Dear Student,

The University of Colorado Colorado Springs is pleased to offer students and their eligible dependents a non-renewable one-year term policy for the 2011-2012 academic year. Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., this program provides Accident and Sickness coverage for students and their eligible dependents. Undergraduate students must be degree-seeking and enrolled for at least 9 credit hours (6 for degree seeking graduate students) to be eligible for coverage.

The University highly recommends that you consider this voluntary program to help protect yourself against health emergencies which might arise. Without adequate medical protection your ability to maintain health and meet education expenses could be seriously jeopardized. If you are not currently covered by other medical insurance, UCCS urges you to take advantage of this opportunity to purchase health protection at a reasonable cost.

The UCCS Student Accident and Sickness Health Plan is designed to complement the health services available on campus. The Student Health Center’s facilities are limited to minor sicknesses and injuries and do not include the costs of more specialized care and services. The benefits of the UCCS insurance plan are described in this brochure. Be sure to read about the exclusions and limitations as well as the benefits, since it is important to know what a policy does and does not cover. If you have any questions about the plan, please contact our health insurance plan representative at the Student Health Center, 719-255-4444. Or you may contact the claims administrator, AmeriBen, directly: 855-639-8677.

Sincerely,

UCCS Student Health Center

STUDENT ACCIDENT AND SICKNESS HEALTH PLAN

This brochure is designed to acquaint students and their eligible dependents with the medical services available, cost of the plan and exclusions to the services offered. UCCS asks that students read it carefully so that they will know the extent of medical services and insurance benefits they can expect.

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

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

This is only a brief description of the coverage available under policy series S30494NUFIC-CO. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases. If you have questions, contact the Student Health Center at 719-255-4444.

ELIGIBILITY

Degree-seeking Undergraduate students taking 9 or more credit hours; Graduate students taking 6 or more credit hours; full-time intern students and students enrolled in certain approved certificate-seeking programs at UCCS are eligible to enroll. Annual coverage will become effective at 12:01 a.m. on August 22, 2011 provided that payment is received by the Annual enrollment deadline. Coverage dates and enrollment deadlines can be found in Section “Coverage Dates and Costs” on page 3.

An eligible student must actively attend classes for at least the first 31 days of the period for which he or she is enrolled. Students who withdraw after such 31 days must remain covered under the Policy and no refund will be made. Home study and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If it is discovered that the Policy eligibility requirements have not been met, the Company’s only obligation is to refund premium less any claim paid.

Dependent coverage will not commence prior to or extend beyond that of the Covered Student.
The Master Policy becomes effective 12:01 a.m., August 22, 2011. Coverage becomes effective on the first day of the Coverage Period for which full premium is received by the enrollment deadline. The Master Policy terminates at 12:01 a.m. on August 20, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

CHOICE OF PLAN
Each eligible Student has a choice of Plans. Plan A has a lower deductible amount and Plan B has a higher deductible amount. The deductible must be met before benefits payments may be made for Eligible Expenses. Choosing Plan A deductible allows for benefit payments to be paid sooner and less out-of-pocket expenses for a Covered Person than Plan B. Plan A has a higher premium, because earlier benefit payments allow for a richer plan. Choose carefully; plan options cannot be changed after the initial purchase of the plan.

Plan A: Annual deductible is $500

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<tr>
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Plan B: Annual deductible is $3,000

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COVERAGE PERIODS FOR PLAN A AND PLAN B

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

Students must actively attend classes the first 31 days of the Coverage Period for which the student purchased insurance coverage. If the student withdraws from school or drops below the required credit hours within the first 31 days they are not eligible for the Student Accident and Sickness Health Plan. The entire cost of the coverage will be refunded (including dependents covered under the Plan) if the withdrawal or drop below the required credit hours occurs within the first 31 days. Students who withdraw from school or drop below the required credit hours 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.

If the Covered Person elects Annual coverage, or any other coverage period, and wants to terminate coverage at a later date due to any reason except for entrance into the Armed Forces or if the Covered Person withdraws from school within 31 days of the coverage period in which he or she is enrolled for insurance, he or she cannot terminate coverage under this plan and get a refund.

DEPENDENT COVERAGE
(Including Newborn Enrollment and Eligibility)

Eligible students who do enroll may also enroll their eligible dependents on a voluntary basis. Eligible dependents are the spouse or Domestic Partner and unmarried children under age 26 if the Child is: (a) financially dependent upon the Covered Student for support; or (b) a full-time student as defined by the school he or she attends; or (c) any age, unmarried and is medically certified as disabled and dependent upon the Covered Student. Dependent/Domestic Partner eligibility expires concurrently with that of the Covered Student unless the dependent is covered through the Extension of Benefits provision after termination of coverage.

Newborn Children
In the event of the birth of a child to a Covered Person while the Covered Person’s health plan is in force, that child will automatically become a Covered Person from the moment of birth. Coverage will continue for 31 days. If the student wants continuing coverage for the newborn after 31 days, enrollment and payment of premium must be made within the first 31 days, or the coverage will terminate for that child at the end of the 31-day period. While covered under this Plan, coverage is subject to all Policy provisions, including the deductible. Benefits mandated by the state of Colorado to apply to newborn infants are payable under this Plan for the first 31 days.
**LATE ENROLLMENT**

Covered Students **will not** be allowed to enroll in the Plan after the applicable enrollment deadline unless proof of creditable coverage is furnished that the Covered Student became ineligible for coverage under another group health plan during the 30 days* immediately preceding the date of the request for late enrollment in the University’s plan. In such cases, the cost of the period will be the same as it would have been at the beginning of that period but the effective date will be the date the student enrolls and makes the required payment. The premium for the period purchased will not be pro-rated unless the period purchased is 60 days or less. In such cases, a one month premium amount will apply to coverage periods of up to 30 days and a two month premium amount will apply to coverage periods of 31 to 60 days.

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

**ENROLLMENT PROCESS**

All students attending courses at the University of Colorado Colorado Springs enrolled in 9 credit hours or more as a degree-seeking undergraduate student, or 6 hours or more as a degree-seeking graduate student or full-time intern students, may enroll in the Plan. After verifying eligibility by calling the Student Health Center at 719-255-4444, an eligible student may enroll on-line at www.eciservices.com.

A specified period of time will be allowed for the beginning of each Coverage Period for enrolling in the plan. See “Coverage Dates and Costs” on page 3 for the enrollment deadline dates. Students enrolled in the Spring may purchase Summer Insurance without attending classes if the student was a Covered Student during the Spring semester and is enrolled in the subsequent Fall semester at the time of enrollment. Students may not switch Plan options in the middle of the Plan Year (i.e., an eligible student may not choose Plan B for the Fall Coverage Period and then Plan A for the Spring Coverage Period).

Beth-El College of Nursing and Health Sciences students and International students require adequate medical coverage and are required to participate in the College-sponsored health insurance program, unless proof can be provided that a student has comparable outside health insurance coverage that is currently valid. Please contact the Student Health Center at 719-255-4444, or visit them for more information.

**CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES**

It is the student’s responsibility to confirm whether or not a particular service is covered under the plan. **This confirmation must be done with AmeriBen** by calling them at 855-639-8677. Health Center staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services. **Please note:** Student Health Services are only available for actively enrolled UCCS students.

**Student Health Center:** 719-255-4444

Call to find out the availability of daily access, appointments and hours of the Health Center.

After a Co-payment, Eligible Expenses are paid at 100%. Co-payments are as follows:

- $2 per Office Visit
- $5 per Laboratory Test
- $5 per Prescription
- $5 per Supply
- $5 per STD test
- $5 per Office Visit for Injections

**COFINITY:**

University of Colorado Colorado Springs has a specially-designed Participating Network through Cofinity PPO. The following Hospitals are in the network:

- Colorado Springs Cedar Springs Behavioral Health System
- Colorado Springs Valley Hope Memorial Hospital
- Penrose Community Urgent Care
- Penrose Hospital
- St. Francis Health Center
- Aurora Medical Center of Aurora North Campus
- Medical Center of Aurora South Campus
- Spalding Rehabilitation Hospital
- University of Colorado Hospital
- Parker Parker Adventist Hospital
- Parker Valley Hope
- Englewood Swedish Medical Center
- Littleton Littleton Adventist Hospital
- Lone Tree Sky Ridge Surgical Center
- Denver Denver Health
- Exempla St. Joseph National Jewish Health
- Porter Adventist Hospital
- PSL Medical Center
- Rose Medical Center

**NOTE:** This is not an all-inclusive list of Hospitals and may be subject to change. For a more complete list and verification of Hospitals, facilities and Doctors in the Participating Providers Network visit www.cofinity.net or call 800-831-1166.
The Student Accident and Sickness Health Plan coordinates its benefits with services provided at the Student Health Center. Please note: Not all of the above “Available Services” are covered by the Student Accident and Sickness Health Plan.

After a Co-payment, Eligible Expenses are paid at 100%. Co-payments are as follows:
- $2 per Office Visit
- $5 per Laboratory Test
- $5 per Prescription
- $5 per Supply
- $5 per STD test
- $5 per Office Visit for Injections

Limited medications can be furnished in conjunction with your visit to the Student Health Center. However, there is no pharmacy at the Student Health Center; therefore prescriptions from other providers cannot be filled here.

HEALTH CENTER HOURS
Monday through Friday 8:00 am – 5:00 pm MST

CONTACT
Phone: 719-255-4444
Fax: 719-255-4446
E-mail address: hlthcnter@uccs.edu
Website: http://www.uccs.edu/shc

LOCATION
The Health Center is located in the Public Safety/Parking Garage building directly east of Columbine Hall. Enter the garage, make an immediate right and go straight to the inner wall. Park in the space for “Reserved Health Clinic Patients.”

SUMMARY OF BENEFITS
Benefits will be paid when a Covered Person incurs an Eligible Expense while under the Plan. The expense must be due to an Accident or Sickness, be Medically Necessary, and authorized by a Doctor. All benefits are subject to Reasonable and Customary guidelines, deductibles, Co-payments, Coinsurance, plan maximums and limitations and exclusions. Reasonable and Customary charges will be determined using the current survey of Fair Health Inc. with an 80th percentile reimbursement level.
STUDENT HEALTH CENTER
For services performed at the Student Health Center, for UCCS students only, the deductible will be waived.

ANNUAL DEDUCTIBLE:
Plan A: $500 of Eligible Expenses, per Covered Person, per Policy Year.
Plan B: $3,000 of Eligible Expenses, per Covered Person, per Policy Year.

CARRYOVER DEDUCTIBLE
Although a new deductible will apply each Policy Year, Eligible 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 carryover provision does not include or apply to the prescription drug deductible.

PRESCRIPTION DRUGS
A separate $50 deductible will apply for eligible Prescription Drug Expenses, per Covered Person, per Policy Year. This deductible does not apply to prescriptions filled at the Student Health Center.

PRESCRIPTION DRUG BENEFITS
Benefits are provided through Express Scripts. Please call 800-206-4005 for questions regarding benefits or participating pharmacies. If a Covered Person incurs Rx claims within the first 6 weeks of enrollment, the Covered Person must pay for the Rx and submit a claim to Express Scripts after the 6th week at:
Express Scripts, Inc.
P.O. Box 66583
St. Louis, MO 63166-6583
Attn: STD Accnts

After 6 weeks, the Covered Person may go to any participating pharmacy. A separate $50 point-of-service Policy Year Rx Deductible must be satisfied before Co-payments become effective. After the deductible is satisfied, a $15 Co-payment will apply per generic prescription. A Co-payment of $30 will apply per brand name prescription. A Co-payment of $45 will apply per non-formulary prescription.

Co-payments are for allowable drugs, for up to a 30 day supply per prescription or refill, and up to a $2,000 maximum per Policy Year. Maintenance medications may be filled up to a 90 day supply. A Co-payment of $30 generic, $60 brand or $90 non-formulary will apply per prescription for a 31-60 day supply. A Co-payment of $45 generic, $90 brand or $135 non-formulary will apply per prescription for a 61-90 day supply.

When a generic drug is available and the Covered Person chooses to purchase a brand name drug, even when the doctor writes “dispense as written” or “may not substitute,” the Covered Person must pay the cost difference between the brand name prescription and the generic prescription, in addition to his or her Co-payment.

After the Covered Person has exhausted the $2,000 Policy Year maximum, prescriptions can be purchased at a participating pharmacy at a discounted rate, but the Covered Person will be responsible for payment on these prescriptions. If the Covered Person does not use a participating pharmacy, he or she is 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.

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

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

The Co-payment for specialty drugs will mirror the Retail Network Pharmacy co-payments. Specialty Drugs can only be filled for 30 days. Members may fill a one-month supply at a networked Express Scripts retail Pharmacy before using the Express Scripts Home Delivery Specialty Drug program.
The Benefits payable are as defined in and subject to all provisions of the Policy and any endorsements thereto. After the deductible has been satisfied, Eligible Expenses will be paid up to the Maximum Benefit for each service as specified below and as provided for in the Schedule of Benefits.

State Mandated Eligible Expenses

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

For a child who is receiving Early Intervention Services, from birth to age 3, services for the treatment of autism will be considered the primary service. Early Intervention Services will be "in addition to" services provided to treat autism spectrum disorders.

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

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

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

a. Evaluation and assessment of services;
b. Behavior training and behavior management and applied behavior analysis, including but not limited to consultations, direct care, supervision, or...
and counseling, normal pregnancy, postnatal care and counseling, and complications of pregnancy.

Pregnancy coverage shall also include post-delivery inpatient Hospital care for a mother and her newly born child in accordance with the guidelines recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists which is 48 hours following a vaginal delivery, or 96 hours following a caesarean section; except if the 48 or 96 hours end after 8 P.M., coverage will continue until 8 A.M. the following morning. A decision to shorten the length of stay may be made by the attending Doctor in consultation with the mother.

8. Medical foods prescriptions for inherited enzymatic disorders as mandated by Colorado law.

9. Inpatient and outpatient treatment of Mental Health Conditions (other than Biologically-Based Mental Illness and Mental Disorders, as defined in this policy), as mandated by Colorado law are payable as follows:
   Inpatient treatment:
   • up to 45 days per Policy Year while confined in a Hospital; or
   • up to 90 days for partial hospitalization per Policy Year.

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

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

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

Autism is not considered to be a Mental Health Condition.

10. Eligible Expenses for Mental Disorders, as mandated by Colorado law, are payable on the same basis as Eligible Expenses for any other Bodily Infirmity.
17. Benefits will be paid as for any Sickness for **Attention Deficit Disorder (ADD)** and **Attention Deficit Hyperactivity Disorder (ADHD)**.

18. **Blood** and/or plasma and the equipment for its administration on an inpatient basis.

19. **Colorectal Cancer Screening:** Coverage includes testing for the early detection of colorectal cancer and adenomatous polyps for those Covered Persons who are Asymptomatic, average risk adults who are fifty years of age or older and Covered Persons who are at high risk for colorectal cancer, including Covered Persons who have a family medical history of colorectal cancer; a prior occurrence of cancer or precursor neoplastic polyps; a prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease, Crohn’s disease, or ulcerative colitis; or other predisposing factors as determined by the provider.

20. Family and Group **Counseling** services (the Covered Person must be present for the counseling session).

21. **Dental** treatment of Injury to sound natural teeth resulting from an Accident. This includes replacement of teeth and any related x-rays.

22. **Dialysis:** limited to one visit per day.

23. **Doctor’s Visits** (outpatient): charges for diagnosis and treatment by a Doctor (not an immediate family member). For Preventive Health Services see Eligible Expenses item 40.

24. **Durable Medical Equipment:** Charges for the following listed types of orthopedic or prosthetic devices or Hospital equipment:
   a. purchase of a truss or **brace**;
   b. two external post-operative **breast prostheses**;
   c. **casts**, splints or crutches;
   d. **colostomy** bags and ureterostomy bags;
   e. **diabetic** supplies (the Annual Deductible does not apply);
   f. **dialysis** equipment and supplies;
   g. **man-made** limbs or eyes for the replacing of natural limbs or eyes;
   h. **oxygen** and equipment for giving oxygen;
   i. **wheelchair** or hospital bed.

   No benefits will be paid for rental charges in excess of purchase price. Benefits are payable up to $5,000 per Accident or Sickness. Charges for prosthetic arms and legs will be covered over the Durable Medical Equipment maximum as required by Colorado law.

25. **Hearing test**, if for the diagnosis of an Accident or Sickness.
26. Charges by a **Home Health Care** agency when such care is ordered by a Doctor and the Covered Person is confined to his/her home. Such care shall be for part-time nursing, physical, occupational or speech therapy and shall be limited to $100 per day maximum/100 visits per Policy Year.

27. **Hospice charges** by a licensed agency for the care of terminally ill patients. Care must be ordered by a Doctor and reviewed monthly. Benefits are paid as specified in the Policy.

28. **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.

29. **HPV Vaccine** for Covered Male Students up to age 26. If the Covered Person starts the series of vaccines at age 25 and turns 26, the rest of the series of vaccines will be covered.

30. **Injections** (outpatient):
   1) when administered in the Doctor’s office; and
   2) charged on the Doctor’s statement (allergy injections are excluded).

31. **Magnetic Resonance Imaging** (MRI), only when Medically Necessary.

32. **Mammograms** – Diagnostic mammograms are paid same as any other Sickness and are subject to the deductible.

33. **Maternity Testing:** The Policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable.

34. **Nasal** and **Sinusitis** surgery.

35. **Outpatient Surgery Miscellaneous:** in connection with outpatient surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Doctor's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory texts and X-ray examinations, including professional fees, anesthesia; drugs or medicines, excluding take home drugs; therapeutic services; and supplies.

36. **Physical Therapy** services, not including supplies, which are incurred while not confined in a Hospital and which are billed by a Doctor, physiotherapist, or qualified practitioner. Benefits are limited to one visit per day.

37. **Podiatry** treatment of metabolic or peripheral-vascular disease and Medically Necessary foot-care, except as excluded in the Policy.

38. **Post-Mastectomy Coverage:** Coverage of a Medically Necessary mastectomy will also include coverage of the following:
   a. physical complications during any stage of the mastectomy, including lymph edemas;
   b. reconstruction of the breast;
   c. surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
   d. two external breast prostheses.

Eligible Expenses for the above are payable on the same basis as Eligible Expenses for any other Sickness. This coverage will be provided in consultation with the attending Doctor and the patient.

39. **Pre-admission Testing** as per the Schedule of Benefits.

40. **Preventive Health Services** are provided at the Student Health Center only. Benefits include immunizations and one annual examination/routine physical per Policy Year. For women, an annual examination includes the office visit, a pap smear and lab work. Pap smears are also covered for participating & non-participating providers.

41. **Radiation** therapy and chemotherapy, including the administration of oral chemotherapy drugs.

42. **Reconstructive surgery** when needed to correct damage caused by an Injury or for breast reconstruction following a total or partial mastectomy as mandated by Colorado law. Benefits for congenital birth defects are limited to children born after the insured’s effective date and who are covered by the Plan.
43. **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.

44. **Skilled Nursing Facility** care when such care cannot be provided at home or on an outpatient basis.

45. **Speech therapy** from a qualified practitioner to restore speech lost due to Accident or Sickness.

46. **Surgery:** Doctor fees for inpatient and outpatient surgery. Includes coverage for multiple surgeries performed through the same incision.

47. **Tests and Procedures,** diagnostic services and medical procedures performed by a Doctor other than Doctor’s Visits, physical therapy, X-rays and lab procedures.

48. **Transcutaneous Electrical Nerve Stimulation (TENS) units.**

49. **Ultrasounds,** only when Medically Necessary.

50. **X-Rays and Laboratory** as per the Schedule of Benefits.

### EXCLUSIONS AND LIMITATIONS

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

1. For **acupuncture**;
2. For **addiction** and co-dependency services and supplies related to nicotine;
3. For treatment of **allergy,** including allergy testing;
4. For **alopecia**;
5. For **biofeedback-type services**;
6. For **breast reconstruction** and implantation or removal of breast prostheses unless such care and services are performed solely and directly as a result of a medically necessary mastectomy;
7. For any period of **care** designed to help a Covered Person in the activities of daily living not requiring continuous attention by trained medical or paramedical personnel. Such care may involve: preparation of special diet; supervision over medication that can be self-administered; and assisting the person getting in or out of bed, walking, bathing, dressing, eating and using the toilet;
8. For **circumcision,** except as specifically provided;
9. For surgery and/or treatment of **corns, calluses and bunions**;
10. For **cosmetic surgery** except that “cosmetic surgery” shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect It also shall not include breast reconstructive surgery after a mastectomy;
11. For rest cures or **custodial care**;
12. As a result of **dental** treatment, except for treatment resulting from Injury to sound, natural teeth;
13. For **elective abortions**;
14. For **Elective** Treatment or elective surgery;
15. For treatment, services, drugs, device, procedures or supplies that are experimental or investigational;
16. For **eye** examinations, eyeglasses, contact lenses, or prescription for such, or treatment for visual defects and problems. “Visual defects” means any physical defect of the eye which does or can impair normal vision apart from the disease process. Vision examinations not related to prescription or fitting of lenses will be covered only when performed in connection with the diagnosis or treatment of Sickness or Injury. Eye refraction is not covered;
17. For **eye surgery** such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring);
18. For surgery and/or treatment of **family planning:** fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception;
19. For treatment provided in a **government Hospital** unless there is a legal obligation to pay such charges in the absence of insurance;
20. For **gynecomastia**;
21. For **hearing** examinations or hearing aids; or other treatment for hearing defects and problems. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing apart from the disease process;
22. For any services rendered by a Covered Person’s **immediate family member**;
23. For surgery and/or treatment of **impotence,** organic or otherwise;
24. As a result of **Injury sustained or Sickness** contracted while in the service of the **Armed Forces** of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days;

*Exclusions and Limitations are continued on page 25*
This chart summarizes coinsurance amounts paid by the Plan. For services outside the country, benefits are payable at the Non-Participating network level of benefits. If care is received from a Participating Provider any Eligible Expenses will be paid at the Participating Provider level of benefits. If a Participating Provider is not available in the Network Area, benefits will be paid at the Participating Provider level of benefits. If the Eligible Expense is due to an Emergency Medical Condition, benefits will be paid at the PPO level of benefits. Services provided by a Non-Participating Provider at a Participating Provider facility will be paid at the Participating Provider level of benefits. In all other situations, reduced or lower benefits will be provided when a Non-Participating Provider is used.

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTIONS</th>
<th>STUDENT HEALTH CENTER*</th>
<th>COFINITY PPO</th>
<th>NON-PPO</th>
<th>ADDITIONAL LIMITATIONS AND EXPLANATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible:</td>
<td>Plan A Does Not Apply</td>
<td>Yes ($500)</td>
<td>Yes ($500)</td>
<td>Applies unless stated otherwise within this Schedule of Benefits.</td>
</tr>
<tr>
<td></td>
<td>Plan B Does Not Apply</td>
<td>Yes ($3,000)</td>
<td>Yes ($3,000)</td>
<td></td>
</tr>
<tr>
<td>Pre-Existing Condition Limitations</td>
<td>N/A</td>
<td>Applies</td>
<td>Applies</td>
<td>Does not apply to pregnancy.</td>
</tr>
<tr>
<td>Ambulance</td>
<td>N/A</td>
<td>75% of Allowable Charges</td>
<td>75% of R&amp;C</td>
<td>Ground or air transportation to a Hospital.</td>
</tr>
<tr>
<td>Anesthetist (Inpatient)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>75% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Anesthetist (Outpatient)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Assistant Surgeon Fees</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Applies to Inpatient and Outpatient.</td>
</tr>
<tr>
<td>Biologically-Based Mental Illness</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>(BBMI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Devices and Shots</td>
<td>$5 Co-payment</td>
<td>80% of Allowable Charges, No Deductible</td>
<td>50% of R&amp;C, No Deductible</td>
<td>Includes devices and shots in the Doctor's office. Oral contraceptives are payable under the Prescription Drug plan.</td>
</tr>
<tr>
<td>Dental Treatment for an Injury</td>
<td>N/A</td>
<td>75% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Treatment for injury to sound, natural teeth.</td>
</tr>
<tr>
<td>Doctor Hospital Visits</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Includes consultant services.</td>
</tr>
<tr>
<td>Doctor Office Visits-Outpatient</td>
<td>$2 Co-payment per office visit</td>
<td>100% of Allowable Charges after a $20 Co-payment per visit</td>
<td>50% of R&amp;C</td>
<td>Limited to one visit per day per provider.</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>N/A</td>
<td>75% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>$5,000 maximum per Accident or Sickness. The Annual Deductible does not apply to diabetic supplies.</td>
</tr>
<tr>
<td>Emergency Services (Emergency Medical Conditions only, as defined.)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>80% of R&amp;C</td>
<td>Inpatient Claims paid at the PPO level of benefit if admitted.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Maximum payment of $100 per day, 100 day maximum per Policy Year.</td>
</tr>
<tr>
<td>Hospital Services - Inpatient</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>HPV (Cervical Cancer Vaccine) for Covered Female Students</td>
<td>100%</td>
<td>100% of Allowable Charges, No Deductible</td>
<td>100% of R&amp;C, No Deductible</td>
<td></td>
</tr>
<tr>
<td>HPV Vaccine for Covered Male Students</td>
<td>100%</td>
<td>Not covered</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Injections</td>
<td>$5 Co-payment for office visit</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>$5 Co-payment for lab test</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
</tbody>
</table>

*Student Health Center services are only available for actively enrolled UCCS students.*
# Schedule of Benefits (Cont.)

<table>
<thead>
<tr>
<th>Benefit Descriptions</th>
<th>Student Health Center*</th>
<th>Cofinity PPO</th>
<th>Non-PPO</th>
<th>Additional Limitations and Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammograms - Diagnostic</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Mammograms - Routine</td>
<td>N/A</td>
<td>100% of Allowable Charges, No Deductible</td>
<td>100% of R&amp;C, No Deductible</td>
<td>Includes radiology readings.</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>Mental Health Conditions - Inpatient (other than BBMI and Mental Disorders)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Limited to 45 days per Policy Year maximum. See Eligible Expenses item 9 for information on partial hospitalization.</td>
</tr>
<tr>
<td>Mental Health Conditions - Outpatient (other than BBMI and Mental Disorders)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Limited to 20 visits per Policy Year maximum.</td>
</tr>
<tr>
<td>Pap Smears (Cytologic Screening)</td>
<td>$7 Co-payment (Co-payment includes $2 for office visit and $5 for lab test)</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Limited to one per Policy Year after age 18.</td>
</tr>
<tr>
<td>Physical Therapy - Inpatient</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Limited to one visit per day.</td>
</tr>
<tr>
<td>Physical Therapy - Outpatient Limited to one visit per day.</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Includes Outpatient Occupational, Respiratory, Physical Therapy and Dialysis.</td>
</tr>
<tr>
<td>Preadmission Testing (Within 10 Days of Admission)</td>
<td>N/A</td>
<td>100% of Allowable Charges, No Deductible</td>
<td>100% of R&amp;C, No Deductible</td>
<td>X-ray and lab tests performed within 10 days of admission to a Hospital.</td>
</tr>
<tr>
<td>Preadmission Testing (Prior to 10 Days of Admission)</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>X-ray and lab tests performed more than 10 days before admission to a Hospital.</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$5 Co-payment per prescription</td>
<td>See pages 9-11</td>
<td>Not covered</td>
<td>Separate $50 per Policy Year Deductible for prescriptions not filled at the Student Health Center. Up to a maximum of $2,000 per Policy Year.</td>
</tr>
<tr>
<td>Preventive Health Services</td>
<td>$2 Co-payment for office visit and $5 Co-payment per lab test</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Except for pap smears, prostate screening and mammograms as provided for in the Policy. See Eligible Expenses item 40.</td>
</tr>
<tr>
<td>PSA (Prostate Cancer Screening)</td>
<td>N/A</td>
<td>100% of Allowable Charges, No Deductible</td>
<td>100% of R&amp;C, No Deductible</td>
<td>See Eligible Expense item 11.</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>N/A</td>
<td>75% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>STD Testing</td>
<td>$5 Co-payment per test</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Surgery (Inpatient &amp; Outpatient)</td>
<td>100% (limited services)</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td>Outpatient Surgery miscellaneous is based on the Outpatient Surgical Facility Charge Index.</td>
</tr>
<tr>
<td>X-Ray Services</td>
<td>N/A</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
<tr>
<td>All Other Eligible Expenses</td>
<td>100%</td>
<td>80% of Allowable Charges</td>
<td>50% of R&amp;C</td>
<td></td>
</tr>
</tbody>
</table>

*Student Health Center services are only available for actively enrolled UCCS students.
EXCLUSIONS AND LIMITATIONS (CON’T)

25. For **Injury** resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, or professional sports activity, including travel to and from the activity and practice;

26. For **learning disabilities**;

27. For **maintenance therapy** which is defined as those therapy services rendered to a Covered Person who is no longer making documentable progress to maintain the level of progress previously attained;

28. For a treatment, service or supply which is not **Medically Necessary**;

29. For treatment of **obesity**, except as specifically provided for morbid obesity;

30. For **organ transplants**;

31. For or in relation to **orthopedic** shoes or devices intended to be placed inside shoes or other footwear;

32. For **outpatient prescription drugs** except as specifically provided;

33. For **personal** items or services such as television, telephone or transportation;

34. For **premarital examinations**;

35. For **preventive treatment**, testing, medicines, serums, or vaccines, except as specifically provided;

36. For **routine physical examinations**, health examinations or pre-school physical examinations, except as specifically provided for in the policy;

37. For **services normally provided** without charge by the Policyholder’s Health Service/Center, Infirmary or Hospital, or by health care providers employed by the Policyholder;

38. For surgery and/or treatment of **sexual reassignment surgery**, tubal ligation, vasectomy, elective sterilization or its reversal;

39. For surgery and/or treatment of **sleep disorders**;

40. After the date insurance **terminates** for a Covered Person except as may be specifically provided in the Extension of Benefits Provision;

41. For Injury or Sickness resulting from **war** or act of war, declared or undeclared;

42. For surgery and/or treatment of **weight reduction** (except for treatment of morbid obesity);

43. As a result of an Injury or Sickness for which benefits are paid under any **Workers’ Compensation** or Occupational Disease Law.

PRE-EXISTING CONDITIONS

Expenses incurred by a Covered Person as a result of a Pre-existing Condition will not be considered Eligible Expenses for a period of six months of continuous coverage while covered under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person’s effective date of coverage under the current Policy, the Covered Person was covered under prior Creditable Coverage for 6 consecutive months. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 90 days of termination of his or her prior coverage.

Pre-existing Conditions do not apply to:

- a newborn dependent child; or
- a child adopted by the Covered Person or placed with the Covered Person for adoption, if adoption or placement for adoption occurs while covered under the Policy, and the child has not attained 18 years of age;
- pregnancy or complications of pregnancy.

IMPORTANT NOTICE

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

These regulations provide that, when your coverage under the University sponsored plan terminates, you are eligible to receive a certificate showing the amount of time you were covered under the University Policy.

Please call AmeriBen at 855-639-8677 to obtain a certificate.
EXTENSION OF BENEFITS AFTER TERMINATION

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

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

CONTINUATION OF COVERAGE

If a Covered Student is no longer an Eligible Person under the Policy, he or she has the right to exercise the option to continue coverage for up to 6 months beginning on the date coverage would otherwise terminate. When the Covered Student chooses to exercise this right, his or her written request and the appropriate premium must be received by the Company within 31 days following the date coverage under the Policy terminates. In no event will this option to continue coverage be extended beyond the number of months initially requested. Continuation of coverage will be subject to the terms and conditions of the Policy in effect on the date the Covered Student becomes eligible under this option. Those enrolled in the Continuation of Benefits may not access the Student Health Center for medical treatment or benefits.

Additional information and enrollment forms for the Continuation of Benefits are available by calling ECI toll free at 1-866-780-3824.

Submit your enrollment form and payment:
- at the Student Insurance Office;
- on-line at www.uccs.edu/shc; or
- by mail to ECI Services (14142 Denver West Parkway, Suite 200, Lakewood, CO 80401). Note – your mailed enrollment form and payment must be postmarked within the 31-day enrollment period.

A Covered Person whose coverage under prior Creditable Coverage ended no more than 90 days before the Covered Person’s effective date under the current Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 90 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers’ compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- The Medicaid program pursuant to Title XIX of the Social Security Act;
- any other publicly sponsored program, provided in this state or elsewhere, of medical, hospital and surgical care;
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS));
- a medical care program of the Indian Health Service or of a tribal organization;
- a state health benefits risk pool;
- a health plan offered under 5 U.S. C. A., Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FEHBP));
- a public health plan as defined by federal regulations authorized by Section 2701(c)(1)(l) of the Public Health Service Act, as amended by Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996;
- a health benefit plan under section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e));
- any other creditable coverage as defined by subsection (c) of Section 2701 of Title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).
If the Covered Person has other group type, governmental, or automobile no fault medical benefits coverage, the benefits payable under the Policy will be coordinated with the other coverage so that the combined benefits paid or provided by all plans will not exceed 100% of the Eligible expense. One plan will be determined to be primary under the policy rules and its benefits will be payable first. The plan paying second takes the benefits of the primary plan into account when it determines its benefits.

If a Covered Person has reason to believe a claim in part or whole has not been settled properly, or a claim has been improperly denied, please contact AmeriBen at 855-639-8677 within 60 days after the claim payment date or the notice of denial of benefit and request a second review. His or her claim appeal will be reviewed by someone other than the person who made the initial determination.

If the result of this review is not satisfactory, please follow the directions for an appeal contained in the Explanation of Benefits or the notice of denial of benefit. Contact AmeriBen at 855-639-8677 or in writing at P.O. Box 6577, Boise, ID 83707. If a Covered Person contacts AmeriBen in writing, please include the name of the student, the ID number from his or her student Policy ID card, the name of the patient, and state in clear and concise terms the reason for disagreement with the handling of the claim. AmeriBen will analyze the previously and newly submitted information and will conduct their own review. The Covered Person may be asked to provide additional information related to his or her appeal. The Covered Person will be notified promptly of the decision, but not later than the timeframes mandated by Colorado. If applicable, an explanation of the scientific or clinical judgment for the determination applying the terms of the Policy to his or her medical circumstances will be provided free of charge upon request.

Please keep in mind, the decision to proceed with the service and personally incur the expense is between the Covered Person and his or her healthcare provider.
“Injury” means bodily injury due to an Accident which: a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and c) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

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

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

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

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

“Reasonable and Customary (R&C)” means the charge, fee or expense which is the smallest of: a) the actual charge; b) the charge usually made for a covered service by the provider who furnishes it; c) the negotiated rate, if any; and d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.
“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

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

**PRIVACY POLICY**

The HIPAA Privacy Rule requires protection of your personal health information. As the third party administrator of your student health plan, AmeriBen is dedicated to protecting the confidentiality of your personal health information. A Notice of Privacy Practices outlining these protections will be provided to enrollees on the health plan. If you would like a copy of the National Union Fire Insurance Company of Pittsburgh, Pa. Notice of Privacy Practices, administered by AmeriBen, you may write to AmeriBen at PO Box 6577, Boise, ID 83707, Attn: Privacy Office or call 1-855-639-8677.

**OPTIONAL DENTAL BENEFITS**

**Good for your Health and Your Wallet**

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

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

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

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

**ENROLL TODAY!** Just complete the online form at [www.eciservices.com](http://www.eciservices.com), remit payment and present your Medical/Dental/Rx Student Insurance Identification Card to your dental health care provider.

Eligibility, Termination and Effective Dates of coverage under this optional dental option are the same as under the Student Accident and Sickness Plan.

**PREMIUM ANNUAL**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$353.00</td>
</tr>
<tr>
<td>Spouse/Domestic Partner</td>
<td>$328.00</td>
</tr>
<tr>
<td>Per Child</td>
<td>$391.00</td>
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</table>

**BENEFIT OVERVIEW**

<table>
<thead>
<tr>
<th>Policy Year Benefit Maximum</th>
<th>$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Deductible per Covered Person</td>
<td>$50</td>
</tr>
<tr>
<td>Preventive Service Covered Percent</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Service Covered Percent</td>
<td>80%</td>
</tr>
<tr>
<td>Major Service Covered Percent</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Service</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
PARTIAL LIST OF PLAN PROVISIONS:

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

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

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

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

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

INSURANCE COMPANY
Administrator Policy Number: CHH8017812
Underwriter Reference Number: CAS9499974
The Policy is a Non-Renewable One Year Term Policy

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

Send Medical claims to:
AmeriBen
PO Box 6577
Boise, ID 83707
Group # 0811010

Send Prescription claims to:
Express Scripts, Inc.
P.O. Box 66583
St. Louis, MO 63166-6583
800-325-1404
Group # AM2A

CLAIMS, ELIGIBILITY AND BENEFIT QUESTIONS
AmeriBen
855-639-8677 – Group # 0811010
www.myameriben.com

PARTICIPATING PROVIDER ORGANIZATIONS
COFINITY PPO (Inside Colorado)
For Participating Provider Information in the State of Colorado, call Cofinity toll-free at 800-831-1166
www.cofinity.net

FIRST HEALTH (Outside Colorado)
For Participating Provider Information outside the State of Colorado, call First Health toll-free at 888-685-7774
www.myfirsthealth.com
IMPORTANT INFORMATION

This is only a brief description of the coverage available under policy series S30494NUFIC-CO. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases. If you have questions contact the Student Health Center at 719-255-4444.

HEALTH CARE MANAGEMENT PROGRAM

AmeriBen Compass Medical Management, Inc.
For Pre-Admission Notification
800-388-3193

OPTIONAL AMACORE VISION DISCOUNT PLAN

Additional $12 per Policy Year (or any part thereof) payment.

Enroll online at www.eciservices.com

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

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

How to Use Your Discount Card

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

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

2. Present your member ID card at the time of your visit to the provider.

3. You are responsible for the total bill, less the applicable savings, at the time the service is rendered.

24-HOUR STUDENT EMERGENCY CARE HOTLINE

For confidential health care advice and information, 24 hours a day, 365 days a year,
CALL TOLL-FREE 866-315-8756
(Not affiliated with National Union Fire Insurance Company of Pittsburgh, Pa.)

Comprehensive Resources and Advice from Registered Nurses

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

Special Care for Emergencies

- Integrated Emergency Support Services are available whenever members are in an emergency room or unexpectedly hospitalized. In serious emergencies, the clinical team including Doctors and registered nurses, assist patients and their families so they can make informed decisions about their care and treatment.
- The clinical team provides emotional reassurance, explains medical terms, discusses hospital culture and common routines, recommends resources and facilitates communications between patient and family to help them through the emergency.
WHEN TO CONTACT TRAVEL GUARD:
- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a nonmedical situation such as lost luggage, lost documents, legal help, etc.

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

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

WHAT INFORMATION WILL YOU NEED TO PROVIDE WHEN YOU CALL:
- Advise Travel Guard your TPA is Macroni Administration
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.
DESCRIPTION OF SERVICES

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

Technical: Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.
- Legal Referral
- Enroute Travel Assistance
- Claims-related Assistance
- Telephone Interpretation
- Embassy/Consulate Information
- Lost/Stolen Luggage & Personal Effects Assistance
- Lost Document Assistance & Cash Transfer Assistance

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

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

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

REPATRIATION AND MEDICAL EVACUATION BENEFITS

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

Combined Maximum Limit of $1,000,000

REPATRIATION OF MORTAL REMAINS

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

MEDICAL EVACUATION

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

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

TRAVEL ASSIST/STUDENT ASSIST
STUDENT ASSIST SERVICES

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

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

To activate personal security services, please log on to: www.chartisinsurance.com/personalsecurity.
For initial setup, your login is “9499974” and the password is “security.”

Find more details online at www.eciservices.com
Access to More at www.eciservices.com

Services Included or Available – at no additional cost:

- **Live Travel® Emergency Assistance**: Student Assist keeps you on the move. A unique service that is like having a dedicated around-the-clock travel counselor just a phone call away to solve last-minute travel problems or emergencies. Additional information under “Travel Guard” on page 40.

- **Travel Medical Assistance**: From Doctor referrals to coordination of medical evacuations, we attend to your medical needs everywhere in the world. Medical Evacuation/ Repatriation Benefits of $1,000,000 aggregate. Additional information under “Travel Guard” on page 40.

- **24-Hour Student Emergency Care**: 24-Hour Emergency Care Hotline — Toll Free, confidential healthcare advice and information 24 hours a day, 365 days a year for both emergency and non-emergency medical situations. Additional information on page 38.

- **Worldwide Travel Assistance**: Travel is never a hassle with this complete suite of travel help. Our Student Assist assistance coordinators will arrange all your travel affairs and are always connected to the latest travel information.

- **Medical Management Program**: Helps participants and dependents manage and make treatment decisions when faced with chronic health conditions. Additional information under “Medical Management Program” on page 39.

Services Available – enrollment and payment are required. May only be purchased in conjunction with the Student Accident and Sickness Health Plan, up to the Enrollment Deadline:

- **Optional Dental Coverage**: Dental Coverage that includes benefits for Preventive, Basic and Restorative Care. Premium per Policy Year or any part thereof:
  - Student — $353
  - Spouse/domestic partner — $328
  - Each Child — $391

  Additional information on pages 34-35.

- **Optional Amacore Vision Discount**: Quality vision discount plan, $12.00 Per Policy Year or any part thereof per household. Receive discounts on care, supplies and specialty services from 20-60% including Lasik. More information on page 37.