cancer Screening,** as mandated by Colorado law. One screening per year for men over the age of 40 who are in high-risk categories as determined by the Insured Person's Physician. One screening per year for all men over the age of 50 years. Benefit will pay up to \$65 per screening. **Not subject to the Deductible.**
31. **Pre-admission Testing.**
32. **Prosthetic Devices,** including repair and replacement, unless necessitated by misuse or loss, as mandated by Colorado law.
33. **Psychotherapy (Inpatient):** as mandated by Colorado law. Inpatient Benefits are based on confinement as an inpatient or partial hospitalization in a Hospital or Psychiatric Hospital licensed by the Colorado Department of Health. Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period. The maximum number of days payable per 12-month period are 45 days for inpatient confinement and 90 days for partial hospitalization. The maximum amounts are specified in the Schedule of Benefits. For the purpose of computing the period for which benefits are payable, the following will apply:

COVERED MEDICAL EXPENSES (CONT)

- 1) Two days of partial hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for partial hospitalization.
- 2) Each day of inpatient confinement under this benefit or each two days of partial hospitalization shall reduce by one day, the total days available for all Sickness for any one 12-month period.
- 3) Each day of confinement as an inpatient in a Hospital or psychiatric Hospital, or each two days of partial hospitalization, shall reduce by one day, any days available for alcoholism coverage.
See limitations as outlined in Section "Psychotherapy/Mental Illness/Alcohol – Drug Abuse," Item (1), Psychotherapy, pages 8-9.
34. **Psychotherapy (Outpatient)** See limitations as outlined in Section "Psychotherapy/Mental Illness/Alcohol – Drug Abuse," Item (1), Psychotherapy, pages 8-9. Benefits are limited to one visit per day, including all related or ancillary charges incurred as a result of a Mental Illness (including Prescription Drugs).
35. **Radiation therapy** and chemotherapy, includes the administration of oral chemotherapy.
36. **Reconstructive surgery** when needed to correct damage caused by an Injury or for breast reconstruction following a total or partial mastectomy. Benefits for congenital birth defects are limited to children born after the insured's effective date and who are covered by the Plan.
37. **Room and Board Expense:** 1) daily semi-private room rate when Hospital confined; 2) general nursing care provided and charged for by the Hospital and 3) for accommodations in an intensive care unit.
38. **Routine Newborn Care,** while hospital confined and routine nursery care provided immediately after birth. Paid as any other Sickness/4 days Hospital Confinement expense maximum.
39. **Sleep Disorders,** if a result of a Sickness.
40. **Speech therapy** from a qualified practitioner to restore speech loss due to Sickness or Injury.
41. Inpatient and outpatient treatment of **Substance** and/or **Alcohol abuse;** **Inpatient:** up to 30 days treatment per Policy Year for inpatient care at a hospital or a state licensed alcohol, psychiatric, chemical dependency, or residential treatment facility. **Outpatient:** up to \$625 maximum per Policy Year.
42. **Surgery:** physician fees for inpatient and outpatient surgery. In accordance with data provided by Ingenix, Inc. Includes coverage for multiple procedures through the same incision.
43. **Telemedicine Services** as mandated by Colorado law.
44. **Tests and Procedures,** diagnostic services and medical procedures performed by a Physician other than Physician's Visits, physiotherapy, X-rays and lab procedures.
45. Human organ and tissue **transplants** that are medically necessary and appropriate. Experimental procedures are not covered.
46. **Ultrasounds,** only when medically necessary.

ASSIST AMERICA®: GLOBAL EMERGENCY MEDICAL ASSISTANCE

If you are a student insured with this insurance plan, you are eligible for Assist America services.

The requirements to receive these services are as follows:

International Students: You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students: You are eligible for Assist America 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.

ASSIST AMERICA®: GLOBAL EMERGENCY MEDICAL ASSISTANCE (CONT)

Assist America services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States 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 Assist America services must be arranged and provided by Assist America, any services not arranged by Assist America will not be considered for payment.

Key Services include:

- Medical Consultation, Evaluation and Referrals
- Foreign Hospital Admission Guarantee
- Emergency Medical Evacuation
- Critical Care Monitoring
- Medically Supervised Repatriation
- Prescription Assistance
- Transportation to Join Patient
- Care for Minor Children left Unattended Due to a Medical Incident
- Return of Mortal Remains
- Emergency Counseling Services
- Lost Luggage or Document Assistance
- Interpreter and Legal Referrals

Please visit your school's insurance coverage page at www.studentresources.com for the Assist America Global Emergency Assistance Services brochure which includes service descriptions and program exclusions and limitations.

To access services please call:
800-872-1414 Toll-free within the United States
301-656-4152 Collect outside the United States

Services are also accessible via e-mail at medservices@assistamerica.com

When calling Assist America's Operations Center, please be prepared to provide:

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

Assist America 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 Assist America. Claims for reimbursement for services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusion pertaining to the Assist America program.

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. **Acupuncture;**
2. **Addiction**, such as nicotine addiction;
3. **Autistic disease** for childhood, 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;

EXCLUSIONS AND LIMITATIONS (CONT)

4. **Biofeedback;**
5. **Circumcision;**
6. **Cosmetic procedures**, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
7. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth;
8. **Elective Surgery** or Elective Treatment;
9. **Elective abortion;**
10. **Eye examinations**, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
11. **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;
12. **Hearing examinations** or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. **Immunizations**; preventive medicines or vaccines, except where required for treatment of a covered Injury; accidental exposure is a covered Injury;
14. **Injury or Sickness** for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act or similar legislation;
15. **Injury sustained** while a) participating in any interscholastic, 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 competitions;
16. **Inpatient convenience** items such as guest meals, telephone, televisions, etc;
17. **Medical or non-medical** self-care or self-help training, recreation therapy, educational therapy, dance therapy, and art therapy, except as described in the Master Policy;
18. **Non-Medically Necessary Maintenance Care Expenses.** Example: physical therapy or chiropractic maintenance care as opposed to treatment of a condition. Maintenance Care means treatment which is administered after the patient's status remains the same and no further improvement is expected; remaining symptoms are considered residual; it is indicated by infrequent, sporadic treatment (i.e., once a month or every other week);
19. **Pre-existing Conditions**, except for: 1) individuals who have been continuously insured for at least 6 consecutive months under any group health insurance plan or policy or employer-provided health benefit arrangement or any individual health insurance plan of policy, if the previous coverage was continuous to a date not more than 90 days prior to the Insured's Effective Date under this policy; or 2) individuals who have been continuously insured for at least 6 consecutive months under the school's student insurance policy;
20. **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) Immunization agents, 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) Production 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.

EXCLUSIONS AND LIMITATIONS (CONT)

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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
22. **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;
23. **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;
24. **Services** mainly rendered for custodial or in-vivo therapy; (except for rehabilitation facility treatment charges incurred for the treatment of mental or nervous conditions);
25. **Supplies**, except as specifically provided in the policy;
26. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
27. **Treatment in a Government hospital**, unless there is a legal obligation for the Insured Person to pay for such treatment;
28. **War** or any act of war, declared or undeclared; or while in the armed forces or any country (a pro-rata premium will be refunded upon request for such period not covered); and,
29. **Weight management** services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity (treatment of morbid obesity is covered. Morbid obesity is defined as follows: Morbid obesity is 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. Exceptions: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

EXTENSION OF BENEFITS AFTER TERMINATION

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, 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. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist and under no circumstances will further payments be made.

COORDINATION OF BENEFITS

The purpose of this medical insurance policy is to assist in the payment of medical bills. It is not intended that an Insured Person receive benefits greater than his/her total allowable expenses. *This plan will coordinate benefits with any other valid and collectible insurance.*

Benefits paid by the Master Policy will not exceed: 1) any applicable Policy maximums; and, 2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Valid and Collectible Insurance.

Medicare or Medicaid

If an Insured Person is eligible for Medicare or Medicaid benefits, this plan may (or may not) be primary to Medicare or Medicaid. This is determined by Medicare or Medicaid regulations, as applicable.

DISPUTED CLAIMS

If you have reason to believe a claim in part or whole has not been settled properly, or a claim has been improperly denied, the following process applies:

Contact AmeriBen at 800-626-5520 and ask for a second review within sixty (60) days after the claim payment date of the notice of denial of benefit. The claim will then be reviewed by another Benefits Administrator from AmeriBen.

If the result of this review is not satisfactory:

Contact AmeriBen 800-626-5520, Include the name of the student, Student ID number, and name of the patient, stating in clear and concise terms the reason(s) for disagreement with the handling of the claim. AmeriBen and The MEGA Life and Health Insurance Company will analyze all preceding efforts and will conduct their own review. The claimant shall be notified promptly of the findings, but not later than 120 days after the request for review, with copies of pertinent plan documents upon which any declinations was based.

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 HSC reserve the right and opportunity to examine the person whose Injury or Sickness is the basis of a claim as often as it may 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 expirations 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.

DEFINITIONS

Coinurance means a provision of the insurance by which the Insured Person and the insurance carrier share in a specified ratio (e.g. 80% / 20%, 100% / 0%) the payment of hospital or medical expenses resulting from a Sickness or Injury.

Covered Medical Expenses means reasonable charges which are: 1) not in excess of Usual and Customary charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) 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 Per Policy Year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

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.

Injury means bodily injury which is: 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 60 days after the date of accident; and 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.

Interscholastic means organized competition occurring or conducted between or among schools.

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

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

Medical Necessity means those services or supplies provided or prescribed by a Hospital or Physician which are: 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; and, 5) The most appropriate supply or level of service which can safely be provided to the Insured.

DEFINITIONS (CONT)

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 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 Hospital Confinement.

Policy Year means a twelve (12) month period beginning each Fall semester and specifically defined by the College as the academic year.

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

"Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in your local school area are physicians and hospitals who are participating members of Sloans Lake Standard Provider Network inside the State of Colorado and Beech Street, Inc., outside the State of Colorado.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling Sloans Lake at 800-850-2249 toll-free, or 303-504-5615 local, by checking the network's website: inside the State of Colorado: www.sloanslake.com; or outside the State of Colorado: www.beechstreet.com and/or by asking the provider when you make an appointment for services.

"Preferred Allowance" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses. "Out of Network" providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility. Regardless of the provider, you are responsible for the payment of your Deductible. You must satisfy your Deductible before benefits are paid. We will pay according to the benefit limits in the Schedule of Medical Expense Benefits. "Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

"Select Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Select Providers in your Network Area are physicians and hospitals who are participating members of University of Colorado Hospital, University Physicians Incorporated, and University of Colorado at Denver and Health Sciences Center.

The availability of specific providers is subject to change without notice. You should always confirm that a Select Provider is participating at the time services are required by calling UCH/UIP at 303-372-2929 local, or by checking the network's website: www.uch.edu/content/physiciandirectory/public/search.asp.

Sickness means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness. 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.

Usual and Customary (U&C) charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

IMPORTANT NOTICE

Federal regulations now permit the time you are on the HSC Student Health Insurance Plan to be counted as 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 University sponsored plan terminates (for example, your academic studies at HSC 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 800-626-5520 to obtain a certificate.

PRIVACY POLICY

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

MASTER POLICY

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University 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.

HOW TO FILE A CLAIM

Claims should be submitted to AmeriBen at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen at the above address or by calling 800-626-5520, reference the School's Group #0004016.

CLAIM PROCEDURES

Send Medical claims to:

AmeriBen
P.O. Box 7186
Boise, ID 83707
800-626-5520
Group #0004016
<https://services.ameriben.com>

Send Prescription claims to:

Express Scripts, Inc.
P.O. Box 66773
St Louis, MO 63166-6673
Attn: Claims Department
800-206-4005
Group Rx # AM2A

PREFERRED PROVIDER ORGANIZATION

State of Colorado

Select Providers

University of Colorado Hospital, University Physicians Incorporated, and University of Colorado at Denver and Health Sciences Center

Local Number for Select PPO Information 303-372-2929
www.uch.edu/content/physiciandirectory/public/search.asp

Preferred Providers

Sloans Lake Preferred Health Networks

Toll-Free Number for PPO Information 800-850-2249
Local Number for PPO Information 303-504-5615
www.sloanslake.com

Outside State of Colorado

Beech Street PPO Network
Toll-Free Number for PPO Information 800-937-2277
www.beechstreet.com

HEALTH CARE MANAGEMENT PROGRAM

HMS Colorado

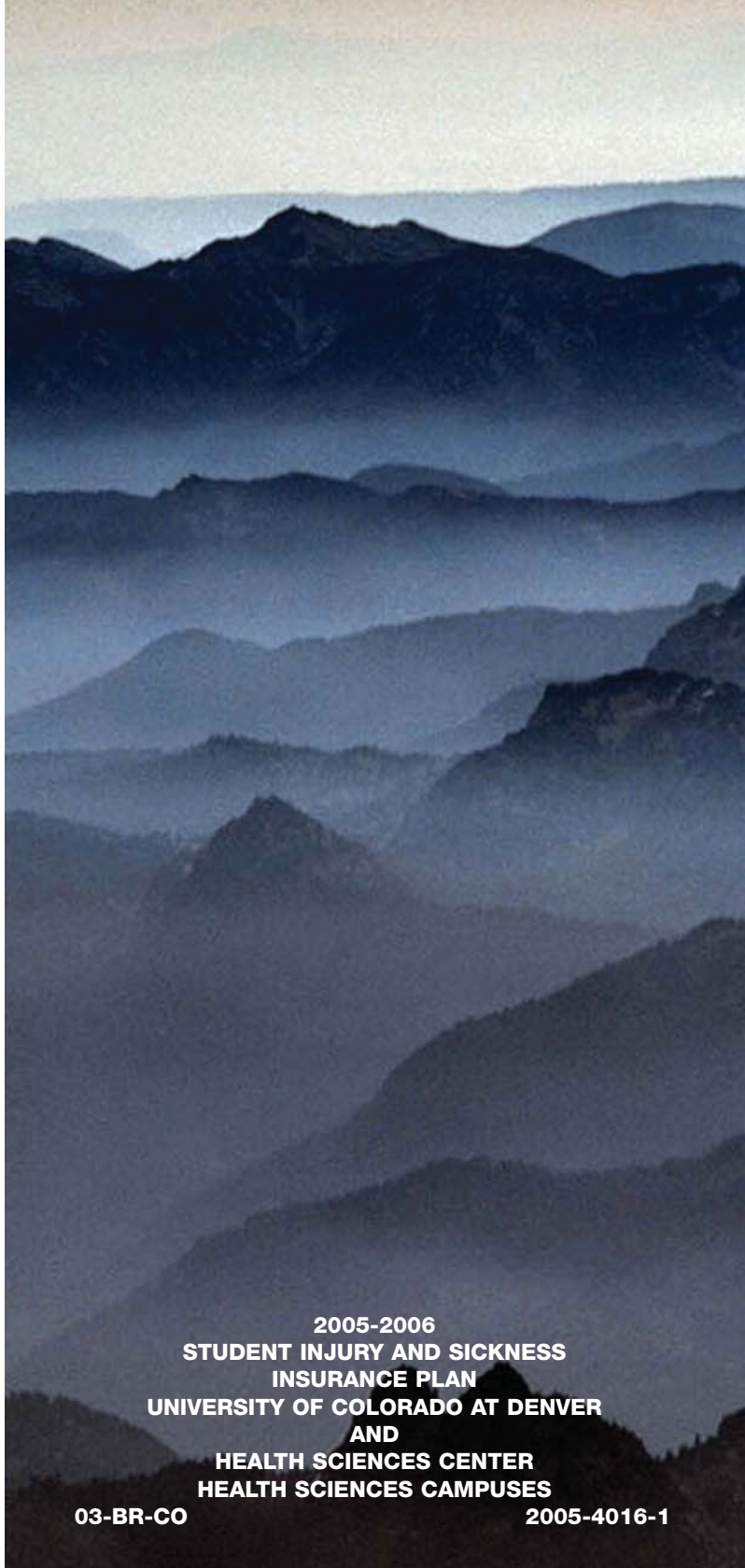
For Pre-admission Notification
Toll-free Number 800-850-1899
Local Denver Number 303-504-5613

NURSELINE

Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. The NurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

INSURANCE COMPANY

The MEGA Life and Health Insurance Company
Form Number: 03-BR-CO
Policy Number: 2005-4016-1



**2005-2006
STUDENT INJURY AND SICKNESS
INSURANCE PLAN
UNIVERSITY OF COLORADO AT DENVER
AND
HEALTH SCIENCES CENTER
HEALTH SCIENCES CAMPUSES**

03-BR-CO

2005-4016-1