

**AMENDMENT #2
FOR
Colorado School of Mines
STUDENT HEALTH BENEFITS PLAN (SHBP)
2012-13 Plan Year**

**Issued Date: September 24, 2012
Retroactive to August 21, 2012**

Schedule of Benefits, Section V (page 27)

BENEFIT	IN-NETWORK PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p>Wellness Benefits Benefits are provided for SHBP <i>Covered Students</i> through the Coulter Student Health Center where applicable. Any covered services not able to be provided through Coulter, or covered services for participants who are not <i>Covered Students</i> are subject to this section.</p> <p>Expenses for employment physicals are not covered by this benefit.</p> <p>For Wellness Benefits, for all <i>SHBP-Covered Persons</i> 19 years of age or older:</p> <p>a. Routine preventative screenings including those for cervical cancer screening, cholesterol screening, routine well child care including required immunizations for attendance in Colorado public schools , routine physical</p>	<p>Maximum annual benefit of \$300. Laboratory charges and immunization charges incurred at Coulter Student Health Center do not apply to this maximum benefit.</p>	<p>Not Covered</p>

<p>examination, well woman visits including breast cancer with mammography screening, colorectal screening, annual influenza vaccination, pneumococcal vaccination, screening for gestational diabetes, human papillomavirus testing, tobacco use screenings and cessation program.</p> <p>b. Annual Consultation – with a <i>Provider/Practitioner</i> to discuss lifestyle behaviors that promote health and well being including: Alcohol misuse screening, counseling for sexually transmitted diseases, breast feeding support, injury or disease management counseling and contraceptive methods counseling.</p> <p>Laboratory, radiology, and other testing procedures are not covered except as specifically provided.</p> <p>Routine Well Child Care: Charges incurred for routine Well Child Care under the age 19, including all charges billed at the time of visit in accordance with the standards and frequencies endorsed by the American Academy of Pediatrics. This includes but is not limited to, charges for physical examinations, history, sensory screening, neuropsychiatric evaluation, and appropriate immunizations.</p>	<p>Maximum annual benefit of \$300.</p>	<p>Not Covered.</p>
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