

# STUDENT HEALTH INSURANCE PLAN

*Designed especially for the students of*



**2004 – 2005  
Plan Year**

Visit us on the web at  
[www.mscd.edu/student/resources/health](http://www.mscd.edu/student/resources/health)

**Includes Special 100% Reimbursed  
Health Center Benefits  
for Eligible Services**

Claims Administrator:  
AmeriBen Solutions

Insurance Carrier:  
The MEGA Life and Health Insurance Company

Form Number: 03-BR-CO (461)  
Policy Number: 2004-461-1

# TABLE OF CONTENTS

Introductory Letter	1
Waiver Policy	2
Student Health Insurance Plan	2
Notification of Emergency Admission	2
Confirmation of Coverage	3
Special Health Center Benefits	4
Health Insurance Requirement and Waiver Information	4-5
Eligibility	5-6
Dependent Coverage	6
Late Enrollment	6
Maximum Lifetime Benefit	7
General Plan Provisions	7
Health Care Management Program	7
Summary of Benefits	8
Plan Year Deductibles	8
Out-of-Pocket Limit	9
Prescription Drug Plan – Express Scripts	9
Prescription Drug Plan – Health Center	10
Conversion Plan	10
Subrogation	10
Pre-Existing Conditions	10
Psychiatric and Alcohol & Substance Abuse Benefits	11
Summary of Psychiatric Benefits Table	11
Summary Table of Benefits	12
Covered Medical Expenses	13-16
Assist America®: Global Emergency Medical Assistance	17
Exclusions & Limitations	18-19
Termination of Coverage	20
Coordination of Benefits	20
How To File A Claim	20
Disputed Claims	21
Proof of Loss Deadlines	21
Definitions	22-24
Important Notice	24
Claim Procedures	25
Preferred Provider Organization	25
Health Care Management Program	25
Insurance Company	25
Privacy Policy	25

DEAR STUDENT:

Metropolitan State College of Denver, while primarily concerned with educational pursuits, is very aware of the varied needs of its urban student population, one of which is health. To meet these needs, Metropolitan State College of Denver offers a Student Health Program to serve the students in two broad areas – the Student Health Insurance Plan and the Health Center (HC). While these are separate entities, they have been designed to complement each other. Please review the significant plan benefits that are available to Insured Students who use the Health Center for their medical needs, by referring to the special benefits section on pages 12 of this brochure.

THE STUDENT HEALTH INSURANCE PLAN is designed to provide coverage for medical care, hospital and surgical expenses for either Injury or Sickness. All students (students enrolled for 10 credit hours or more in Fall and Spring and 8 credit hours for Summer Semester) are required to participate in the student health insurance plan unless they certify that they are currently covered by a comparable major medical health insurance plan. The waiver petition must be submitted by the deadline listed in the class schedule under the heading “Student Health Insurance.” **No refunds will occur after the waiver deadline date.** Although students with other comparable health insurance may waive participation, we strongly encourage careful evaluation of this particular plan as it can act as a valuable supplemental policy.

THE HEALTH CENTER AT AURARIA (HC) provides on-campus health care to any Metropolitan State College of Denver student enrolled for at least one credit hour. **Students do NOT need to participate in the Student Health Insurance Program to use the Health Center.** You will find that services provided by the Health Center are offered at a significantly reduced cost. Health Center services are comparable to those available at a family physician’s office.

**HEALTH CENTER AT AURARIA**  
**Plaza Building, Suite 150**  
**First Floor, West Entrance**  
**Insurance Phone: 303-556-3873**  
**Health Center Main Phone: 303-556-2525**

We wish you the very best in your academic, professional and personal endeavors. It is always a pleasure to be of service to you.

Sincerely,

Steve Monaco, Director      Sandra Dumancas, Coordinator  
 Health Center at Auraria      Student Health Insurance

## WAIVER POLICY

Students eligible to waive participation in the Student Health Insurance Plan must submit an annual waiver of participation by the deadline listed below (note that deadlines change each semester). **No refunds will occur after the WAIVER deadline date.**

### Fall Term Coverage Dates:

August 23, 2004 through January 17, 2005

**Waiver Deadline:** September 17, 2004

### Spring Term Coverage Dates:

January 18, 2005 through May 30, 2005

**Waiver Deadline:** February 11, 2005

### Summer Term Coverage Dates:

May 31, 2005 through August 21, 2005

**Waiver Deadline:** June 17, 2005

Students may be ineligible if coverage has not been purchased for entire year.

## STUDENT HEALTH INSURANCE PLAN

This brochure is designed to acquaint students and other interested parties with the medical services available, cost of the plan and exclusions to the services offered. We ask that you read it carefully so that you will know the extent of medical services and insurance benefits you can expect.

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

The insurance becomes effective for a student and dependent(s) as provided in the policy and explained in this booklet.

The description in this brochure is generalized information. In all cases the contract with The MEGA Life and Health Insurance Company is the document that will prevail, in accordance with the "Blanket" policy regulations of the State of Colorado.

Claims should be submitted to AmeriBen Solutions at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen Solutions at the above address or by calling (800) 626-5520, reference the School's Group #0801031.

### Notification of Emergency Admission:

You must call Mountain Medical Affiliates at

800-942-4662

within 48 hours (two working days) of an  
emergency admission.

## 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 Solutions.*** Health Center staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services.

### ■ Health Center at Auraria: (303) 556-2525

Find out the availability of daily access, appointments and hours of the Health Center.

### 100% Reimbursement

### With NO Deductible Or Coinsurance

### (except for Prescriptions - see below)

(This applies to eligible services; this option is not always available due to hours of operation and staffing)

### Prescriptions

Subject to \$15 co-pay per prescription up to a 30-day supply. Maintenance medications may be filled up to a 90-day supply. A co-pay of \$30 will apply per prescription for a 31-60 day supply. A co-pay of \$45 per prescription will apply for a 61-90 day supply.

Contraceptives are provided at the Health Center at Auraria only for students, spouses and dependents over 18. There is a copay of \$15 per prescription for contraceptives up to a maximum plan benefit of \$20/month (maximum benefit of \$240/year).

■ **Mountain Medical Affiliates (MMA) Tiered VADS Network:** Metro has a specially-designed PPO Tiered VADS network through MMA. Not all MMA providers are in this special network.

The following hospitals are in the Second Tier (eligible charges are payable at the 80% reimbursement level):

Aurora Medical Center (Aurora), Centennial Healthcare Plaza (Englewood), Memorial Hospital (Colorado Springs), North Suburban Medical Center (Thornton), Presbyterian/St. Luke's Medical Center (Denver), Rose Medical Center (Denver), Swedish Medical Center (Englewood) and University Hospital (Denver)

To verify which hospitals are in the Third Tier (eligible charges are payable at the 60% reimbursement level) call MMA at one of the following numbers:

**Local Denver Number: 303-290-6451**

**Toll-Free Number: 800-647-1856**

■ **Mountain Medical Affiliates (MMA) Case Management Services**

For pre-notification:

**Local Denver Number: 303-770-4088**

**Toll-Free Number: 800-942-4662**

### SPECIAL HEALTH CENTER BENEFITS

Please note that this section applies to **STUDENTS AND SPOUSES/DEPENDENTS OVER AGE 18 ONLY**. The Health Center is **NOT** a Medicare/ Medicaid Provider.

Necessary eligible medical expenses incurred for Sickness or Injury will be reimbursed at 100% (following the appropriate prescription co-pay) for care provided at Health Center at Auraria. This includes limited well care, supplies, in-house testing and procedures. In addition, the Insured's Deductible, Coinsurance and pre-existing condition exclusion clause **will be waived** for services performed at the Health Center. No claim forms will be required. All other plan provisions will continue to apply to treatment rendered by the Health Center at Auraria.

### HEALTH INSURANCE REQUIREMENT for Full-Time Students

#### Health Insurance Premium per Semester

Student (domestic & international) . . . . .	\$598
Additional for Spouse . . . . .	\$836
Additional for Child(ren) . . . . .	\$765
Additional for Spouse & Children . . . . .	\$1,601

Dependents can only purchase insurance if student is enrolled in this health plan.

#### WAIVER INFORMATION

All students taking 10 credit hours or more in the Fall or Spring semester (or 8 credit hours in the Summer semester) 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.\* Proof must be submitted by the waiver deadline listed on page 2. **No refunds will occur after the waiver deadline date.**

**\*Individual insurance plans that are not required to meet State and Federal benefit mandates are not considered comparable and consequently will not be considered proof of comparable coverage.**

Students are **AUTOMATICALLY** billed for the Student Health Insurance on their tuition bill (under the heading of "insurance"). For those students who have outside coverage, it is their responsibility to complete a "waiver form" by the deadline listed on page 2 in order to have the insurance charge removed from their tuition bill.

**Waiver forms will not be accepted after the waiver deadline.**

### WAIVER INFORMATION (continued)

Students taking 10 credits in the Fall and Spring semesters, and 8 credits in the Summer semester, will be mailed a packet of insurance information. If, for any reason, you do not receive this packet, waiver forms are located on-line at [www.mscd.edu/health/insurance](http://www.mscd.edu/health/insurance). Waiver forms and insurance brochures can also be obtained at either the Student Insurance Office located in the Health Center at Auraria (Plaza Building, Lower Level, Room 150) or the Office of Student Accounts located in Central Classroom, Room 110. **Health Insurance waiver forms are only valid for one academic year.**

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

### ELIGIBILITY

Students who have enrolled for a minimum of 10 credit hours for Fall and Spring semesters, or 8 credit hours for Summer semester, will be eligible for coverage under the college student insurance plan.

Students taking less than 10 credit hours in the Fall and Spring semesters, or less than 8 credit hours in Summer semester (see below) **will not** be eligible to purchase the college student insurance plan on a voluntary basis.

If a student has less than 10 credit hours to graduate they can enroll in the insurance plan for their last semester. The Metro Student Insurance Coordinator will confirm with the student's academic advisor in written documentation that the student has less than 10 hours to graduate and will graduate at the end of the enrolled semester.

#### Summer Semester

Students **who are enrolled in the insurance plan for Spring semester** have the option of purchasing summer insurance coverage without attending classes or taking less than 8 credit hours, provided they fill out an enrollment form and pay the premium at the Cashier's office by the Summer waiver deadline of June 17, 2005. In order to be covered for a complete year (12 Months) you must purchase coverage for all three semesters.

Students graduating at the end of the Spring semester can purchase coverage for the Summer semester. After the Summer semester has terminated graduating students can purchase the Conversion Plan. Refer to page 10.

Once you have enrolled for the minimum required credit hours, coverage will be effective starting on the first day of

## ELIGIBILITY (continued)

the semester, and continuing through the last day before the next semester starts. **If you drop classes so that you fail to meet the minimum credit hour requirement before the waiver deadline listed on page 2, all insurance premiums will be refunded and you will not be covered by this insurance plan. You will be responsible for all incurred medical charges.** If you are enrolled in less than mandatory credit hours in the last semester before you graduate, you can enroll on a voluntary basis. If you are enrolled in the Winterim Program, or Accelerated Nursing Student Program, your eligibility start date is the start date of the session in which you are enrolled, and ends on the ending date for Spring Semester.

## DEPENDENT COVERAGE (Including Newborn Enrollment and Eligibility)

Eligible dependents include: your lawful spouse (or common-law spouse) as defined by applicable state law, residing with the Insured Student, Domestic Partner, and dependent children. Dependent Children remain eligible until age 19.

If your insurance is in force, medical coverage for any newborn Children shall become effective at birth, and will continue in effect for 31 days from birth. To continue coverage beyond 31 days, you must enroll the Child for coverage within 31 days from birth and pay the semester premium (no prorating of premium) that may be due. Contact the Health Center at Auraria at 303-556-3873 to enroll the child.

## LATE ENROLLMENT

Eligible students **will not** be allowed to enroll in the plan after the applicable enrollment/waiver period unless proof is furnished that the eligible student became involuntarily ineligible for coverage under a group insurance policy during the 30 days immediately preceding the date of the request for late enrollment in the plan provided by Metropolitan State College of Denver. In such cases, the cost will be the same as it would have been at the beginning of the enrollment period, but the effective date will be the date the student enrolls and makes the required premium payment.

## MAXIMUM LIFETIME BENEFIT

Maximum Lifetime Benefit is \$300,000 per Insured Person. Maximum Lifetime Benefit is defined as any period of time an Insured Person is a participant in this plan or any other plan sponsored by Metropolitan State College of Denver and is inclusive and cumulative of any and all periods of coverage even if there were gaps in participation.

## GENERAL PLAN PROVISIONS

Coverage will be in effect 24 hours a day for emergency treatment. An Insured Person will be insured at home, school or when traveling outside the United States while insurance is in force.

## HEALTH CARE MANAGEMENT PROGRAM

Metropolitan State College of Denver has contracted with a professional health care management company to assist Insured Persons in determining whether or not proposed services are appropriate for reimbursement under the plan. The program is not intended to diagnose or treat medical conditions, guarantee benefits or validate eligibility. The medical professionals who conduct the program focus their review on the appropriateness of hospital stays and proposed surgical procedures.

### Required Pre-Admission Notification

Insured Persons should call Mountain Medical Affiliates, at (800-942-4662), between 8:00 a.m. and 5:00 p.m. MST, Monday through Friday, before any elective admission to a hospital. Insured Persons must also call within 48 hours (2 working days) of any emergency admission. When calling, it will be necessary to provide the program with your name, the patient's name, the name of the Physician and hospital, the reason for the hospitalization and any other information needed to complete the review.

### Special Case Management

Special Case Management is designed to help manage the care of patients who have catastrophic or extended care Sickness or Injury.

The primary objective of Special Case Management is to identify and coordinate cost effective medical care alternatives meeting accepted standards of medical practice. Special Case Management also monitors the care of the patient, offers emotional support to the family and coordinates communications among health care providers, patients and others. Examples of Sickness or Injury that would be appropriate for Special Case Management include, but are not limited to:

- ◆ Terminal Sicknesses
- ◆ Cancer
- ◆ AIDS
- ◆ Chronic Illnesses: Renal Failure, Cardiac Obstructive pulmonary disease, multiple sclerosis, cardiac conditions
- ◆ Accident victims requiring long-term rehabilitative therapy
- ◆ Newborns with high risk complications or multiple birth defects
- ◆ Diagnosis involving long-term IV therapy
- ◆ Sicknesses not responding to medical care
- ◆ Child and adolescent mental/nervous disorders

## SUMMARY OF BENEFITS

The following benefits will be paid when an Insured Person incurs a Covered Medical Expense while insured under the Plan. The expense must be due to a Sickness or Injury, be medically necessary, and authorized by a Physician. All benefits are subject to Usual and Customary guidelines, Deductibles, Coinsurance, plan maximums and limitations and exclusions. Usual and Customary allowances will be determined using the current survey of Ingenix with a 90th percentile reimbursement level.

## PLAN YEAR DEDUCTIBLES

### HEALTH CENTER AT AURARIA

For services performed at the Student Health Center, the Deductible **will be waived**.

### INDIVIDUAL

**In-Network:** \$300 of Covered Medical Expenses, per Insured Person, per Plan Year.

**Out-of-Network:** \$500 of Covered Medical Expenses, per Insured Person for emergency services and limited other benefits (see Schedule of Benefits), per Plan Year.

### FAMILY

**In-Network:** \$900

**Out-of-Network:** \$1,500 for emergency services and limited other benefits (see Schedule of Benefits) (when 3 covered family members each meet the Deductible in a Plan Year, the family Deductible is met).

### INPATIENT PER ADMISSION DEDUCTIBLE

There is a separate \$500 Per Admission Deduction for each Inpatient hospital stay. This deductible is in addition to the Plan Year Deductible.

### CARRYOVER DEDUCTIBLE

Although a new Deductible will apply each Plan Year, expenses incurred during the last three months of a Plan Year which are applied to that Plan Year's Deductible will also be applied toward the Deductible for the next Plan Year and thus reduce or eliminate that Plan Year's Deductible. This does not include prescription drug deductible.

### PRESCRIPTION DRUGS

**Separate:** \$200 for eligible Prescription Drug Expenses, per Insured Person, per Plan Year. Does not apply to prescriptions filled at the Health Center.

## OUT-OF-POCKET LIMIT

The In-Network and Emergency Services out-of-pocket limit is \$10,000 per Insured Person per Plan Year. The maximum out-of-pocket is the amount of Covered Medical Expenses an individual must pay for medical expenses during the Plan Year. When an out-of-pocket amount is satisfied, the plan will pay 100% of Covered Medical Expenses for the remainder of the Plan Year to the maximums of the plan.

Types of charges that do not apply toward the maximum out-of-pocket expense include the following: 1) prescription copayments and prescription annual deductible, 2) noncovered expenses such as expenses in excess of Usual and Customary allowances and charges not covered by the plan, and 3) charges in excess of maximum benefits payable under the plan.

## PRESCRIPTION DRUG PLAN EXPRESS SCRIPTS

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

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

After 6 weeks, the Covered Person may go to any network pharmacy. A separate \$200 point-of-service Plan Year Deductible must be satisfied before co-payments become effective. The co-payment is \$15 for generic drugs, \$40 for brand name drugs, or \$60 for non-formulary drugs, for eligible prescription drugs up to a 30 day supply per prescription or refill and **up to a \$1,500 maximum per year**. Maintenance medications may be filled up to a 90 day supply. A co-pay of \$30 generic, \$80 brand or \$120 non-formulary will apply per prescription for a 31-60 day supply. A co-pay of \$45 generic, \$120 brand, or \$180 non-formulary will apply per prescription for a 61-90 day supply. **A separate \$200 point-of-service Plan Year Deductible must be satisfied.**

After you have exhausted the \$1,500 annual maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

## PRESCRIPTION DRUG PLAN HEALTH CENTER AT AURARIA

Maintenance medications filled at the Health Center of Auraria may be filled up to a 90 day supply. A co-pay of \$15 will apply per prescription up to a 30 day supply. A co-pay of \$30 will apply per prescription for a 31-60 day supply. A co-pay of \$45 will apply per prescription for a 61-90 day supply. No Deductible applies for prescriptions filled at the Health Center.

For maintenance medications filled near the end of the semester, only a 30 day supply will be filled 30 days or less to the end of the semester and only a 60 day supply will be filled 60 to 30 days to the end of the semester. If it is over 60 days to the end of the semester a 90 day prescription can be filled.

## CONVERSION PLAN

At the end of Fall, Spring and Summer semesters, students and their dependents who were covered under the insurance plan can purchase the Conversion Plan in increments of one month, with a twelve (12) month maximum. Determination of the length of coverage and payment must be made at the time of application. Brochures and enrollment forms for the Conversion Plan are available in the Student Insurance Office, Plaza Building, Suite 150, 303-556-3873.

## PRE-EXISTING CONDITIONS

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

The Pre-existing Condition Limitation will be reduced by the period of time an Insured Person was previously covered by Creditable Coverage if the Creditable Coverage was continuous to a date not more than 90 days prior to the effective date of the Insured Person's coverage under the Policy. Students and Dependents covered during the Spring Semester will not be considered to have had an interruption in coverage for the purposes of administering the Pre-existing Condition exclusion if they do not enroll in the Summer Semester. **NOTE:** The Pre-existing Condition Limitation shall not apply to covered expenses incurred at the Health Center, or pregnancy.

## SUBROGATION

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

## PSYCHIATRIC AND ALCOHOL & SUBSTANCE ABUSE BENEFITS

**Biologically-based Mental Sickness:** Paid as any other sickness and not subject to 45 day inpatient limit and 30 visit or \$1,000 (whichever is greater) outpatient maximum.

**Mental or Nervous Disorders:** Inpatient benefits subject to 45 days per plan year maximum. Outpatient benefits subject to 30 visits per plan year maximum.

**Substance Abuse, Alcohol Abuse and Eating Disorders:** subject to \$10,000 aggregate lifetime maximum for inpatient/outpatient treatment. Inpatient benefits subject to 45 days per plan year maximum. Outpatient benefits subject to \$1,000 annual maximum.

	Inpatient	Outpatient
<b>Health Center at Auraria Tier I</b>	N/A	100%
<b>MMA Tiered VADS Network Tier II</b>	80% After Deductible	50% After Deductible
<b>MMA PPO VADS Network Providers Tier III</b>	With HC Referral: 60% After Deductible  Without HC Referral: 60% After Deductible	50% After Deductible
<b>Out-Of-Network</b>	No Coverage	No Coverage
<b>Additional Limitations and Explanations</b>	See Covered Medical Expenses, Items 20, 22 and 23, Pages 13 and 14.  45-day limit except for Biologically-based Mental Sickness.	See Covered Medical Expenses, Items 21, 22 and 23, Pages 13 and 14.  30-visit limit except for Biologically-based Mental Sickness.

## SUMMARY TABLE OUTLINING BASIC BENEFITS

This chart summarizes co-payment amounts paid by the plan. Note: The chart column entitled “Health Center at Auraria” applies to Insured Student and Dependents, Spouse (including domestic partner) and Children over 18 years of age.

If you reside, or are traveling outside the immediate Denver area, including overseas, you MUST contact the Insurance Office at the Health Center at Auraria PRIOR to receiving medical care or no benefits are payable, unless it’s a medical emergency.

Benefit Descriptions	Health Center at Auraria Tier I	MMA Tiered VADS Network – Tier II	MMA PPO VADS Network – Tier III	Additional Limitations and Explanations
Annual Deductible	N/A	Yes (\$300)	Yes (\$300)	Does not apply to routine and diagnostic mammograms, child immunizations or prostate cancer screening by any provider.
Pre-Existing Condition Limitation	N/A	Applies	Applies	
Well Care	100% with Limitations, No Deductible	Not Covered	Not Covered	See Covered Medical Expenses Item #41, Page 19.
Mammograms – Routine and Diagnostic	N/A	100%; No Deductible	100%; No Deductible	Up to a Maximum of \$150 per Plan Year. Includes radiology readings.
X-Ray Services and Laboratory Services	100% at Clinic, No Deductible. Plan Year Maximum does not apply.	80% after Deductible	80% after Deductible	Up to a plan year Maximum of \$2000, then payable at 50% for MMA PPO VADS network providers.
Inpatient Hospital Services	N/A	80% after separate \$500 Inpatient Deductible	60% after separate \$500 Inpatient Deductible	Anesthesia services will be paid at 80% or 60% if the surgery is at a PPO hospital or surgical center.
Outpatient Surgery	N/A	80% after Deductible	80% after Deductible	
Inpatient Mental / Nervous Disorders	See Pages 11 and 14	For Explanation of Benefits	For Explanation of Benefits	
Outpatient Mental / Nervous Disorders	See Pages 11 and 14	For Explanation of Benefits	For Explanation of Benefits	
Prescriptions	\$15 copay per prescription up to a 30-day supply; \$30 copay for 31-60 day supply; \$45 copay for 61-90 day supply (See “Confirmation of Coverage” Page 3)	N/A	N/A	Separate \$200 Deductible when not filled at the Health Center. Copay; \$15 generic, \$40 brand and \$60 non-formulary up to 30 day supply per prescription when filled at participating pharmacy. See Page 12. Claims for Rx purchased outside the Health Center have a Plan Year Cap of \$1,500. Contraceptives are only covered at the Health Center.
Physical Therapy	N/A	80% after Deductible	80% after Deductible	
Child Health Supervision and Immunization Services	N/A	100%; No Deductible	100%; No Deductible	
All Other Covered Medical Expenses	100%; No Deductible	80% after Deductible	80% after Deductible	See Covered Medical Expenses Item #43, Page 19. Additional benefits are shown in the Covered Medical Expenses section of this brochure, beginning on page 15.

Benefit Descriptions	Health Center at Auraria		Any Provider	Additional Limitations and Explanations
Annual Deductible	N/A		\$300 (PPO Providers) \$500 (Out-of-Network)	\$300 Deductible within MMA PPO VADS Network providers. \$500 Deductible for Out-of-Network providers.
Dental Treatment for an Accidental Injury	N/A		80% After Deductible	Treatment for Injury to sound, natural teeth occurring while insured.
Ambulance	80% after \$300 PPO Deductible		80% After Deductible	Deductible applies for transportation from Health Center (C) to area hospital.
Durable Medical Equipment	N/A		80% After Deductible	
Emergency Services	100%; No Deductible		80% After Deductible	Medical Emergency only; as defined.
Nutritional Counseling	100%; No Deductible		80% After Deductible	Benefit applies for services rendered by any licensed provider.
TMJ (Temporomandibular Joint Dysfunction)	N/A		80% After Deductible	Up to a Lifetime Maximum of \$2,500.

## COVERED MEDICAL EXPENSES

1. 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, the amount of daily room and board charge considered Covered Expense will not exceed an amount equal to twice the amount specified in (1) above.
2. 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.
3. Surgery: Physician fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits.
4. Assistant Surgeon Fees: in connection with inpatient and outpatient surgery.
5. Anesthetist Services: in connection with inpatient and outpatient surgery.
6. Physician's Visits: outpatient and surgical.
7. Pre-admission Testing.
8. Ambulance Services.
9. Charges by a home health care agency when such care is ordered by a Physician and the Covered Person is confined to his/her home. Such care shall be for part-time nursing, physical, occupational or speech therapy and shall be limited to 60 visits per person per Policy Year.
10. Hospice charges by a licensed agency for the care of terminally ill patients. Care must be ordered by a Physician and reviewed monthly.
11. Maternity: Same as any other Sickness.
12. Reconstructive surgery when needed to correct damage caused by a birth defect resulting in the malformation or absence of a body part, an Injury or for breast reconstruction following a total or partial mastectomy. Benefits for congenital birth defects are limited to children born after the insured's effective date and who are covered by the plan.
13. Human organ and tissue transplants that are medically necessary and appropriate. Experimental procedures are not covered.
14. Circumcision, for newborns only.
15. Surgical and nonsurgical treatment of temporomandibular joint dysfunction (TMJ) up to a Lifetime Maximum of \$2,500.
16. Podiatry treatment of metabolic or peripheral-vascular disease and medically necessary foot-care.
17. Physical therapy from a qualified practitioner, and occupational therapy, not including supplies.
18. Radiation therapy and chemotherapy.
19. Sleep disorders, if a result of a medical sickness.
20. Psychotherapy (Inpatient): Inpatient Benefits are based on confinement as an inpatient or partial hospitalization in a Hospital or Psychiatric Hospital licensed by the Colorado Department of Health. Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period.

## COVERED MEDICAL EXPENSES

(continued)

The maximum number of days payable per 12-month period are 45 days for inpatient confinement and 90 days for partial hospitalization. The maximum amounts are specified in the Schedule of Benefits. For the purpose of computing the period for which benefits are payable, the following will apply:

- 1) Two days of partial hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for partial hospitalization.
  - 2) Each day of inpatient confinement under this benefit or each two days of partial hospitalization shall reduce by one day, the total days available for all Sickness for any one 12-month period.
  - 3) Each day of confinement as an inpatient in a Hospital or psychiatric Hospital, or each two days of partial hospitalization, shall reduce by one day, any days available for alcoholism coverage.
21. Psychotherapy (Outpatient) are 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) Licensed Clinical Social Worker (LCSW); or 7) Licensed Professional Counselor (LPC). Limited to 30 visits annually per year.
  22. Inpatient and outpatient treatment of substance abuse, alcohol abuse, and eating disorders; \$10,000 aggregate lifetime maximum for inpatient/outpatient treatment. **Inpatient:** up to 45 days treatment annually (plan year) for inpatient care at a hospital or a state licensed alcohol, psychiatric, chemical dependency, or residential treatment facility. No benefits are payable unless the full continuum of care, including detoxification and rehabilitation treatment plan have been completed. **Outpatient:** \$1,000 annual Plan Year aggregate maximum.
  23. Biologically-based Mental Sickness (schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder) are paid as any other Sickness and are not subject to the 45-day Inpatient limit and 30-visit Outpatient maximum as stated in Covered Medical Expenses, Item 20.
  24. Attention Deficit Disorder, covered as a medical expense (not psychiatric).
  25. Dental treatment of Injury to sound natural teeth resulting from an accident occurring while insured. This includes replacement of teeth and any related x-rays.
  26. Speech therapy from a qualified practitioner to restore speech loss due to an Sickness or Injury.
  27. Treatment of diabetes including insulin, insulin syringes, insulin infusion pumps, and outpatient self-management training and education including medical nutrition therapy, and as mandated by Colorado law. Diabetic supplies are covered under the prescription drug plan.
  28. Dialysis.

## COVERED MEDICAL EXPENSES

(continued)

29. Hearing test, if for the diagnosis of a Sickness or Injury.
30. Amniocentesis, only when medically necessary.
31. Ultrasounds, only when medically necessary.
32. Allergy testing, including allergy injections and serum.
33. Magnetic Resonance Imaging (MRI), only when medically necessary.
34. Routine mammograms including radiology charges. Pays the lesser of \$150 or the actual charge, no deductible, for each routine low-dose mammography screening according to the following schedule: Baseline 35-40 years of age; once every two years for women from 40 years of age and under 50 years of age, or once annually if ordered by a Physician; and once annually for women from 50 to 65 years of age. If a participant has a family history of breast cancer, the baseline routine mammogram can be done after age 25.
35. Diagnostic mammograms. Not subject to the deductible.
36. Durable Medical Equipment: 1) when prescribed by a Physician ; and 2) a written prescription accompanies the claim when submitted. Replacement equipment is covered if required because of a change in the Insured's physical condition. Durable medical equipment includes equipment that: 1) is primarily and customarily use to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
37. Blood and/or plasma and the equipment for its administration.
38. Second Surgical opinions.
39. Routine Services are provided at the Health Center at Auraria for Students, spouse and dependents over 18. Benefits include one annual examination/routine physical per Plan Year and one HIV/Syphilis test per year (includes pre/post-test counseling). For men, a routine physical examination includes the office visit charge and a gonorrhea/chlamydia test, a hemoglobin, and urine test. For women, an annual examination includes the office visit charge, pap smear, gonorrhea/ chlamydia test; hemocult for women over age 50, a hemoglobin and a urine test.
40. Prostate Cancer Screening – one screening per year for men over the age of 40 who are in high-risk categories as determined by the Insured Person's Physician. One screening per year for all men over the age of 50 years. Pay the lesser of \$70 per screening or the actual charge for such screening. **Not subject to the Deductible.**
41. Child Health Supervision Services/Well-Child Care including immunizations up to age 13 as mandated by Colorado law. One newborn home visit during the first week of life if the newborn is released from the hospital less than 48 hours after delivery. Up to 1 year: 5 visits maximum and 1 PKU. Age 13 months to 3 years: 2 visit maximum. 3-7 years: 3 visit maximum. 7-13 years: 3 visit maximum. **Not subject to the Deductible or dollar limitations.**
42. Bereavement counseling provided by a Physician limited to a maximum benefit period of 3 months.

## COVERED MEDICAL EXPENSES

(continued)

43. Nutritional counseling.
44. Congenital Birth Defects and Abnormalities as mandated by Colorado law.
45. General anesthesia and facility charges for dental procedures for Dependent children under certain conditions as mandated by Colorado law.
46. Medical foods prescriptions for inherited enzymatic disorders up to age 21 for men and 35 for women as mandated by Colorado law.
47. Contraceptives are provided at the Health Center at Auraria only for students, spouse and dependents over age 18. After a copay of \$15 per prescription for oral contraceptives, devices or a Depovera shot up to a maximum plan benefit of \$20/month (maximum benefit of \$240/year).
48. Surgical breast reduction will be covered if medically necessary.
49. Telemedicine Services as mandated by Colorado Law.
50. Benefits for Cleft lip and Cleft palate as mandated by Colorado Law.

## ASSIST AMERICA®: GLOBAL EMERGENCY MEDICAL ASSISTANCE

Through participation in the Metropolitan State College of Denver Insurance Plan, each Insured is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Assist America, Inc.

### What makes the Assist America® program unique?

1. Exceeds USIA requirements for International students and scholars;
2. No maximums or subrogation for any assistance services Assist America provides;
3. No pre-existing condition or territorial exclusions;
4. Worldwide network of pre-qualified medical providers;
5. Operations Centers with immediate worldwide response capabilities;
6. "Out of Area" medical problems alleviated.

### Key Services include:

Evacuation, Repatriation and Return of Mortal Remains

Whenever appropriate medical facilities are not available locally, Assist America® will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, Assist America® will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with medical supervision, if necessary.

## ASSIST AMERICA®: GLOBAL EMERGENCY MEDICAL ASSISTANCE (continued)

If a participant should die while traveling, Assist America® will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

### Some additional services include:

- ◆ Medical Consultation and Evaluation and Medical Referrals
- ◆ Foreign Hospital Admission Guarantee
- ◆ Critical Care Monitoring
- ◆ Medically Supervised Repatriation
- ◆ Prescription Assistance
- ◆ Emergency Message Transmission
- ◆ Transportation to Join Patient (when in-patient for more than 7 days)
- ◆ Care for Minor Children (left unattended due to medical incident)
- ◆ Emergency Trauma Counseling
- ◆ Lost Luggage or Document Assistance
- ◆ Interpreter and Legal Referrals

Please refer to [www.assistamerica.com](http://www.assistamerica.com) for service descriptions.

To access services please call:

(800) 872-1414 Toll-free within the United States  
(301) 656-4152 Collect outside the United States

Services are also accessible via e-mail at [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

Assist America® is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America®. Claims for reimbursement for services not provided by Assist America® will not be accepted.

Participants should be advised that any medical treatment received outside your immediate service area will require payment of Plan deductible or co-insurance costs. Students studying outside the U.S. should also be prepared to pay any applicable medical costs at the time of service.

Assist America® is a registered service mark of Assist America, Inc.

## EXCLUSIONS AND LIMITATIONS

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

1. **Acupuncture**;
2. **Addiction**, such as nicotine addiction;
3. **Alopecia**;
4. **Cosmetic procedures**, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
5. **Custodial Care**; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
6. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth;
7. **Elective Surgery** or Elective Treatment;
8. **Elective abortion**;
9. **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 or an injury;
10. **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; or an injury;
11. **Immunizations**, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury; or exposure to a sickness;
12. **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;
13. **Injury or Sickness** for which benefits are paid or payable under any Worker' Compensation or Occupational Disease Law or Act, or similar legislation;
14. **Injury caused by**, contributed to, or resulting from the use of illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Persons' Physician, except as specifically provided in the policy;
15. **Learning disabilities**, except as specifically provided in the policy;
16. **Participation** in a riot or civil disorder; commission of or attempt to commit a felony; or fighting; except as specifically provided in the policy;
17. **Pre-existing Condition**, except as specifically stated in the Pre-Existing Condition provision;

## EXCLUSIONS AND LIMITATIONS

(continued)

18. **Prescription Drugs**, services or supplies as follows: Birth control and /or contraceptives, oral or other, whether medication or device, except as specifically provided in the policy;
19. **Reproductive/infertility** services including but not limited to: family planning; fertility tests; infertility (male or female ), including any services of 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;
20. **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;
21. **Skydiving**, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline or charter aircraft while participating in a school sponsored activity;
22. **Surgical breast reduction, breast augmentation**, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
23. **Treatment** in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
24. **War** or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered); and
25. **Weight management**, weight reductions, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia, except as specifically provided in the policy. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

The following items are not covered under this policy, as they are deemed to be elective surgery, elective treatment, not a covered medical expense, or not a medical necessity: spinal manipulation; adoption and surrogate expenses; charges made by a relative (related by blood, marriage, or domestic partner); non-medical expenses; medical expenses for which the insured is not obligated to pay; non-covered prescription drugs; experimental treatment; complications from a non-covered benefit; educational expenses; travel expenses for a physician or other medical provider; expenses related to personal comfort; removal of breast or other implants (covered only if initial implant was not for cosmetic purposes and removal is medically necessary); penile prosthetic implants; massage therapy and rolfing; occupational therapy supplies; wigs or artificial hairpiece; morbid obesity; tiredness; vision therapy; genetic testing and counseling; and, dandruff.

## TERMINATION OF COVERAGE

The insurance for Insured Persons will continue through the last day before the next semester starts. In addition, if a full-time student decreases his/her credit hours to below full-time status prior to the insurance deadline, he/she will lose the insurance eligibility. If no beneficiary is designated or surviving at the Insured Person's death, AmeriBen Solutions and/or the Company may, at its option, make payment to the executor or administrator of your estate, or to your surviving spouse, mother, father, child or children.

## COORDINATION OF BENEFITS

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

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

### Medicare or Medicaid

If an Insured Person is eligible for Medicare or Medicaid benefits, this plan may (or may not) be primary to Medicare or Medicaid. This is determined by Medicare or Medicaid regulations, as applicable. **NOTE: THE HEALTH CENTER AT AURARIA IS NOT A MEDICARE OR MEDICAID PROVIDER.**

## HOW TO FILE A CLAIM

Claims should be submitted to AmeriBen Solutions at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen Solutions at the above address or by calling (800) 953-1801, reference the School's Group #0801031.

## DISPUTED CLAIMS

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

Contact **AMERIBEN SOLUTIONS (800-953-1801)** and ask for a second review within sixty (60) days after the claim payment date of the notice of denial of benefit. The claim will then be reviewed by another Benefit Administrator from AmeriBen Solutions.

*If the result of this review is not satisfactory:*

Contact **AmeriBen Solutions 800-953-1801**. Include the name of the student, Social Security number, and name of the patient, stating in clear and concise terms the reason(s) for disagreement with the handling of the claim. Health Center at Auraria, AmeriBen Solutions and The MEGA Life and Health Insurance Company will analyze all preceding efforts and will conduct their own review. The claimant shall be notified promptly of the findings, but not later than 120 days after the request for review, with copies of pertinent plan documents upon which any declination was based.

## PROOF OF LOSS DEADLINES

You have 90 days after the date of loss to furnish proof of loss to AmeriBen Solutions. If you do not furnish notice of proof within the time allotted, your claim will still be considered if you show that it was not reasonably possible to furnish the notice of proof and that the notice of proof was furnished as soon as reasonably possible. Except for absence of legal capacity, no claim for benefit will be accepted after one year from date treatment was completed.

AmeriBen Solutions and Metropolitan State College of Denver reserve the right and opportunity to examine the person whose injury or sickness is the basis of a claim as often as it may reasonably require during continuance of the claim.

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed. Nor shall action be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by the Policy. If any time limitation of the Policy with respect to giving notice, filing proof of loss or commencing an action at law or in equity is less than permitted by the law of the state in which you reside at the time the Policy is issued, the limitation is hereby extended to agree with the minimum period permitted by such law.

## DEFINITIONS

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

**Copayment** means a charge for Covered Medical Expense which must be paid by the Insured Person.

**Covered Medical Expenses** means reasonable charges which are: 1) not in excess of Usual and Customary charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**Deductible** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a Deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**Domestic Partner** is defined on the "Affidavit of Domestic Partnership" which can be obtained at the Student Insurance Office located in the Health Center at Auraria, Plaza Building 150. Domestic Partners are eligible to enroll by completing the Affidavit of Domestic Partnership and submitting the executed Affidavit along with the appropriate payment.

**Dependent** means the spouse (husband or wife) of the Named Insured, and their dependent, unmarried children, adopted children and children in the custody of the Named Insured pursuant to an interim court of adoption, step children living with the Named Insured and children for which the named Insured is under court order to provide coverage. An adopted child shall be eligible for coverage on the same basis as other covered children. Coverage for a child the Named Insured adopts shall include the necessary care and treatment of medical conditions existing prior to the date of placement if adoption or placement occurs while the insurance is in effect for the Named Insured. Children shall cease to be dependent on the first to occur of:

- 1) The end of the month in which they marry; or,
- 2) The end of the month in which they attain the age of nineteen (19) years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

- 1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
- 2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and, 2) within 31 days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child's attainment of the limiting age.

## DEFINITIONS (continued)

If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

**Elective Surgery or Elective Treatment** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective Surgery or Elective Treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**Injury** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**Insured Person** means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate dependent premium has been paid. The term "Insured" also means Insured Person.

**Preferred Provider Organization (P.P.O.)** The Mountain Medical Affiliates (MMA) Tiered VADS network of hospitals and physicians are the P.P.O. medical providers. See the "Summary of Benefits" section.

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

**Physician** means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person's within the third degree by the laws of consanguinity or affinity.

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

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

## DEFINITIONS (continued)

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

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

**Medical Necessity** means those services or supplies provided or prescribed by a Hospital or Physician which are: 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury; 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury; 3) In accordance with the standards of good medical practice; 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and, 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient. This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

### IMPORTANT NOTICE

Federal regulations now permit the time you are on the MSCD Student Health Insurance Plan to be counted as credit toward satisfying pre-existing condition clauses in future health insurance plans you may participate in after you leave the College.

These regulations provide that, when your College sponsored plan terminates (for example, your academic studies at MSCD are completed, or your eligibility under this plan ends, or you waive out of this plan with proof of outside insurance coverage), you are eligible to receive a certificate showing the amount of time you were covered under the College policy.

To obtain a certificate, please send a written request to MSCD Health Insurance Office, P.O. Box 173362, Campus Box 20, Denver, CO 80217-3362. Include your name, mailing address, social security number and telephone number. Specify whether the certificate is for you, or your dependents (give names and social security numbers of dependents for whom a certificate is requested).

### **CLAIM PROCEDURES**

#### **Send claims to:**

**P.O. Box 7186 • Boise, Idaho 83707**

**Group #0801031**

Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen Solutions at the above address or by calling (800) 953-1801.

### **CLAIMS, ELIGIBILITY AND BENEFITS QUESTIONS**

AmeriBen Solutions

(800) 953-1801 • Group #0801031

[www.ameriben.com](http://www.ameriben.com)

### **PREFERRED PROVIDER ORGANIZATION**

Mountain Medical Affiliates (MMA) Tiered VADS Network

Local Number for PPO Information 303-290-6451

Toll-Free Number for PPO Information 800-647-1856

[www.mmanetwork.com](http://www.mmanetwork.com)

1. Select "Provider Directory"
2. For "Required Information" enter "Metro"

### **HEALTH CARE MANAGEMENT PROGRAM**

Mountain Medical Affiliates (MMA)

For Pre-admission Notification

Local Number 303-770-4088

Toll-Free Number 800-942-4662

### **INSURANCE COMPANY**

The MEGA Life and Health Insurance Company

Form Number: 03-BR-CO (461)

Policy Number: 2004-461-1

### **PRIVACY POLICY**

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