PART VI
SCHEDULE OF BENEFITS
MEDICAL EXPENSE BENEFITS-INJURY
COLORADO SCHOOL OF MINES - INTERCOLLEGIATE SPORTS PLAN
2017-4059-8
INJURY ONLY BENEFITS

Maximum Benefit	**$90,000 (For Each Injury)**
Deductible Out-of-Network	**$1,000 (Per Insured Person) (Per Policy Year)**
Coinsurance Preferred Providers	**90% except as noted below**
Coinsurance Out-of-Network	**70% except as noted below**

This policy provides benefits for Injury sustained by an Insured Person while: 1) actually engaged, as an official representative of the Policyholder, in the play or practice of an intercollegiate sport under the direct supervision of a regularly employed coach or trainer of the Policyholder; or 2) actually being transported as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the play or practice of a scheduled intercollegiate sport.

The Preferred Provider for this plan is Multiplan.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

Copays and Per Service Deductibles: All Copays and per service Deductibles specified in the Schedule of Benefits are in addition to the policy Deductible.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated.

Inpatient	**Preferred Provider**	**Out-of-Network Provider**
Room & Board:	Preferred Allowance	Usual and Customary Charges
	$250 Copay per visit	$750 Deductible per visit
Intensive Care:	Preferred Allowance	Usual and Customary Charges
Hospital Miscellaneous:	Paid under Room & Board	Paid under Room & Board
Physiotherapy:	Preferred Allowance	Usual and Customary Charges
Surgery:	Preferred Allowance	Usual and Customary Charges
Assistant Surgeon:	Preferred Allowance	Usual and Customary Charges
Anesthetist:	Preferred Allowance	Usual and Customary Charges
Registered Nurse's Services:	Preferred Allowance	Usual and Customary Charges
Physician's Visits:	Preferred Allowance	Usual and Customary Charges
Pre-admission Testing:	Preferred Allowance	Usual and Customary Charges

SCHEDULE OF BENEFITS *(Continued)*
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Outpatient	**Preferred Provider**	**Out-of-Network Provider**
Surgery:	Preferred Allowance	Usual and Customary Charges
Day Surgery Miscellaneous:	Preferred Allowance	Usual and Customary Charges
	$250 Copay per visit	$750 Deductible per visit
(Day Surgery Miscellaneous charges are based on the Outpatient Surgical Facility Charge Index.)		
Assistant Surgeon:	Preferred Allowance	Usual and Customary Charges
Anesthetist:	Preferred Allowance	Usual and Customary Charges
Physician's Visits:	100% of Preferred Allowance	Usual and Customary Charges
	$25 Copay per visit	$25 Deductible per visit
Physiotherapy:	Preferred Allowance	Usual and Customary Charges
	$25 Copay per visit	
(40 visits maximum Per Policy Year)		
Medical Emergency:	Preferred Allowance	Usual and Customary Charges
	$100 Copay per visit	$100 Deductible per visit
(The Copay/per visit Deductible will be waived if admitted to the Hospital.)		
X-rays:	Preferred Allowance	Usual and Customary Charges
Laboratory:	Preferred Allowance	Usual and Customary Charges
Tests & Procedures:	Preferred Allowance	Usual and Customary Charges
Injections:	Preferred Allowance	Usual and Customary Charges
Prescription Drugs:	No Benefits	No Benefits

Other		
Ambulance:	100% of Preferred Allowance	100% of Usual and Customary Charges
	$200 Copay per trip	$200 Deductible per trip
(Benefit includes air ambulance payable at 90% of Preferred Allowance in-network / 70% of Usual and Customary Charges out-of-network. Limited to $5,000 maximum Per Policy Year.)		
Durable Medical Equipment:	Preferred Allowance	Usual and Customary Charges
($5,000 maximum (Per Policy Year) (Exception: See Benefits for Prosthetic Devices)		
Consultant:	100% of Preferred Allowance	Usual and Customary Charges
	$25 Copay per visit	$25 Deductible per visit
Dental:	Preferred Allowance	90% of Usual and Customary Charges
(Injury to Sound, Natural Teeth only.)		
Urgent Care Center:	Preferred Allowance	Usual and Customary Charges
	$35 Copay per visit	$35 Deductible per visit

SHC Referral Required: Yes ( ) No (X) **Conversion Permitted:** Yes ( ) No (X)

Pre Admission Notification: Yes ( ) No (X)

( ) 52 Week Benefit Period or (**X) Extension of Benefits**

Other Insurance: (X) *Coordination of Benefits (X) Excess Motor Vehicle ( ) Primary Insurance

*If benefit is designated, see endorsement attached.

PART IX
EXCLUSIONS AND LIMITATIONS

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

1. Biofeedback;

2. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;

3. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;

4. Dental treatment, except for accidental Injury to Sound, Natural Teeth. Injury as a result of chewing or biting will not be considered an accident or Injury;

5. Elective Surgery or Elective Treatment;

6. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;

7. Health spa or similar facilities; strengthening programs;

8. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

9. Hypnosis;

10. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;

11. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

12. Injury outside the United States and its possessions;

13. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;

14. Investigational services;

15. Nuclear, chemical or biological Contamination, whether direct or indirect. “Contamination” means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death;

16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

17. Prescription Drugs dispensed or purchased while not Hospital Confined; except when dispensed at the Student Health Center;

18. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;

19. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury;

EXCLUSIONS AND LIMITATIONS *(Continued)*

20. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

21. Sickness or disease in any form; over-exertion; fainting; or hernia, regardless of how caused;

22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery;

23. Supplies, except as specifically provided in the policy;

24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and

25. War or any act of war, declared or undeclared; or while in the armed forces of any country other than the United States (a pro-rata premium will be refunded upon request for such period not covered).