

**AMENDMENT #1  
FOR  
Colorado School of Mines  
STUDENT HEALTH BENEFITS PLAN (SHBP)  
2011-12 Plan Year**

**Issued Date: May 1, 2012  
Retroactive to August 23, 2011**

**Schedule of Benefits, Section V (page 25)**

<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>MAX = Maximum</b>	<b>PA = Preferred Allowance</b>	<b>R&amp;C = Reasonable and Customary Allowance</b>
<b>Vision</b> , provided up to two visits per <i>Plan Year</i> . Coverage includes (1) one exam, refractions and associated fittings for either eyeglasses or contact lenses. Copay applies to exam visit only. No copay will be applied for charges related to the fittings of either eyeglasses or contact lenses.	100% of <i>PA</i> \$25 copayment exam visit only	70% of <i>R&amp;C</i> \$25 copayment exam visit only