

## Table for Comparing Health Insurance Benefits

Benefit Description	College Sponsored Health Insurance Plan Includes Tiers 1 and 2 Below <small>(Summary Only. Refer to official plan brochure for complete details.)</small>		Comparison Option #1	Comparison Option #2
	<b>Tier 1</b> Services Delivered at the Health Center at Auraria	<b>Tier 2</b> Community PPO Medical Provider Benefits		
Automatic Insurability Without Medical Evaluation	YES	YES		
Annual Deductible	NO deductible applies for services performed at the Health Center at Auraria	General medical deductible \$300 PPO \$600 Non-PPO		
Office Visits	100% Coverage No deductible	80% after deductible		
Other Covered Medical Expenses	100% Coverage No deductible	80% after deductible		
X-Ray/Lab Services	100% Coverage No deductible No annual plan year maximum	80% after deductible up to \$2000; 50% thereafter		
Emergency Care	100% Coverage for emergency care performed at the Health Center at Auraria No deductible	80% after a separate \$50 deductible per visit		
Out Patient Mental Health Biologically Based	100% Coverage No deductible	80% after deductible		
Nutritional Counseling	100% Coverage No deductible	80% after deductible		
Pre-Existing Condition Limitation	No pre-existing condition limitations	Maximum of six months – Previous continuous coverage will reduce six month time frame accordingly		
Well Care (Physicals) Included	YES One physical per year, pap smear, STD screenings and selected lab work, as applicable	NO		
Prescriptions	\$20 co-pay per Rx; No annual plan year maximum for Rx's dispensed through the Health Center at Auraria's drug outlet for services performed at the Health Center.	RX deductible of \$200 applies first; then paid accordingly: \$20 co-pay generic \$40 co-pay brand \$60 co-pay non-formulary Up to a plan maximum of \$1500 annually		
Claims Submission	Health Center submits all student claims	Providers submit all bills to Ameriben who is the claims administrator		
Mammograms Diagnostic and Routine	N/A	100% Coverage up to \$150 per plan year		
Maternity Coverage	N/A	YES 80% after deductible		
Physical Therapy	N/A	Yes 80% after deductible		
Out-Patient Surgery	N/A	80% after a separate \$500 out-patient surgery deductible		
In-Patient Hospital Services	N/A	80% after a separate \$500 in-patient hospital deductible		
Ambulance, Durable Medical Equipment, TMJ, Dental Treatment For Accidental Injury	N/A	80% after deductible		
Out of Pocket Maximum Student Will Have To Pay	N/A	\$10,000 per plan year; beyond \$10,000 plan pays 100% of covered medical expenses up to the maximum plan allowance		
Price	\$665 per semester			