Your student health insurance coverage, offered by Nationwide Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits for health insurance plans other than Student Health Insurance coverage for the 2013/2014 policy year. Minimum restrictions for policy year dollar limits for Student Health Insurance coverage are $500,000 for the 2013/2014 policy year. Your Student Health Insurance coverage put a policy year limit of: $500,000 per accident or sickness. Be advised that you may be eligible for coverage under your parents’ plan if you are under the age of 26.
Welcome to Colorado State University

Good health is essential for your academic success and the CSU Health Network is here to provide high quality health care, counseling, education and prevention services at our campus facility. The program outlined in this brochure provides benefits both within the CSU Health Network (CSUHN) and when services are provided outside of the CSU Health Network. Please take some time to review this brochure and to educate yourself about the benefits that are available to you through the Student Health Insurance Plan. If you have questions, please contact the CSU Health Network Insurance Office at (970) 491-5118 or visit www.health.colostate.edu.

CSU Health Network
Student Health Fee

All students registered for six or more credit hours are assessed the Student Health Fee and are eligible to use the CSU Health Network. Other students may pay the Student Health Fee or pay for individual services at the CSU Health Network.

- Unlimited office visits at no additional cost to see most healthcare providers
- Additional services are available at a reduced cost

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Campus Advantage Benefits

(included with enrollment in the Student Health Insurance Plan)

Students enrolled in the Student Health Insurance Plan are eligible for additional benefits provided at the CSU Health Network.

- Covers up to $1500 for medical costs per school year at the CSU Health Network including lab/x-ray, physical therapy, tests/procedures and other services
- $100 Flex Dollars per school year available for use at the CSU Health Network
- Covers up to $500 for prescription drugs per school year with no copay or deductible at the CSU Health Network Pharmacy.
- For more detailed information see page 3

Student Health Insurance Plan

- Fully insured Preferred Provider Organization (PPO) Plan using the Cofinity Network
- In-Network Benefits also available at the CSU Health Network
- No deductible or co-pay for services received at the CSU Health Network. Co-insurance may apply
- $500 deductible (outside of the CSU Health Network)
- Out of Pocket maximum - $2,000 (per individual)
- Covers medical costs worldwide 24/7
- Prescription drug benefit with $10/$35 copay for outside pharmacies (no copay at CSUHN pharmacy)
- No Lifetime Benefit Maximum
- Health Care Reform compliant plan (as it pertains to student health insurance)
- Hospital Room and Board Expense Benefits
- Surgical Expense Benefits
- Outpatient Expense Benefits
- For additional benefit coverage and more detailed information see pages 4 & 5
Eligibility For Health Insurance

Effective spring semester 2014 ALL students enrolled in 6 or more resident instruction credit hours will be automatically enrolled in the CSU Student Health Insurance Plan each semester. Students who are enrolled in 6 or more resident instruction credit hours are subject to the mandatory insurance requirement. In order to opt out of enrollment in the Plan, students must demonstrate proof of comparable coverage via the waiver request process. (See Waiver Request Process section below). Students who have been granted a waiver in the fall semester will be automatically waived in the spring semester as well. Students who are enrolled in 5 or less resident instruction credit hours are not subject to the mandatory insurance requirement and may opt out of coverage by e-mailing your request to the CSU Student Insurance Office at CSUHN_Insurance@mail.colostate.edu or by completing the form available at the CSU Student Insurance Office.

Domestic Students:

• Admitted Colorado State University undergraduate students registered for 6 or more resident instruction credit hours in an on-campus degree program. (Please review Undergraduate Students section on this page).
• Admitted Colorado State University graduate students. (Please review Graduate Students section on this page).
• Colorado State University Continuous Registration students.
• Guest students registered for 6 or more resident instruction credit hours.

In order to be eligible for the insurance plan, the student must also pay the Student Health Fee.

Except in the case of withdrawal for insurance carrier approved medical reasons due to Sickness or Injury, any Student withdrawing from school during the first thirty-one (31) days of the period for which Coverage is purchased, will not be covered under this Policy and a full refund of Premium will be made minus the cost of any claim for Benefits made by Us. Students withdrawing after such thirty-one (31) days will remain covered under the Policy for the term purchased and no refund will be allowed.

Students eligible for faculty/administrative professional or state classified health insurance are ineligible for coverage under this policy.

The carrier maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If the carrier discovers that the eligibility requirements have not been met, a refund of premium, less any claims paid will occur.

Graduate Students

All graduate students who are enrolled in at least 1 resident instruction credit hour are automatically enrolled in the CSU Student Health Insurance Plan each semester. Students who are enrolled in 6 or more resident instruction credit hours are subject to the mandatory insurance requirement. In order to opt out of enrollment in the Plan, students must demonstrate proof of comparable coverage via the waiver request process. (See Waiver Request Process section below). Students who have been granted a waiver in the fall semester will be automatically waived in the spring semester as well. Students who are enrolled in 5 or less resident instruction credit hours are not subject to the mandatory insurance requirement and may opt out of coverage by e-mailing your request to the CSU Student Insurance Office at CSUHN_Insurance@mail.colostate.edu or by completing the form available at the CSU Student Insurance Office. All waiver and opt out requests must be made no later than the Enrollment/Cancellation Deadline shown on page 6. If you do not waive or opt out of the plan your student account will be billed for the premium.

Undergraduate Students

Effective fall semester 2013 all domestic undergraduate students registered for 6 or more resident instruction credit hours will be asked to show proof of coverage under a Health Care Reform compliant plan of insurance. Please see the instructions in the Waiver Request Process section below for details on how to submit your information.

Effective spring semester 2014 all domestic undergraduate students registered for 6 or more resident instruction credit hours will be REQUIRED to maintain coverage under a Health Care Reform compliant plan of insurance. Additional information regarding this requirement will be posted on the CSUHN website (shown below in the Waiver Request Process section) and e-mailed to students during the fall semester.

Waiver Request Process

For additional details on the opt out/waiver request process, please visit the CSU Health Network website at: www.health.colostate.edu then “click” on insurance.

Effective And Termination Dates

Policy year effective and termination dates: August 26, 2013 - August 24, 2014

Covered Person: Coverage becomes effective at 12:01 a.m. standard time at the Covered person’s residence on the later of:

• The effective date of the Policy;
• The first day of the term of Coverage for which Premium is paid;
• The day following the date on which the enrollment form and premium are received by our representative

Covered Person: Coverage will terminate at 12:01 a.m. standard time at the Covered Person’s residence on the earliest of:

• The termination date of the Policy;
• The last day of the term of Coverage for which Premium is paid;
• The date a Covered Person enters full time active military service. We will refund the unearned pro-rata Premium to such person upon request.

Insurance is effective until the first day of classes the following semester – even if you graduate or leave school. (Please refer to coverage dates on page 6.)

It is your responsibility to enroll in and/or verify your automatic enrollment in the plan each semester.
THE CSU HEALTH NETWORK

All registered students are eligible to use the CSU Health Network regardless of insurance status. Students registered for 6 or more credit hours automatically pay the Student Health and Counseling Fees and are eligible to use the CSU Health Network. Part-time students, Online Plus students, Guest Students and Continuous Registration students may choose to pay the Student Health Fee on a semester basis or pay for services as they are received at the CSU Health Network.

The CSU Health Network at Colorado State University is fully accredited by the Accreditation Association for Ambulatory Health Care Inc. (AAAHC). Emphasizing seamless, comprehensive, and innovative health care services, the professional staff through the CSU Health Network provides high quality health care for our students. The professional medical and mental health staff consists of board certified and licensed doctors, psychiatrists, psychologists, nurse practitioners, physician assistants, pharmacists, and professional technicians.

Services encompass a wide range of outpatient care including individual, group, and family counseling, Learning Assistance consultations, substance abuse prevention/treatment, stress management, sports performance programs and the following:

- Women’s Clinic
- Medical Clinic (including Men’s Health)
- Psychiatric Services
- Triage

Ancillary services include: X-ray, Laboratory, and Pharmacy.

In addition, the CSU Health Network provides a number of specialty clinics, such as:

- Allergy/Asthma
- Optometry
- Orthopedic/Sports Medicine
- Immunization
- Dental
- Physical Therapy
- Therapeutic Massage

Health Education and Prevention Services are available to help promote and support healthy lifestyle choices through education and counseling.

Health records of patients are kept completely confidential. Health information is not released to anyone without written approval.

Students who have health problems are encouraged to establish a relationship with a health care provider upon arriving on campus and to provide previous medical records.

The CSU Health Network hours are:

<table>
<thead>
<tr>
<th></th>
<th>Academic Year</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>7:30 a.m. – 5:00 p.m.</td>
<td>Monday – Friday</td>
</tr>
</tbody>
</table>

The CSU Health Network is located west of Morgan Library and east of the intramural field on the main campus.

In order to be eligible for the health insurance plan, the student must also pay the Student Health Fee.
The CSU Health Network is pleased to offer the following additional benefits to students enrolled in the CSU Student Health Insurance Plan. A portion of the amounts outlined in the Schedule of Costs (page 6) are allocated for the additional benefits shown below.

There are 3 benefit components under the Campus Advantage program: One component for medically necessary services when rendered at the CSU Health Network and another component for prescription drugs dispensed at the CSU Health Network. The third component is a $100 Flex Dollar benefit available for use toward non-covered health related services provided at the CSU Health Network. To reduce out of pocket expenses, students should access services at the CSU Health Network first before seeking medical care in the community.

<table>
<thead>
<tr>
<th>Benefit Component</th>
<th>Benefit Amount</th>
<th>Notes</th>
</tr>
</thead>
</table>
| CSUHN Medical Care Benefit per Plan Year (Not including prescription drugs) | $1,500         | • Physical Therapy  
• X-Ray  
• Laboratory  
• Consultations  
• Intravenous Care  
• Tests/Procedures  
• Surgical Procedures  
• Infirmary  
• Braces / Casting  
• Appliances |
| CSUHN Prescription Drug Benefit                         | $ 500          | Includes birth control. Once the $500 benefit has been exhausted, student health insurance plan benefits become available at the CSUHN Pharmacy with no co-pay, no deductible. |
| Flex Dollars                                            | $ 100          | Flex dollars may be used at the CSU Health Network for health related services not otherwise covered under the Campus Advantage Benefits (Excluding Coinsurance, No Show and Late Appointment Fees). |

Medical Care and Prescription Drug Benefits do not cover:

- Dental care
- Massages
- Routine eye exams
- Orthotics
- Acne treatment or medications
- Administrative fees
- Charges deemed not medically necessary
- Copies of x-rays/medical records
- Services or supplies not rendered at CSU Health Network
- Preventive or elective/over-the-counter medications and/or treatment
- Services not listed above

These exclusions may be covered under the Flex Dollar benefit

Students - Medical expenses incurred under Campus Advantage at the CSU Health Network do not require a claim form, are not subject to deductible and/or copays. Any ineligible expense not payable under the benefits outlined above or by the Student Health Fee may be considered by the student health insurance plan. In the event those charges are not eligible under that plan they will be charged to your student account.

Please contact the Student Insurance Office at (970) 491-5118 with any questions.
### Student Health Insurance Plan Schedule of Benefits

By enrolling in the Colorado State University Student Health Insurance Plan you have access to Preferred Provider networks. By selecting a Preferred Provider you will maximize your savings and reduce out-of-pocket expenses because of the significant savings that can be achieved from the substantially lower rates these providers have agreed to accept as payment for services. This enhancement to your plan does not require you to use a Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to the plan design, exclusions and limitations as specified in the policy). Please see the information on page 7 to find out how to locate the Preferred Providers in the Fort Collins area and nationally.

The payment of any Copays, Deductibles, the balance of any Coinsurance amount, and any medical expenses not covered, are the responsibility of the Covered Person.

<table>
<thead>
<tr>
<th>Lifetime Aggregate Plan Maximum:</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum:</td>
<td>$500,000 Per Accident or Sickness</td>
</tr>
<tr>
<td>Out of Pocket Maximum:</td>
<td>$2,000 (Individual) Includes Deductible, Copay and Coinsurance. If the amount you pay for covered charges in any one policy year reaches the out-of-pocket maximums shown above, the Company will then pay 100% of additional covered charges for each covered occurrence up to the overall benefit maximums shown above.</td>
</tr>
<tr>
<td>Deductible:</td>
<td>$500 (Individual) per Policy Year</td>
</tr>
<tr>
<td>Preferred Provider Networks:</td>
<td>Cofinity / First Health Network [<a href="http://www.cofinity.net">www.cofinity.net</a> - (800) 831-1166 Inside Colorado [<a href="http://www.myfirsthealth.com">www.myfirsthealth.com</a> - (800) 226-5116 Outside of Colorado AmeriBen - (855) 258-2656 or CSUHN Referral Coordinator - (970) 491-3962]</td>
</tr>
</tbody>
</table>

#### INPATIENT

Covered Charges include the following (subject to the Policy Year Maximum Benefit and Out-of-Pocket Maximum, except as otherwise noted herein). Please note Covered Charges do NOT include any treatment or services included in the Campus Advantage plan. Deductible Waived / Deductible Applies Copay Waived / Copay Applies

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>CSUHN</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL CONFINEMENT ROOM AND BOARD daily average semi-private room rate and general nursing care provided by a Hospital</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>INTENSIVE CARE</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>MATERNITY AND NEWBORN CARE including routine nursery care provided immediately after birth; up to 48 hours after birth (96 hours for cesarean delivery)</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>HOSPITAL CONFINEMENT MISCELLANEOUS such as the cost of the operating room, laboratory tests, x-ray examinations including professional fees, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies; dressings; oxygen tent</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>SKILLED NURSING FACILITY AND REHABILITATION CARE EXPENSE daily average semi-private room rate and general nursing care provided by the facility; includes miscellaneous services.</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>SURGICAL EXPENSE if multiple 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</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ASSISTANT SURGEON</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ANESTHETIST professional services in connection with inpatient surgery</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>PRE-ADMISSION TESTING</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>PHYSICAL THERAPY</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>DOCTOR VISITS</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>BIOLOGICALLY BASED MENTAL ILLNESS AND MENTAL DISORDERS (i.e. schizophrenia, schizoaffective disorder, bipolar effective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.)</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>MENTAL HEALTH CONDITIONS / DRUG AND ALCOHOL ABUSE</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
</tbody>
</table>

For inpatient or intermediate care; limited up to a maximum of forty-five (45) days for inpatient care or ninety (90) days for partial hospitalization per Policy Year.

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<tr>
<th>OUTPATIENT</th>
<th>CSUHN</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR VISITS</td>
<td>80% of PA*</td>
<td>80% of PA*</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>EMERGENCY ROOM EXPENSE for use of Hospital emergency room, operating room, laboratory and x-ray examinations, and supplies; $100 Copay per visit (waived if admitted); non-PPO paid at PPO level in the case of an Emergency</td>
<td>N/A</td>
<td>80% of PA*</td>
<td>80% of R&amp;C*</td>
</tr>
</tbody>
</table>

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### Student Health Insurance Plan Schedule of Benefits

<table>
<thead>
<tr>
<th>OUTPATIENT</th>
<th>CSUHN</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGENT CARE SERVICES subject to a $50 Copay per visit</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>DAY SURGERY MISCELLANEOUS scheduled surgery performed in a Hospital or outpatient facility, including use of operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, drugs or medicines (excluding take-home) and supplies, therapeutic services (excluding physical therapy)</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>SURGICAL EXPENSE if multiple 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</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ASSISTANT SURGEON</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ANESTHETIST professional services in connection with outpatient surgery</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ALLERGY TESTING AND TREATMENT</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>INJECTIONS when administered in a Doctor’s office when no other service is received</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>RADIATION THERAPY AND CHEMOTHERAPY</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>LABORATORY TESTS</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>DIAGNOSTIC IMAGING SERVICES includes x-rays, CAT scans, PET scans, MRI, ultrasonography and nuclear medicine</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>BIOLOGICALLY BASED MENTAL ILLNESS AND MENTAL DISORDERS (i.e. schizophrenia, schizoaffective disorder, bipolar effective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder)</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>MENTAL HEALTH CONDITIONS / DRUG AND ALCOHOL ABUSE limited up to a maximum of thirty (30) visits per Policy Year</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>PHYSICAL THERAPY up to a maximum of 12 visits per Policy Year; (includes occupational therapy and chiropractic treatment)</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>OTHER</th>
<th>CSUHN</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULANCE SERVICES for ground and air; for Emergency only</td>
<td>N/A</td>
<td>80% of R&amp;C*</td>
<td>80% of R&amp;C*</td>
</tr>
<tr>
<td>DURABLE MEDICAL EQUIPMENT/BRACES AND APPLIANCES</td>
<td>80% of PA†</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>PREGNANCY including complications of pregnancy</td>
<td>N/A</td>
<td>Paid as any other Sickness</td>
<td></td>
</tr>
<tr>
<td>HOME HEALTH CARE</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>HOSPICE EXPENSE</td>
<td>N/A</td>
<td>80% of PA†</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>PREVENTIVE / WELLNESS SERVICES see Definitions on page 11 for a listing of benefits</td>
<td>100% of Covered Charges Deductible Waived Copays Waived</td>
<td>100% of PA† Deductible Waived Copays Waived</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>ADULT IMMUNIZATIONS Includes but not limited to: Tetanus, Diptheria, Pertussis, TdaP, Measles-Mumps-Rubella, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Flu, Pneumonia, Varicella, Meningococcal, Twinrix (combo Hepatitis A and B)</td>
<td>100% of Covered Charges Deductible Waived Copays Waived</td>
<td>100% of PA† Deductible Waived Copays Waived</td>
<td>60% of R&amp;C*</td>
</tr>
<tr>
<td>Sexual/Gender Reassignment Surgery Benefit</td>
<td>N/A</td>
<td>80% of PA† up to $10,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Prescription Drug Expense

Limited to a 30-day supply per prescription. $0 Copay for Generic Contraceptive. To locate a Script Care pharmacy, call 1-800-880-9988 or visit www.scriptcare.com. 100% of Covered Charges 100% after Copays: $10 Generic; $35 Brand Name

### Travel Assistance Program

Global Emergency Assistance Services

Emergency Evacuation

Medically Necessary Repatriation

PRIOR to making any reservations or travel arrangements, you MUST CONTACT THE SERVICE PROVIDER - Europ Assistance USA at (877) 496-1175 (North America) or (240) 330-1530 collect (Worldwide). See page 9 for a description of benefits. Up to $100,000 maximum

—PA = Preferred Allowance —R&C = Reasonable and Customary
Purchasing The Insurance

Effective fall semester 2013 all domestic undergraduate students registered for 6 or more resident instruction credit hours will be asked to show proof of coverage under a Health Care Reform compliant plan of insurance. Please see the instructions in the Waiver Request Process section on page 1 for details on how to submit your information. Eligible undergraduate students registered for 6 or more resident instruction credit hours in an on-campus degree program who wish to purchase the CSU Student Health Insurance plan may do so during Registration Ready or in person at the Student Insurance Office during the open enrollment period.

Effective spring semester 2014 all domestic graduate and undergraduate students registered for 6 or more resident instruction credit hours will be REQUIRED to maintain coverage under a Health Care Reform compliant plan of insurance or be enrolled in the CSU Student Health Insurance plan. Additional information regarding this requirement, enrollment in the CSU Student Health insurance plan and waiving out of the requirement with proof of compliant coverage will be posted on the CSUHN website (shown in the Waiver Request Process section on page 1) and e-mailed to students during the fall 2013 semester.

Eligible guest students and continuous registration students may sign up in the Student Insurance Office prior to the enrollment/cancellation date shown below.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Enrollment/Cancellation Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>September 11, 2013</td>
</tr>
<tr>
<td>Spring/Summer Semester</td>
<td>February 5, 2014</td>
</tr>
<tr>
<td>Summer (12 Week Session)</td>
<td>May 19, 2014</td>
</tr>
<tr>
<td>Summer (8 Week Session)</td>
<td>June 16, 2014</td>
</tr>
</tbody>
</table>

If you withdraw from classes within the enrollment period (except for documented and carrier approved medical reasons), your coverage will terminate retroactive to the effective date of coverage and a full refund, less any claims paid will be made. No refund will be given if a withdrawal is made after the enrollment period ends and the insurance will remain in force.

A portion of the costs outlined below are used to cover administration services and Campus Advantage.

<table>
<thead>
<tr>
<th>Schedule Of Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>Spring/Summer</td>
</tr>
<tr>
<td>Summer Only</td>
</tr>
<tr>
<td>Student</td>
</tr>
<tr>
<td>$ 1,295</td>
</tr>
<tr>
<td>$ 1,445</td>
</tr>
<tr>
<td>$ 822</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage Dates For 2013/2014 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
</tr>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>August 26, 2013 – January 20, 2014</td>
</tr>
<tr>
<td>Spring/Summer</td>
</tr>
<tr>
<td>January 21, 2014 – August 24, 2014</td>
</tr>
<tr>
<td>Summer (12 Weeks)</td>
</tr>
<tr>
<td>May 19, 2014 – August 24, 2014</td>
</tr>
<tr>
<td>Summer (8 Weeks)</td>
</tr>
<tr>
<td>June 16, 2014 – August 24, 2014</td>
</tr>
</tbody>
</table>

The CSU Student Health Insurance Plan does not maintain a coverage option for spouse, domestic partner and/or children. Please see the Student Insurance Office for additional information.

Under the terms of the insurance policy, no enrollments or cancellations may be made after the published Enrollment/Cancellation Deadlines outlined above and therefore, no refunds can be made after this date.

A copy of the Plan document is available upon request.
How Do I Find A Provider?

When you need health care, please access the CSU Health Network first for treatment or to obtain a referral to a Preferred Provider. When referred or in the event of an emergency, benefits will be paid at a higher level if you obtain treatment or medical services from a provider in the Cofinity (in Colorado) or First Health (outside of Colorado). You are strongly encouraged to utilize these providers whenever possible as this can reduce your out-of-pocket expenses. Detailed information about network providers is available by visiting www.cofinity.net, www.health.colostate.edu, or by calling Cofinity at (800) 831-1161 or AmeriBen at (855) 258-2656.

For benefit and claims questions, please call: (855) 258-2656.

Network providers are subject to change. Please contact the provider prior to obtaining medical care/treatment in order to confirm their participation in the Cofinity (in Colorado) or First Health (outside of Colorado).

How Do I File A Claim?

Individuals enrolled on the plan and who obtain services from an in-network provider will usually not be required to submit a claim form; most offices will bill AmeriBen directly. However, if you receive a bill from a provider’s office, you can submit the claim for processing:

1. Make a copy of the bill for your own records, and ensure the bill indicates:
   - The insured student’s name, address and University identification number
   - Itemized services
   - Group # 0813021
   - Colorado State University Fort Collins
2. Mail the bill to address shown:
3. Prescription claim Reimbursement:
   - Please refer to www.health.colostate.edu

Claim information must be received as soon as possible and no later than 90 days after the date you received treatment or services.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

Online Services

Please visit the claim administrator’s website at www.myameriben.com to view the brochure, obtain claim status information and to print out a temporary replacement I.D. card.

Other Questions?

Please call (970) 491-5118 or stop by the Student Insurance Office, at the CSU Health Network. You may also e-mail the office at: CSUHN_Insurance@mail.colostate.edu

Or find us online at www.health.colostate.edu

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Maternity Testing

Certain maternity tests and screening exams will be considered, if all other policy provisions have been met. These include a pregnancy test if positive, CBC, Hepatitis B surface antigen, Rubella screen, Syphilis screen, RBC, Blood typing, Rh Blood Antibody Screen, blood glucose, and urinalysis. The plan will also consider one basic ultrasound per pregnancy. Additional ultrasounds may be covered, however will require establishment of medical necessity through medical records. Fetal Stress/Non-Stress tests are payable when medically necessary. Prenatal vitamins are not covered. Maternity benefits are considered as any other sickness and subject to all plan limitations and exclusions. Most laboratory tests listed above are available through the CSU Health Network. Please refer to page 3, Campus Advantage, for an outline of benefits.

Travel Assistance Program

Through participation in the CSU Student Health Insurance Plan, each insured is now eligible for global emergency assistance services through Europ Assistance USA. Whenever you are traveling 100 miles or more away from home or in a foreign country, you can call the toll-free assistance number and access their international network.

Key services include:

<table>
<thead>
<tr>
<th>Up to a $100,000 Maximum</th>
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</thead>
<tbody>
<tr>
<td>Pre-Trip Assistance Services</td>
</tr>
<tr>
<td>- Passport &amp; Visa Information</td>
</tr>
<tr>
<td>- Health Hazards Advisory</td>
</tr>
<tr>
<td>- Currency Exchange Information</td>
</tr>
<tr>
<td>- Cultural Information</td>
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<tr>
<td>- Weather Information</td>
</tr>
<tr>
<td>Emergency Travel Services:</td>
</tr>
<tr>
<td>- Translator and Interpreter Services</td>
</tr>
<tr>
<td>- Lost/Stolen Baggage Assistance</td>
</tr>
<tr>
<td>- Emergency Advance Medical Payment</td>
</tr>
<tr>
<td>- Emergency Message Services</td>
</tr>
<tr>
<td>- Emergency Credit Card Replacement</td>
</tr>
<tr>
<td>- Legal Assistance / Bail</td>
</tr>
</tbody>
</table>

For worldwide emergency medical, legal and travel assistance information and referral services 24 hours a day, 365 days a year call:

U.S. toll free..........................(877) 496-1175
Worldwide collect....................(240) 330-1530
Exclusions

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

1. For an 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 whether or not claim is made for such Benefits;

2. Injury or Sickness for which Benefits are paid or payable under any workers’ compensation or occupation disease law or act, or similar legislation;

3. Treatment on or to the Teeth or gums (except as provided herein); TMJ.

4. Eyeglasses, contact lenses, including but not limited to routine eye refractions, eye exams except as in the case of Injury. Orthoptic Therapy, visual training or radial keratotomy or similar surgical procedures to correct vision, except as provided herein;

5. Cosmetic surgery, plastic surgery, resulting complications, consequences and after effects or other services and supplies that the Company determines to be furnished primarily to improve appearance rather than a physical function or control of organic disease, except as provided herein or for treatment of an Injury that is covered under the Policy;

6. Hearing Screenings (except as provided herein) or hearing examinations or hearing aids and the fitting or repairing of hearing aids; except in the case of Accident or Injury.

7. Injury sustained while (a) participating in any professional, semi-professional, intercollegiate sport, contest, or competition; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition.

8. Services for the treatment of any Injury or Illness incurred while committing or attempting to commit a felony; or while taking part in an insurrection or riot; or fighting, except in self-defense.

9. Reproductive/Infertility services including but not limited to: fertility tests, infertility (male or female) including any services or supplies rendered for the purpose or with the intent of inducing conception except as specifically provided in this Policy. Examples of fertilization procedures are ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; artificial insemination; premarital examination; impotence, organic or otherwise; sterilization reversal and vasectomy.

10. For Injury resulting from parachuting, hang gliding, skydiving, parasailing, and bungee jumping.

11. Injury occurring in consequence of riding or otherwise being in any vehicle or device of aerial navigation, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.

12. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.

13. Services provided normally without charge by the health service of the Policyholder, or services covered or provided by a Student health fee.

14. Treatment, service, or supply which is not Medically Necessary as determined by Nationwide Life Insurance for the diagnosis, care or treatment of the Sickness or Injury involved.

15. War or any act of war, declared or undeclared; or while in the armed forces of any country.

16. Hospital Confinement or any other services or treatment that You or Your Dependent(s) are not legally obligated to pay or for which no charge is made.

17. Any services of a Doctor, Nurse, or Health Care Practitioner who lives with You or Your Dependent(s) or who is related to You or Your Dependent(s) by blood or marriage.

18. Under the Prescription Drug Benefit, when included, any drug or medicine:

   a) Obtainable Over the Counter (OTC);
   b) For the treatment of alopecia (hair Loss) or hirsutism (hair removal);
   c) For the purpose of weight control;
   d) Anabolic steroids used for body building;
   e) For the treatment of infertility;
   f) Sexual enhancement Drugs;
   g) Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or treatment of acne except as specifically provided in this Policy;
   h) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
   i) For an amount that exceeds a thirty (30) day supply;
   j) Drugs labeled, “Caution – limited by federal law to Investigational use” or Experimental Drugs;
   k) Purchased after Coverage under the Policy terminates;
   l) Consumed or administered at the place where it is dispensed;
   m) If the FDA determines that the drug is:
      i. Contraindicated for the treatment of the Condition for which the drug was prescribed; or
      ii. Experimental for any reason.
**Definitions**

The following important definitions apply to this plan:

**Accident** means an event that is sudden, unexpected, and unintended, and over which the Covered Person has no control.

**Coinsurance** means the percentage of the expense for which the Company is responsible for a covered service. The Coinsurance is separate and not a part of the Deductible or Copayment.

**Copayment (Copay)** means a specified dollar amount a Covered Person must pay for specified services. The copayment is separate from and not a part of the Deductible or coinsurance.

**Covered Charge** means those charges for any treatment, services or supplies: 1) for network providers not in excess of the Preferred Allowance; and 2) for non-network providers not in excess of the Reasonable and Customary Expense therefore; and 3) not in excess of the charges that would have been made in the absence of this insurance; and 4) incurred while this Policy is in force as to the Covered Person.

**Covered Person** means a person: 1) who is eligible for coverage; and 2) who has been accepted for coverage; and 3) who has paid the required premium; and 4) whose coverage has become effective and has not terminated.

**Deductible** means the amount of expenses for covered services and supplies which must be incurred by the Covered Person before specified benefits become payable.

**Doctor** means: 1) a legally qualified doctor licensed by the state in which he or she practices; 2) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or 3) a certified nurse midwife while acting within the scope of that certification. The term does not include a person who ordinarily resides in the Covered Person’s home or is related to the Covered Person by blood or marriage.

**Emergency** means a Sickness or Inury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

**Experimental/Investigational** means the service or supply has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication.

**Hospital** means a facility which provides diagnosis, treatment, and care of persons who need acute inpatient Hospital care under the supervision of Doctors. It must be licensed as a general acute care Hospital according to state and local laws. Hospital shall also include a psychiatric health facility for the treatment of mental or psychoneurotic disorders. Facilities primarily treating drug addiction or alcoholism that are licensed to provide these services are also included in this definition. Hospital does not include an institution, or part thereof, which is other than incidentally a nursing home, a convalescent Hospital, or a place for rest or the aged.

**Hospital Confined/Hospital Confinement** means confinement in a Hospital for at least 18 hours for which a room and board charge is made by reason of Sickness or Injury for which benefits are payable.
Definitions (continued)

**Injury** means bodily injury due to a sudden, unforeseeable, external event which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Medically Necessary** means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

1. Is Experimental/Investigational or for research purposes;
2. Is provided solely for educational purposes or the convenience of the patient, the patient’s family, Doctor, Hospital or any other provider;
3. Exceeds in scope, duration or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
4. Could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or
5. Involves treatment with or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA). If the prescribed drug is recognized as safe and effective for the treatment of a Sickness or Injury by one or more of the Standard Medical Reference Compendia or in the medical literature, even if the prescribed drug has not been approved by the FDA for the treatment of that specific Sickness or Injury, coverage will be provided, subject to the exclusions and limitations of the Policy.

**Mental Condition** means nervous, emotional, and mental disease, illness, syndrome or dysfunction classified in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) or its successor as a mental disorder on the date medical care or treatment is rendered to a Covered Person.

**Mental Illness Disorders** post-traumatic stress disorder, drug and alcohol disorder, dysthymia, cyclothymia, social phobia, agoraphobia with panic disorder, and general anxiety disorder. Also included are anorexia nervosa and bulimia nervosa to the extent those diagnoses are treated on an outpatient, day treatment, and inpatient basis, exclusive of residential treatment. Does not include autism.

**Preferred Allowance** means the amount a network provider has agreed to accept as payment in full for Covered Charges.
**Preventive/Wellness Covered Services**

Well Adult Care - The Covered Services include, but are not limited to:

- Routine physical examinations;
- Routine gynecological care, including an annual cervical cancer screening;
- One (1) prostate specific antigen test (PSA) and one (1) digital rectal exam per Policy Year, for men;
- One (1) Screening Mammography per Policy Year for a Covered Person age thirty-five (35) or older;
- The most current version of the Recommended Adult Immunization/vaccines as recommended by the Centers for Disease Control, the Advisory Committee on Immunization Practices, and the American Academy of Family Doctors.

**Note:** Sterilization procedures for women are covered under the Well Adult Care Benefit.

For a complete listing of Preventive/Wellness Covered Services, please visit the CSU Health Network website at [www.health.colostate.edu](http://www.health.colostate.edu) and click on the Student Health Insurance Link.

**Reasonable and Customary Expenses (R&C)** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company for the same service or supply.

Reasonable charges, fees or expenses as used herein to describe expense, will be considered to mean the percentile of the payment system in effect on the Effective Date.

**Sickness** means illness, disease, pregnancy and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.
What Should You Do In An Emergency?

Life-Threatening Emergencies

Dial 911 and seek care at the nearest hospital emergency room facility. Poudre Valley Hospital in Fort Collins is closest to campus and is a Preferred Provider.

*Poudre Valley Hospital Emergency Department — 2.0 miles from campus
1024 S. Lemay Ave.,
Fort Collins, CO 80524
(970) 495-7261

Emergency room visits are subject to plan deductible, reimbursement rate based upon network status of provider and $100 copay, which is waived if admitted. Choose care at a Preferred Provider hospital if possible.

Non-Life-Threatening Care

During business hours, seek care at the CSU Health Network first where there is no deductible or copay for services.

If the CSU Health Network is closed (afterhours, weekends, holidays), or if you are outside of the Fort Collins area, seek services at the nearest Preferred Provider urgent care facility.

Urgent care visits are subject to plan deductible, reimbursement rate based upon network status of provider and $50 copay.

If an urgent care facility is not available, seek care at the nearest hospital emergency room. Subject to plan deductible, reimbursement rate based upon network status of provider and $100 copay. Choose care at a Preferred Provider hospital if possible.

Emergency and Afterhours Care Contact Information

For emergency and after hours care, please consider the following resources:

• 24/7 CSU Health Network Nurse Helpline: (970) 491-7121
  *Note: The Nurse Helpline is not able to provide prescription refills or schedule appointments. These services are only available during normal business hours.

• Ambulance/Emergency/Police/Fire: 911

• CSU Health Network Mental Health Crisis Intervention: 970-491-7111

• Poison Control: 1-800-332-3073

• Suicide Prevention Hotline: 1-800-273-8255

• Crossroads Safehouse (domestic violence): 970-482-3502

• CSU Victim’s Assistance Team: 970-491-7111

*The Preferred Providers for the CSU Student Health Insurance Plan

Local Urgent Care Services

The following Urgent Care Services appear in directories related to Urgent Care in Fort Collins. Please check the directories for additional listings or convenient care services. CSU does not endorse any specific clinic or service.

**General Care Health Services** — 1.4 miles from campus
620 S Lemay Ave,
Fort Collins, CO 80524
(970) 482-6620

**First Care** — 3.8 miles from campus
2160 W Drake Rd # A3
Fort Collins, CO
(970) 221-5595

**Associates in Family Medicine Urgent Care** — 3.3 miles from campus
3519 Richmond Dr,
Fort Collins, CO 80526
(970) 672-1942

**Harmony Urgent Care Center** — 5.8 miles from campus
2127 E Harmony Rd Ste 140
Fort Collins, CO 80528
(970) 297-6250
This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket Injury and Sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-121-0511) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

Insurance Company:
Nationwide Life Insurance Company
Policy Number:
302-121-0511

ADMINISTERED BY:
AmeriBen
P.O. Box 6947
Boise, ID 83707-0947
Toll Free - (855) 258-2656
Fax - Please call for reference number
www.myameriben.com
Hours of Operation: 7:00 a.m. to 6:00 p.m.
Mountain Time

The CSU Health Network
Fort Collins, CO 80523-8031
www.health.colostate.edu
then “click” on student insurance

Colorado State University is an equal opportunity/affirmative action institution and complies with all Federal and Colorado State laws, regulations, and executive orders regarding affirmative action requirements in all programs. The Office of Equal Opportunity is located in 101 Student Services. In order to assist Colorado State University in meeting its affirmative action responsibilities, ethnic minorities, women, and other protected class members are encouraged to apply and to so identify themselves.

Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. Any discrepancy between this brochure and the master policy will be governed by the master policy.