

STUDENT HEALTH INSURANCE PLAN

**2006-2007
Policy Year**

**METROPOLITAN
STATE COLLEGE
OF DENVER**



Visit us on the web at
www.mscd.edu/student/resources/insurance

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

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DEAR STUDENT:

Metropolitan State College of Denver, while primarily concerned with educational pursuits, is 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 at Auraria. 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 at Auraria for their medical needs, by referring to the “Special Health Center at Auraria Benefits” section 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 an insurance plan that meets the standards of the college. 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 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 at Auraria. You will find that services provided by the Health Center at Auraria are offered at a significantly reduced cost. Health Center at Auraria services are comparable to those available at a family physician’s office.

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

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
 Health Center at Auraria

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.**

Domestic and International Students

Period:	Beginning:	Through:	Waiver Deadline:
Fall	8/21/2006	1/15/2007	9/06/2006
Spring	1/16/2007	5/28/2007	1/31/2007*
Summer	5/29/2007	8/19/2007	6/07/2007

*Students who are enrolled in the 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 Summer Voluntary premium at the Insurance Office, by January 31, 2007, of \$680. You will be able to purchase insurance for the Summer semester February 1, 2007 through June 7, 2007, but at an increased premium price of \$1,450.

Student Teachers

Period:	Beginning:	Through:	Waiver Deadline:
Fall	8/01/2006	1/15/2007	6/23/2006 *for applicants starting June and July 2006 7/21/2006 **for applicants starting August 2006
Spring	1/16/2007	5/28/2007	1/31/2007
Summer	5/29/2007	8/19/2007	6/07/2007

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

Accelerated Nursing

Period:	Beginning:	Through:	Waiver Deadline:
Fall	8/13/2006	1/15/2007	9/06/2006
Spring	1/16/2007	5/28/2007	1/31/2007
Summer	5/29/2007	8/19/2007	6/07/2007

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. **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 above in order to have the insurance charge removed from their tuition bill.

Waiver forms will not be accepted after the waiver deadline.

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/student/resources/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.**

WAIVER INFORMATION (CON'T)

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.

SPECIAL HEALTH CENTER AT AURARIA BENEFITS

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 at Auraria. No claim forms will be required. All other plan provisions will continue to apply to treatment rendered by the Health Center at Auraria. This option is not always available due to hours of operation and staffing. **The Health Center at Auraria is NOT a Medicare/ Medicaid Provider.**

STUDENT HEALTH INSURANCE PLAN

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

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

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

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

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

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*** at 800-953-1801. Health Center at Auraria staff, including medical providers, are not adequately trained to provide confirmation of coverage for any services.

CONFIRMATION OF COVERAGE FOR PARTICULAR SERVICES (CON'T)

Health Center at Auraria: 303-556-2525
Find out the availability of daily access, appointments and hours of the Health Center at Auraria.

***100% Reimbursement
With NO Deductible Or Coinsurance
(except for Prescriptions - see page 9)**

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

CCN PPO Network: 888-685-7774

Metro has a specially-designed PPO network through CCN. The following hospitals are in the Network (eligible charges are payable at the 80% reimbursement level):

Denver	Exempla St. Joseph National Jewish Medical & Research Center Presbyterian St. Lukes Rose Medical Center University Hospital
Aurora	Medical Center of Aurora (North and South)
Boulder	Boulder Community Foothills Hospital Boulder Community Hospital
Englewood	Swedish Medical Center
Lone Tree	Sky Ridge Medical Center
Thornton	North Suburban Medical Center
Wheat Ridge	Exempla Lutheran Medical Center

NOTE: This is not an all-inclusive list of hospitals. For a more complete list and verification of hospitals, facilities and physician providers in the PPO network visit www.ccnusa.com or call CCN at 888-685-7774.

Out-of-Network Benefits

Out-of-Network benefits are payable only for Medical Emergency at 80% of Usual and Customary Charges and when out of the Denver area with pre-approval by the Health Center at Auraria as follows: 1) for Insureds with no access to a Preferred Provider Network, benefits will be paid at the PPO level of benefits after the Usual and Customary Charges allowance; or 2) for Insureds with access to a Preferred Provider, benefits will be paid at the Preferred Provider level or Out-of-Network level of benefits as specified for that particular service in the Schedule of Benefits. No benefits will be paid for Insureds who receive preapproval and have access to a Preferred Provider, but use a non-Preferred Provider.

AMERIBEN UTILIZATION MANAGEMENT, INC. (AUM)

**Notification of Emergency and Non-Emergency Admission:
1-800-388-3193
within 48 hours (two working days)
of an emergency admission.**

ELIGIBILITY

Health Insurance Premium *per Semester*

Fall Mandatory (Mandatory Waiver – taking 10 or more credit hours)	\$ 680
Spring Mandatory (Mandatory Waiver – taking 10 or more credit hours)	\$ 680
Summer Mandatory (Mandatory Waiver – taking 8 or more credit hours)	\$ 680
Summer Voluntary – Purchase by January 31, 2007 (Voluntary – not attending classes or taking less than 8 credit hours)	\$ 680
Summer Voluntary – Purchase February 1, 2007 through June 7, 2007 (Voluntary – not attending classes or taking less than 8 credit hours)	\$1,450

Eligible Dependents/Domestic Partners are insured under a separate plan (Policy # 2006-461-3). Please contact the Student Health Insurance Coordinator at 303-556-3873 for Dependent Plan information. Dependents can only purchase insurance if student is enrolled in this health plan.

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 **will not** be eligible to purchase the college student insurance plan on a voluntary basis, except as explained under “Summer Semester.”

Once you have enrolled for the minimum required credit hours, coverage will be effective starting on the first day of the semester, and continuing through the last day before the next semester starts. **If 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. For special program’s eligibility dates contact the MSCD Student Insurance Office at 303-556-3873.

Graduating Students

Students graduating at the end of the Spring semester can purchase the Conversion Plan at the end of Spring. Refer to “Conversion Plan,” **page 9**.

If a student has less than 10 credit hours in the Fall or Spring semesters, or 8 credit hours in the Summer semester, 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 (or 8) hours to graduate and will graduate at the end of the enrolled semester.

Summer Semester

Students who are enrolled in the 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 Summer Voluntary premium at the Insurance Office, by January 31, 2007, of \$680. You will be able to purchase insurance for the Summer semester February 1, 2007 through June 7, 2007, but at an increased premium price of \$1,450.

DEPENDENT COVERAGE

(Including Newborn Enrollment and Eligibility)

NEWBORN CHILDREN

In the event of the birth of a child to a covered student while the student’s health plan is in force, that child will automatically become a covered person from the moment of birth. Coverage will continue without cost for 31 days. If the student wants continuing coverage for the newborn after 31 days, enrollment and payment of premium for the separate Dependent Plan (Policy # 2006-461-03) must be made within the first 31 days, or the coverage will terminate for that child at the end of the 31-day period.

DEPENDENT PLAN

The Dependent Plan (Policy # 2006-461-3) is described in a separate brochure. The Dependent Plan contains different benefits, limitations and exclusions. Please contact the Student Insurance Coordinator at 303-556-3873 for a description of the Dependent Plan (no prorating of premium) that may be due. Dependents can only purchase insurance if student is enrolled in this health plan.

LATE ENROLLMENT

Eligible students **will not** be allowed to enroll in the plan after the applicable enrollment/waiver deadline 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.

Pre-Admission Notification

Insured Persons should call Ameriben Utilization Management, Inc. (AUM), at 800-388-3193, 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

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.

POLICY YEAR DEDUCTIBLES

HEALTH CENTER AT AURARIA

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

INDIVIDUAL

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

Out-of-Network: \$600 of Covered Medical Expenses, per Insured Person for emergency services and limited other benefits (see Schedule of Benefits), per Policy Year.

INPATIENT PER ADMISSION DEDUCTIBLE

There is a separate \$500 per Admission Deductible for each Inpatient hospital stay. This Deductible is in addition to the Policy Year Deductible.

OUTPATIENT SURGERY DEDUCTIBLE

There is a separate \$500 per Surgery Deductible for each Outpatient surgery. This Deductible is in addition to the Policy Year Deductible.

CARRYOVER DEDUCTIBLE

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

MEDICAL EMERGENCY ROOM DEDUCTIBLE

There is a separate \$50 per Emergency Room Deductible for each visit. This Deductible is in addition to the Policy Year Deductible. The \$50 deductible will be waived if admitted as inpatient.

PRESCRIPTION DRUGS

There is a separate \$200 Deductible for eligible Prescription Drug Expenses, per Insured Person, per Policy Year. This Deductible is in addition to the Policy Year Deductible. This Deductible does not apply to prescriptions filled at the Health Center at Auraria.

OUT-OF-POCKET LIMIT

The Out-of-Pocket maximum limit is \$10,000 for Covered Medical Expenses per Insured Person per Policy Year. Only Preferred Provider, Out-of-Network Medical Emergency, and approved benefits for Insureds out of the immediate Denver area will be accrued under the Out-of-Pocket Maximum.

Types of charges that do not apply toward the maximum out-of-pocket expense include the following: 1) prescription co-payments and the prescription annual Deductible, 2) non-covered 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
Group Rx #AM2A**

After 6 weeks, the Covered Person may go to any network pharmacy. A separate \$200 point-of-service Policy Year Deductible must be satisfied before co-payments become effective. The co-payment is \$20 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 \$40 generic, \$80 brand or \$120 nonformulary will apply per prescription for a 31-60 day supply. A co-pay of \$60 generic, \$120 brand, or \$180 nonformulary will apply per prescription for a 61-90 day supply. **A separate \$200 point-of-service Policy Year Deductible must be satisfied.**

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

After you have exhausted the \$1,500 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 \$20 will apply per prescription up to a 30 day supply. A co-pay of \$40 will apply per prescription for a 31-60 day supply. A co-pay of \$60 will apply per prescription for a 61-90 day supply. No Deductible applies for prescriptions filled at the Health Center at Auraria.

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.

Contraceptives are provided at the Health Center at Auraria only for students 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 per Policy Year).

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. A Pre-Existing condition is any condition that an insured: 1) incurred charges; 2) received medical treatment; 3) consulted a health professional; or 4) took prescription drugs in the 6 months immediately preceding the Insured's effective date under this Policy.

The 6 month Pre-existing Condition waiting period will be reduced by the period of time an Insured Person was previously covered by Creditable Coverage if the Creditable Coverage was continuous to the date not more than 90 days prior to the effective date of the Insured Person's coverage under the Policy.

NOTE: Covered Medical Expenses related to Pregnancy and Student Health Center charges are not subject to any Pre-existing condition limitations.

SUBROGATION

The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for benefits made by the Company to or for benefit of an Insured Person. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company.

PSYCHOTHERAPY/MENTAL SICKNESS ALCOHOL & SUBSTANCE ABUSE

Biologically-based Mental Sickness: Paid as any other sickness and not subject to 45 day inpatient limit and 30 visits outpatient maximum.

Mental or Nervous Disorders: Inpatient benefits are paid as any other Sickness and subject to 45 days per Policy Year maximum. Outpatient benefits subject to 30 visits per Policy 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 Policy Year maximum. Outpatient benefits subject to \$1,000 per Policy Year maximum.

	INPATIENT	OUTPATIENT
Health Center at Auraria	N/A	100%, no Deductible
CCN PPO	Biologically Based Mental Illness	
	Paid as any other Sickness, after Deductible(s)	Paid as any other Sickness, after Deductible
	Mental or Nervous Disorders	
	Paid as any other Sickness, after Deductible(s)	50% of Preferred Allowance after Deductible
	Alcohol & Substance Abuse	
	80% of Preferred Allowance after Deductible(s)	50% of Preferred Allowance after Deductible
Out-of-Network	Not covered except under circumstances provided on page 4, Out-of-Network Benefits	
Additional Limitations and Explanations	See Covered Medical Expenses, Items 8, 36, 37 45 day limit except for Biologically Based Mental Sickness.	See Covered Medical Expenses, Items 8, 36, 37 30 visit limit except for Biologically based Mental Sickness.

SCHEDULE OF MEDICAL BENEFITS

This chart summarizes co-insurance amounts paid by the plan. Note: The chart column entitled “Health Center at Auraria” applies to Insured Students 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	CCN PPO HEALTH NETWORKS	OUT-OF-NETWORK	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Annual Deductible	No Deductible	Yes (\$300)	Yes (\$600)	Does not apply to routine and diagnostic mammograms or prostate screening by any provider.
Pre-existing Condition Limitations	None	Applies	Applies	
Preventative Health Services	100% with limitations	Not Covered	Not Covered	See Covered Medical Expenses Item #34.
Primary Care and Urgent Care Facilities	100% with limitations	80% after Deductible	Not Covered	
Mammograms-Routine	N/A	100%, No Deductible	100%, No Deductible	Up to a Policy Year maximum of \$150. Includes radiology readings.
Mammograms -Diagnostic	N/A	80%, No Deductible	Not Covered	
X-Ray Services and Laboratory Services	100% with limitations	80% after Deductible	Not Covered	Up to a Policy Year Maximum of \$2,000, then payable at 50% for PPO providers only.
Inpatient Room & Board and Hospital Miscellaneous Benefit	N/A	80% after separate \$500 Inpatient Admission Deductible	Not Covered	Anesthesia services will be paid at 80% if the surgery is at a PPO hospital or surgical center.
Inpatient Surgery	N/A	80% after Deductible	Not Covered	
Outpatient Surgery	N/A	80% after separate \$500 Outpatient Surgery Deductible	Not Covered	
Inpatient Mental/Nervous Disorders	See page 10 For Explanation of Benefits			
Outpatient Mental/Nervous Disorders	See page 10 for Explanation of Benefits			
Biologically Based Mental Sickness	See page 10 for Explanation of Benefits			
Prescriptions	<p>\$20 copay per prescription up to a 30-day supply; \$40 copay for a 31 – 60 day supply; \$60 copay for 61-90 day supply .</p> <p>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; 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.</p>			For prescriptions outside the Health Center see “Express Scripts,” page 9. A separate \$200 Deductible applies for prescriptions not filled at the Health Center. The copay is \$20 generic, \$40 brand and \$60 non-formulary up to a 30 day supply per prescription when filled at a participating pharmacy, up to a Policy Year maximum of \$1,500. Contraceptives are only covered at the Health Center at Auraria. See Covered Medical Expense #12.
Physiotherapy (Physical Therapy)	N/A	80% after Deductible	Not Covered	
Dental Treatment for an Accidental Injury	N/A	80% after Deductible	80% of U&C	Treatment for injury to sound, natural teeth occurring while Insured.
Ambulance	80% after \$300 PPO Deductible	80% after Deductible	80% of U&C	
Durable Medical Equipment	N/A	80% after Deductible	80% of U&C	
Medical Emergency Room Services	N/A	80% after a separate \$50 Emergency Room Deductible per visit	80% of U&C after a separate \$50 Emergency Room Deductible per visit	Medical Emergency only; as defined. Services by a non-PPO provider are paid in accordance with data provided by Ingenix. \$50 deductible is in addition to the Per Policy Year Deductible and will be waived if admitted as inpatient.
Home Health Care	N/A	80% after Deductible	80% of U&C	
TMJ	N/A	80% after Deductible	80% of U&C	Up to a Lifetime Maximum of \$2,500.
All Other Covered Medical Expenses	100%	80% after Deductible	Not Covered	Additional Benefits are shown in the Covered Medical Expenses Section of this brochure, beginning on page 12.

COVERED MEDICAL EXPENSES

1. **Allergy testing**, including allergy injections and serum.
2. **Ambulance Services**.
3. **Anesthetist Services**: professional services in connection with inpatient and outpatient surgery.
4. **Assistant Surgeon Fees**: in connection with inpatient and outpatient surgery.
5. **Attention Deficit Disorder**, covered as a medical expense (not psychiatric).
6. **Bereavement counseling** provided by a Physician limited to a maximum benefit period of 3 months.
7. **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, Items 36 & 37.
8. **Blood and/or plasma** and the equipment for its administration on an inpatient basis.
9. **Circumcision**, for newborns only.
10. Benefits for **Cleft Lip** and **Cleft Palate** as specifically provided for in the policy for Newborn Infants Only.
11. **Congenital Birth Defects and Abnormalities** as specifically provided for Newborn Infants only.
12. **Contraceptives** are provided at the Health Center at Auraria only for students 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 per Policy Year).
13. **Day Surgery Miscellaneous (Outpatient)**: in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and X-ray examinations, including professional fees, anesthesia; drugs or medicines; and supplies.
14. **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.
15. Treatment of **Diabetes** including insulin, insulin syringes, insulin infusion pumps, and outpatient self-management training and education including medical nutrition therapy, and as mandated by Colorado law. Diabetic supplies are not covered under the prescription drug plan, but are covered under the Medical Plan.
16. **Dialysis**.
17. **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.
18. **Hearing test**, if for the diagnosis of a Sickness or Injury.
19. 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, as mandated by Colorado law. 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.
20. **Hospice** charges by a licensed agency for the care of terminally ill patients. Care must be ordered by a Physician and reviewed monthly. Benefits are as specified in the policy.

COVERED MEDICAL EXPENSES (CON'T)

21. **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.
22. **Injections**. Includes immunizations when required for treatment of a Covered Injury or Sickness, including accidental exposure.
23. **Magnetic Resonance Imaging (MRI)**, only when medically necessary.
24. **Maternity**: Same as any other Sickness.
25. Diagnostic **Mammograms**. Not subject to the Deductible.
26. Routine **Mammograms** including radiology charges, as mandated by Colorado law. Pays the lesser of \$150 or the actual charge, not subject to the Deductible, for each routine low-dose mammography screening according to the following schedule: Baseline 35-39 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. Not subject to the Deductible.
27. **Maternity Testing**. This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered.
28. **Medical foods prescriptions** for inherited enzymatic disorders. The maximum age for benefits for Phenylketonuria is 21 for men and 35 for women as mandated by Colorado law.
29. **Nutritional counseling** by a licensed provider.
30. **Physiotherapy** (Physical therapy) from a qualified practitioner, and occupational therapy, not including supplies.
31. **Physician's Visits**: outpatient and inpatient, other than surgical.
32. **Podiatry treatment** of metabolic or peripheral-vascular disease and medically necessary foot-care, except as specifically excluded.
33. **Pre-admission Testing**.
34. **Preventive Health Services** are provided at the Health Center at Auraria for students over 18. Benefits include one comprehensive physical per Policy Year and one HIV/syphilis test per year (includes pre/post-test counseling). For men the benefit covers the office visit charge and may include a gonorrhea/chlamydia test, a hemoglobin, and urine test, as indicated. For men over 50 a hemocult and PSA test is included. For women, an annual examination includes the office visit charge and a pap smear. A Gonorrhea/Chlamydia test, a hemoglobin and a urine test may be done as indicated. For women over age 50 a hemocult test is included.
35. **Prostate Cancer Screening** as mandated by Colorado law. One screening per year for men over the age of 40 who are in high-risk categories as determined by the Insured Person's Physician. One screening per year for all men over the age of 50 years. Pay the lesser of \$70 per screening or the actual charge for such screening. Not subject to the Deductible.

COVERED MEDICAL EXPENSES (CON'T)

36. **Psychotherapy (Inpatient)** as mandated by Colorado law. Inpatient Benefits are based on confinement as an inpatient or partial hospitalization in a Hospital or Psychiatric Hospital licensed by the Colorado Department of Health. Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period. The maximum number of days payable per 12-month period is 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.
37. **Psychotherapy (Outpatient)** See limitations as outlined in Section "Psychotherapy/Mental Sickness/Alcohol & Substance Abuse," page 10. Benefits are limited to 30 visits per Policy Year.
38. **Radiation therapy and chemotherapy.**
39. **Reconstructive surgery** when needed to correct damage caused by an Injury or for breast reconstruction following a total or partial mastectomy. Benefits for congenital birth defects are limited to children born after the insured's effective date and who are covered by the Plan.
40. **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.
41. **Routine Newborn Care**, while hospital confined and routine nursery care provided immediately after birth. Paid as any other Sickness.
42. **Second Surgical opinions.**
43. **Sleep disorders**, if a result of a medical sickness.
44. **Speech therapy** from a qualified practitioner to restore speech loss due to a Sickness or Injury.
45. 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 per Policy 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 per Policy Year aggregate maximum. See page 10.
46. **Surgery:** Physician fees for inpatient and outpatient surgery will be in accordance with data provided by Ingenix.
47. **Surgical breast reduction** will be covered if medically necessary.
48. **Telemedicine Services** as mandated by Colorado law.
49. Surgical and nonsurgical treatment of **temporomandibular joint dysfunction (TMJ)** up to a Lifetime Maximum of \$2,500.
50. Human organ and tissue **transplants** that is medically necessary and appropriate. Experimental procedures are not covered.

ASSIST AMERICA®: GLOBAL EMERGENCY MEDICAL ASSISTANCE

If you are a student insured with this insurance plan, you are eligible for Assist America services. The requirements to receive these services are as follows:

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

Domestic Students: You are eligible for Assist America services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

Assist America 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 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 you're The MEGA Life and Insurance Company'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 attending physician; or
6. Information of where the physician can be immediately reached.

Assist America is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement for services not provided by Assist America will not be accepted. Please refer to your Assist America brochure for Program Guidelines as well as limitations and exclusion pertaining to the Assist America program.

EXCLUSIONS AND LIMITATIONS

1. **Acupuncture**;
2. **Addiction**, such as nicotine addiction;
3. **Alopecia**;
4. **Congenital Birth Defects and Abnormalities** except as specifically provided for Newborn Infants only.
5. **Cosmetic** procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
6. **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;
7. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth;
8. **Elective Surgery** or Elective Treatment;
9. **Elective abortion**;
10. **Eye examinations**, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process or an Injury;
11. **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;
12. **Immunizations**, except as specifically provided in the Policy, for preventive medicines or vaccines, except where required for treatment of a covered Injury (accidental exposure is a covered Injury);
13. **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;
14. **Injury or Sickness** for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
15. **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;
16. **Learning disabilities**, except as specifically provided in the policy;
17. **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. one a month or every other week).
18. **Participation** in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. **Pre-existing Condition**, except as specifically stated in the Pre-Existing Condition provision;
20. **Prescription Drugs**, services or supplies as follows: Birth control and/or contraceptives, oral or other, whether medication or device, except as provided at the Health Center and specifically provided in the policy.
21. **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;
22. **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 at the Health Center at Auraria; or as specifically provided in the Policy;

EXCLUSIONS AND LIMITATIONS (CON'T)

23. **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; **Policy Exception**: Coverage is provided for Injuries sustained while flying for those students enrolled in a college aerospace program and the Injury was sustained while flying as a part of the normal course of study.
24. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecmastia; except as specifically provided in the policy;
25. **Treatment** in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
26. **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
27. **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: 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, vocational or training services and supply 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 (unless covered under covered Maternity Testing expenses as stated in Covered Expenses item # 27) and counseling; and coverage for 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 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 at P.O. Box 7186, Boise, Idaho 83707. Correspondence concerning claims status, eligibility and benefits should be directed to AmeriBen at the above address or by calling 800-953-1801, 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 at 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.

If the result of this review is not satisfactory:

Contact **AmeriBen at 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. AmeriBen and The MEGA Life and Health Insurance Company will analyze all preceding efforts and will conduct their own review. The claimant shall be notified promptly of the findings, but not later than 120 days after the request for review, with copies of pertinent plan documents upon which any declination was based.

CLAIM SUBMISSIONS REQUIREMENTS / PROOF OF LOSS DEADLINES

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

AmeriBen and 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 a Sickness or Injury.

Co-payment 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 an amount otherwise payable as Covered Medical Expenses before payment of any benefit is made. The Deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

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

Injury means bodily Injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 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.

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 the condition would result in: 1) Death; 2) Placement of the Insured's health in jeopardy; 3) Serious impairment of bodily functions; 4) Serious dysfunction of any body organ or part; or 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus. Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

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

DEFINITIONS (CON'T)

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

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

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

"Preferred Providers" are the Physicians Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in your local school area are physicians and hospitals who are participating members of CCN PPO Network.

The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by calling CCN at 888-685-7774 toll-free or by checking the network's website: www.ccnusa.com and/or by asking the provider when you make an appointment for services.

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

Sickness means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

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

IMPORTANT NOTICE

Federal regulations now permit the time you are on the 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.

You will automatically receive a certificate upon termination under this Plan. 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).

CONVERSION PLAN

At the end of Fall, Spring and Summer semesters, students who were covered under the insurance plan can purchase the Conversion Plan (Policy Number 2006-461-5) in increments of one month, with a twelve (12) month maximum, limited to the length of time to the next Policy Year. Determination of the length of coverage and payment must be made at the time of application. Brochures and enrollment forms for the Conversion Plan are available in the Student Insurance Office, Plaza Building, Suite 150, 303-556-3873.

PRIVACY POLICY

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

MASTER POLICY

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

CLAIM PROCEDURES

Send Medical claims to:

AmeriBen
P.O. Box 7186
Boise, ID 83707
800-953-1801
Group #0801031
<https://services.ameriben.com>

Send Prescription claims to:

Express Scripts, Inc
P.O. Box 66773
St Louis, MO 63166-6773
Attn: Claims Department
Group #AM2A
800-206-4005

CLAIMS, ELIGIBILITY AND BENEFITS QUESTIONS

AmeriBen
800-953-1801 • Group #0801031
<https://services.ameriben.com>

PREFERRED PROVIDER ORGANIZATION

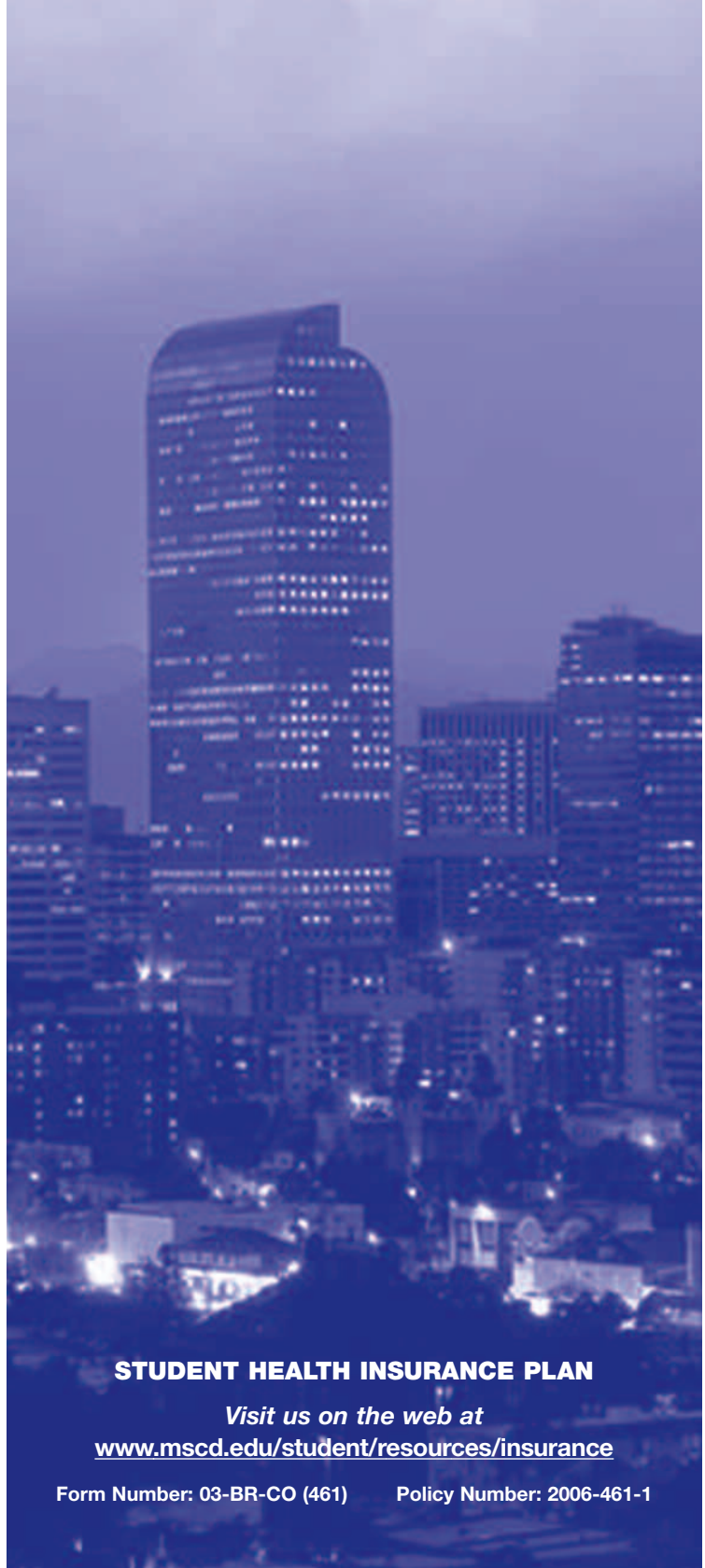
CCN PPO Networks
Toll-Free Number for PPO Information 888-685-7774
www.ccnusa.com

HEALTH CARE MANAGEMENT PROGRAM

Ameriben Utilization Management, Inc. (AUM)
For Pre-Admission Notification
800-388-3193

INSURANCE COMPANY

The MEGA Life and Health Insurance Company
Form Number: 03-BR-CO (461)
Policy Number: 2006-461-1



STUDENT HEALTH INSURANCE PLAN

Visit us on the web at

www.mscd.edu/student/resources/insurance

Form Number: 03-BR-CO (461)

Policy Number: 2006-461-1