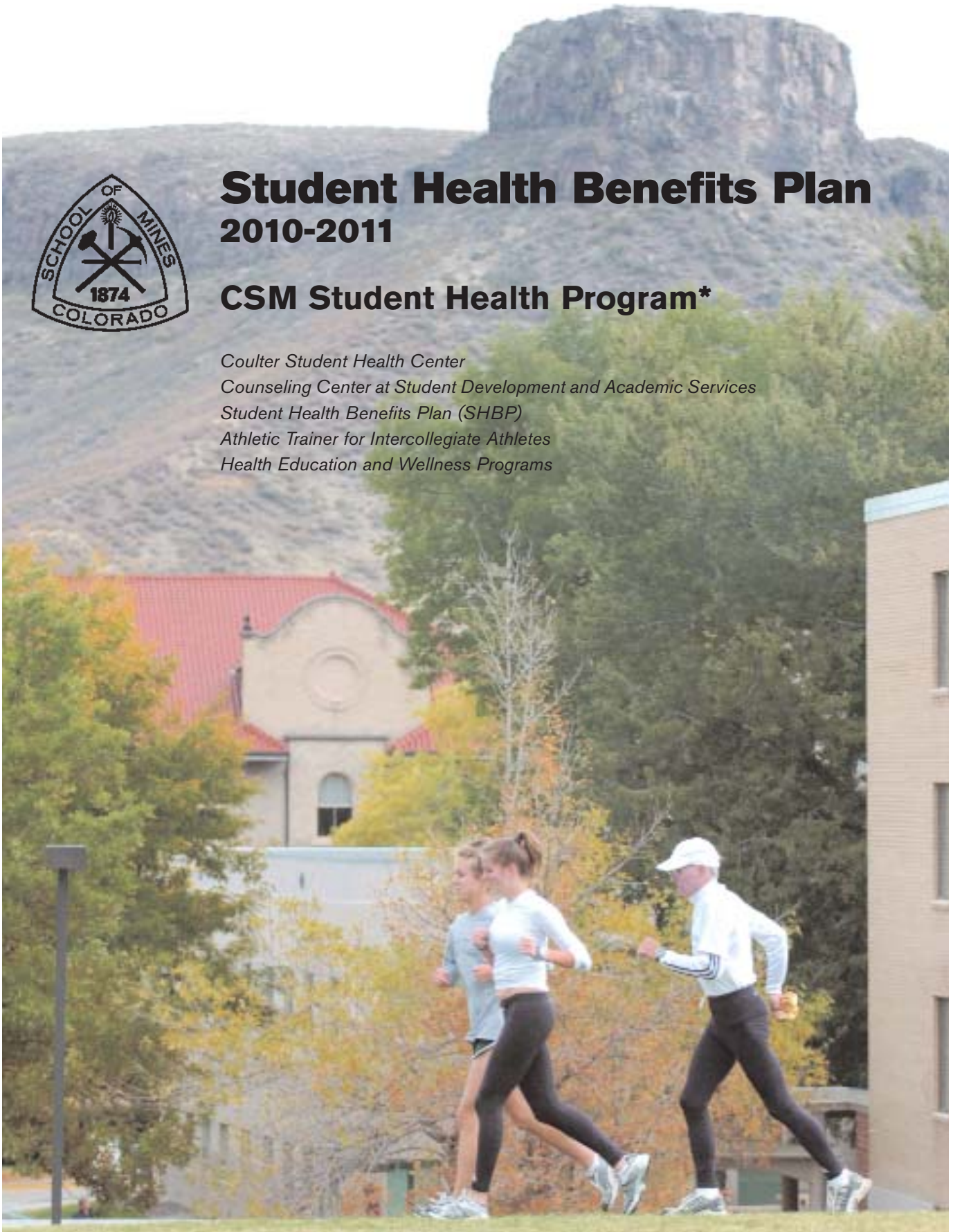




Student Health Benefits Plan 2010-2011

CSM Student Health Program*

*Coulter Student Health Center
Counseling Center at Student Development and Academic Services
Student Health Benefits Plan (SHBP)
Athletic Trainer for Intercollegiate Athletes
Health Education and Wellness Programs*



*Students/parents/guardians are encouraged to keep this brochure throughout the 2010-11 academic year as all on-campus services are available to CSM students, regardless of whether they are enrolled in the SHBP.

Dear CSM Student, Parent, or Guardian,

We are pleased to provide you with this brochure describing the Mines Student Health Program. Good health is essential to academic success. Adequate insurance helps to assure students get the care they need to maintain good health. The Student Health Program is committed to assisting students in making healthier choices during their academic careers at the Colorado School of Mines. Unexpected medical bills can threaten a student's ability to complete their education if s/he is uninsured or does not have adequate coverage. All part-time and full-time degree seeking U.S. Citizens and permanent residents, as well as all International students are required to have adequate coverage.



The five components of the Mines Student Health Program are:

- Coulter Student Health Center and Dental Clinic
- Health Information and Wellness Programs
- Student Health Benefit Plan (SHBP)
- Athletic Trainer for Intercollegiate Athletes
- Counseling Center at Student Development and Academic Services

The passage of the Patient Protection and Affordable Care Act (PPACA) extends the maximum age for coverage of children through age 26 on parental health insurance. Although this new law will benefit many students and their families, it does not diminish the value of CSM's SHBP. Most of CSM's students are participating in the SHBP because of both cost and benefit advantages over alternative personal health insurance policies, not because they have reached a maximum age for eligibility. Colorado, like many states, already requires health insurance policies to cover full-time students up to age 25. Accordingly, CSM is continuing to provide the SHBP and required health insurance that meets minimum standards (refer to page two, CSM Health Insurance Requirement).

If a student becomes eligible for employer-sponsored health insurance that meets CSM's health insurance requirements, he or she may discontinue purchasing the SHBP at the spring semester. For SHBP covered-students who acquire other health insurance coverage during the plan year, a pro-rated refund of the cost of coverage will not be provided as refunds are only allowed for entry into the armed services. If forthcoming regulations from the United States Department of Health and Human Services require that refunds be issued, CSM will announce a change to this policy on the SHBP web site.

We encourage students and their families to carefully consider their health insurance options. The SHBP is a not-for-profit health plan (the program is operated by CSM under a partial self-funding arrangement for the 2010-2011 plan year) that is designed to provide maximum access to essential health care services for our students. The lifetime maximum benefit is \$2 million. Please refer to the schedule of benefits to see reasonable co-payments for In-Network Preferred Providers, outstanding access for mental health care services, comprehensive prescription drug coverage, and dental and vision benefits.

Best wishes for a successful and healthy year.

Best Regards,

Ron Brummett, MBA, MA
Director of Student Services



EMERGENCIES

For life-threatening emergencies, Students should call **911** and/or CSM Public Safety at **303-273-3333**. If appropriate, proceed directly to the nearest hospital emergency room. For urgent health care situations, please call or visit the Coulter Student Health Center. For psychological crisis situations on campus during normal CSM business hours, please call the CSM Counseling Center at **303-273-3377**.



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Contact Section

Service	Student Health Benefits Plan Entity	Phone	Web Site
Primary Care and Dental Care	Coulter Student Health Center After-Hours and Week-ends, New West Physicians (see below for 24-hour nurseline for SHBP-covered students)	303-273-3381 303-278-4600	http://healthcenter.mines.edu www.nwphysicians.com (@Golden West Location)
Counseling	Student Development and Academic Services	303-273-3377	http://counseling.mines.edu
Sports Medicine for NCAA-Sanctioned Intercollegiate Sports	CSM Athletic Trainer	303-273-3375	http://athletics.mines.edu
Emergencies and Crisis Intervention	Life-Threatening Emergencies CSM Public Safety CSM Counseling Suicide and Crisis Hot-Line	911 303-273-3333 303-273-3375 303-425-0300	N/A http://publicsafety.mines.edu http://counseling.mines.edu www.suicidehotlines.com/colorado
Student Health Benefits Plan (SHBP)			
On-Campus Service	CSM Student Health Benefits Plan Coordinator	303-273-3388	http://healthcenter.mines.edu
SHBP Benefits (including vision care), and Claims Information	Klais & Company, Inc. Pharmacy (Medco)	800-331-1096 800-711-0917	www.Klais.com/student/resources_univ1.htm www.medco.com
Identification Cards	United Healthcare Student Resources and Klais & Company, Inc.	800-331-1096	www.uhcsr.com/CSM
24-Hour Nurseline	United Healthcare Student Resources	877-950-5004	
Medical Evacuation Coverage	Scholastic Emergency Services	877-488-9833	www.assistamerica.com/student
Confidential Secure Messaging for Student Health Benefits Plan (available to all students regardless of type of personal health insurance coverage)	WordSecure for CSM Student Health Benefits Plan	303-273-3381	To subscribe visit: https://csm.wordsecure.com/

CSM HEALTH INSURANCE REQUIREMENT AND ONLINE ENROLLMENT/WAIVER PROCESS



CSM Health Insurance Requirement

Unless otherwise specified in this brochure, the following students must, as a condition of enrollment, have health insurance that meets or exceeds CSM's coverage requirements:

- (1) all degree-seeking students inclusive of U.S. Citizens, permanent residents and
- (2) all International students regardless of degree-seeking status.

Students have the option to waive enrollment in the SHBP only if they are currently enrolled in another qualified health plan. To determine if your current plan qualifies to waive enrollment in the SHBP, your plan must meet each of the following coverage requirements:

- has a lifetime maximum benefit of at least \$2,000,000 (with no yearly or per condition maximum benefit that would reduce coverage);
- includes participating health care providers in the Denver metro area for both emergency and non-emergency health care services;
- includes prescription drug benefits;
- provides at least 20 outpatient visits for mental health care services and provides at least 30 days of inpatient mental health care services (including emergency psychiatric admissions);
- coverage is in effect on the first day of classes without any waiting period or pre-existing condition exclusion and will remain in effect for the 10-11 academic year;
- has a deductible of \$500 or less (if the deductible is more than \$500 you verify the ability to pay for medical expenses that are subject to the deductible); and
- has coverage while traveling abroad (if current plan does not have this coverage, students must purchase additional travel insurance).

If your plan does not meet these criteria, you will be enrolled in the SHBP or required to purchase a plan that does meet these standards.

International Students

All international students despite degree-seeking status must have health insurance that meets the above criteria. International students must contact the International Student Program office if they have coverage that they would like to be considered by CSM for waiver of SHBP coverage.

NCAA Student Athletes

All CSM intercollegiate athletes are required either to participate in the Student Health Benefits Plan (SHBP) or have acceptable personal health insurance coverage. Intercollegiate athletes may waive participation in the SHBP if they complete a waiver petition. (see Student-Athlete Handbook at <http://www.csmorediggers.com>) Starting in the 2010-11 Plan Year, Athletes will be able to both enroll and waive online through their Trailhead account.

Annual Online Enrollment/Waiver Process – September 8, 2010 deadline!

Students required to have health insurance coverage are enrolled in the SHBP unless they complete the online waiver process by September 8, 2010 for the fall semester and January 27, 2011 for spring and summer coverage. Accounts of all eligible students are charged for the coverage at the start of the semester, and must complete a waiver by the deadline to have that charge removed.

Students are **required** to use the online system to waive the SHBP coverage, and are strongly encouraged to use the online system to enroll in the SHBP coverage.

Instructions for Using the SHBP Online Enrollment/Waiver Process

- Log into Trailhead
- Click on Self-Service
- Click on Student
- Click on Registration
- Scroll to bottom, click on “Enroll/Waive in Student Health Benefits Plan (SHBP)”
- Follow instructions on page in pop-up window. **Please be sure pop-up blocker is off!**
- A confirmation notice will appear indicating approval or denial
- Print for your records
- Additional confirmation will be sent to your Mines email account

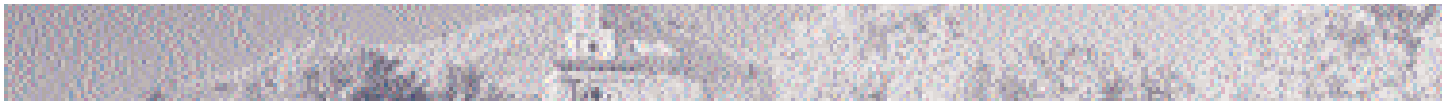
If you encounter problems or have questions, please contact the Student Health Benefits Plan Coordinator at 303-273-3388 or shbp@is.mines.edu

Upon a student's bona fide request and submission of appropriate documentation, the School may grant a waiver of the insurance requirement based on the student's sincerely-held religious belief which prevents the student from buying or having health insurance. All waiver requests must be submitted in writing and will be reviewed by the Student Health Benefits Plan Coordinator.

Students who are found to have falsified insurance information may be required to enroll in the SHBP as an Unqualified Late Enrollee, which includes both cost and benefit penalties. Sanctions by CSM may also be imposed if students are found to have intentionally falsified an official CSM required document.

Enrolling Your Dependents in SHBP

Enrolling your dependents in the SHBP cannot be done through the online system. Students wanting to enroll a spouse, domestic partner, or child(ren) in the SHBP must visit the Student Health Benefits Plan Coordinator's office at the Student Health Center to complete an enrollment form and have the additional cost of coverage added to their tuition/fee billing. Enrolled students wishing to continue dependent coverage **must** complete a new enrollment form annually. Continued annual dependent coverage is not automatic. This must be completed by CSM's Census Date.



Late Waivers

Requests for waiving SHBP coverage after the deadlines stated here will be considered on an individual basis. If granted, SHBP waiver requests after the enrollment/waiver deadline will be subject to a \$60 late waiver fee for requests submitted prior to October 8, 2010 (February 28, 2011 for spring semester). This fee increases to \$120 for late waiver requests submitted prior to November 8, 2010 (March 28, 2011 for spring semester). Otherwise, see **Refunds** on page 13.

Other SHBP Eligibility Provisions

Please see page 11 for other provisions relating to access to SHBP coverage in the event of you involuntarily lose your group health insurance coverage during the plan year (see Qualified Late Enrollee provisions).

QUESTIONS — NEED MORE INFORMATION?

For further information, please contact:

CSM NCAA Intercollegiate Athletics at **(303) 273-3375**

Student Health Benefits Plan at **(303) 273-3388**
(email: SHBP@is.mines.edu)

Student Development and Academic Services at **(303) 273-3377**

Klais & Company, Inc. at **(800) 331-1096**

Identification cards may be printed by logging into your online account at www.uhcsr.com/csm

In-Network Preferred Providers and participating pharmacies also may be found by logging into your online account.



Kathryn van Susante
Student Health Benefits Plan (SHBP)
Coordinator

NOTICES

The SHBP provided by CSM complies with the standards for student health benefit programs recommended by the American College Health Association.

www.acha.org

The Colorado School of Mines complies with the Health Insurance Portability and Accountability Act of 1996. Privacy policies for the Coulter Student Health Center and the Counseling Center may be obtained by visiting either facility or at the following websites.

<http://healthcenter.mines.edu>

<http://counseling.mines.edu>

The SHBP complies fully with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as all three laws were amended by the Civil Rights Restoration Act of 1987. Pregnancy benefits are provided on the same basis as any other temporary disability. The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) does not apply to plans that are not employer-sponsored.



COULTER STUDENT HEALTH CENTER



Mark Pattridge, Medical Director of the Coulter Student Health Center, is board certified in Family Medicine. He completed his residency/internship at St. Mary's Hospital in Grand Junction, Colorado. He has been affiliated with the SHC for more than 20 years and has served as the Medical Director for the past 14 years.

He maintains a family practice in Golden, New West Family Physicians. Drs. Julia Atkins, Harold Richardson, and Patricia Brumbaugh share this coverage as well as phone consultation on nights and weekends.



Debra Roberge, Director of the Coulter Student Health Center, is a board certified Adult Nurse Practitioner. She has worked in college health for over 24 years. She received her Master's Degree in Primary Care/NP from Boston College.

Overview

The Coulter Student Health Center (<http://healthcenter.mines.edu>) offers a variety of services which meet the health care needs of most students. Every effort is made to help students obtain appropriate consultation or referral when additional or special services are required.

The clinic is staffed by nationally certified nurse practitioners and registered nurses. Physician coverage is provided by New West Physicians, a group of family practice physicians who are on site from 3:00pm-4:45pm Monday-Friday, and are on call at all times.

Eligibility for Services

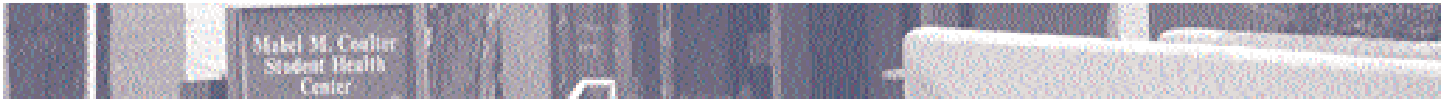
Students who are enrolled in at least four credit hours pay a Health Center fee which allows access to services provided at the Student Health Center. Spouses and domestic partners may be seen at the Health Center, for the same per semester fee as students. Spouses/domestic partners do not have access to dental services provided at the Student



Health Center. **The Student Health Center does not provide services for children, faculty, staff or campus visitors.** Students may only be seen during the session in which they are enrolled and paying fees.

EMERGENCIES

For life-threatening emergencies, Students should call **911** and/or CSM Public Safety at **303-273-3333**. If appropriate, proceed directly to the nearest hospital emergency room. For urgent health care situations, please call or visit the Coulter Student Health Center. For psychological crisis situations on campus during normal CSM business hours, please call the CSM Counseling Center at **303-273-3377**.



Location and Accessibility

The Student Health Center is located at 17th and Elm, across from the IM field (and just to the south of the Student Recreation Center). The building is handicapped accessible.

Hours of Services, Appointments, and Contact Information

Clinic hours are Monday-Friday, 8:00am to 12:00pm and 1:00pm to 4:45pm (refer also to the Dental Clinic section for dental care service hours).

Most services are provided without an appointment. Services at the Dental Clinic and annual women's health exams require an appointment.

Health Center staff will facilitate referrals to specialists/facilities for treatment not available at the Student Health Center.

The Coulter Student Health Center telephone number is **303-273-3381**. Students are encouraged to subscribe to our secure messaging program to communicate with all Student Health Benefits Plan staff at Colorado School of Mines, including many of our affiliated external service companies. Students may subscribe using their CSM email addresses by visiting our secure web site at <https://csm.wordsecure.com>.

Confidentiality

The Coulter Student Health Center complies with both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all applicable State of Colorado laws and regulations pertaining to the confidentiality of health records. Certain educational records and other personal information is governed by the Family Educational Rights and Privacy Act (FERPA) rather than HIPAA.

Please review the complete Notice of Privacy Practices statement in this brochure. Your health records and medical information will be kept confidential by the Coulter Student Health Center, except as specifically provided for in our privacy policies and/or as pursuant to a valid release of health records and medical information.



DENTAL CARE



Dental care is one of the services most valued by students at CSM

Mission

The Dental Clinic at the Coulter Student Health Center emphasizes patient education to prevent disease and provides treatment options when procedures are needed. Dental treatment is provided in the same non-threatening, responsive, and considerate manner that students have come to expect of all health care services at the Coulter Student Health Center.

Eligibility and Fees

All CSM students who are enrolled in four credit hours and who have paid the Health Center Fee are eligible for services at the Dental Clinic. In most cases, treatment will require a copayment. Students enrolled in the SHBP will receive priority in scheduling appointments and will pay approximately 50% less for dental care than students not participating in the SHBP.* Students may only be seen during the session in which they are enrolled and paying fees.

Telephone

Appointments: (303) 273-3381

Routine Appointment Hours of Service**

Tuesday 8:00 AM – 4:30 PM
 Wednesday 8:00 AM – 4:30 PM
 Friday 8:00 AM – 4:30 PM

***Discount provided by CSM's Dental Clinic.**

****One third of the available appointment times will be reserved for SHBP participants.**

Students will be charged for missed appointments if they do not call to cancel 24 hours prior to the scheduled appointment.

Hours of dental service may be reduced during semester breaks and summer sessions.

Fees are due at the time of service. The Health Center does not bill, and can only accept checks or cash.

Dental Clinic copayments

Covered Services	SHBP Covered Students*	Privately Insured Students
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Examinations

Initial, with X-rays as needed	\$ 10.00	\$ 20.00
Emergency exam with X-rays as needed	\$ 0	\$ 15.00

Preventive/Diagnostic

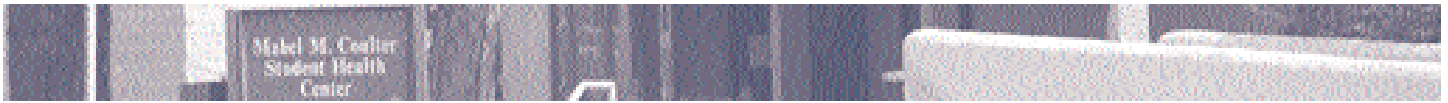
Prophylaxis/Cleaning	\$ 15.00	\$ 30.00
Four bitewing X-rays	\$ 10.00	\$ 15.00
Sealant per tooth	\$ 10.00	\$ 15.00
Full Mouth X-rays	\$ 15.00	\$ 25.00
Peri-Apical films	\$ 0	\$ 5.00
Vitality Testing	\$ 0	\$ 10.00
Fluoride Treatment	\$ 5.00	\$ 10.00

Restorative

Amalgam-1 surface	\$ 20.00	\$ 30.00
Amalgam-2 surfaces	\$ 25.00	\$ 35.00
Amalgam-3 surfaces	\$ 30.00	\$ 40.00
Amalgam-4 surfaces	\$ 35.00	\$ 45.00
Resin-1 surface	\$ 20.00	\$ 30.00
Resin-2 surfaces	\$ 25.00	\$ 35.00
Resin-3 surfaces	\$ 30.00	\$ 40.00
Resin-4 surfaces	\$ 35.00	\$ 45.00



Jeanette Courtad, DDS
Staff Dentist



Covered Services

	SHBP Covered Students*	Privately Insured Students
Emergency		
Pulpectomy/pulpotomy	\$ 20.00	\$ 30.00
Sedative Filling/interim restoration	\$ 15.00	\$ 25.00
Periodontics		
Limited scaling/root cleaning	\$ 25.00	\$ 35.00
Perio scaling/root planing/hour	\$ 35.00	\$ 50.00
Perio maintenance	\$ 20.00	\$ 30.00
Oral Surgery		
Extraction (simple)	\$ 30.00	\$ 40.00
Incision & Drainage Abscess	\$ 15.00	\$ 20.00

The dental clinic is staffed by a dentist, a dental assistant, and a dental hygienist and provides basic dental services such as exams, cleaning, x-rays, simple restorations and education regarding good dental hygiene. Dental services are provided on a fee-for-services basis and are available to all students who have paid the Health Center fee. Students enrolled in CSM's Student Health Benefits Plan will receive dental care for reduced fees.*

Referrals

Referrals will be made to qualified community specialists as needed for services such as wisdom teeth extraction, root canal treatment, periodontal evaluation and treatment, orthodontics (braces), splints (night guards), bleaching, and TMD or TMJ problems. These services are not covered by the Dental Clinic.

Services either Not Provided by or Excluded from the Dental Clinic

- More than two cleanings per benefit year unless prescribed by the dentist
- Root Canals
- Crowns
- Bridges
- Dentures
- Complex Extractions
- Emergency care or other treatment rendered at places other than the Coulter Student Health Center Dental Clinic (including referrals)
- Any service or supply not listed in this brochure as a covered service





Ron Brummett, MBA, MA
Director of Student Services

Overview

Counseling services are provided by Student Development and Academic Services at CSM (<http://counseling.mines.edu>). A student development approach to counseling focuses on the developmental needs of students that typically occur between the ages of 18 and 22. These needs include learning how to develop, maintain and nurture relationships. Programs and services address ways students can learn to cultivate healthy lifestyles, leadership skills, assertiveness skills, communication skills, and identify and minimize high-risk behaviors, including use and abuse of alcohol and other drugs.

To best serve CSM students, we balance our student development approach with professional mental health services. Individual, short-term professional counseling is available to help students identify personal, academic and/or career challenges, and to learn positive coping skills to manage their lives.

Counselors are trained and experienced in providing crisis intervention services as well as consultation regarding crises in order to prevent, resolve, and/or minimize the effects of crisis on the individual and the CSM community. Counseling appointments may be scheduled from 8:00am-5:00pm, Monday through Friday. Office hours vary during the summer session. **Students in crisis do not need an appointment to be seen for counseling services.**

Eligibility for Services

All students enrolled at CSM for four or more credit hours are eligible to use the counseling and crisis intervention services available from Student Development and Academic Services. There is no charge to students for counseling services. Students enrolled in fewer than four credit hours must pay all fees, including student service fees, to be eligible for counseling services. Spouses of students are not eligible for services unless they are also a CSM student.

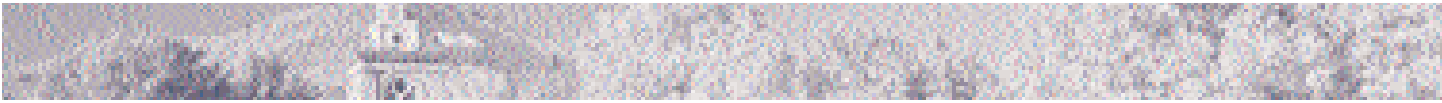
Services Provided Without Charge

Individual counseling sessions are provided without charge for eligible undergraduate and graduate students. Examples of the reasons students seek counseling services include the following:

- Depression, anxiety, and other behavioral health concerns that are common for college students.
- Stress Management
- Problem Solving
- Time Management
- Decision Making
- Goal Setting
- Relationships
- Making positive lifestyle choices
- Personal wellness
- Increasing self-confidence

Crisis intervention and consultation services are also available. Students who need long-term services will be referred to community mental health care providers (including psychiatrists, psychologists, and other licensed mental health care providers).

As noted throughout this brochure, adequate health insurance coverage is essential to ensuring students have appropriate access to health care services.



CSM Counseling Center (continued)

Location and Accessibility

Student Development and Academic Support Services is located at the north end of the first floor of the Ben F. Parker Student Center, Suite 8. The building is handicapped accessible.

Hours of Service, Appointments, and Contact Information

Counseling appointments may be scheduled from 8:00am-5:00pm, Monday through Friday. Office hours vary during the summer session. Students in crisis do not need an appointment to be seen for counseling services. The Student Development and Academic Services telephone number is **303-273-3377**. After-hours hotline services are provided by the Jefferson Center for Mental Health, 303-435-0300. Students experiencing a mental health emergency should call **911**.

Students are encouraged to subscribe to our secure messaging program to communicate with all Student Health Benefits Plan entities at Colorado School of Mines, including many of our affiliated external service companies. Students may subscribe using their CSM email addresses by visiting our secure web site at <https://csm.wordsecure.com>. Students may, subject to conditions established by their counselor, use the secure messaging system. Appointments, however, must be scheduled by telephone or by visiting the Counseling Center.

Professional Staff

The professional staff includes licensed professional counselors, psychologists, and social workers. All professional staff have experience and specialized training in meeting the counseling needs of college students.

Confidentiality

Student Development and Academic Services complies with both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable State of Colorado laws and regulations pertaining to confidentiality of health records. In some instances, certain educational records and other personal information is governed by the Family Educational Rights and Privacy Act (FERPA) rather than HIPAA. Please review the complete Notice of Privacy Practices statement in this brochure. Your health records and medical information will be kept confidential by Student Development and Academic Services, except as specifically provided for in our privacy policies and/or as pursuant to a valid release of health records and medical information.



STUDENT HEALTH BENEFITS PLAN (SHBP)



CSM has one of the nation's best values for a student health benefits plan.

Important Points to Consider

Good health is essential to academic success, and adequate health insurance is essential to receive high quality health care. Unexpected medical bills can also threaten the ability to complete an education if students are uninsured or have inadequate coverage. Health insurance is particularly important as primary care and mental health care services provided by CSM are limited as explained in this brochure.

- The CSM Student Health Benefits Plan (SHBP) provides outstanding coverage at a cost well below many comparable individual health insurance policies. The SHBP is less expensive than dependent coverage provided under many employer-sponsored group health insurance plans.
- If a student becomes eligible for employer-sponsored health insurance that meets CSM's health insurance requirements, he or she may discontinue purchasing the SHBP at the Spring Semester. A pro-rated refund for the cost of coverage is not available for SHBP-covered students who acquire other health insurance coverage during the plan year except for entry into the armed forces.
- Students covered under a managed care type of health insurance may not have full access to health care providers while in the Denver area. This is a particularly important consideration for students needing access to mental health care providers.
- For UnitedHealthcare In-Network Preferred Providers, the SHBP features copayments rather than deductibles. Copayments are a convenient way to pay your share of health care expenses.
- NCAA intercollegiate athletes may be taking significant financial risk if they do not enroll in the Student Health Benefits Plan. They must confirm that their personal health insurance will cover injuries resulting from the practice or play of intercollegiate sports. See page 12 for more details.
- The SHBP includes an annual vision exam benefit. See page 13 for details.
- The SHBP includes special medical evacuation and repatriation coverage for all international students. The SHBP also includes special medical evacuation and repatriation coverage for SHBP participants who travel abroad.

SHBP Overview

The Colorado School of Mines is pleased to offer a student health benefits plan that is one of the best in the country for scope of coverage and program value. This program provides world-wide coverage for injury and sickness, on- or off-campus.

The Student Health Benefits Plan is partially self-funded by the Colorado School of Mines. CSM is responsible for assuring that claim payments are appropriately funded. Insurance commonly referred to as stop-loss coverage, is purchased by CSM to limit the School's financial liability. The SHBP is operated solely for the benefit of SHBP-covered persons.

SHBP Student Eligibility

Unless otherwise specified in this brochure, the following students must have health insurance as a condition of enrollment that meets or exceeds CSM's coverage requirements:

- (1) all degree-seeking students inclusive of U.S. Citizens, permanent residents
- (2) International students regardless of degree-seeking status.

J-1 visa non-degree students will have coverage periods the same as any other student.

Upon a student's bona fide request and submission of appropriate documentation, the School may grant a waiver of the insurance based on the student's sincerely-held religious belief which prevents the student from buying or having health insurance. All waiver requests must be submitted in writing and will be reviewed by the Student Health Benefits Plan Coordinator.

All eligible students must meet the following additional requirements:

1. Students must be enrolled in the SHBP prior to the enrollment/waiver deadline for each coverage period, which is the census date. Students who waive coverage for the fall semester will not be allowed to change this decision for the spring/summer or summer coverage periods except as specifically allowed for Qualified Late Enrollees (refer to Voluntary SHBP Participation). Requests for rescission of a SHBP waiver request will not be considered after the enrollment/waiver deadline.
2. Students must attend regularly scheduled classes for the first 31 days of each coverage period unless the student has an approved medical withdrawal from CSM.
3. The student has not been enrolled in the SHBP for more than nine years while in a single degree program.
4. Students may be required to establish that they are pursuing a degree and making normal progress toward degree completion.
5. Refer to the page 12 for special insurance requirements for students who participate in NCAA-sanctioned intercollegiate sports.

2010/2011 SHBP Costs and Coverage Dates

Effective dates may be earlier for NCAA-intercollegiate athletes or other students required to be at CSM prior to start of school.

Coverage Period and Effective Date and Termination Date	2010 Fall Semester August 24, 2010 January 11, 2011	2011 Spring/Summer January 12, 2011 August 22, 2011	2011 Spring/Summer* January 12, 2011 August 22, 2011 <i>Only for students and dependents not enrolled in the SHBP in the Fall Semester.</i>	2011 Summer I and Graduate Research May 16, 2011 August 22, 2011 <i>Only for students first enrolling at CSM</i>	2011 Summer II June 24, 2011 August 22, 2011 <i>Only for students first enrolling at CSM</i>
Student/NCAA Student Athlete	\$830	\$830	\$1,103	\$704	\$402
Spouse	\$2,613	\$2,613	\$3,481	\$1,888	\$1,079
Child(ren)	\$1,766	\$1,766	\$2,358	\$1,432	\$818
Spouse and Child(ren)	\$4,380	\$4,380	\$5,839	\$3,320	\$1,897

*These rates are calculated using similar average monthly costs as charged to students/dependents who are enrolled for both fall and spring/summer coverage periods.

Annual Open Enrollment

The SHBP is an annual program, the cost of coverage for the fall semester will appear on the student's bill at the start of the fall semester; the cost of coverage for spring/summer will appear on the student's bill at the start of the spring semester. Students who waive enrollment in the SHBP are not eligible for enrollment until the next annual open enrollment period, except for provisions established for Qualified Late Enrollees. For example, a student who waives enrollment in the SHBP for the fall semester is not eligible to enroll in the subsequent Spring/Summer coverage period. Note that students who are covered by the SHBP for the spring semester automatically have coverage through the summer, including students who are graduating in May. Coverage terminates the day prior to the start of the spring semester for students who graduate in December. Students who enroll in the SHBP for the fall semester may discontinue purchasing the SHBP for the spring semester if they have acquired other group health insurance coverage that meets CSM's insurance requirements. Students (other than NCAA Athletes) may withdraw from the SHBP during any coverage period if they acquire other group health insurance, but no refunds are provided. **Pro-rated refunds are provided only if the student enters into the armed services.**

Voluntary SHBP Eligibility Classes

Spouses, domestic partners, and children of SHBP-covered students are also eligible for participation in the SHBP. Eligible dependents are the spouse (except in the event of divorce or annulment), domestic partner and unmarried children younger than 19 years of age. There are also certain rules that apply for newborn coverage and adding dependents that can be found at www.UHCSR.com/csm. Pro-rated costs are available for newly acquired dependents.

Approved medical withdrawal/leave of absence.

Students must be enrolled in the SHBP in the period of coverage immediately preceding the period of medical withdrawal. Undergraduate students withdrawn from CSM for medical reasons by the Associate Dean of Students and graduate students granted an approved medical leave of

absence by the Dean of Graduate Studies prior to Census Day, may request continuation of the SHBP coverage for that semester. After Census Day coverage, for students enrolled in the SHBP and granted approved medical withdrawal/leave absence, enrollment in the SHBP will continue until the end of the coverage period. Spouses and dependents of such students are similarly eligible for coverage.

Qualified Late Enrollees

An eligible student will only be allowed to enroll in the SHBP after the applicable enrollment/waiver period if proof is furnished that the student became involuntarily ineligible for coverage under another group's insurance plan during the 30 days immediately preceding the date of the request for late enrollment in the SHBP. In such cases, the student's effective date of coverage under the SHBP will be the first day of the month in which the student involuntarily loses coverage. The 30-day period in the provision may be extended if the student can establish that he or she was unaware of the involuntary loss of coverage.

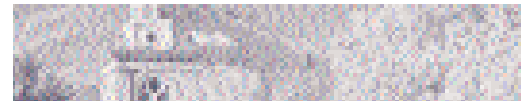
Unqualified Late Enrollees

Any eligible student who is subject to the Colorado School of Mines' insurance requirement and is found to be uninsured during the Plan Year (and is not a Qualified Late Enrollee) or their plan coverage does not meet CSM's requirements will be enrolled in the SHBP. Unqualified Late Enrollees cannot purchase dependent coverage under the SHBP until the next Annual Open Enrollment Period. Unqualified Late Enrollees will



be subject to a pre-existing condition limitation that includes a six-month look-back period for diagnosis or treatment and a six-month waiting period for benefits for any pre-existing condition to begin. The cost of the SHBP is not pro-rated for Unqualified Late Enrollees.

STUDENTS WHO PARTICIPATE IN NCAA-SANCTIONED INTERCOLLEGIATE SPORTS



NCAA Student Athletes

Students who will be participating in NCAA-sanctioned intercollegiate sports at the Colorado School of Mines are subject to additional insurance requirements as specified below. The requirements apply even if the student is only trying out for a team or is only engaged in a single day of intercollegiate sports practice activities. **Athletes will not be allowed to change their declination of SHBP coverage and enroll in the SHBP at the spring semester.**

To enroll in or waive SHBP coverage, athletes engaged in NCAA-sanctioned intercollegiate sports must complete a special enrollment/waiver form and submit it to the Athletic Department. Athletes will not be allowed to participate in intercollegiate practice or play until this form is completed and submitted to the Athletic Department.

Please make note of the following.

- If you waive participation in the SHBP, you and your parent/guardian accept financial responsibility for any expenses or illnesses resulting from the practice or play of NCAA-sanctioned intercollegiate sports. This liability includes: (1) any expense limited or excluded by the NCAA catastrophic insurance and (2) the \$90,000 deductible under the policy. The NCAA catastrophic insurance policy is available for review at the CSM Athletic Department.
- If you enroll in the SHBP and you comply with the preauthorization for care requirements, you will be responsible only for the copayments, deductibles, and any ineligible charges under the program.
- The cost of the SHBP for students who are engaged in the practice or play of intercollegiate sports will no longer be subject to a surcharge. The cost for students who participate in NCAA-sanctioned intercollegiate sports will be the same as for all other students who participate in the SHBP.

- If you waive participation in the SHBP and will be relying on employer-sponsored health plan coverage, you must confirm that your plan will cover injuries resulting from the practice or play of intercollegiate sports. Students and parents should use caution in relying on employer-sponsored health coverage as some plans have adopted exclusions for professional sports or organized sports such as intercollegiate athletics

NCAA Coverage for Catastrophic Intercollegiate Athletic Injury

NCAA catastrophic coverage is provided, without charge, to all CSM students who participate in NCAA-sanctioned intercollegiate athletics, regardless of participation in the SHBP. This coverage is provided through the National Collegiate Athletic Association. The NCAA coverage has two levels of financial liability for students: (1) any expense limited or excluded by the NCAA catastrophic insurance and (2) the \$90,000 deductible under the policy. This coverage also includes important benefits other than reimbursement of medical expenses (e.g., college education benefits and assimilation/rehabilitation benefits).



Other SHBP Provisions



Preferred Plan

The school has selected a Preferred health plan that gives you the opportunity to save by offering a higher benefit level when you see In-Network Preferred Providers. This plan offers the typical health plan benefits, plus many services that you may not expect from a PPO — including some preventive care and prescription drugs. When you see In-Network preferred providers, they will take care of all the necessary paperwork for you. With this plan, you may select any doctor or hospital you wish. You will receive benefits for most covered services even if you choose to receive care from an out-of-network provider — but you will pay a greater share of the cost. Please note that out-of-network care is not covered for certain specialized services.

Refunds

Refunds for the cost of SHBP coverage paid for benefits, and are not student fees, will be made upon the entry of any covered person into the armed forces of any country. A prorated refund will be returned to such person upon request.

Withdrawals

Students who withdraw from CSM for non-medical reasons prior to Census Date, or who do not attend regularly scheduled classes for the first 31 days of each coverage period, are not eligible for the SHBP coverage (refer to exceptions based on medical withdrawal).

Identification Cards

Students who would like to receive their Identification Cards in a timely manner should enroll using the online enrollment form. Receipt of cards will be within 2 weeks of enrollment. Students may log on to the UnitedHealthcare **StudentResources** website at www.uhcsr.com/csm to print off additional/replacement Identification Cards for the 2010-2011 academic year. Students will need their Identification number (SRID) in order to do this. SRID numbers can be found on the Identification Card underneath the student's name.

Understanding the Network

The SHBP is a PPO plan utilizing the UnitedHealthcare Options PPO Network. UnitedHealthcare has negotiated discounted service rates in order to provide the best healthcare value to you.

The plan encourages you to use In-Network Preferred Providers to maximize your healthcare dollars. Using In-Network Preferred Providers results in a lower deductible and a lower out-of-pocket maximum. Out-of-network service charges by physicians and facilities are also higher since they have not agreed to provide a discount on their services.

Want to see if your doctor is in the UnitedHealthcare Options PPO network? Go to www.UHCSR.com/CSM to search for participating providers. You can also call Customer Service at **800-331-1096**. Customer Service Representatives are available from 8 am - 5 pm, Eastern Time, Monday through Friday.

Pharmacy Benefits

The SHBP includes benefits for outpatient prescription drugs when dispensed by Medco Pharmacies. Please refer to the Schedule of Medical Expense Benefits, page 15, for information.

Vision Benefits

The SHBP includes a vision exam once per plan year and the benefit is available from either a In-Network Preferred Providers or out-of-network provider. Please refer to the Schedule of Medical Expense Benefits, page 15, for additional information.

Dental Charges and Laboratory Charges at Coulter Student Health Center

Dental care benefits, as stated in this brochure, and laboratory charges incurred by SHBP covered persons are covered at 100 percent, subject to copayments. For laboratory services, this includes services where the specimen is obtained at Coulter Student Health Center and sent to the Center's contracted reference laboratory. Students are not required to submit claims for these services. No part of this benefit is administered by Klais & Company. Explanation of benefit forms will not be issued to SHBP covered persons for services received at Coulter Student Health Center. Benefits are also provided at Coulter Student Health Center for travel and wellness benefits as specified in this brochure.

Insurance Plans, Funding, and Indemnification of Risk

The Dental Clinic at the Coulter Student Health Center is not a participating provider with private dental insurance plans. A billing statement students may submit to private dental insurance plans will be provided upon request.

Funding for construction of the Dental Clinic at the Coulter Student Center was derived from use of reserve funds from the Student Health Benefits Plan and the Coulter Foundation Fund. Funding for dental care benefits is derived from a capitation payment each semester within the cost of student only coverage.

No part of the self-funded dental benefits, laboratory charges at the Coulter Student Health Center, or Special CSM Counseling Center Referral Benefits, is indemnified by Klais & Company, Inc. Klais & Company, Inc. also has no responsibility for administration of dental claims, laboratory charges at the Coulter Student Health Center, or Special CSM Counseling Center Referral Benefits.

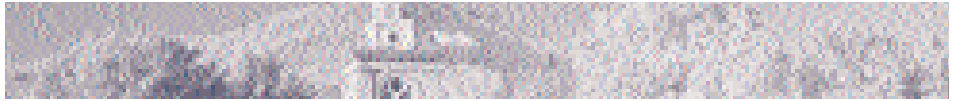
Membership Brochure

This brochure is not a contract. It provides a summary of the benefits and limitations of the SHBP. If there is any difference between this brochure and the plan document, the provisions of the plan document on file with the school will govern.

COBRA and Extension of Eligibility/Benefits

The Student Health Benefits Plan is not subject to the extension of eligibility provisions required under Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Accordingly, the Student Health Benefits Plan does not provide an extension of eligibility provision or any extension of benefit provision, unless specifically provided for under the terms and conditions of the program.

SHBP SCHEDULE OF COVERAGE



Maximum Lifetime Benefit \$2,000,000
Deductible, In-Network Preferred Provider: \$0
Deductible, Out-of-Network: \$1,000 (Per Covered Person Per Plan Year)
Deductible, Out-of-Network: \$3,000 (Per Family Per Plan Year)
Coinsurance, In-Network Preferred Provider: 90% except as noted
Coinsurance, Out-of-Network Provider: 70% except as noted
Max = Maximum PA = Preferred Allowance R&C = Reasonable & Customary Allowance

The SHBP provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum Lifetime Benefit of \$2,000,000.

The In-Network Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from an In-Network Preferred Provider any Covered Medical Expenses will be paid at the In-Network Preferred Provider level of benefits. In all other situations, except as provided in the Plan Document, reduced or lower benefits will be provided when an Out-of-Network Provider is used.

In-Network Preferred Provider Out-of-Pocket Maximum: Benefits will be paid at 90% of Preferred Allowance for In-Network Preferred Providers up to \$1,500 Per Covered Person, Per Plan Year, or \$3,000 Aggregate Maximum Per Covered Family, Per Plan Year. Once the Individual or Family Out-of-Pocket Maximum has been satisfied, additional Covered Medical Expenses not including prescription drug copayments will be paid at 100% of Preferred Allowance, up to a Lifetime Maximum Benefit of \$2,000,000 Per Covered Person. Copayments do not apply to the In-Network Preferred Provider Out-of-Pocket Maximum.

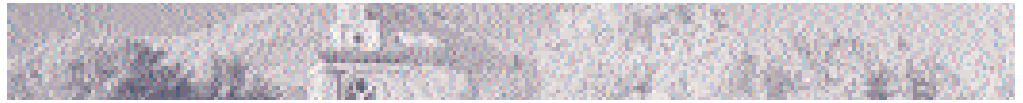
Out-of-Network Out-of-Pocket Maximum: After the Deductible has been satisfied, Benefits will be paid at 70% of Reasonable and Customary Charges up to \$3,000 Per Covered Person, Per Plan Year or \$9,000 Aggregate Maximum Per Covered Family, Per Plan Year. Once the Individual or Family Out-of-Pocket Maximum has been satisfied, additional Covered Medical Expenses not including prescription drug copayments will be paid at 100% of Reasonable and Customary Charges, up to a Lifetime Maximum Benefit of \$2,000,000 Per Covered Person. Copayments/Coinsurance and per service Deductibles as well as outpatient prescription drug copayments/Coinsurance do not apply to the Out-of-Network Out-of-Pocket Maximum.

Note: Eligible charges incurred for either In-Network or Out-of-Network Providers/Practitioners will be used to satisfy the Out-of-Pocket Maximums simultaneously.

INPATIENT	In-Network Preferred Provider	Out-of-Network
Hospital Expense , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	90% of PA / \$250 copay per admission	70% of R&C / \$750 Deductible per admission
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. Four days Hospital Confinement expense maximum.	Paid as any other Illness	
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of R&C
Assistant Surgeon	90% of PA	70% of R&C
Anesthetist , professional services in connection with inpatient surgery.	90% of PA	70% of R&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70% of R&C
Physician's Visits , benefits do not apply when related to surgery.	90% of PA	70% of R&C
Pre-Admission Testing , payable within 3 working days prior to admission.	90% of PA	70% of R&C
Psychotherapy , refer to page 17 for a detailed description of this coverage provision	Paid as any other Illness at a coinsurance rate of 50% for psychotherapy treatment subject to the following maximums: Inpatient care limited to 45 days or 90 partial hospitalization days in any 12 month period, maximum benefits are combined for both In-Network Preferred Providers and Out-of-Network Providers.	Subject to R&C allowances, paid as any other Illness at a coinsurance rate of 50% for psychotherapy treatment subject to the following maximums: Inpatient care limited to 45 days or 90 partial hospitalization days in any 12 month period, maximum benefits are combined for both In-Network Preferred Providers and Out-of-Network Providers.
Biologically Based Mental Illness and Defined Mental Disorders (including alcohol and drug treatment)	Paid as any other Illness (refer to page 17 for a detailed description of this coverage provision)	
OUTPATIENT	In-Network Preferred Provider	Out-of-Network
Surgeon's Fees , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	70% of R&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	90% of PA / \$250 copay	70% of R&C / \$750 Deductible
Assistant Surgeon	90% of PA	70% of R&C
Anesthetist , professional services in connection with outpatient surgery.	90% of PA	70% of R&C
Physician's Visits , benefits do not apply when related to surgery.	100% of PA / \$25 copay per visit	70% of R&C / \$25 Deductible per visit
Physiotherapy , Benefits are limited to one visit per day (includes occupational and speech therapy). Forty (40) visits maximum Per Plan Year. For children up to age 5, benefits are limited to 40 therapy visits each per Plan Year each for physiotherapy, occupational, and speech therapy.	90% of PA / \$25 copay per visit for visits one through 20. The copayment increases to \$40 for visits 21 through 40.	70% of R&C
Medical Emergency , attending Physician's charges and the use of the emergency room and supplies. Copay/Deductible waived if admitted.	90% of PA / \$100 copay per visit	70% of R&C / \$100 Deductible per visit (Includes all ancillary charges)

OUTPATIENT continued	In-Network Preferred Provider	Out-of-Network
Urgent Care	90% of PA / \$35 copay per visit	70% of R&C / \$35 Deductible per visit
Laboratory Services	90% of PA	70% of R&C
Radiation Therapy & Chemotherapy	90% of PA	70% of R&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Laboratory Procedures.	90% of PA	70% of R&C
Biologically Based Mental Illness and Defined Mental Disorders (including alcohol and drug treatment), refer to page 17 for a detailed description of this coverage provision.	Paid as any other Illness Benefits are increased to 100% of R&C and no copayment for first visit and \$10 copayment per visit thereafter when services are referred by CSM Counseling Center and Covered Person obtains services from Providers directly contracted to CSM. Reauthorization for benefits by the Counseling Center is required at visit nine (9) and again at visit (19)	Paid as any other Illness
Psychotherapy , refer to page 17 for a detailed description of this coverage provision Maximum benefits of \$10,000 in any 12 month period, combined for both In-Network Preferred Providers and Out-of-Network Providers.	Paid as any other Illness at a coinsurance rate of 50%. Benefits are provided on the same schedule as Biologically Based Mental Illness and Defined Mental Disorders when care is received from Providers directly contracted by CSM and care is authorized, as specified, by the CSM Counseling Center (this provision only applies to the copayment benefit and the maximum benefit limit of \$10,000 in any 12 month period applies to this provision).	Subject to R&C allowances, paid as any other Illness at a coinsurance rate of 50%.
Prescription Drugs , Prescription medications are categorized within three tiers. Each tier is assigned a copay, which is an amount you pay when you fill a prescription at a participating retail pharmacy or refill your ongoing prescription through the network mail-order pharmacy service. Tier 4 prescriptions are for self-administered injectables only. Mail order is available through MEDCO at 2 times the retail copay up to a 90 day supply. The maximum copay for mail-order Tier 4 self-administered injectables is \$500. Benefits are also available for smoking cessation Prescription Drugs when enrolled in an approved Smoking Cessation Counseling Program up to a \$250 per covered person Per Plan Year / \$500 maximum Lifetime Benefit.	Up to a 30 days, 30 units, (or 90 days for mail order), whichever is greater, supply per prescription for: Tier 1: \$15 copay per prescription. Tier 2: \$40 copay per prescription. Tier 3: \$60 copay per prescription. Tier 4: 30% copay per prescription not to exceed \$250 maximum copay per prescription.	No Benefits
Outpatient prescription drug copayments/coinsurance do not count toward satisfaction of the Annual Out-of-Pocket Maximum Expense Limit.		
OTHER	In-Network Preferred Provider	Out-of-Network
Acupuncture , (12 visits maximum Per Plan Year.)	100% of PA / \$25 copay per visit	70% of R&C / \$25 deductible per visit
Ambulance Services , (Copay/Deductible is per trip.)	100% of PA / \$200 copay	100% of R&C / \$200 Deductible
Air Ambulance	90% of PA / \$5,000 maximum per trip	90% of R&C / \$5,000 maximum per trip
Alcohol/Drug Abuse	Paid as any other Illness Refer to State of Colorado Required Benefits, for Biologically Based Mental Illness.	
Allergy Injections (If not billed with an office visit)	90% coverage	70% of R&C (after annual Plan Year deductible)
Annual Gynecological Exam (this benefit is not subject to the deductible requirement for out-of-network care)	100% of PA / \$25 copay per visit	70% of R&C
Blood Factors	90% of PA / Lifetime maximum benefit of \$50,000	Not Covered
Dental Care , limited to injury to sound natural teeth.	90% of PA	70% of R&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered (refer to page 16 for exceptions for prosthetic devices).	90% of PA / \$5000 maximum Per Plan Year	Not Covered
Learning Disability Diagnosis and Treatment Benefit (including ADHD and ADD) , This benefit requires referral from the CSM Counseling Center	Covered as any other service or supply up to a lifetime maximum benefit of \$600. This maximum does not apply to prescription drug coverage.	Not Covered
NCAA Sanctioned Intercollegiate Sports Benefit , up to a maximum benefit of \$90,000 per Injury.	Paid as any other Injury	
Pregnancy and Complications of Pregnancy , voluntary termination of pregnancy is not covered.	Paid as any other Illness	
Vision , provided at one exam per Plan Year.	100% of PA / \$25 copay per visit	70% of R&C / \$25 deductible per visit
Wellness and Travel Medicine Benefits Benefits are provided only for SHBP covered students. Medical expenses for travel related immunizations and required diagnostic tests are covered under this benefit. Expenses for employment physicals are not covered by this benefit. For Wellness, for all SHBP-Covered students 20 years of age or older: a. Annual tests to determine blood hemoglobin, blood pressure, blood glucose level, amid blood cholesterol level; or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; and b. Annual consultation	50% of PA up to a lifetime maximum benefit of \$300. Laboratory charges and immunizations incurred at Coulter Student Health Center do not apply to this maximum benefit.	Not Covered
Refer to the SHBP Plan Document for benefits for skilled nursing care, hospice care, organ transplants, and other coverage provisions not included in this brochure.		

State of Colorado Required Coverage



Benefits for Prosthetic Devices

Benefits will be paid for the Usual and Customary Charges for the purchase of Prosthetic Devices.

Prosthetic device means an artificial device to replace, in whole or in part, an arm or leg.

Benefits are limited to the most appropriate model that adequately meets the medical needs of the Covered Person as determined by a Physician. Repairs and replacements of Prosthetic Devices are also covered unless necessitated by misuse or loss.

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

Benefits for Telemedicine Services

Benefits will be paid for Covered Medical Expenses on the same basis as services provided through a face-to-face consultation for services provided through Telemedicine for a Covered Person residing in a county with one hundred fifty thousand or fewer residents. "Telemedicine" means the use of interactive audio, video, or other electronic media to deliver health care. The term includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data and medical education. The term does not include services performed using a telephone or facsimile machine.

Nothing in this provision shall require the use of Telemedicine when in-person care by a participating provider is available to a Covered Person within the Company's network and within the Covered Person's geographic area.

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

Benefits for Mammography

Benefits will be paid for the actual expense incurred up to \$90.00 for low-dose screening mammography for the presence of occult breast cancer. Benefits will be provided according to the following guidelines:

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

"Low-dose mammography" means the x-ray examination of the breast, using equipment dedicated specifically for mammography including but not limited to the x-ray tube, filter, compression device, screens, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.

The plan Deductible will not be applied to this benefit.

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

Benefits for Diabetes

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

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

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

Benefits for Cervical Cancer Vaccines

Benefits are payable for the cost of cervical cancer vaccinations for all female Covered Persons under the age of 20 for whom a vaccination is recommended by the Advisory Committee on Immunization practices of the United States Department of Health and Human Services.

Benefits for Medical Foods

Benefits are payable for Medical Foods needed to treat inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic, and fatty acids as specified below.

If the plan provides benefits for Prescription Drugs, benefits will be paid the same as any other Sickness for Medical Foods, to the extent medically necessary, for home use for which a Physician has issued a written, oral or electronic prescription. Benefits will not be provided for alternative medicine.

Coverage includes but is not limited to the following diagnosed conditions: phenylketonuria; maternal phenylketonuria; maple syrup urine disease; tyrosinemia; homocystinuria; histidinemia; urea cycle disorders; hyperlysinemia; glutaric acidemias; methylmalonic acidemia; and propionic acidemia. Benefits do not apply to cystic fibrosis patients or lactose- or soy-intolerant patients.

There is no age limit on the benefits provided for inherited enzymatic disorders except for phenylketonuria. The maximum age to receive benefits for phenylketonuria is twenty-one years of age; except that the maximum age to receive benefits for phenylketonuria for women who are of child-bearing age is thirty-five years of age.

Medical foods means prescription metabolic formulas and their modular counterparts, obtained through a pharmacy that are specifically designed and manufactured for the treatment of inherited enzymatic disorders caused by single gene defects involved in the metabolism of amino, organic, and fatty acids and for which medically standard methods of diagnosis, treatment, and monitoring exist. Such formulas are specifically processed or formulated to be deficient in one or more nutrients and are to be consumed or administered enterally either via tube or oral route under the direction of a Physician.

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

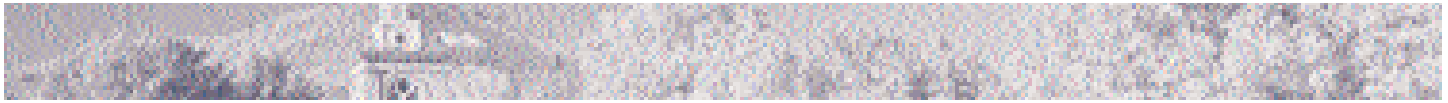
Benefits for Prostate Cancer Screening

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

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

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

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



Benefits for Biologically Based Mental Illness

Benefits will be paid the same as any other Sickness for the treatment of Biologically Based Mental Illness. The benefit provided will not duplicate any other benefits provided in this Plan Document.

“Biologically Based Mental Illness” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

“Mental Disorder” means posttraumatic stress disorder, drug and alcohol disorders, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. Mental Disorder also includes anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an out-patient, day treatment, and in-patient basis, exclusive of residential treatment.

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

Benefits for Psychotherapy

Benefits will be paid the same as any other Sickness at a coinsurance percentage of 50% for Psychotherapy treatment subject to the following provisions:

Inpatient or Partial Hospitalization Benefits:

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

- 1) Two days of Partial Hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for Partial Hospitalization.
- 2) Each day of inpatient confinement under this benefit or each two days of Partial Hospitalization shall reduce by one day, the total days available for all Sicknesses for any one 12-month period.

Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period.

Outpatient Benefits:

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

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

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

Outpatient Benefits are limited to \$5,000 in any 12-month period.

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

Benefits for Child Health Supervision Services

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

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

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

Immunizations are based on the recommended childhood immunization schedule and the recommended immunization schedule for children who start late or who are more than 1 month behind published by the CDC. Recommended schedules are available from:

Advisory Committee on Immunization Practices,
www.cdc.gov/nip/acip;

American Academy of Pediatrics, www.aap.org;

American Academy of Family Physicians, www.aafp.org.

The plan deductible and dollar limits will not be applied to this benefit.

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

Benefits for Therapies for Congenital Defects and Birth Abnormalities

Benefits will be paid the same as any other Sickness for physical, occupational and speech therapy for congenital defects and birth abnormalities for covered Dependent children beginning after the first 31 days of life to five years of age.

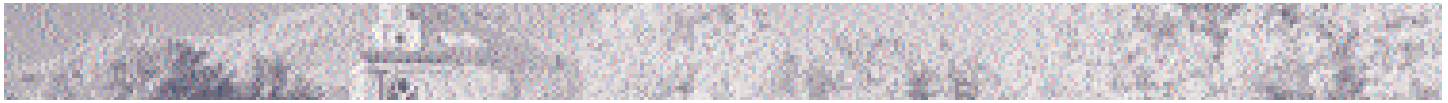
Benefits will be paid for the greater of the number of such visits provided under the plan or twenty visits per year for each therapy. Benefits will be provided without regard to whether the condition is acute or chronic and without regard to whether the purpose of the therapy is to maintain or to improve functional capacity.

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

Benefits for Cleft Lip or Cleft Palate

Benefits will be paid the same as any other Sickness for treatment of newborn children born with cleft lip or cleft palate or both. Benefits shall include the medically necessary care and treatment including oral and facial surgery; surgical management; the medically necessary care by a plastic or oral surgeon; prosthetic treatment such as obturators, speech appliances, feeding appliances; medically necessary orthodontic and prosthodontic treatment; rehabilitative speech therapy, otolaryngology treatment; and audiological assessments and treatment.

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



Benefits for Hospitalization and General Anesthesia for Dental Procedures for Dependent Children

Benefits will be paid the same as any other Sickness for general anesthesia, when rendered in a Hospital, outpatient surgical facility, or other facility licensed pursuant to Colorado Statute Section 25-3-101, and for associated Hospital or facility charges for dental care provided to a Dependent child. Such Dependent child shall, in the treating Physician's opinion, meet one or more of the following criteria:

1. The child has a physical, mental, or medically compromising condition;
2. The child has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy;
3. The child is an extremely uncooperative, unmanageable, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred; or
4. The child has sustained extensive orofacial and dental trauma.

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

Benefits for Colorectal Cancer Screening

Benefits will be paid for the total costs of tests related to preventive health care services for the early detection of colorectal cancer and adenomatous polyps.

Benefits will be provided for an average risk adult Covered Person who is asymptomatic and age 50 or older. Benefits will also be provided for a Covered Person who is at high risk for colorectal cancer and who has:

1. A family medical history of colorectal cancer;
2. A prior occurrence of cancer or precursor neoplastic polyps;
3. A prior occurrence of chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or
4. Other predisposing factors as determined by Covered Person's health care provider.

The plan Deductible will not be applied to this benefit.

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

Benefits for Hearing Aids for Minor Children

Benefits will be paid for Covered Medical Expenses for Hearing Aids for a Minor Child who has a hearing loss that has been verified by a licensed Physician and a licensed Audiologist. The Hearing Aid shall be medically appropriate to meet the needs of the Minor Child according to accepted professional standards.

Benefits shall include the purchase of the following:

1. Initial Hearing Aids and replacement Hearing Aids not more frequently than every five years;
2. A new Hearing Aid when alterations to the existing Hearing Aid cannot adequately meet the needs of the Minor Child; and
3. Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to professional standards.

"Hearing Aid" means amplification technology that optimizes audibility and listening skills in the environments commonly experienced by the patient, including a wearable instrument or device designed to aid or compensate for impaired human hearing. "Hearing Aid" shall include any parts or ear molds.

"Minor Child" means a Covered Person under the age of eighteen.

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

Benefits for the Treatment of Autism Spectrum Disorders

Benefits will be paid the same as any other Sickness for Covered Medical Expenses related to the assessment, diagnosis and treatment, including applied behavior analysis, of Autism Spectrum Disorders. Treatment for Autism Spectrum Disorders must be prescribed or ordered by a licensed Physician or license psychologist.

Benefits for applied behavior analysis shall be limited to a Plan Year maximum of:

1. \$34,000 for a child from birth through age 8 (eight) up to, but not including, age 9 (nine); and
2. \$12,000 for a child from age 9 (nine) up to, but not including, age 19 (nineteen).

"Applied behavior analysis" means the use of behavior analytic methods and research findings to change socially important behaviors in meaningful ways.

"Autism Spectrum Disorders" include the following neurobiological disorders: autistic disorder, asperger's disorder, and atypical autism as a diagnosis within pervasive developmental disorder not otherwise specified, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders at the time of diagnosis.

"Treatment for Autism Spectrum Disorders" shall be for treatments that are Medically Necessary, appropriate, effective, or efficient. Treatment for Autism Spectrum Disorders shall include: 1. Evaluation and assessment services;

2. Behavior training and behavior management and applied behavior analysis, including but not limited to, consultations, direct care, supervision, or treatment, or any combination thereof, provided by autism services providers;
3. Habilitative or rehabilitative care, including but not limited to, occupational therapy, physical therapy, or speech therapy, or any combination of those therapies;
4. Psychiatric care;
5. Psychological care, including family counseling;
6. Therapeutic care; and
7. Pharmacy care and medication.

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

MEDICAL BENEFIT EXCLUSIONS



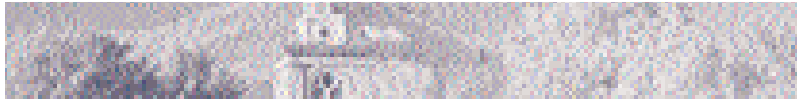
No benefits will be paid for loss or expense caused by, contributed to, or resulting from; or treatment, services or supplies for, at, or related to:

- (1) Any treatment that is not related to a covered Injury or Illness, or any service or supply that is not specifically listed in the Schedule of Benefits, Covered Medical Services, and/or Prescription Benefits and Exclusions in the Plan Document for the SHBP.
- (2) Charges incurred prior to the Effective Date of coverage under the SHBP, or after SHBP coverage is terminated, even if the Illness or Injury started while SHBP coverage was in force.
- (3) Charges for services or supplies that are submitted more than 12 months after the date of service.
- (4) Charges which exceed the fee schedule amount for In-Network Preferred Providers and which exceed the Reasonable and Customary Charge for Out-of-Network Providers.
- (5) Charges for services or supplies which are not Medically Necessary, whether or not prescribed and recommended by a physician or other health care provider.
- (6) Except for benefits specifically stated as covered under the SHBP, charges for permanent dental restoration, dentures, oral surgery, including extraction of bone-impacted teeth, treatment of teeth and gum tissues, or dental X-rays. Charges are also excluded for treatment of Temporomandibular Joint Disorders (TMJ) and for orthognathic surgery
- (7) Except for benefits specifically provided as covered under the SHBP, charges for routine physical examinations, vaccinations, inoculations, or immunizations.
- (8) Except for benefits specifically provided as covered under the SHBP, charges for cosmetic or reconstructive surgery. Except as otherwise stated for newborn children, no benefits are provided under the SHBP for Congenital Conditions.
- (9) Charges for services and supplies furnished by or for the United States government or any other government, unless payment is legally required. Charges are also excluded for which there is no legal obligation to pay, such as that portion of any charge which would not have been made if the patient did not have SHBP coverage, or any charge for services or supplies which are normally furnished without charge.
- (10) Charges incurred in connection with an Injury arising out of, or in the course of, any employment for wage or profit, or disease covered with respect to such employment, by any Worker's Compensation Law, Occupational Disease Law or similar legislation, with the exception of when a Covered Person is not covered by Worker's Compensation Law and lawfully chose not to be covered by such law. Charges are also excluded for services or supplies furnished, paid for, or for which benefits are provided or required by reason of past or present service of any covered family member in the armed forces of a government.
- (11) Charges for any condition, disability, or expense sustained as a result of being engaged in:
 - (a) an illegal occupation; (b) the commission or attempted commission of an assault or other illegal act; (c) an intentional or accidental atomic explosion or other release of nuclear energy, whether in peacetime or wartime; or (d) participation in a civil revolution, war, or act of war (whether declared or undeclared).
- (12) Charges for preparing medical reports, itemized bills, or claim forms. Charges are also excluded for mailing, shipping, and/or handling expenses, sales tax, broken appointments, or telephone calls.
- (13) Except as specifically provided, charges for travel expenses of a Covered Person other than local ambulance service to nearest medical facility equipped to treat the Illness or Injury.
- (14) Charges for services, supplies, or treatment not recognized by the American Medical Association as generally accepted and Medically Necessary for the diagnosis and/or treatment of an Illness or Injury, or for charges for procedures, surgical or otherwise, which are specifically listed by the American Medical Association as having no medical value.
- (15) Charges for drugs, devices, medical treatments, or procedures which are experimental or investigational as defined in the plan document for the SHBP.
- (16) Except as specifically provided, charges for drugs, medicines, services, or supplies prescribed by a Provider/Practitioner when such prescription is made only on the basis of an online or telephonic consultation not preceded by an in-person medical examination with that Provider/Practitioner.
- (17) Charges for fluoride and vitamins, food supplements (except for benefits described in the Covered Medical Services and/or Prescription Benefits and Exclusions sections of this Plan Document), and any over-the-counter drugs or services or supplies which can be purchased without a prescription, or when no Injury or Illness is involved.
- (18) Except as specifically provided, charges for any service, care, procedure or program for weight or appetite control, weight loss, weight management, nutritional or dietary counseling (except as described herein), or for control of obesity even if the weight or obesity aggravates another condition, including but not limited to, gastric bypass, gastric stapling, balloon catheterization, liposuction, or reconstructive surgery.



- (19) Charges for any expenses incurred for communication, transportation, time spent traveling, or for expenses connected to traveling that may be incurred by a Provider/Practitioner or Covered Person in the course of rendering services.
- (20) Charges for personal comfort items (e.g., hot pads or hot water bottles), hygiene or convenience items such as televisions, telephones, radios, air conditioners, air purifiers, humidifiers, dehumidifiers, physical fitness equipment, or whirlpool baths, even if recommended or prescribed by a Provider/Practitioner. Any equipment, clothing, service, or supply that could also be used in the absence of treatment for Illness or Injury is not covered.
- (21) Charges for any expenses incurred for services and supplies related to sexual dysfunctions or inadequacies regardless of the cause, sex therapy, or for transsexual surgery and related preoperative and postoperative procedures or complications, which, as their objective, change the person's sex. Charges are also excluded for services and supplies related to penile prosthetic implants.
- (22) Charges for the diagnosis or treatment for the correction of Infertility (surgical or non-surgical), and any surgical impregnation procedures including, but not limited to, (a) artificial insemination, (b) reverse sterilization, (c) in vitro fertilization (IVF), (d) gamete intrafallopian transfer (GIFT), or (e) Infertility medications. Charges for services and supplies related to achieving pregnancy through a surrogate (gestational carrier).
- (23) Charges for reproductive sterilization (tubal ligation and vasectomy) and reversal of any reproductive sterilization procedure.
- (24) Charges for non-therapeutic abortions.
- (25) Charges for services related to adoption.
- (26) Except as provided for pregnancy, charges for genetic counseling, testing, or related services.
- (27) Charges for a residential treatment facility. Charges for Custodial Care which is designed essentially to assist the Covered Person, whether disabled or not, in meeting the activities of daily living, including services which constitute personal care, such as help in walking and getting in or out of bed, assistance in bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision over medication which can normally be self-administered. Such services and supplies are deemed to be Custodial Care whenever and wherever furnished, without respect to the Providers/Practitioners by whom or by which they are prescribed, recommended, or performed. This exclusion does not apply to Custodial Care described under Section VI of this Plan Document entitled Covered Medical Services, Subsection DD entitled Hospice Care.
- (28) Charges for Friday, Saturday, and Sunday admissions, unless for Emergency Care. A Sunday admission will be allowed as long as a Covered Person is admitted less than twenty-four (24) hours prior to a Covered Person's surgery.
- (29) Charges for refractive eye surgery or procedures designed to improve nearsightedness, farsightedness, and/or astigmatism by changing the shape of the cornea, including but not limited to, LASIK, radial keratotomy, and keratomileusis surgery. Charges are also excluded for orthoptics and visual therapy for the correction of vision. Except as specifically provided, charges are also excluded for eye examinations for diagnosis or treatment of a refractive error, including the fitting of eyeglasses or contact lenses. This exclusion shall not apply to the initial purchase of eyeglasses or contact lenses following cataract surgery.
- (30) Charges for services in connection with hearing examinations, hearing aids or such similar devices, or for the fitting of hearing aids.
- (31) Charges for educational, vocational, or training services and supplies. This exclusion does not apply to the treatment of diabetes.
- (32) Charges for expenses incurred for pastoral counseling, marriage counseling/therapy, music or art therapy (unless part of an inpatient program), assertiveness training, dream therapy, recreational therapy, stress management, or other supportive therapies.
- (33) Charges for hypnosis, massage therapy, rolfing, or biofeedback, unless biofeedback is approved by the CSM Counseling Center.
- (34) Charges for growth hormones.
- (35) Charges for services or supplies rendered by a homeopathic Provider/Practitioner or other health care Provider/Practitioner not specifically listed in the definition of Provider(s)/Practitioner(s).
- (36) Charges for services incurred outside the United States if the Covered Person traveled to such location for the primary purpose of obtaining medical services, drugs, or supplies. Charges are also excluded for services incurred by an international Student for medical services in his or her home country.
- (37) Except as specifically provided, charges for services incurred for or related to smoking cessation programs and/or related program supplies.

PRESCRIPTION BENEFITS AND EXCLUSIONS



Covered Drugs

When all of the provisions of the SHBP are satisfied, the SHBP will provide benefits as specified in the Schedule of Benefits for the following Medically Necessary covered drugs, devices, and supplies:

- (1) Federal Legend Drugs and State-Restricted Drugs;
- (2) compounded medications of which at least one ingredient is a Legend Drug;
- (3) insulin;
- (4) oral, transdermal, intervaginal contraceptives (including devices and implants), or contraceptive injections;
- (5) blood factors up to a Plan Year maximum of \$50,000;
- (6) self-injectable prescription medications
- (7) Legend smoking deterrents up to a lifetime maximum of \$300; and
- (8) Legend Vitamin B12 (all dosage forms).

Dispensing Limits

The amount of any drug which may be dispensed per prescription or refill (regardless of the dosage form) is limited to a 30 day supply or 30 units, or 90 day supply for mail order, whichever is greater. Other dispensing limits may be imposed as required by federal or state regulation or for other reasons.

Excluded Drugs

Some items which are excluded under the Prescription Benefits and Exclusions may also be Covered Medical Services as provided in Section VI of this Plan Document. Expenses for the following are not covered by the SHBP unless specifically listed as a covered benefit:

- (1) drugs not classified as Federal Legend Drugs (i.e., over-the-counter drugs and products);
- (2) non-systemic contraceptives;
- (3) fertility and impotency drugs;
- (4) Legend vitamins;
- (5) cosmetic drugs and drugs used to promote or stimulate hair growth;
- (6) biologicals, immunization agents, or vaccine (refer to Covered Medical Expenses for Wellness and Travel Medicine benefits and coverage under State of Colorado Required Benefits, as specified in Section V);

- (7) drugs labeled “Caution – limited by federal law to Investigational use,” or “Experimental drugs,” even though a charge is made to the individual;
- (8) any prescription refilled in excess of the number of refills specified by the ordering Provider/Practitioner, or any refill dispensed one year after the original order (As determined by the Plan Administrator, this provision may not apply, in whole or in part, to prescription benefits at CSM Health Services.);
- (9) medication dispensed in excess of the dispensing limits;
- (10) medication for which the cost is recoverable under any workers’ compensation or occupational disease law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made by the pharmacy or Provider/Practitioner;
- (11) services or products that are determined by the SHBP as not being Medically Necessary;
- (12) medications provided to an international Student in his or her home country; and
- (13) any medication that would be excluded under Medical Benefit Exclusions, except as otherwise provided, stated in Section IX.
- (14) insulin needles/syringes;
- (15) Over-the-counter diabetic supplies;
- (16) allergy serums;
- (17) Anti-obesity medications; and
- (18) growth hormones.

Review of Prescription Drugs for Medical Necessity

All prescription drug charges are subject to review for Medically Necessity and for eligibility under the Prescription Benefits and Exclusions of the SHBP. This review process may require the SHBP-Covered Person to complete a claim form and submit it to the Claims Administrator.



THE COLORADO SCHOOL OF MINES

NOTICE OF PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Explanation of Forms. The Colorado School of Mines Student Health Benefits Plan (the "SHBP") handles medical information about you. The handling of this information is regulated by law. To comply with the applicable law, the SHBP requires you to receive this notice and, in some circumstances, to sign an authorization form.

The SHBP is allowed by law to use and disclose information about you for the purposes essential to providing care, including, but not limited to, treatment, payment collection, and operating the SHBP.

An authorization allows the SHBP to use and disclose information about you for any other reason that is listed in the authorization. The SHBP may condition enrollment or eligibility on the provision of an authorization only if the authorization is for determining enrollment or eligibility. Other rules about your rights regarding medical information are described in this notice.

Types of Uses and Disclosures. Medical information about you may be used or disclosed by the SHBP for treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care and referrals. Payment includes all activities necessary for billing and collection, such as claims processing. Health care operations includes everything the SHBP does to assess the quality of care, teach and develop staff, and manage the SHBP's operations. Some examples of uses and disclosures are below.

Example of Treatment Disclosure. The SHBP may disclose medical information about you to your treating physician, a hospital or other providers to help them diagnose and treat an injury or illness.

Example of Payment Disclosure. The SHBP may disclose medical information about you when health plans or insurers, Medicare, Medicaid, or other payors require the information before paying for your health care services.

Example of Health Care Operations Use. The SHBP may use medical information about you when it hires new staff whose education and development requires information about the medical needs of our patients.

Other Uses and Disclosures. The SHBP may use or disclose your medical information in the following situations without your authorization. These situations include:

As Required By Law. The SHBP may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health. The SHBP may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The SHBP may also disclose your medical information, if directed by the public health authority, to another government agency that is collaborating with the public health authority.

Communicable Diseases. The SHBP may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight. The SHBP may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect. The SHBP may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the SHBP may disclose your medical information to the governmental entity or agency authorized to receive such information if the SHBP believes that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. The SHBP may disclose your medical information to a person subject to the jurisdiction of the Food and Drug Administration if that person has responsibility to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls, repairs or replacements; or, to conduct post marketing surveillance.

Legal Proceedings. The SHBP may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by such order), and, under certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement. The SHBP may also disclose your medical information for law enforcement purposes so long as applicable legal requirements are met. These law enforcement purposes include: (1) disclosure pursuant to legal processes or as otherwise required by law, (2) disclosure in response to limited information requests by a law enforcement official for identification and location purposes, (3) disclosure to a law enforcement official in response to information pertaining to victims of a crime, (4) disclosure to a law enforcement official in connection with a suspicion that death may have occurred as a result of criminal conduct, (5) disclosure to a law enforcement official in the event that a crime occurs on the premises of the SHBP, and (6) disclosure to a law enforcement official in connection with a medical emergency (not on the CSM's premises) when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. The SHBP may disclose your medical information to a coroner or medical examiner for identification purposes, for determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The SHBP may also disclose your medical information to a funeral director, as authorized by law, in order to permit the funeral director to carry out the director's duties. The SHBP may disclose such information in reasonable anticipation of death. Your medical information may also be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.



Research. The SHBP may disclose your medical information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

Criminal Activity. Consistent with applicable federal and state laws, the SHBP may disclose your medical information, if the SHBP believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The SHBP may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, the SHBP may use or disclose the medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if you are a member of the foreign military services. The SHBP may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. Your medical information may be disclosed by the SHBP as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures. Under the law, the SHBP must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with applicable law.

Others Involved in Your Healthcare. Unless you object in writing to the Privacy Official, the SHBP may disclose to a member of your family, a relative, a close friend or any other person whom you identify, your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the SHBP may disclose such information as necessary if the SHBP determines that it is in your best interest based on the SHBP's professional judgment. The SHBP may use or disclose your medical information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the SHBP may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Authorized Uses and Disclosures. Additional uses and disclosure may be made if you have given written authorization, which may be revoked at any time in writing delivered to the Privacy Official or the Privacy Official's designee, except to the extent the SHBP acted in reliance on the authorization.

Restrictions. You have the right to request restrictions on the use and disclosure of medical information about you; however, the SHBP will only be bound by the restrictions if the SHBP notifies you that it agrees with them. **Confidentiality.** You have the right to have the SHBP use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential. **Access.** You have the right to see and receive a copy of information about you kept by the SHBP under most circumstances.

Amendment of Health Information. You have the right to have the SHBP amend its records of information about you. The SHBP may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you.

Accounting. You have the right to request in writing a list of disclosures of your medical information made by the SHBP, which includes the purposes and recipients of the information.

Copy. You have the right to receive a paper copy of this notice.

Amendment of Policies and Procedures. The SHBP reserves its rights to make changes to the privacy policies and procedures in accordance with the applicable terms of such policies and procedures with respect to changes.

Privacy Notice. The SHBP is required by law to keep medical information about you private and to give you this notice. The SHBP must abide by this notice. However, the SHBP reserves the right to amend this notice and make such change applicable to all medical information maintained by SHBP. Any revised notice will be provided to enrollees by the SHBP.

HIPAA and FERPA. With respect to student health information, the SHBP also complies with the requirements set forth in The Family Educational Rights and Privacy Act (FERPA).

Complaints. If you believe your privacy rights have been violated you may submit a written complaint to the Privacy Official, Coulter Student Health Center, The Colorado School of Mines, Golden, Colorado 80401. You may also complain to the Secretary of the U.S. Department of Health and Human Services. The SHBP will not retaliate against you for making a complaint.

Effective Date. This notice is effective from April 14, 2004 until revised by the SHBP.

EMERGENCY SERVICES FOR SHBP-COVERED PERSONS



Participation in the SHBP provides emergency services for students who travel abroad.

Scholastic Emergency Services (SES)

International Travel Emergency Assistance, Medical Evacuation and Repatriation Program

An International Travel Emergency Assistance, Medical Evacuation and Repatriation Program is included for students and dependents covered by the Student Health Benefits Plan. The cost for this program is included in charges for the SHBP coverage, and the service is provided by SES. SES utilizes highly trained, multilingual coordinators and board certified physicians in conjunction with an extensive information and communication system to assist travelers worldwide. SES offers prompt, professional help in any medical or personal emergency, 24 hours a day.

SES Services

- Worldwide 24-hour toll-free telephone assistance in locating the nearest, most appropriate medical care.
- Overcoming language barriers by directing the SHBP-covered persons to English speaking doctors or translators.
- Monitoring progress during the course of medical treatment and recovery, including arranging for necessary specialists upon a doctor's request.
- Maintaining contact with family, personal physician, and CSM, as appropriate.
- Assistance in coordinating admission into hospitals or other care facilities.
- Coordination of direct payments or deposits to health care providers.
- Management, coordination, and payment of emergency medical evacuations or repatriation.
- Coordination of emergency blood and medication transfers.
- Preplanning of medical support in remote areas.
- Emergency message transmittal services.
- Emergency international funds transfer capabilities.
- Travel assistance for a family member wishing to be with a patient hospitalized for more than seven days (includes payment of round-trip economy airfare to the place of hospitalization).
- Assistance for unattended dependent children (includes payment of one-way economy airfare to the place of residence with an escort if required).
- Assistance in making arrangements for interrupted travel plans resulting from an emergency situation.

- Knowledgeable legal referral service.
- Assistance with travel problems such as lost or stolen passports.

Locating Medical Services

SES has a database of thousands of international providers. These providers encompass doctors, hospitals, clinics, air ambulance companies, and others. Providers are carefully selected based on the medical specialty, location, language, and office hours. In addition, SES Assistance Specialists are multilingual and highly trained.

Payment of Medical Bills

The SHBP coverage may provide benefits for medical expenses incurred while traveling abroad (refer to the Student Health Benefits Plan for coverage of such expenses). SES includes coverage for expenses associated with a medically necessary evacuation, but all other medical bills are the responsibility of the Covered Person. SES will coordinate all billing and insurance verifications, including settling any guarantee of payment. This ensures that there is no delay or denial of medical treatment because of an inability to make payment.

Important Note: SES is not travel or medical insurance but a service provider for emergency medical assistance services. **All assistance services must be arranged and provided by SES. Claims for reimbursement of services not provided by SES will not be accepted.**

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.

Please refer to the SES Program Guide at www.uhcsr.com/CSM for additional information, including limitations and exclusions pertaining to the SES program.

Special Information for CSM International Students Enrolled in the SHBP

International students enrolled in the SHBP are covered by SES (as explained in this brochure) while they are outside the United States as part of CSM-sponsored travel. Also, international students enrolled in the SHBP are covered by SES for medical evacuation and repatriation while they are at CSM.



Student Health Benefits Plan

**Coulter Student Health Center
Colorado School of Mines
Golden, CO 80401**