

2015–2016 Student Injury and Sickness Plans for University of Colorado – Anschutz Medical Campus



Who is eligible to enroll?

All students enrolled in a degree and certain approved certificate seeking programs taking 1 or more credit hours are enrolled in the High Option Plan A (2015-202512-1) on a mandatory hard waiver basis unless they choose to enroll in the Low Option Plan B (2015-202512-2), or waive coverage by providing proof of comparable coverage.

Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Electronic plan brochures may be viewed at www.ucdenver.edu/amcstudentinsurance or at www.uhcsr.com/anschutz.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-855-639-8679 or webinquiries@ameriben.com, or you can contact the Student Insurance Office at 303-724-7674 or via email at laverne.loechel@ucdenver.edu.

How much does the plan cost?

Rates	Annual 8/1/15 – 8/31/16	Fall* 8/1/15 – 12/31/15	Spring/Summer* 1/1/16 – 8/31/16	Summer* 6/1/16 – 8/31/16
New Students – Plan A	\$4,480.48	\$1,519.82	\$3,000.66	\$1,155.87
New Students – Plan B	\$3,498.86	\$1,192.95	\$2,345.92	\$909.36
Rates	Annual 9/1/15 – 8/31/16	Fall* 9/1/15 – 12/31/15	Spring/Summer* 1/1/16 – 8/31/16	Summer* 6/1/16 – 8/31/16
Returning Students – Plan A	\$4,480.48	\$1,519.82	\$3,000.66	1,155.87
Returning Students – Plan B	\$3,498.86	\$1,192.95	\$2,345.92	\$909.36

***Fall enrollment is only open to students graduating in December. Open enrollment for Spring/Summer and Summer semesters only applies to New Students or previously ineligible students.**

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy numbers 2015-202512-1 and 2015-202512-2. The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	Plan A - \$200 per Insured Person, per Policy Year Plan B - \$3,000 per Insured Person, per Policy Year	
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.</i>	Plan A - \$2,000 Per Insured Person, Per Policy Year Plan B - \$6,350 Per Insured Person, Per Policy Year	Plan A - \$4,000 Per Insured Person, Per Policy Year Plan B - \$12,700 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Includes hormone replacement therapy drugs and prenatal vitamins.</i>	100% of Usual and Customary Charges \$15 Copay per prescription for generic drugs \$40 Copay per prescription for brand name \$60 Copay per prescription for non-formulary <i>(30 day supply utilizing the Magellan Pharmacy network.)(Mail order Prescription Drugs through Magellan RX Management. The mail-order Copay structure is \$30 for generic drugs, \$80 for brand-name drugs, and \$120 for non-formulary drugs, for up to a 90-day supply, regardless of day supply.)</i>	100% of Usual and Customary Charges \$15 Copay per prescription for generic drugs \$40 Copay per prescription for brand name \$60 Copay per prescription for non-formulary <i>(Out of Network benefits will be paid at the negotiated Magellan Allowance. Insureds will be required to pay for their prescription and submit the paid receipt with the insured's information to the administrator for processing. Payment will be made directly to the insured by the administrator.)</i>
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	50% of Usual and Customary Charges
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Plan A - Physician's Visits: \$10 Copay per visit Plan B - Physician's Visits: \$30 Copay per visit (\$50 Copay per visit for Consultant)	No Per Service Deductibles for Physician's Visits (or Specialist/Consultant Visits)
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	Domestic Students are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address. International Students are covered worldwide except in their home country.	

Preferred Providers

The Preferred Provider Network for this plan is Cofinity (inside Colorado) and First Health (outside Colorado).

Online Services

Anschutz Medical Campus students have online access to their claims status, EOBs, network providers, Policy Brochure and coverage account information by logging in to www.myameriben.com. To create an online account, select the "Benefit Participants" link, select "Proceed to our sign up process" (located underneath the username and password fields) and follow the simple onscreen directions. All you need is your 9-digit Student ID number on file.

Exclusions and Limitations:

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

1. Learning disabilities.
2. Biofeedback.
3. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under this policy. The primary result of the procedure is not a changed or improved physical appearance.
4. 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.
5. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Elective abortion.
8. Foot care for the following.
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

 - Hearing defects or hearing loss as a result of an infection or Injury.
 - Hearing Aids specifically provided for in Benefits for Hearing Aids for Minor Children.
 - Hearing exams and tests to determine the need for hearing correction.
10. Hirsutism. Alopecia.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
13. Injury sustained while:
 - Participating in any interscholastic, high school, intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
14. Investigational services.
15. Lipectomy.

16. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
 - Immunization agents, except as specifically provided in the policy. Biological sera.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the policy:
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 - Sexual reassignment surgery.
18. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.
19. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.

This exclusion does not apply as follows:

 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - To benefits specifically provided in the policy.
20. Speech therapy, except as specifically provided in the policy.
21. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
22. Supplies, except as specifically provided in the policy.
23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.
24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
25. War or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rata premium will be refunded upon request for such period not covered).
26. Weight management. Weight reduction programs. Weight management programs. Treatment for obesity. Treatment for Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension is covered. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame.

NOTE: This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and does not constitute a promise of coverage. Benefits and rates under any Student policy are subject to state and federal requirements and review. Company reserves the right to make any changes necessary to meet such requirements.

