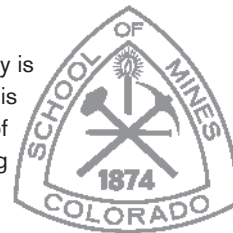


Student Health Program 2009-2010

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

Dear CSM Student, Parent, or Guardian,

We are pleased to provide you with this brochure describing Mines Student Health Program. A healthy student body is essential for a vibrant and dynamic learning environment and student success. The Student Health Program is committed to assisting students in making healthier choices during their academic careers at the Colorado School of Mines. The relationship between academic success and health is inseparable. Mines requires that all degree-seeking students have adequate health insurance.



Students should:

- be proactive in addressing their health care issues.
- have access to timely and accurate health information and preventative measures.
- have quality health care that provides the least interruption of their academic progress, and not be hindered by the cost of obtaining the care needed.

The five components of the Mines Student Health Program are:

- Coulter Student Health Center
- Student Health Insurance Plan (SHIP)*
- Counseling Center at Student Development and Academic Services
- Health Information and Wellness Programs
- Athletic Trainer for Intercollegiate Athletes

Providing good health care supports academic success at Mines, through appropriate access to health care services, information, and the highest possible quality of care. Primary care and mental health care services, paid through student fees, for all degree-seeking students, is where our program starts. In cases where additional care is needed, health insurance is very important. Student and parents/guardians must carefully consider their health insurance options to assure appropriate access to health care services, beyond Mines' primary care and mental health care, and have financial protection in the event of a major injury or illness.

Academic Success and Health Insurance Considerations

- Minor injuries may require local care at a hospital, urgent care facility or specialist.
- Academic momentum should be supported by local access to follow-up care.
- Mental health care visits are best if access is within 2 miles.
- Students should not have to choose between paying for an education or paying for health care.

Enrollment/Waiver process designed to improve the health insurance decision process.

Online enrollment/waiver process: Completion is required for all US citizens for the SHIP. (International students and intercollegiate athletes participating in NCAA-sanctioned sports can enroll in the SHIP online, but **must** complete a paper waiver process.) The deadline to waive the SHIP is September 9, 2009.

The SHIP cost for 2009-2010 is \$780 per semester for single student coverage. The spring semester automatically includes summer coverage. The average monthly cost of coverage is \$130. We know of no other individual health insurance program available to Mines students that provides comparable coverage at or below this cost. Many parents/guardians also find that the SHIP costs less than the contributions required for employer sponsored health plans.

Our program provides Injury and Sickness coverage, as explained in this brochure, through the nation's largest health insurance organization, UnitedHealthcare. UnitedHealthcare **StudentResources** is also one of the leading providers of health insurance coverage for college students. Our program has a fully insured component (e.g., SHIP coverage) and a self-funded component (e.g., dental care services at the Coulter Student Health Center). Other services provided to SHIP participants include after-hours phone consultation and an improved process to obtain insurance identification cards.

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 CSM Public Safety at 303-273-3333 and/or 911. If appropriate, proceed directly to the nearest 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.

* One Year Non-Renewable Term Policy underwritten by UnitedHealthcare Insurance Company



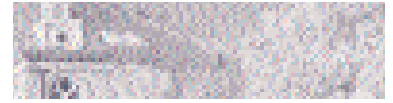
TABLE OF CONTENTS

CSM Health Insurance Requirement and Online Enrollment/Waiver Process	.2
Notices and Questions: Need More Information?	.3
Coulter Student Health Center	.4
Dental Care	.6
CSM Counseling Center	.8
Student Health Insurance Plan (SHIP)	.10
Students Who Participate in NCAA-Sanctioned Intercollegiate Sports	.12
Pharmacy / Vision Benefits	.13
SHIP Schedule of Coverage	.14
State Mandates	.16
The Colorado School of Mines Student Health Insurance Program Notice of Privacy Practices	.20
Emergency Services for SHIP-Covered Persons	.22
CSM Counseling Center Referral Benefit	.23

Contact Section

Service	Student Health Program 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 nurse/counseling- line for SHIP-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 Insurance Plan (SHIP)			
On-Campus Service	CSM Student Health Insurance Coordinator	303-273-3388	www.UHCSR.com/CSM
SHIP Benefits (including vision care), Claims Information, and Identification Cards	United Healthcare Student Resources Pharmacy (Medco)	866-458-4954 877-417-7345	www.UHCSR.com/CSM
24-Hour Nurse/Counseling Line	United Healthcare Student Resources	877-643-5130	www.liveandworkwell.com
Medical Evacuation	United Healthcare Student Resources	877-488-9833	www.assistamerica.com/student
Confidential Secure Messaging for Student Health Program (available to all students regardless of type of personal health insurance coverage)	WordSecure for CSM Student Health Program	303-273-3381	To subscribe visit: https://csm.wordsecure.com/

CSM HEALTH INSURANCE REQUIREMENT AND ONLINE ENROLLMENT/WAIVER PROCESS



CSM Health Insurance Requirement

All degree-seeking students who are (1) United States citizens or permanent residents, (2) international students regardless of degree seeking status, or (3) INTERLINK students must have health insurance that meets or exceeds CSM's coverage requirements.

International and NCAA Student Athletes

International students and INTERLINK students cannot use the on-line system to waive enrollment in the SHIP; they can only use this system to enroll themselves in the SHIP. International students must contact the International Student Program office if they have embassy/other-sponsored coverage that they would like considered by CSM for waiver of SHIP coverage.

Students participating in NCAA-sanctioned intercollegiate sports cannot use the on-line system to waive enrollment in the SHIP; they can only use this system to enroll themselves in the SHIP. Athletes should contact Jennifer McIntosh, the Head Athletic Trainer, if they wish to waive enrollment in the SHIP.

Annual On-Line Enrollment/Waiver Process – September 9, 2009 deadline!

Students required to have health insurance coverage will be automatically enrolled in the SHIP and charged \$780 on tuition/fee billing if they do not complete the on-line waiver process by September 9, 2009 for the fall semester and January 28, 2010 for spring and summer coverage. Students are strongly encouraged to use the on-line system to either enroll or waive SHIP coverage. Using the default, automatic enrollment in the SHIP will delay your access to an insurance identification card and result in your receiving numerous email notices about the SHIP enrollment/waiver deadline. Graduate students must complete the enrollment process even though their academic departments may be paying for the cost of the SHIP.

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 Insurance Coordinator.

DO NOT FALSIFY YOUR PERSONAL INSURANCE INFORMATION REQUIRED FOR WAIVING SHIP COVERAGE. Students who falsify insurance information may be required to enroll in the SHIP 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.

Requests for waiving SHIP coverage after the deadlines stated above will be considered on an individual case basis with presumption against students who were automatically enrolled in the SHIP rather than using the on-line enrollment/waiver system. If granted, SHIP waiver requests after the enrollment/waiver deadline will be subject to a \$60 late waiver fee for requests submitted prior to October 9, 2009 (February 28, 2010, for spring semester). This fee increases to \$120 for late waiver fee requests submitted prior to November 9, 2009 (March 28, 2010, for spring semester). Otherwise, refunds of the cost of SHIP coverage will only be made upon the entry of any covered person into the armed services of any country. A pro-rated refund will be returned to such person upon request to the Insurance Coordinator at the CSM Student Health Center.

Instructions for Using the SHIP On-Line Enrollment/Waiver Process

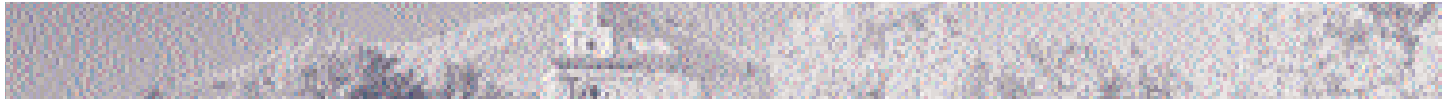
Login to Trailhead and click on the Self Service button. Next, click on the Student link, then the Registration link. Near the bottom of the list, click on "Enroll/Waive in Student Health Insurance Plan (SHIP)" and follow the instructions on the page that appears. A confirmation page will appear indicating your waiver has been approved or denied. Please print this page for your records. An additional confirmation will be sent to your Mines email address. If you encounter problems or have questions, contact the Student Insurance Coordinator at the Student Health Center at **303-273-3388** or subscribe to WordSecure (see Table of Contents page) and send message using the web-based system to the Student Insurance Coordinator.

Enrolling Your Dependents in SHIP

Enrolling dependents in the SHIP cannot be done through the on-line system. Students wanting to enroll a spouse or child(ren) in the SHIP must visit the Student Insurance 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.

Other SHIP Eligibility Provisions

Please see page 11 for other provisions relating to access to SHIP coverage in the event 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 Insurance Plan at **(303) 273-3388**

(email: SHIP@is.mines.edu)

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

UnitedHealthcare **Student**Resources at **(866) 458-4954** or

www.UHCSR.com/CSM

Preferred providers also may be found at this website.



Kathryn van Susante
Student Health Insurance (SHIP)
Coordinator

NOTICES

The SHIP provided by CSM complies with the standards for student health insurance/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.

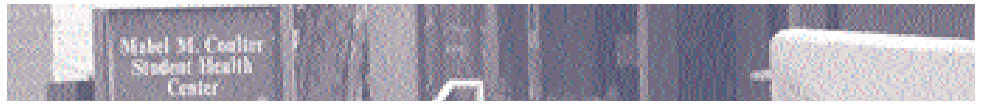
<http://healthcenter.mines.edu>

<http://counseling.mines.edu>

The SHIP 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 12 years.

He maintains a family practice in Golden, New West Family Physicians. This practice provides medical coverage for the SHC Monday – Friday 3:00-4:45 pm during the academic year. 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 20 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 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

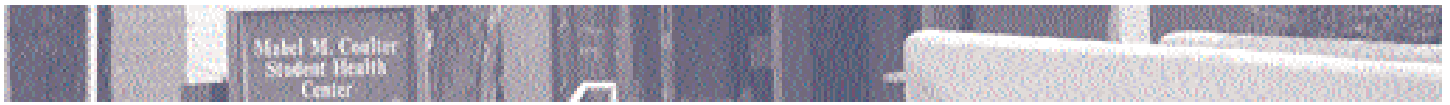
Students who are enrolled in at least four credit hours pay a Health Center fee which allows access to services provided at the Student Health Center. INTERLINK students are eligible to use the Student Health Center only during their session at CSM. Spouses may be seen at the Health Center, for the same per semester fee as students. Spouses 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 CSM Public Safety at **303-273-3333** and/or **911**. 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**.



Services Provided Without Charge:

- Over-the-counter medications (Advil, Tylenol, cold medications, Mylanta, etc.)
- Evaluation and treatment for common illnesses and injuries.
- Evaluation and treatment for depression, anxiety and other uncomplicated mental health concerns.
- Throat cultures.
- Wart treatment with liquid nitrogen (Wed. & Thurs.: 9-11:30 am and 1-2:30 pm).
- Allergy shots given during doctors' hours until 4:15 pm. Serum and instructions must be provided by the student.
- Women's health care (annual women's health exams must be scheduled by appointment).
- Safe sex education, condoms, and contraception options.
- Brochures and information about various health related topics (nutrition, STDs, AIDS, smoking, alcohol abuse, etc.).
- Crutches, knee braces, and heating pads can be checked out for a short period of time.
- Certain prescription medications (antibiotics, pain medications, skin ointments, etc.).
- Unlimited doctor visits during the academic year (Mon.-Fri.: 3:00-4:45 pm).
- Suturing of simple lacerations during doctors' hours, wound care supplies, suture (stitches) removal.
- MMR and tetanus (as result of injury) vaccines (when available).
- PPD (tuberculosis) skin test.
- Flu shots (late October or early November while supplies last).

Services Available for an Additional Fee

- PAP smears and other lab tests are available through the Health Center; students will be billed for these tests.
- Tetanus update
- Hepatitis A/B combo immunization
- Hepatitis A immunization
- Hepatitis B immunization
- Meningitis immunization
- Gardasil/HPV
- Dental Services

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

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.

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 program 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 SHIP will receive priority in scheduling appointments and will pay approximately 50% less for dental care than students not participating in the SHIP*. 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

Dental Clinic copayments

Covered Services	SHIP Covered	Privately Insured
------------------	--------------	-------------------

***Discount provided by CSM’s Dental Clinic. Dental care is not provided by or underwritten by UnitedHealthcare Insurance Company.**

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

Students* Students

Examinations

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

Preventive/Diagnostic

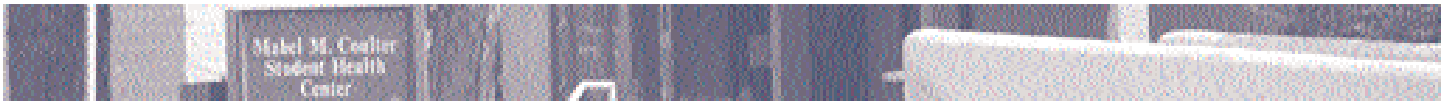
Prophylaxis/hour <i>(includes recall exam)</i>	\$ 15.00	\$ 30.00
Four bitewing X-rays	\$ 10.00	\$ 15.00
Sealant per tooth	\$ 10.00	\$ 15.00
Full Mouth X-rays	\$ 15.00	\$ 25.00
Peri-Apical films	\$ 0	\$ 5.00
Vitality Testing	\$ 0	\$ 10.00
Fluoride Treatment	\$ 5.00	\$ 10.00

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

	SHIP 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/per hour	\$ 35.00	\$ 50.00
Perio maintenance	\$ 20.00	\$ 30.00
Limited Scaling	\$ 25.00	\$ 35.00
Oral Surgery		
Extraction (simple)	\$ 30.00	\$ 40.00
Incision & Drainage Abscess	\$ 15.00	\$ 20.00

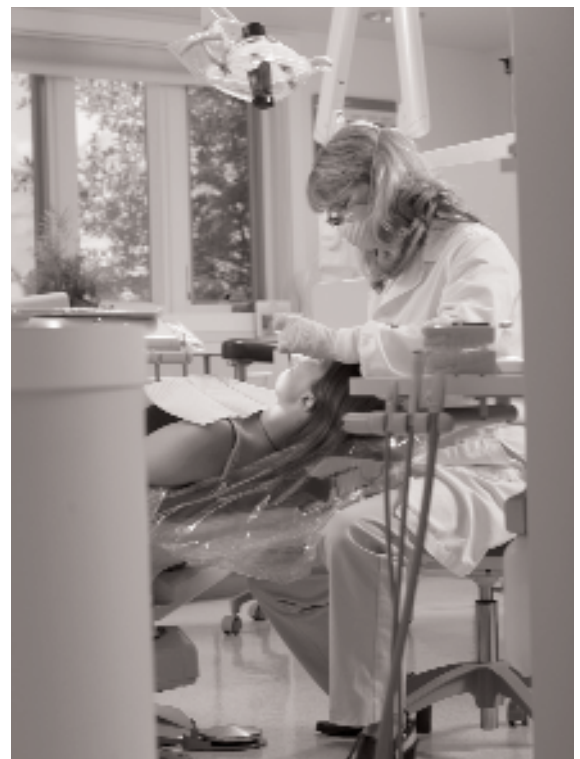
The dental clinic is staffed by a dentist, a dental assistant, and a dental hygienist and provides basic dental services such as exams, cleaning, x-rays, simple restorations and education regarding good dental hygiene. Dental services are provided on a fee-for-services basis and are available to all students who have paid the Health Center fee. Students enrolled in CSM's Student Health Insurance 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. INTERLINK students are also eligible to use these 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 E. 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**.

Students are encouraged to subscribe to our secure messaging program to communicate with all student health program 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 INSURANCE PLAN (SHIP)



CSM has one of the nation's best values for a student health insurance program.

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 Insurance Plan (SHIP) provides outstanding coverage at a cost well below many comparable individual health insurance policies. The SHIP is less expensive than dependent coverage provided under many employer-sponsored group health insurance plans.
- Many employer-sponsored group health insurance plans do not cover part-time students, or contain upper age limits. Also, students who have declared financial independence from their parents are no longer eligible to be covered as dependents under employer-sponsored health insurance plans.
- 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 preferred providers, the SHIP 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 Insurance 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 SHIP includes an annual vision exam benefit. See page 13 for details.
- The SHIP includes special medical evacuation and repatriation coverage for all international students. The SHIP also includes special medical evacuation and repatriation coverage for SHIP participants who travel abroad.

SHIP Overview

The Colorado School of Mines is pleased to offer a student health insurance 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.

This fully insured plan is underwritten by UnitedHealthcare Insurance Company and administered by UnitedHealthcare StudentResources.*

SHIP Student Eligibility

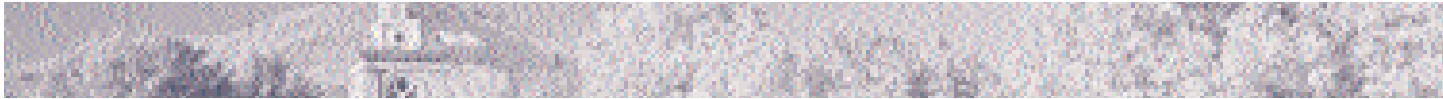
Unless otherwise specified in this brochure, all degree-seeking students who are United States Citizens or permanent residents must have health insurance that meets or exceeds CSM's coverage requirements. International students and INTERLINK students are only allowed to waive enrollment in the SHIP if they have coverage that has been pre-approved by CSM for waiver of SHIP coverage.

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 Insurance Coordinator.

All eligible students must meet the following additional requirements:

1. Students must be enrolled in the SHIP prior to the enrollment/waiver deadline for each coverage period, which is the last day of any coverage period to drop a class without a "W". 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 SHIP Participation). Requests for rescission of a SHIP 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 SHIP 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.

**Some components of the program (such as limited dental care benefits at the Coulter Student Health Center) are self-funded by CSM. This means a portion of the cost of the plan is retained by CSM to provide certain benefits through special arrangements on a direct funding basis. CSM also retains funds to pay for administrative costs associated with providing the SHIP.*



2009/2010 SHIP 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	2009 Fall Semester August 25, 2009 January 12, 2010	2010 Spring/Summer January 13, 2010 August 24, 2010	2010 Spring/Summer* January 13, 2010 August 24, 2010 <i>Only for students and dependents not enrolled in the SHIP in the Fall Semester.</i>	2010 Field Session May 17, 2010 August 24, 2010 <i>Only for students first enrolling at CSM</i>	2010 Summer Only June 21, 2010 August 24, 2010 <i>Only for students first enrolling at CSM</i>
Student/NCAA Student Athlete	\$780	\$780	\$1,037	\$662	\$467
Spouse	\$2,456	\$2,456	\$3,271	\$1,774	\$1,252
Child(ren)	\$1,660	\$1,660	\$2,216	\$1,346	\$951
Spouse and Child(ren)	\$4,116	\$4,116	\$5,487	\$3,120	\$2,203

*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

Students who waive enrollment in the SHIP 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 SHIP for the fall semester is not eligible to enroll in the subsequent Spring/Summer coverage period. Note that students who are covered by the SHIP for the spring semester automatically have coverage through the summer, including students who are graduating in May. Students not participating in intercollegiate sports may withdraw from the SHIP at the beginning of the spring/summer coverage period (not applicable to summer) if they acquire health insurance that qualifies for waiving SHIP enrollment. This option is not available to students who participate in NCAA-sanctioned sports.

Voluntary SHIP Eligibility Classes

Spouses and children of SHIP-covered students are also eligible for participation in the SHIP. Eligible dependents are the spouse (except in the event of divorce or annulment) 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.

Students who are in good academic standing and take an approved leave of absence from CSM, including Cooperative Education students and students enrolled in the International Student Exchange Program, may request continuation in the SHIP for a period not exceeding two academic semesters. Such students must be enrolled in the SHIP in the period of coverage immediately preceding the period of absence. 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 SHIP 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 SHIP. In such cases, the student's effective date of coverage under the SHIP 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. Refunds of premiums are allowed only upon entry into the armed forces.

UnitedHealthcare **StudentResources** maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If UnitedHealthcare **StudentResources** discovers the eligibility requirements have not been met, its only obligation is to refund premiums. Dependent eligibility expires concurrently with that of the insured student.

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 required to enroll in the SHIP under policy #2009-4059-2. Unqualified Late Enrollees cannot purchase dependent coverage under the SHIP 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 SHIP 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, effective the 2008-2009 plan year, to change their declination of SHIP coverage and enroll in the SHIP at the spring semester.**

To enroll in or waive SHIP coverage, athletes engaged in NCAA-sanctioned intercollegiate sports must complete a special enrollment/waiver form and submit it to the Athletic Department. You 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 SHIP, 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 \$75,000 deductible under the policy. The NCAA catastrophic insurance policy is available for review at the CSM Athletic Department.
- If you enroll in the SHIP 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 SHIP 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 SHIP.

- If you waive participation in the SHIP 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 SHIP. 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 \$75,000 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).





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 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 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 of premiums 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. Students who withdraw from CSM for non-medical reasons prior to the last day of any semester to drop a class without a “W” are not eligible for the SHIP coverage for that semester. Students must notify the Registrar’s Office of such withdrawal and the entire cost of the coverage for that semester will be refunded, including dependent coverage. **Such students will not be entitled to any benefits and no claims will be honored. No other refunds will be issued.**

Identification Cards

Students and dependents covered by the SHIP may request Identification Cards using the Internet. Students may log on to the UnitedHealthcare **StudentResources** website at www.UHCSR.com on or after the following dates for the 2009-2010 academic year.

- Fall Semester: October 1, 2009
- Spring Semester: February 15, 2010*
- Summer Session: July 15, 2010*

**Students enrolling for the fall semester do not have to re-order identification cards for the spring/summer coverage periods. These dates are only for new students first enrolling at CSM during these periods.*

Understanding the Network

The SHIP is a PPO plan provided through UnitedHealthcare Insurance Company — the largest insurance company in the country. UnitedHealthcare has negotiated discounted service rates in order to provide the best healthcare value to you.

The plan encourages you to use preferred providers to maximize your healthcare dollars. Using 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 Choice Plus PPO network? Go to www.UHCSR.com/CSM to search for participating providers. You can also call Customer Service at **866-458-4954**. Customer Service Representatives are available from 7 a.m. to 7 p.m., Central Time, Monday through Friday.

Pharmacy Benefits

The SHIP includes benefits for outpatient prescription drugs when dispensed by UnitedHealthcare Network Pharmacy (UHPS). Please refer to the Schedule of Medical Expense Benefits, page 15, for information. For a full description of pharmacy benefits, including the terms, limitations, and additional pharmacy specific exclusions, please refer to the plan brochure available on-line at www.UHCSR.com/CSM.

Vision Benefits

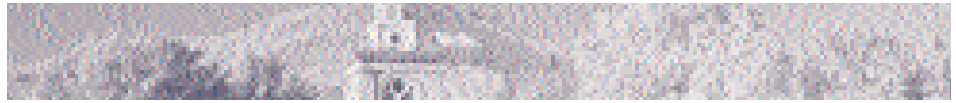
The SHIP includes a vision exam once per policy year and the benefit is available from either a preferred provider or out-of-network provider. Please refer to the Schedule of Medical Expense Benefits, page 14, for additional information.

Discount Vision benefits through UnitedHealth Allies®

SHIP participants will also have access to a discount program from UnitedHealth Allies that provides point of service discounts on vision care including optometry, mail order vision products and laser vision correction. Vision discounts range from 10% to 50% on vision services. This is a discount program, not insurance.

Your UnitedHealth Allies I.D. card will be delivered in the same envelope as your SHIP I.D. card. Simply register at sr.unitedhealthallies.com using the member number on the UnitedHealth Allies I.D. card to search for vision providers in the area and secure your guaranteed discount.

SHIP SCHEDULE OF COVERAGE



Maximum Lifetime Benefit \$2,000,000
Deductible, Preferred Provider: \$0
Deductible, Out-of-Network: \$1,000 (Per Insured Person) (Per Policy Year)
Deductible, Out-of-Network: \$3,000 (Aggregate) (Per Family) (Per Policy Year)
Coinsurance, Preferred Provider: 90% except as noted
Coinsurance, Out-of-Network: 70% except as noted
Max = Maximum
PA = Preferred Allowance
U&C = Usual & Customary Charges

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

The Preferred Provider for this plan is UnitedHealthcare Choice Plus PPO.

If care is received from a Preferred Provider any Covered Medical Expenses 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.

Preferred Provider Out-of-Pocket Maximum: The Company will pay 90% of Preferred Allowance for Preferred Providers up to \$1,000 Per Insured Person Per Policy Year or \$3,000 Aggregate Maximum Per Insured Family, Per Policy Year. Once the Insured or Family out-of-pocket maximum has been satisfied, additional Covered Medical Expenses will be paid at 100% of Preferred Allowance, up to a Lifetime Maximum Benefit of \$2,000,000 Per Insured Person. Copayments do not apply to the Preferred Provider out-of-pocket maximum.

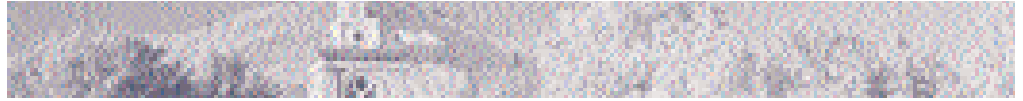
Out-of-Network Out-of-Pocket Maximum: After the Deductible has been satisfied, the Company will pay 70% of Usual & Customary Charges up to \$3,000 Per Insured Person, Per Policy Year or \$9,000 Aggregate Maximum Per Insured Family, Per Policy Year. Once the Insured or Family out-of-pocket maximum has been satisfied, additional Covered Medical Expenses will be paid at 100% of Usual & Customary Charges, up to a Lifetime Maximum Benefit of \$2,000,000 Per Insured Person. Copayments and per service Deductibles do not apply to the Out-of-Network out-of-pocket maximum.

All maximums are combined Preferred Provider and Out-of-Network, unless noted below. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	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 U&C / \$750 Deductible per admission
Routine Newborn Care , while Hospital Confined; and routine nursery care provided immediately after birth. 4 days Hospital Confinement expense maximum.	Paid as any other Sickness	
Physiotherapy , (Includes occupational and speech therapy. 30 non-acute days maximum Per Policy Year.)	Paid under Hospital Expense	
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 U&C
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services in connection with inpatient surgery.	90% of PA	70% of U&C
Registered Nurse's Services , private duty nursing care.	90% of PA	70% of U&C
Physician's Visits , benefits do not apply when related to surgery.	90% of PA	70% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	Paid under Hospital Miscellaneous Expenses	
Psychotherapy (other than for Biologically-Based Mental Illness.)	See Benefits for Psychotherapy	
Biologically-Based Mental Illness	See Benefits for Biologically Based Mental Illness	
OUTPATIENT	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 U&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 U&C / \$750 Deductible
Assistant Surgeon	90% of PA	70% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	90% of PA	70% of U&C
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of PA / \$25 copay per visit	70% of U&C / \$25 Deductible per visit

OUTPATIENT continued	Preferred Provider	Out-of-Network
Physiotherapy , Benefits are limited to one visit per day. (Includes occupational and speech therapy. 20 visits maximum Per Policy Year.) (For children up to age 5, benefits are limited to 20 therapy visits each per policy year each for physiotherapy, occupational, and speech therapy.)	90% of PA / \$25 copay per visit	70% of U&C
Medical Emergency , attending Physician's charges and the use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Copay/Deductible waived if admitted.	90% of PA / \$100 copay per visit	90% of U&C / \$100 Deductible per visit (Includes all ancillary charges)
Diagnostic X-ray Services	90% of PA	70% of U&C
Laboratory Services	90% of PA	70% of U&C
Radiation Therapy & Chemotherapy	90% of PA	70% of U&C
Tests & Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	90% of PA	70% of U&C
Psychotherapy (other than for Biologically-Based Mental Illness.)	See Benefits for Psychotherapy page 17	
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 UHPS at 2.5 times the retail copay up to a 90 day supply. The maximum copay for mail-order Tier 4 self-administered injectables is \$500 maximum. Benefits are also available for smoking cessation Prescription Drugs when enrolled in an approved UHPS smoking cessation counseling program up to a \$250 per insured Per Policy Year / \$500 Maximum Lifetime Benefit.	UnitedHealthcare Network Pharmacy (UHPS) up to a 31-day supply per prescription. 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
Biologically-Based Mental Illness	See Benefits for Biologically Based Mental Illness page 17	
OTHER	Preferred Provider	Out-of-Network
Ambulance Services , (Copay/Deductible is per trip.)	100% of PA / \$200 copay	100% of U&C / \$200 Deductible
Air Ambulance	90% of PA / \$5,000 maximum per trip	90% of U&C / \$5,000 maximum per trip
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. Exception: See Benefits for Prosthetic Devices	90% of PA / \$1000 maximum Per Policy Year	No Benefits
Consultant Physician Fees , when requested and approved by the attending Physician.	Paid as a Physician's Visit	
Alcoholism/Drug Abuse	Paid as any other Sickness See Benefits for Biologically Based Mental Illness	
Maternity	Paid as any other Sickness	
Complications of Pregnancy	Paid as any other Sickness	
Organ Transplants	90% of PA / \$250 copay per admission	No Benefits
Voluntary Termination of Pregnancy	No Benefits	
NCAA Sanctioned Intercollegiate Sports Benefit , \$75,000 max Per Injury	Paid as any other Injury	
Annual Gynecological Exam , (This benefit is not subject to the Policy Deductible.)	90% of PA / \$25 copay per visit	70% of U&C
Acupuncture , (12 visits maximum Per Policy Year.)	90% of PA / \$25 copay per visit	70% of U&C
Vision , (One exam Per Policy Year) (The eye exam exclusion will be waived and benefits will be paid as specified not to exceed one exam Per Policy Year.)	100% of PA / \$20 copay	100% of U&C / \$20 Deductible
Skilled Nursing Care , (Limited to 30 days Per Policy Year in and out-of-network combined. Copayment waived if admitted directly to a skilled nursing facility from an inpatient acute facility.)	90% of PA / \$250 copay per admission	70% of U&C / \$750 Deductible per admission
Home Health Care , (Limited to 60 visits Per Policy Year.)	90% of PA / \$25 copay per visit	No Benefits
Hospice Care , (30 inpatient days maximum Per Policy Year/91 outpatient days maximum Per Policy Year. Visit maximums are in and out-of-network combined.)	90% of PA	70% of U&C
Urgent Care	90% of PA / \$35 copay per visit	70% of U&C
Dental , (Injury to Sound, Natural teeth only.)	90% of U&C	90% of U&C

STATE MANDATES



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 Insured 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 policy.

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 an Insured 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 an Insured Person within the Company's network and within the Insured's geographic area.

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

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 policy Deductible will not be applied to this benefit.

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

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 policy.

Benefits for Cervical Cancer Vaccines

Benefits are payable for the cost of cervical cancer vaccinations for all female Insured 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 policy 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 policy.



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 Insured 50 years of age or older. One screening per year shall be covered for any male Insured 40 to 50 years of age who is at risk of developing prostate cancer as determined by the Insured's Physician. The screening shall consist of the following tests:

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

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

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

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 policy.

"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 policy.

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 policy.

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 policy 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 policy.



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 policy 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 policy.

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 policy.

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 policy.

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 Insured Person who is asymptomatic and age 50 or older. Benefits will also be provided for an Insured 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 Insured Person's health care provider.

The policy Deductible will not be applied to this benefit.

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

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 an Insured Person under the age of eighteen.

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



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. Learning disabilities, behavioral problems, and Attention Deficit Hyperactivity Disorder testing (treatment is covered), conceptual handicap, developmental delay or disorder or mental retardation;
2. Biofeedback;
3. Chronic pain disorders;
4. Circumcision;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy, removal of warts;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. Elective abortion;
9. 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; except when due to a disease process; or except as specifically provided in the policy;
10. Health spa or similar facilities; strengthening programs;
11. Hearing examinations or hearing aids, except as specifically provided in the policy; 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;
12. Hirsutism; alopecia;
13. Hypnosis;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. 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;
16. Inpatient convenience items such as guest meals, telephone, televisions;
17. Investigational services;
18. Medical and non-medical self-care or self-help training, recreation therapy, educational therapy, dance therapy, art therapy;
19. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as provided under Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
20. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
21. Routine Newborn Infant care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery. If forty-eight hours following a vaginal delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning. If ninety-six hours following the cesarean section falls after 8 p.m., coverage shall continue until 8 a.m. the following morning;
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
23. Temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; except for treatment of chronic purulent sinusitis;
24. Supplies, except as specifically provided in the policy;
25. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
27. 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); and
28. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

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 Program (the "SHP") handles medical information about you. The handling of this information is regulated by law. To comply with the applicable law, the SHP requires you to receive this notice and, in some circumstances, to sign an authorization form.

The SHP 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 SHP.

An authorization allows the SHP to use and disclose information about you for any other reason that is listed in the authorization. The SHP 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 SHP 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 SHP does to assess the quality of care, teach and develop staff, and manage the SHP's operations. Some examples of uses and disclosures are below.

Example of Treatment Disclosure. The SHP 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 SHP 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 SHP 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 SHP may use or disclose your medical information in the following situations without your authorization. These situations include:

As Required By Law. The SHP 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 SHP 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 SHP 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 SHP 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 SHP 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 SHP 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 SHP may disclose your medical information to the governmental entity or agency authorized to receive such information if the SHP 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 SHP 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 SHP 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 SHP 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 SHP, 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 SHP 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 SHP 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 SHP 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 SHP 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 SHP may disclose your medical information, if the SHP 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 SHP 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 SHP 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 SHP 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 SHP as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures. Under the law, the SHP 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 SHP 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 SHP may disclose such information as necessary if the SHP determines that it is in your best interest based on the SHP's professional judgment. The SHP 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 SHP 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 SHP 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 SHP will only be bound by the restrictions if the SHP notifies you that it agrees with them. **Confidentiality.** You have the right to have the SHP 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 SHP under most circumstances.

Amendment of Health Information. You have the right to have the SHP amend its records of information about you. The SHP 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 SHP, 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 SHP 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 SHP is required by law to keep medical information about you private and to give you this notice. The SHP must abide by this notice. However, the SHP reserves the right to amend this notice and make such change applicable to all medical information maintained by SHP. Any revised notice will be provided to enrollees by the SHP.

HIPAA and FERPA. With respect to student health information, the SHP 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 SHP will not retaliate against you for making a complaint.

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

EMERGENCY SERVICES FOR SHIP-COVERED PERSONS



Participation in the SHIP 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 Insurance Plan. The cost for this program is included in charges for the SHIP 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 SHIP-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 SHIP coverage may provide benefits for medical expenses incurred while traveling abroad (refer to the Student Health Insurance 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 insured. 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.

Special Information for CSM International Students Enrolled in the SHIP

International students enrolled in the SHIP 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 SHIP are covered by SES for medical evacuation and repatriation while they are at CSM.



Special CSM Counseling Center Referral Benefit

SHIP-covered persons have access to a Special CSM Counseling Center Referral Benefit for mental health care/chemical dependence treatment for covered students who receive a referral to a community psychiatrist, psychologist, certified addictions counselor, or other licensed mental health care therapists from the CSM Counseling Center. This is a separate benefit from the mental health care coverage shown in the SHIP Schedule of Coverage that is administered by UnitedHealthcare **StudentResources**. This means you may obtain outpatient mental health care services, without first receiving a referral from the CSM Counseling Center, if you choose to use the schedule of benefits that is administered by UnitedHealthcare **StudentResources**.

This Special CSM Counseling Center Referral Benefit only applies if you receive a referral from the Counseling Center and you obtain services from a licensed mental health care professional who has entered into a service agreement with the Colorado School of Mines.

The Special CSM Counseling Center Referral Benefit will pay up to thirty (30) visits each plan year. The first visit will be paid in full (no copayment) and the second through the 30th visits will be subject to a \$10 copayment.

Your therapist must obtain authorization for continued services from the Director of the Counseling Center at CSM at the 9th visit and again at the 19th visit. You will not be required to pay any additional fee beyond the \$10 copayment. No part of this benefit is indemnified by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company also has no responsibility for administration of Special CSM Counseling Center Referral Benefit claims or covered person eligibility determinations.

Laboratory Charges at the Coulter Student Health Center

Except for routine physical examinations, laboratory charges incurred by covered SHIP participants will be covered at 100 percent when laboratory specimens are obtained at the Coulter Student Health Center. Students are not required to submit claims. No part of this benefit is indemnified by UnitedHealthcare Insurance Company. UnitedHealthcare **StudentResources** also has no responsibility for administration of laboratory claims or covered person eligibility determinations.

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 Program 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 UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company 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 with UnitedHealthcare Insurance Company. It provides a summary of the benefits and limitations of the SHIP. If there is any difference between this brochure and the policy, the provisions of the policy on file with the school will govern. For a full description of coverage under the SHIP, including benefits, exclusions, any reductions and limitations and the terms under which the coverage may remain in force, refer to the plan brochure which is available on-line or at the CSM Coulter Student Health Center.

COBRA and Extension of Eligibility/Benefits

The Student Health Program is not subject to the extension of eligibility provisions required under Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Accordingly, the Student Health Program 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.



Student Health Program

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