



STUDENT INJURY AND SICKNESS INSURANCE PLAN

**University of Colorado
Boulder**



**Fall 2006/Spring 2007
Policy Booklet**

StudentResources

a Division of The MEGA Life and Health Insurance Company

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WHY IS HEALTH INSURANCE IMPORTANT?

Our goal at CU-Boulder is to provide you with the best educational experience possible. Because your health and well-being can directly affect the quality of this experience, we offer the Student Gold Health Insurance Plan and a Wardenburg Campus Care plan so that you can obtain the health care services you need, when you need them, at a reasonable cost.

The University of Colorado at Boulder has a mandatory Policy Statement on Student Health Insurance requiring all students taking 1 or more credit hours to be covered by a health insurance plan, should such health care needs arise. To assist with coverage, all CU-Boulder students enrolled for 1 or more credit hours are automatically enrolled and billed \$875.00 per semester for the Student Gold Health Insurance Plan unless you selected the Wardenburg Campus Care Plan or waived health insurance by September 6, 2006 for Fall semester and January 24, 2007 for Spring semester. You may waive the insurance if you are covered by personal health insurance, employer, parents/guardian, or spouse plan.

You have the choice of selecting one of two Student Health Plans: *Wardenburg Campus Care Plan and Student Gold Health Insurance Plan.*

Wardenburg Campus Care \$150.00/semester

This campus care plan is an excellent choice for you if you want primary care health services on campus provided by Wardenburg Health Center, and if you are covered by another insurance for services off campus. The premium is only \$150 per semester, which may be less than the deductible of your current insurance plan. There are no deductibles and \$5.00 co-pays with this campus care plan. (This is not an insurance plan.)

Student Gold \$875.00/semester

The Student Gold Health Insurance plan provides greater coverage on campus at Wardenburg Health Center and coverage for services off-campus. All students enrolled for one or more credit hours are automatically enrolled and billed for the **Student Gold** unless they have selected the Wardenburg Campus Care Plan or waived the health insurance.

Other Considerations when selecting an insurance plan:

- ◆ What are your deductibles for out-of-state health insurance?
- ◆ Do you need spouse or domestic partner coverage?
- ◆ Do you need dependent coverage?
- ◆ Do you have pre-existing health conditions?
- ◆ How much out-of-pocket expense can you afford?
- ◆ How much of a deductible do you want to pay per plan year?
- ◆ How much of a co-payment can you afford?

In order to provide the highest benefits available, we use Wardenburg Health Center as the primary care provider (PCP). Wardenburg Health Center is accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), a national accrediting body. It is a convenient, on-campus health care facility with medical expertise to handle your primary health care and pharmaceutical needs. The staff is comprised of board-certified physicians (including an internist, gynecologist, and psychiatrist), nurse practitioners and other health care professionals.

SOME VERY IMPORTANT INFORMATION TO CONSIDER WHEN REVIEWING THE STUDENT HEALTH COVERAGE

The University of Colorado at Boulder strongly encourages all students to have health insurance coverage. This will help ensure resources with which to respond in the event of an unexpected medical expense.

The Student Gold Health Insurance Plan is designed to coordinate with the Wardenburg Health Center to assure the availability of health care at reasonable cost.

Many employers' group health insurance plans do not cover student dependents, others contain an upper age limit after the attained age is reached, the student is dropped from coverage. If you are still covered by your parents' plan, you should examine that plan before assuming you are covered while attending the University of Colorado.

Very few employer group health plans cover all medical expenses. We suggest that you consider the Student Gold Health Insurance Plan for supplemental coverage. The MEGA Life and Health Insurance Company plan provides world-wide coverage to insured persons.

If financial independence has been declared to obtain financial aid, coverage through a parent's group health insurance program may no longer be available. Please check to see if your group health insurance requires that you be financially dependent upon your parents.

Persons who have health insurance through a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) should determine the level of benefits that are payable in the Boulder area. **This is very important for out-of-state students covered by HMO's and PPO's.**

Due to federal legislation, many employers have eliminated coverage for an employee's college age dependent(s) for those students who remain dependents of their parents and/or guardians. Please check if your parent's employer has changed the dependent's age coverage limitation for college students in response to the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

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 MEGA's privacy practices by calling us toll-free at 1-888-344-6099 or by visiting us at www.studentresources.com.

INTRODUCTION

This Brochure is a summary of the Student Gold Health Insurance Plan provided for students at CU Boulder. The plan is underwritten by The MEGA Life and Health Insurance Company, Dallas, TX (herein referred to as "the Company"). The exact provisions governing this insurance are contained in the Master Policy issued to the University. Review this brochure carefully.

Coverage for services provided at Wardenburg are not the same as coverage provided outside Wardenburg. Please be sure to read the entire Brochure carefully to be sure you understand your coverage in all situations. If you have any questions, contact The Golden Buffalo Student Health Insurance Office at 303-492-5107 or AmeriBen Solutions at 1-800-626-5520.

ELIGIBILITY

STUDENT ELIGIBILITY FALL/SPRING SEMESTERS

All students enrolled for one (1) or more credit hours are automatically enrolled in the Student Gold Health Insurance Plan and the premium of \$875 per semester for coverage is added to their tuition billing unless a Selection/Waiver form is submitted by the due date. Approved students in the Time-Out Program for Medical Reasons, ACCESS, Study Abroad, Semester at Sea, and Continuing Education students are also eligible for student health insurance when enrolled in courses for credit with proper documentation; however, you are not automatically enrolled regardless of credit hours taken. You need to enroll and pay at the Golden Buffalo Student Health Insurance Office each semester.

SUMMER SEMESTER

To be eligible for summer insurance enrollment, the student must (a) be registered for summer classes; or (b) have been registered at CU Boulder for the Spring semester immediately prior to the summer session and registered for the upcoming Fall semester.

Students must actively attend classes for at least the first 21 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is to refund the premium.

Eligible students who do enroll may also insure their spouse/domestic partner and dependent children.

DEPENDENT ELIGIBILITY

Eligible Dependents are the spouse (except in the event of divorce or annulment) or Domestic Partner and your unmarried children under 19 years of age; or 24 years, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Stepchildren, foster children and legally adopted children may be included the same as your natural children when you provide written evidence that they depend upon you for support and maintenance. Dependent Eligibility expires concurrently with that of the Insured student.

If a Dependent, except a child covered at birth, is confined for medical care or treatment in any institution or at home when coverage would normally start, the Dependent will not be covered until given a final release by the Physician from all such confinement. No one will be Eligible as a Dependent while covered as a student or while in active military service.

A child who is physically or mentally incapable of self-support upon attaining age 19 may be continued under the health care insurance while remaining incapacitated and unmarried, subject to the continuation of your own coverage. You must furnish proof of incapacity to Ameriben Solutions within 31 days of child's attainment of the limiting age. Thereafter, if a claim is denied under the Policy because the child has attained limiting age, such proof of incapacity must be furnished to the Company for reconsideration.

NEWBORN CHILDREN

In the event of the birth of a child to a covered student while the student's insurance is in force, that child will automatically become a covered person from the moment of birth. Coverage will continue without cost for 31 days. Written notice of birth and required premium, if any, must be furnished to the Company within 31 days from date of birth. Payment for the child's coverage must be remitted within the 31-day period, or the coverage will terminate for that child at the end of the 31-day period. Coverage for Newborn Infants is subject to all Policy provisions, including the Deductible.

ENROLLMENT INFORMATION

AUTOMATIC ENROLLMENT

All students enrolled for one (1) credit hour or more will automatically be enrolled and charged in their tuition bill \$875 per semester for the Student Gold Health Insurance Plan. Students who do not want to purchase this plan must waive the insurance by the deadline established for each semester. (see deadlines)

EXCEPTIONS TO AUTOMATIC ENROLLMENT

The following students are not automatically enrolled, regardless of credit hours:

- Continuing Education
- ACCESS
- Time Out Students
- Semester at Sea
- Study Abroad

Students in these categories who wish to purchase the Student Gold Health Insurance Plan must enroll and pay by the semester deadlines at the Health Insurance Office located in Wardenburg Health Center, room 251.

Students, Spouse/Domestic Partners, and Dependents may enroll for student health insurance only during open enrollment. Open enrollment begins with registrations for each semester and ends by the deadlines. (see deadlines)

LATE INSURANCE ENROLLMENT

Eligible Students will not be allowed to enroll in the Plan after the applicable enrollment/waiver period with one exception. **Students who have been involuntarily terminated by another group insurance plan may purchase the student insurance provided the student furnishes proof that he/she became involuntarily terminated by another insurance company during the 30 days immediately preceding.** In such cases, the cost will be the same as it would have been at the beginning of that coverage period, but the effective date will be the date the student enrolls and makes the required payment.

SPOUSE/DOMESTIC PARTNER AND DEPENDENT ENROLLMENT

If you are enrolled in the Student Gold Health Insurance Plan as a student, you may also enroll your Eligible Dependents (see below). Every semester you must enroll your Dependents and remit the required cost of coverage during the following time periods to be covered for the appropriate semester for which coverage is sought: 1) Within the first three (3) weeks of classes for each semester (fall and spring); or 2) Within thirty-one (31) calendar days after you acquire a new Dependent; or 3) within thirty (30) calendar days from the date a Dependent is involuntarily terminated under another health plan. The premium must be paid at Wardenburg Health Center, Golden Buffalo Student Insurance Office, Room 251.

The cost for the additional Dependents will be the same as it would be at the beginning of that period but the Effective Date will be the date you enroll your Dependent and pay the premium.

After the time periods described above, you must wait until the next enrollment period.

WAIVING COVERAGE

HOW TO WAIVE THE STUDENT GOLD HEALTH INSURANCE PLAN

If you do not wish to purchase the Student Gold Health Insurance Plan, you MUST waive the insurance by the deadline by logging on to www.cuconnect.colorado.edu or completing a selection/waiver form at the Student Health Insurance Office located at Wardenburg Health Center, room 251. (see deadlines)

If you fail to waive the insurance by the deadlines call the Student Health Insurance Office for information on the petition process.

The university is not responsible for your health care cost. If you participate in the Student Gold Health Insurance Plan, Wardenburg Health Center will provide covered services as set forth within the plan.

If you waived the Student Gold Health Insurance Plan in the Fall semester, it will automatically be waived in the Spring Semester.

Deadlines to Select or Waive Health Plans:

Fall semester	September 6, 2006
Spring semester	January 24, 2007
Summer semester	June 11, 2007

COVERAGE COSTS

The Student Health Insurance Plan Master Policy, on file at the school, becomes effective August 18, 2006. The Master Policy terminates August 17, 2007. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Refunds of premiums are allowed only upon entry into the armed forces. The Policy is a Non-Renewable One Year Term Policy.

YOUR COST PER SEMESTER:

STUDENT GOLD \$200 DEDUCTIBLE (PER POLICY YEAR) (PER INSURED PERSON)

	Fall	Spring/Summer	Summer Only
Per Student	\$ 875.00	\$ 875.00	\$ 437.50
Per Spouse	\$2335.00	\$2335.00	\$1184.00
For Each Child	\$1322.00	\$1322.00	\$ 661.00

COVERAGE DATES

Coverage Dates:	Beginning	Ending
Fall	08-18-2006	01-04-2007
*Spring/Summer	01-05-2007	08-17-2007
Summer	06-01-2007	08-17-2007

*Spring semester cost automatically includes summer coverage, but does not include the Wardenburg Health Center summer user fee. Premium paid for both Fall and Spring semesters provides full year coverage with no break in coverage.

REFUNDS

Refunds will be made upon the entry of any Insured Person into the armed forces of any country. Rates are prorated. Any refund will be returned to such person upon request less any claims paid.

Students who withdraw for non-medical reasons during the first three (3) weeks of a semester are not eligible for the Student Gold Health Insurance Plan. Students must notify the Wardenburg Health Center of such withdrawal and the entire cost of the coverage will be refunded (including Dependent coverage). Such a student will not be entitled to any benefits during the days described above and no claims received will be honored.

Students withdrawing after the first three (3) weeks of the semester will continue to be covered for the remainder of the coverage period unless a premium refund is approved by the Golden Buffalo Student Health Insurance Office or the Joint Health Board.

For questions or information, stop by the Golden Buffalo Student Health Insurance Office located in Wardenburg Health Center, room 251, call (303) 492-5107 or go online to www.colorado.edu/studenthealthplans.

COVERAGE FOR TREATMENT AT WARDENBURG HEALTH CENTER

Insured students, covered Spouses/Domestic Partners and Dependents are encouraged to seek medical care from Wardenburg Health Center first. This can result in the greatest benefits for Students and Spouses. **A Wardenburg Health Center referral is required for services outside of Wardenburg Health Center. This is very important!** Refer to Wardenburg Health Center Referral System on page 9. Questions regarding Wardenburg Health Center plan benefits should be directed to the Golden Buffalo Student Health Insurance Office, at 303-492-5107. Wardenburg Health Center is not open 24 hours a day. For hours of operation, call Wardenburg Health Center at 303-492-5101. Wardenburg Health Center services and hours of operation are subject to change without notice. If you require medical care outside of Wardenburg Health Center because Wardenburg Health Center is closed, you have been referred to another provider, or you have been transferred to another facility, you will be responsible for the **Deductible** and **co-payment** as outlined in this booklet.

DEPENDENT CHILDREN CARE AT WARDENBURG HEALTH CENTER

Students must enroll their Dependent children at the Golden Buffalo Student Health Insurance Office (see “Spouse/Domestic Partner and Dependent Enrollment” page 4) each semester. Eligible services will be covered at 100%. Wardenburg Health Center offers family practice and pediatric care to children by appointment only. Not all services at Wardenburg Health Center are available to children. Dependent children must be on the same plan as you. Well child visits are covered at 100% at Wardenburg. **Please note:** Children do not need a referral for services outside of Wardenburg Health Center.

OUTPATIENT CARE

A portion of the cost for the student insurance is retained by the University of Colorado at Boulder to pay for outpatient care at Wardenburg Health Center for insured students, spouses and dependents. Persons insured under the Student Gold Health Insurance Plan will not be required to complete claim forms for reimbursement for services at Wardenburg Health Center.

The Student Gold Health Insurance Plan will cover eligible medical expenses including physiotherapy incurred at Wardenburg Health Center for the treatment of Sickness or Injury after a \$10 copay per visit. The Deductible, co-insurance, and Pre-Existing Condition exclusion do not apply to eligible outpatient expenses incurred at Wardenburg Health Center by insured students, spouses/domestic partners, and dependent children.

SPECIALTY CLINICS

Wardenburg contracts for part time services of certain Specialty Physicians from the surrounding community. If a Specialty Physician is not available, you may be referred to an outside provider, in which case you will be responsible for the **Deductible** and **co-payment**. Specialty Clinic services at the Wardenburg Health Center are limited during Summer Sessions and semester breaks. Clinics are subject to appointment availability.

OUTPATIENT MENTAL HEALTH

For Non-Biologically Based Mental Illness, there is a \$10.00 copay per encounter. Wardenburg Health Center provides 12 psychological visits and 8 psychiatrist visits per policy year. There is a \$10 copayment for Biologically Based Mental Illness and the number of medically necessary visits will be determined by your provider for these conditions. Biologically based conditions are as follows: schizophrenia, schizo-affective disorder, bipolar affective disorder, major depressive disorder, obsessive compulsive disorder, and panic disorder. These benefits are provided at Wardenburg Health Center only.

PREVENTIVE MEDICAL SERVICES

The following preventive medical services are covered at Wardenburg Health Center only. Each service is covered once per Policy Year at Wardenburg Health Center only, and requires a \$10 co-pay. Annual Gynecological Examination--100% coverage; Annual Men's Clinic Examination--100% coverage; Annual routine Physical Examination--100% coverage; Please be aware that these preventive medical services are provided subject to availability of appointments.

MEDICAL SUPPLIES

Medical supplies obtained at Wardenburg Health Center will be covered at 100% if the item is routinely stocked. If the item must be special ordered, it will not be covered by the Student Gold Health Insurance Plan.

WAIVER OF PRE-EXISTING CONDITION EXCLUSION

The Pre-Existing Condition exclusions will be waived for students and covered Spouses/Domestic Partners and Dependents who are insured under the Student Gold Health Insurance Plan for services at Wardenburg Health Center. It will not be waived for services provided outside of Wardenburg Health Center.

Wardenburg Health Center services that are excluded from Wardenburg Health Center coverage under the Student Gold Health Insurance Plan include, but are not limited to ADHD & ADD testing, dental care, premarital lab tests, and sports treadmill. Patient requested AIDS testing, cholesterol testing, cardiac risk profiles and hearing tests are not covered. Missed appointment charges, copies of x-rays, and copies of medical records are not covered.

COORDINATION OF BENEFITS AT WARDENBURG

If the care you receive at Wardenburg Health Center is due to an auto accident or is subject to Worker's Compensation or for any reason whereby another payor is liable for your medical care, you must submit the necessary information to allow Wardenburg Health Center to bill the 3rd party payor. Failure to submit the necessary information, may result in denial of benefits. You will be responsible for all denied medical expenses.

EYE EXAM

One eye exam, up to \$60 maximum, per plan year is provided under the Student Gold Health Insurance Plan. This service is covered only at Wardenburg Health Center. Eye glasses and contacts are not covered. Contact lens fittings are not covered.

REFERRAL SYSTEM FOR TREATMENT OUTSIDE WARDENBURG HEALTH CENTER

WARDENBURG HEALTH CENTER REFERRAL SYSTEM

If you choose the Student Gold Health Insurance Plan, you must utilize the Wardenburg Health Center referral system to obtain benefits outside Wardenburg Health Center. You must obtain a referral for each Sickness or Injury, including mammograms and bone density screening. If you fail to obtain a Wardenburg Health Center referral and do not meet the referral exceptions, you will not be eligible for any Student Gold Health Insurance Plan benefits. **Utilizing the Wardenburg Health Center referral system means that you must come to Wardenburg Health Center for treatment first.** Make sure you inform the physician at Wardenburg Health Center that you are covered by The MEGA Life and Health Insurance Company's Student Gold Health Insurance Plan. If Wardenburg Health Center does not provide a needed service, you will be referred to a community provider. Referred services will be covered by the specified number of visits approved by the physician only. A Wardenburg Health Center referral must accompany your claim when submitted.

You will not require a Wardenburg Health Center referral in the following situations:

- Accidents which require immediate attention
- Medical Emergencies
- Medical care for Dependents (children)
- Treatment rendered outside a 50-mile radius of Wardenburg Health Center
- Treatment rendered when Wardenburg Health Center is closed
- For medical emergencies, when referred by the ER to a specialist

Please be sure to understand this provision so you do not find your coverage denied due to lack of a Wardenburg Health Center referral.

You will be responsible for the Deductible and co-payment for services provided outside of Wardenburg, even when referred or when Wardenburg Health Center is closed.

You must return to Wardenburg Health Center for follow-up care after an Accident, Medical Emergency, or other situation when a referral is not obtained.

PRESCRIPTION DRUGS - EXPRESS SCRIPTS

Prescriptions filled outside the Wardenburg Health Center must be filled at an Express Scripts (ESI) network participating pharmacy. When you fill your prescription at a participating pharmacy you will be able to get up to a 30 days supply or 100 units, whichever is greater at the time of purchase, of drugs prescribed for a Covered Injury or Illness. The Policy Year deductible does not apply. Benefits are provided for Generic drugs only, unless no Generic is available, then a Brand name drug will be covered. Birth control is covered as any other prescription. The Student Gold Health Insurance Plan pays 50% up to \$2,000 maximum per Policy Year. If you have exhausted the \$2,000 Policy Year maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

Please present your ID card to the pharmacy when your prescription is filled. If you do not use a participating pharmacy, you will be responsible for the difference between what would have been paid at a network pharmacy, and the cost of your prescription, and you will have to pay for the prescription and submit a paper claim to Express Scripts for reimbursement. Please see the Schedule of Benefits for additional information.

If you do not present your card, or if you are filling a prescription before eligibility has been loaded for the semester, you will need to pay for the prescription and then submit a prescription reimbursement claim form along with the paid receipt to Express Scripts. Prescription claim forms are available at Wardenburg Health Center, Golden Buffalo Student Health Insurance Office, Room 251.

For information about participating pharmacies; to submit a paper claim, or prescription drug benefits available under Express Scripts, please contact Express Scripts at:

Express Scripts
P.O. Box 66773
St. Louis, Missouri 63166-6673
Attention: Claims Department
1-800-206-4005
www.expressscripts.com
Rx Group #: AM2E
Rx PCN: A4
RX Bin: 003858

**STUDENT GOLD HEALTH INSURANCE PLAN
SCHEDULE OF MEDICAL EXPENSE BENEFITS PAID AS SPECIFIED BELOW FOR INJURY AND SICKNESS
MAXIMUM BENEFIT \$50,000 (FOR EACH INJURY OR SICKNESS) - DEDUCTIBLE - \$200 (PER INSURED PERSON) (PER POLICY YEAR)**

If two or more covered members of a family are injured in the same accident, only one Deductible will be charged each Policy Year against their combined eligible expenses due to the accident.

The Select Providers for this plan are Boulder Community Hospital and University of Colorado Hospital, Physician members of Beech Street and University Physician's. If within a 50 mile radius of Boulder Community or University of Colorado Hospital, in-network benefits are payable only for services rendered by these providers. When outside the 50 mile radius, in-network benefits are payable when treatment is rendered at a Beech Street provider and Hospitals in the Student Health Network.

If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of Benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used.

After the Deductible has been satisfied, benefits will be paid as listed for the Provider selected. Maximum total benefits are \$50,000 for each Injury or Sickness.

Covered Benefits at Wardenburg Health Center: Expenses for Orthopedic charges incurred at WHC are not billed to your Student Gold Plan. In reference to exclusion #11 regarding eye exams, one eye examination is payable at WHC up to \$60 maximum. Prescription Drug expenses will be covered at 50% up to \$2,000 maximum (Per Policy Year). A WHC Referral is not required for Prescription Drugs.

The following will be covered the same as any other Sickness: Nasal Sinusitis, Sleep Disorders, treatment for Attention Deficit Disorder (ADD) (testing is not covered) and Fertility Testing. In addition to the mandated benefits, Mammography Benefits (routine or diagnostic) will be covered for women who are high risk patients, when medically necessary, regardless of age. Benefits will be provided for bone density exams as part of a routine exam. Coverage for Newborn Infants is subject to all Policy provisions. The Policy provides benefits for the Covered Medical Expenses incurred by an Insured Person for loss due to a covered Injury or Sickness. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	SELECT/PREFERRED PROVIDERS	OUT OF NETWORK
Room & Board / Hospital Miscellaneous , daily semi-private room rate; and general nursing care provided by the Hospital; Hospital miscellaneous expenses 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. The \$200 Copay is in addition to the Policy Deductible.	.....\$200 Copay per hospitalization/ 80% of Preferred Allowance	.....\$200 Copay per hospitalization/50% of Usual & Customary Charges
Intensive Care .....	.....Paid under Room & Board/Hospital Misc.	.....Paid under Room & Board/Hospital Misc.
Routine Newborn Care , while Hospital Confined and routine nursery care provided immediately after birth. ....	.....Paid as any other Sickness/48 hours for vaginal delivery/96 hours for cesarean delivery	.....Paid as any other Sickness/48 hours for vaginal delivery/96 hours for cesarean delivery
Physiotherapy , limited to \$2,000 Per Policy Year for both inpatient and outpatient. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Surgeon's Fees , in accordance with data provided by Ingenix. If multiple procedures are performed, the second procedure will be payable at 50% and the third procedure will be payable at 25%. Four or more procedures will be paid a composite fee based on the Physician's written report. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Assistant Surgeon's Fees .....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Anesthetist , professional services administered in connection with inpatient surgery. ....	.....80% of Preferred Allowance	.....80% of Usual & Customary Charges
Registered Nurse's Services , private duty nursing care. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Pre-Admission Testing , (Benefits will be paid for all Covered Medical Expenses incurred in connection with Pre-Admission X-Rays & Laboratory Tests when the resulting Hospital Confinement starts within 10 days.) ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Psychotherapy (Inpatient) , See Benefits for Psychotherapy, page 13. ....	.....80% of Preferred Allowance/ 45 days maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ 45 days maximum (Per Policy Year)
Biologically Based Mental Illness , See Benefits for Biologically Based Mental Illness, page 13. ....	.....Paid as any other Sickness	.....Paid as any other Sickness
Alcoholism/Drug Abuse .....	.....80% of Preferred Allowance/ 45 days maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ 45 days maximum (Per Policy Year)
OUTPATIENT		
Surgeon's Fees , in accordance with data provided by Ingenix. If multiple procedures are performed, the second procedure will be payable at 50% and the third procedure will be payable at 25%. Four or more procedures will be paid a composite fee based on the Physician's written report. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Assistant Surgeon's Fees .....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Anesthetist , professional services administered in connection with outpatient surgery. ....	.....80% of Preferred Allowance	.....80% of Usual & Customary Charges
Physician's Visits , benefits are limited to one visit per day .....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Physiotherapy, Dialysis Treatment, Speech and Respiratory Therapy , benefits are limited to one visit per day and do not apply when related to physician's visits. Benefits are payable only for a condition that required Surgery or Hospital Confinement: 1) within the 30 days immediately preceding such physiotherapy or 2) within the 30 days immediately following the Attending Physician's release for rehabilitation. Although not part of this insurance plan, physiotherapy is available at the Wardenburg Student Health Center after a \$10 copay. ....	.....80% of Preferred Allowance/ \$2,000 maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ \$2,000 maximum (Per Policy Year)
CAT Scan/MRI , professional and technical. Limited to \$1,300 per Injury or Sickness. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Medical Emergency Expenses , use of the emergency room and supplies. The \$200 copay per visit to the ER is in addition to the Policy Deductible. The \$200 copay will be waived if admitted. See definition of Medical Emergency on page 17. ....	.....\$200 copay per visit to ER/ 80% of Preferred Allowance	.....\$200 copay per visit to ER/ 80% of Usual & Customary Charges
Diagnostic X-Ray & Laboratory Services , includes bone density screening when medically necessary. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Radiation Therapy & Chemotherapy .....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Prescription Drugs , Prescriptions must be filled at an Express Scripts participating pharmacy. The policy Deductible does not apply. Limited to 30 day supply or 100 units (whichever is greater, at time of purchase). Benefits provided for Generic only, unless no Generic is available, then Brand will be covered. Birth control, including cervical caps or diaphragms one per year, is covered the same as any other prescription. See page 8. ....	.....50% of Usual & Customary Charges/ \$2,000 maximum (Per Policy Year)	.....No Benefits
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. Does not include testing for ADD. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Injections , when administered in the Physician's office and charged on the Physician's statement. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Psychotherapy , See Benefits for Psychotherapy, page 13. ....	.....80% of Preferred Allowance/ \$2,000 maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ \$2,000 maximum (Per Policy Year)
Biologically Based Mental Illness , See Benefits for Biologically Based Mental Illness, page 7 & 13. ....	.....Paid as any other Sickness	.....Paid as any other Sickness
Alcoholism/Drug Abuse .....	.....80% of Preferred Allowance/ \$2,000 maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ \$2,000 maximum (Per Policy Year)
OTHER		
Ambulance Services .....	.....80% of Preferred Allowance	.....80% of Usual & Customary Charges
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. Benefits include prosthetic devices as mandated by the state of Colorado. ....	.....80% of Preferred Allowance	.....80% of Usual & Customary Charges
Consultant Physician Fees , when requested and approved by the attending Physician. ....	.....80% of Preferred Allowance	.....50% of Usual & Customary Charges
Dental Treatment , made necessary by Injury to Sound, Natural Teeth. ....	.....80% of Preferred Allowance/ \$2,000 maximum (Per Policy Year)	.....50% of Usual & Customary Charges/ \$2,000 maximum (Per Policy Year)
Maternity/Complications of Pregnancy .....	.....Paid as any other Sickness	.....Paid as any other Sickness
Repatriation/Medical Evacuation .....	.....Benefits provided by Assist America	.....Benefits provided by Assist America
Mammography , the Deductible will not apply, see page 12 .....	.....100% of Preferred Allowance	.....50% of Usual & Customary Charges

MYNURSELINE

Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine 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.

DEDUCTIBLE

NOTE: If you require medical care outside Wardenburg Health Center because Wardenburg Health Center is closed or you have been referred or transferred to another facility, you will be responsible for the Deductible and co-payment as outlined in this booklet. For emergency visits and hospitalization there is a \$200 copay per hospitalization or visit to the ER, in addition to your policy Deductible. See Medical Emergency and Hospital Confinement definitions on page 17.

STUDENT GOLD

Benefits will be paid after you or a covered Dependent each satisfy a \$200 Per Policy Year Deductible of eligible expenses under Student Gold Health Insurance Plan. This means you are responsible for the first \$200 in eligible expenses for services outside of Wardenburg Health Center per individual.

If two or more covered members of a family are injured in the same accident, only one Deductible will be charged each Policy Year against their combined eligible expenses resulting from the accident. Although a new Deductible will apply each Policy Year, expenses incurred during the period shown below will be applied toward the Deductible for the next Policy Year. This provision applies to eligible charges incurred from June 1, 2006 through August 17, 2006. Services at Wardenburg Health Center cannot be applied to reduce or eliminate Deductibles or Coinsurance applicable to eligible charges incurred outside Wardenburg Health Center.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Student Gold Health Insurance 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 incurred before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

PREFERRED PROVIDER INFORMATION

"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 the local school area are:

- 1) within a 50 mile radius a) Hospitals - Boulder Community Hospital and University of Colorado Hospital; b) Physician members of Beech Street and University Physicians. There are no benefits payable for Hospital charges within a 50 mile radius if Boulder Community Hospital or University of Colorado Hospital is not utilized, except in the case of a Medical Emergency or properly executed exemption form available at Wardenburg Health Center; and
- 2) outside a 50 mile radius a) Hospitals, practitioners and affiliates of Beech Street network; and b) Hospitals in the Student Health Network.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling Ameriben at 1-800-626-5520, 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. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

"Network Area" means the 50 mile radius around the local school campus the Named Insured is attending.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED HOSPITALS - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at 80%, up to any limits specified in the Schedule of Benefits. Call 1-800-626-5520 for information about Preferred Hospitals.

OUT-OF-NETWORK HOSPITALS - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by Boulder Community Affiliates and physician members of the Beech Street network will be paid up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits

Insureds will be responsible for all out of pocket expenses in excess of the policy limits contained in the Schedule of Benefits.

ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Colorado such as Benefits for Therapies for Congenital Defects and Birth Abnormalities, Hospitalization and General Anesthesia for Dental Procedures for Dependent Children, Medical Foods, Prosthetic Devices, Telemedicine Services, and Cleft Lip or Cleft Palate. A detail of these benefits may be found in the Master Policy on file at the University.

BENEFITS FOR PROSTATE CANCER SCREENING

Benefits will be paid for actual charges incurred up to \$65 for an annual screening by a Physician for the early detection of prostate cancer. Benefits will be payable for one screening per year for any male Insured 50 years of age or older. One screening per year shall be covered for any male Insured 40 to 50 years of age who is at risk of developing prostate cancer as determined by the Insured's Physician. The screening shall consist of the following tests:

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

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

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

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid for the actual expense incurred as shown under Mammography on the Schedule of Benefits (page 8) for low-dose screening mammography for the presence of occult breast cancer. Benefits will be provided according to the following guidelines:

1. A single baseline mammogram for women thirty-five to thirty-nine years of age (or more often for women with risk factors to breast cancer if recommended by her physician).
2. A mammogram not less than once every two years for women forty years of age and under fifty years of age or more often for women with risk factors to breast cancer if recommended by her Physician (or more often for women with risk factors to breast cancer if recommended by her physician).
3. A mammogram every year for women fifty to sixty-five years of age (or more often for women with risk factors to breast cancer if recommended by her physician).

"Low-dose mammography" means the x-ray examination of the breast, using equipment dedicated specifically for mammography including but not limited to the x-ray tub, filter, compression device, screens, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast. The policy Deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations or any other provisions of the policy.

BENEFITS FOR CHILD HEALTH SUPERVISION SERVICES

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

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

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

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

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

BENEFITS FOR PSYCHOTHERAPY

Benefits will be paid the same as any other Sickness for Psychotherapy treatment subject to the following provisions:

Inpatient or Partial Hospitalization Benefits:

Benefits are limited to 45 days for inpatient care or 90 days for Partial Hospitalization care in any 12-month period. For the purpose of computing the period for which benefits are payable, the following will apply:

- 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 Sicknesses 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.

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.

Outpatient Benefits:

Treatment will be provided for outpatient services furnished by 1) a comprehensive health care service corporation; or 2) a Hospital, a community mental health center; or 3) other mental health clinic approved by the Colorado Department of Human Services to provide such care; or 4) a registered professional nurse; or 5) a licensed clinical social worker, acting within the scope of license; or 6) furnished by or under the supervision of a licensed Physician or psychologist.

Except as stated below, all such services must be provided by or under the supervision of a licensed Physician or licensed psychologist; and records must show that the licensed Physician or psychologist, saw the patient or had a written summary of consultations or a personal consultation with the therapist at least once each 90 days.

Covered services under this benefit, which can legally be furnished by a registered professional nurse or licensed clinical social worker, acting within the scope of his or her license, will not require the supervision of a Physician or psychologist. Reimbursement may be made directly to such provider.

Outpatient Benefits are limited to \$2,000 in any 12-month period.

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

BENEFITS FOR BIOLOGICALLY BASED MENTAL ILLNESS

Benefits will be paid the same as 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 affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

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

BENEFITS FOR CYTOLOGIC SCREENING

Benefits will be paid the same as any other Sickness for cytologic screening for female Insured Persons 18 years or older. One cytologic screening will be payable every three years (excluding females who have had a hysterectomy).

"Cytologic screening" means a Papanicolaou Test (PAP Smear) and a pelvic exam.

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

BENEFITS FOR DIABETES

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

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

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

PRE-ADMISSION NOTIFICATION

Avidyn 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 1-877-295-0720 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 1-877-295-0720 within two working days of the admission to provide the notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

EXPLANATION OF MATERNITY BENEFITS

Pre-natal care for the insured is typically billed by her physician at the end of the maternity. The physician typically bills one global fee for the entire term, including services for delivery of the child. Our payment is typically at the end of the pregnancy, when the physician sends the final bill. Other times, doctors will bill for each visit, and submit the bills separately. When received, Student Insurance processes the bills separately, but accumulating them toward the global fee for maternity.

Other items that are covered are processed under their corresponding benefits listed on the Schedule: Anesthesia, XRay and Lab, Tests and Procedures. All services rendered that pertain to the maternity are considered one Condition.

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, 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 Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are covered. Pre-natal vitamins are not covered except at Wardenburg Health Center. For additional information regarding Maternity Testing, please call Ameriben at 1-800-626-5520.

REPLACEMENT COVERAGE PROVISION

1. If this policy replaces coverage of a prior policy within 31 days of the termination of the prior policy, this policy shall immediately cover all Insured Persons validly covered under the previous policy at the date of discontinuance who are within the definitions of Eligibility and who would otherwise be eligible for coverage under this policy.
2. With respect to an Insured Person who is Hospital confined on the date of discontinuance of the prior carrier's policy and required to be covered under Section 1 of this provision, the Company shall be entitled to deduct from such benefits becoming payable under its policy the amount of benefits payable by the prior carrier pursuant to an extension of benefits provision.
3. An Insured Person entitled to coverage under a succeeding carrier's policy pursuant to Section 2 of this provision shall be covered by the Company until the earlier of the following:
 - (a) The date the person becomes eligible to be covered under Section 1 of this provision; or
 - (b) The date the person's coverage would terminate under the provisions of this policy.
4. Each person previously covered by the prior carrier's policy which included deductibles or benefit waiting periods shall be given credit for the satisfaction or partial satisfaction of the same or similar provisions under this policy where it provides similar benefits. Deductible credit will be given for expenses actually incurred and applied against the Deductible provisions of the prior carrier's policy during the 90 days preceding the Effective Date of this policy but only to the extent that such expenses are covered under this policy and are subject to a similar Deductible provision.
5. In a situation where a determination of the prior carrier's benefit is required by the Company, the prior carrier shall furnish a statement of benefits available or pertinent information sufficient to permit verification of the benefit determination by the Company.

CONVERSION PRIVILEGE

The Company offers a Conversion Plan upon the Insured's Termination Date. The Conversion Plan does not provide the same premium rate and benefits as the Student Gold Health Insurance Plan. A Conversion Plan enrollment form may be obtained from the Wardenburg Health Center Golden Buffalo Student Health Insurance Office, as well as description of benefits provided. You are not eligible to utilize Wardenburg Health Center services once your Golden Buffalo Student Health Insurance policy has expired.

ASSIST AMERICA®: GLOBAL EMERGENCY ASSISTANCE SERVICES

If you are a student insured with this insurance plan, you and your insured spouse and minor child(ren) are eligible for Assist America services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): You are eligible to receive Assist America services worldwide, except in your home country.

Domestic Students, insured spouse and insured minor child(ren): 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 services include Emergency Medical Evacuation and Return of Mortal Remains that meet the United States Department requirements. The Emergency Medical Evacuation services are not meant to be used in lieu of or replace or 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 association'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:

(877) 488-9833 Toll-free within the United States

(609) 452-8570 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 the attending physician; and
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 of 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 exclusions pertaining to the Assist America program

DEFINITIONS

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.

Creditable Coverage - Colorado Insurance Regulation determines the methods for crediting and certifying creditable coverage for Pre-existing Conditions as set forth in federal regulations promulgated by HIPAA - with exceptions to expand the gap for continuous coverage to 90 days and to include student health plans as group health plans. Accordingly, only coverage under the following types of plans can be used to satisfy the Pre-existing Condition waiting period under this policy: 1) a group health plan; 2) Medicare, Medicaid, CHAMPUS; 3) a medical care program of the Indian Health Service or a tribal organization; 4) a State health benefits risk pool; 5) socialized medicine countries (a public health plan established or maintained by a foreign country that provides health coverage to individuals); or 6) health insurance coverage provided directly through insurance or reimbursement, or otherwise under any hospital or medical service policy or certificate, hospital or medical service plan contract, or HMO contract offered by a health insurance issuer licensed to engage in the business of insurance in any State of the United States including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

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.

Hospital Confined/Hospital Confinement means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which benefits are payable.

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

- 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.

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. Air Transportation;
4. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, Attention Deficit Disorder testing (treatment is covered) and Attention Deficit Hyperactivity Disorder testing (treatment is covered), behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
5. Biofeedback;
6. Congenital conditions, except as specifically provided in the policy;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth. Injury as a result of chewing or biting will not be considered an accident or Injury;
9. Elective Surgery or Elective Treatment;
10. Elective abortion;
11. 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; except as specifically provided in the policy;
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, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. Inpatient convenience items such as guest meals, telephones, televisions, etc.;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury sustained while (a) participating in any interscholastic, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
17. Medical or non-medical self-care or self-help training and occupational therapy, recreation therapy, educational therapy, dance therapy, 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. Organ transplants, including organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
21. Pre-existing Conditions for a period of six months, 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 or 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; or 3) a child that is adopted or placed for adoption before attaining eighteen years of age;

Exclusions & Limitations Continued:

22. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as provided under Benefits for Diabetes;
 - b) 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) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. Reproductive/infertility services including but not limited to: family planning; 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;
24. 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;
25. 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;
26. Services mainly rendered for custodial, occupational therapy, or in-vivo therapy; (except for rehabilitation facility treatment charges incurred for the treatment of mental or nervous conditions);
27. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee; services received by Dependents/spouses at the Wardenburg Health Center;
28. Supplies, except as specifically provided in the policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
30. The administration of oral chemotherapy drugs (the administration is excluded not the drugs);
31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
32. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
33. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, surgery for removal of excess skin or fat; and 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.). Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

CLAIM PROCEDURE

In the event of Injury or Sickness, students should:

- 1) Report to the Wardenburg Health Center for treatment or referral, or when not in school, to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, student ID number and name of the university under which the student is insured. **A Company claim form is not required for filing a claim.**
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
- 4) If you do not present the ID card at a participating Express Scripts Pharmacy, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, or for information about mail-order prescriptions or network pharmacies, please call Express Scripts at (888)201-5853.

SUBMIT ALL CLAIMS OR INQUIRIES TO:

Send Medical Claims to:

AmeriBen Solutions

P.O. Box 7186
Boise, ID 83707
1-800-626-5520

<https://services.ameriben.com>

Group #: 0004005

Send Prescription Claims to:

Express Scripts, Inc. (ESI)

P.O. Box 66773
St. Louis, MO 63166-6673
ATTN: Claims Department
Rx Group #: AM2E
Rx PCN: A4
Rx Bin: 003858

IMPORTANT WEBSITES:

Golden Buffalo Student Insurance

www.colorado.edu/studenthealthplans

Ameriben Solutions

<https://services.ameriben.com>

Beech Street

www.beechstreet.com

Express Scripts

www.expressscripts.com

THE STUDENT GOLD HEALTH INSURANCE PLAN IS UNDERWRITTEN BY:

The MEGA Life and Health Insurance Company

Please keep this Brochure as a general summary of the Student Gold Health Insurance Plan. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your Student Gold Health Insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control the payment of benefits.

**THIS BROCHURE IS BASED ON
POLICY # 2006-4005-2 (STUDENT GOLD)**