



2006-2007

Student *Health Insurance*

Policy Number: 141249

UNIVERSITY of
NORTHERN COLORADO



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NORTHERN COLORADO



Dear UNC Student,

The staff of the Student Health Insurance Office would like to welcome you to the new school year and wishes you the best of health during your college experience at the University of Northern Colorado. Because unexpected health problems and accidents occur to students, we believe that UNC offers the best health care that is possible.

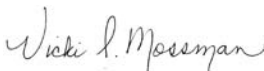
It is a policy of the UNC Board of Trustees that all students who are enrolled for 9 credit hours or more are required to have health insurance. This is to ensure that health care costs will not interfere with your academic goals. All students are automatically enrolled in the university student health insurance plan and billed along with other university services. If you prefer to have other insurance, it will be necessary for you to show proof of insurance and submit a waiver form to the UNC Health Insurance Office by the 10th day of classes.

I encourage you to review the benefits of the university student health insurance plan that is described in this brochure. Because of the large number of students who enroll in the plan, we are able to keep the costs reasonable. The premium is \$788 for each semester. The spring semester premium provides coverage through the summer regardless of whether a student is attending classes in the summer. The plan provides benefits for sickness and injury with coverage for 12 months, 24 hours a day, including school breaks.

The university student health insurance plan is accepted by Doctors and other medical providers across the United States. If you are enrolled in a health maintenance organization (HMO), you should determine the level of benefits that are payable in the Greeley area. Also, if you have declared yourself financially independent from your parents for the purposes of obtaining financial aid, you may no longer be eligible for coverage under your parents' insurance policy. Please consider all of these factors in making your decision.

If you have any questions about UNC's Student Health Insurance Program please feel free to contact the Insurance Office in Cassidy Hall at (970) 351-1915 or by e-mail at student.health.insurance@unco.edu. We look forward to helping you reach your academic and career goals while attending the University of Northern Colorado.

Sincerely,



Vicki S. Mossman, M.H.P.
Student Health Services Manager



Student Health Insurance Program

2006-2007

Student *Health Insurance*

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Eligible Students

- All Students enrolled in at least nine (9) semester hours of classes will automatically be enrolled in the University of Northern Colorado Student Health Insurance Plan (UNC SHIP). These students have the option to waive the insurance if they complete a waiver form and provide a copy of their valid insurance card by the 10th day of classes.
- All International Students will automatically be enrolled in the UNC SHIP, unless they provide proof of insurance and submit a waiver form to the UNC Student Health Insurance Office no later than the 10th day of classes each semester.
- Students who waived the student insurance in a previous semester but want to be on the insurance plan for the current semester may complete a request for re-enrollment. If you request the re-enrollment during the open enrollment period at the start of the semester (no later than the 10th class day), you will be insured with the Student Insurance beginning on the effective date of coverage for that semester. You must meet the other enrollment criteria as stated in this document.

If you want to enroll in the Student Insurance after the open enrollment period, you must show proof of the loss of your other coverage and the enrollment form needs to be approved by the insurance company before the coverage will be effective. Coverage will begin on the date the insurance company approves the enrollment. Coverage will not be back dated.

- Students who are enrolled for less than nine (9) hours of classes are not eligible to participate in the UNC SHIP. Students enrolled at the Lowry campus are not eligible to participate in the UNC SHIP. They may, however, contact Academic HealthPlans at (888) 308-7320 who will assist them in finding individual coverage.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased unless he or she withdraws due to an Injury or Sickness and the absence is an approved medical leave. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium. Please contact the Student Health Insurance Office at (970) 351-1915 for details.

Eligible Dependents

An Insured student's Dependents (spouse and children) are eligible to participate in this Plan. Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children. Dependent coverage is available only if the student is also insured. Dependent coverage cannot exceed the coverage of the Insured student and expires concurrently with that of the Insured student. A Dependent is defined as a student's spouse or unmarried children: 1) under the age of 19; or 2) 24 if a full-time student and financially dependent upon the Insured student. Eligible child(ren) are the insured students own children, stepchildren, lawfully adopted children under age 18 and children who may have been placed with the Insured student for the purposes of adoption.

Newborn Children

At the birth of a child to a covered student or covered spouse while the student's insurance is in force, that child will automatically become a Covered Person from the moment of birth, including: 1) Injury; 2) Sickness; 3) Medically Necessary care and treatment of congenital defects and birth abnormalities; 4) necessary care and treatment of cleft lip and cleft palate, and 5) other care specifically indicated in the Policy. Coverage will continue without cost for 31 days. If the student has no other covered children, payment for the child's coverage must be remitted within that 31-day period, or the coverage will terminate for that child at the end of the 31-day period. Hospital charges and associated ancillary charges in conjunction with newborn well baby care following birth are eligible expenses subject to Deductible and Coinsurance.

Plan Cost and Effective Dates

	Student Only	Spouse	Child(ren)	Spouse & Child(ren)
Fall Semester (08/17/06 thru 01/05/07)	\$788.00	\$2,288.00	\$1,835.00	\$3,958.00
Spring Semester & Summer Session (01/06/07 thru 08/17/07)	\$788.00	\$2,288.00	\$1,835.00	\$3,958.00
Summer Session Only (05/06/07 thru 08/17/07)	\$548.00	\$1,565.00	\$1,267.00	\$2,668.00
Intercollegiate Sports Coverage per Semester	\$848.00			

NOTES:

Please note when calculating total premium, the cost for student, spouse, child(ren), and spouse & child(ren) is listed individually. When selecting coverage for yourself or for yourself and Dependents, please select the correct premium amounts to add together for payment.

Payment of Spring Semester premium automatically includes coverage for Summer Session.

The student semester cost includes an administrative fee retained by the University.

Waiver Procedure

Students preferring to waive the UNC Student Health Insurance Plan and premium cost from their tuition/fees billing, must be enrolled in a comparable health insurance plan and are **REQUIRED** to complete the UNC "Request for Exemption from the Student Health Insurance" petition. The waiver petition must be signed by the student and must include a photocopy of the valid comparable health insurance ID Card. **THE WAIVER PETITION MUST BE RECEIVED IN THE STUDENT HEALTH INSURANCE OFFICE NO LATER THAN THE 10th CLASS DAY OF THE SEMESTER.** The waiver will be in effect until Fall Semester of the next academic year **ONLY**, at which time the waiver process must be repeated. **Insured students and their covered Dependents may receive a refund only upon entry into the armed forces of the United States while the policy is in effect. NO OTHER REFUNDS WILL BE ISSUED**

Description of Student Health Insurance Benefits

Deductible and Coinsurance

The Deductible is \$300 per person, per Plan year. (*see page 15, number 5*)

After the Deductible is met, Benefits will be paid at 80% of the Maximum Allowable for services rendered by Preferred Providers in the UniCare PPO Network. Services obtained by Out-of-Network providers (any provider outside the UniCare PPO Network) will be paid at 60% of Usual and Customary Charges.

After the Plan has paid \$20,000 for any covered Injury or Sickness and all Deductibles and co-payments have been satisfied, the Plan will pay 100% of Covered Expenses for the remaining plan year up to a Lifetime Maximum of \$200,000.

Your individual Out-of-Pocket limit (not including Deductible) is \$4,000 per Covered Person per plan year for Preferred Provider Covered Expenses and \$8,000 per Covered Person per plan year for Out-of-Network Covered Expenses.

Maximum Payment for You and for Each Dependent

Claims for a Covered Injury or Sickness will be limited to a Maximum Aggregate Lifetime Benefit of \$200,000.

Services at the North Colorado Medical Center (NCMC) Student Health Center

Covered Expenses incurred at the NCMC Student Health Center for Doctor visits, Nurse Practitioner visits and limited Lab services are subject to a \$20 copay, and will not be subject to the Plan year Deductible. All other Covered Expenses will be subject to the Plan year Deductible and will be paid at 80% of the Negotiated Allowance.

Preferred Provider Organization (PPO)

UNC has selected a Preferred Provider Organization (PPO) so Covered Persons will receive benefits at the Negotiated Allowance. The PPO offered is the UniCare PPO Network for providers within the state of Colorado as well as outside the state of Colorado.

Preferred Providers allow the Covered Person to maximize the benefits offered under this Plan. You should seek treatment from the Preferred Provider Organization (PPO), which consists of Hospitals, Doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

In Network (Preferred Providers)

UniCare PPO Network - Covered Expenses are Reimbursed at 80% of Maximum Allowable charges unless otherwise stated. A list of Preferred Providers can be found online at www.AHPCare.com/unco, or by calling UniCare at (800) 696-9776. Provider information is available 24 hours a day.

Local Hospital Provider:

North Colorado Medical Center, Greeley, CO

Out-of-Network (Out-of-Network Providers)

Covered Expenses are Reimbursed at 60% of Usual and Customary charges unless otherwise stated. Treatment provided by Out-of-Network providers is subject to Usual and Customary (U&C) Charge maximums. Any charges in excess of the U&C are not covered under this plan.

Plan Design

The Policy provides for Covered Expenses incurred by the Covered Person for loss due to a Covered Injury or Sickness. If the Covered Person receives care from an In Network Preferred Provider, any Covered Expenses will be paid at the Preferred Provider level of benefits. If the Covered Expense is incurred due to treatment for a medical emergency, benefits will be paid at the Preferred Provider level of benefits. In all other circumstances, reduced or lower benefits will be provided when an Out-of-Network provider is used.

Annual Out-of-Pocket Maximum per Covered Person	In-Network Maximum \$4,000	Out-of-Network Maximum \$8,000
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Please note this does not include Plan Deductibles.

Inpatient Benefits	In-Network	Out-of-Network
Room and Board Expense Semi-private room rate	80% Maximum Allowable	60% U&C
Hospital Miscellaneous Expense, when confined as a resident patient and entitled to Room and Board benefits	80% Maximum Allowable	60% U&C
Intensive Care While confined to an ICU	80% Maximum Allowable	60% U&C
Surgical Treatment	80% Maximum Allowable	60% U&C
Anesthetist and Assistant Surgeon's Fee	25% of surgical allowance	25% of surgical allowance
Doctor(s) Visits Benefits are limited to one visit per day and do not apply when related to surgery	80% Maximum Allowable	60% U&C
Mental Health (except for biologically-based Mental Illnesses) Each 1 day of inpatient care will reduce 2 days of the Partial Care Benefit	80% Maximum Allowable payable up to a maximum of 45 days per plan year	60% U&C payable up to a maximum of 45 days per plan year
Substance Abuse Each 1 day of inpatient care will reduce 1 day of the inpatient benefit for physical Sickness and Mental Health Benefit	80% Maximum Allowable payable up to a maximum of 45 days per plan year	60% U&C payable up to a maximum of 45 days per plan year
Maternity/Newborn Services For care 48 hours after vaginal and 96 hours after cesarean section. Paid as any other covered Sickness	80% Maximum Allowable	60% U&C

Inpatient Benefits	In-Network	Out-of-Network
Organ Transplants Benefits are provided for: Non-investigative human organ and tissue transplants that are Medically Necessary- 1) the Insured who receives the Organ/Tissue transplant; 2) the Organ/Tissue Donor if the recipient is the Insured	80% Maximum Allowable Benefits are reduced by any amounts paid or payable by that Donor's own Coverage or other source of payment	60% U&C Benefits are reduced by any amounts paid or payable by that Donor's own Coverage or other source of payment

Partial and Residential Care (part of Mental Health and Substance Abuse Benefit) Each 2 days of partial care will reduce 1 day of the Inpatient Care Benefit	80% Maximum Allowable payable up to a maximum of 90 days	60% U&C payable up to a maximum of 90 days
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Outpatient Benefits	In-Network	Out-of-Network
Surgical Treatment	80% Maximum Allowable	60% U&C
Emergency Room Care* \$50 Deductible per visit	80% Maximum Allowable	80% Maximum Allowable

*For a medical emergency only, no benefits may be paid for a minor illness or minor injury when treated at the emergency room.

Doctor's Visits Benefits for Doctor's Visits do not apply when related to surgery or physiotherapy	80% Maximum Allowable	60% U&C
Diagnostic X-ray and Laboratory Procedures	80% Maximum Allowable	60% U&C
Radiation Therapy and Chemotherapy (Outpatient basis)	80% Maximum Allowable	60% U&C
Physiotherapy Benefits are limited to one visit per day. (Acupuncture is excluded from Coverage)	80% Maximum Allowable up to \$500 maximum per injury or sickness per plan year. The \$500 plan year maximum does not apply if performed immediately after a surgical procedure. Charges for manipulation are limited to a \$500 lifetime maximum	60% U&C up to \$500 maximum per injury or sickness, except following a surgical-related procedure. Chiropractic charges are also covered, but benefits are limited to a \$500 lifetime maximum
Mental Health/Substance Abuse (except for Biologically-based Mental Illnesses) \$15 co-pay*	80% Maximum Allowable up to a maximum of \$1,000 per plan year	60% U&C up to a maximum of \$1,000 per plan year

*\$1,000 combined Maximum for Services received from UNC Counseling Center and outside counseling.

Outpatient Benefits	In-Network	Out-of-Network
Hospice When provided by a licensed agency for the care of terminally ill patients. Care must be ordered by a Doctor and reviewed monthly	80% Maximum Allowable	60% U&C
Other		
Orthopedic Appliances and Braces As a result of a covered Injury and not for the prevention of Injury	No coverage as a result of sickness 80% Maximum Allowable for loss due to injury	No coverage as a result of sickness 60% U&C for loss due to injury
Ambulance Services	70% U&C	70% U&C
Consulting Doctor Fees When requested and approved by the attending Doctor	80% Maximum Allowable	60% U&C
Dental Injury to Sound, Natural Teeth Maximum benefit of \$500 per covered Injury	80% Maximum Allowable	60% U&C
State Mandated Benefits		
Mammography One baseline mammogram for ages 35-40, one every two years for ages 40-49* and annually for ages 50-65 *Unless high risk factors	80% of Maximum Allowable Not subject to Deductible	and 60% U&C Not subject to Deductible
Annual Pap Smear One Pap Smear per plan year or more frequently if recommended by a Doctor	80% Maximum Allowable Not subject to Deductible	60% U&C Not subject to Deductible
Prostate Screening Antigen One PSA per plan year for males ages 40 and older.	80% Maximum Allowable	60% U&C
Child Health Supervision Services Preventive services and immunizations up to age 13	80% Maximum Allowable Not subject to Deductible	60% U&C Not subject to Deductible
Diabetes Includes all medically necessary equipment, supplies, medications, labs and outpatient self-management training and educational services	80% Maximum Allowable	60% U&C
Dental Anesthesia/ Facility Facility charges and general anesthesia services performed in connection with dental services for dependent children with special needs as specified in the policy	80% Maximum Allowable	60% U&C

State Mandated Benefits (Continued)

	In-Network	Out-of-Network
Home Health Care Covered only if ordered by a Doctor and the insured is confined to his home	80% Maximum Allowable Limited to 60 visits per plan year	60% U&C Limited to 60 visits per plan year
Complications of Pregnancy Treated as any other Sickness	80% Maximum Allowable	60% U&C
Therapy for Congenital Defects Medically necessary physical, occupational and speech therapy for the care and treatment of congenital defects/abnormalities for covered children up to age 5	80% Maximum Allowable Limited to 20 visits per plan year One visit per day	60% U&C Limited to 20 visits per plan year One visit per day
Biologically-based Mental Illness Means Schizophrenia, Schizoaffective Disorder, Bipolar Affective Disorder, major depressive disorder, specific obsessive compulsive disorder, and panic disorder. Payable as any other Sickness	80% Maximum Allowable	60% U&C
Prosthetic Devices Coverage for an artificial device to replace in whole or in part, an arm or leg. Coverage includes repairs and replacement unless necessitated by misuse or loss	80% Maximum Allowable Limited to the most appropriate model that adequately meets the medical needs of the patient, and must be equal to benefits payable under Medicare	60% U&C Limited to the most appropriate model that adequately meets the medical needs of the patient, and must be equal to benefits payable under Medicare
Autism Payable as any other Sickness	80% Maximum Allowable	60% U&C
AIDS/HIV Payable as any other Sickness	80% Maximum Allowable	60% U&C

Special Provisions

A. Right of Subrogation and Recovery

UniCare shall be fully and completely subrogated, unless otherwise prohibited by law, to the rights of the Covered Person against parties who may be liable to provide indemnity or make a contribution in respect to any matter that is the subject of a claim under this Policy. The Covered Person further agrees to Cooperate fully with Insurers in seeking such indemnity or contribution including, where appropriate, when UniCare is instituting proceedings at its own expense against such parties in the name of the Covered Person. Payments made by UniCare, which exceed the covered medical expenses (after allowance for Deductible and Coinsurance clauses, if any) payable hereunder shall be recoverable by UniCare from or among any persons, Firms, or Corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

B. Coordination of Benefits

If a Covered Person is also covered under one or more other Plans, the benefits payable under the Policy will be coordinated with the benefits payable under all other Plans under which an individual is covered so that the total benefits paid will not exceed 100% of the Covered Expenses incurred.

C. Extension of Benefits

If a Covered Person is confined in a Hospital for treatment on the date insurance ends, Covered Expenses incurred during the continuation of that Hospital stay will be considered a Covered Expense, but only while such expenses are incurred during the 90 day period following the termination of insurance. The Company will not pay these Covered Expenses if: 1) the Covered Person's medical condition no longer continues; 2) the Covered Person reaches the Lifetime Aggregate Maximum; or 3) the Covered Person obtains other coverage or 4) 3 months following termination of insurance.

D. Outpatient Prescription Drug Benefits

Outpatient prescription drugs are payable through a prescription drug plan with UniCare. Prescription drugs, are provided by NCMC Student Health Center and participating pharmacies who access WellPoint Pharmacy Management. All Prescription drugs are subject to a \$100 Deductible. After the Deductible is met, then there is a \$20 Co-payment for each Generic prescription drug, a \$30 Co-payment for each Preferred Brand Name prescription drug, and \$50 for each Non-Preferred Brand prescription drug. Expenses are payable up to a maximum of \$2,000 per Policy year. In order to access this program, follow the procedures outlined below:

1. Go to a pharmacy that is within the UniCare network. In Greeley, the following is a partial list of network pharmacy chains: Albertson's, Kmart, King Soopers, Longs Drugs, Rite-Aid, Safeway, Wal-Mart, Walgreen's, Target and the NCMC Student Health Center Pharmacy. In addition, several other independent pharmacies may be used. This is a statewide and nationwide network of pharmacies. Contact the Student Insurance Office or UniCare Customer Service at (888)-218-4844 or check the website at www.AHPCare.com/unco for more information.
2. Present your insurance ID Card to the pharmacy and/or identify yourself as a participant in this Plan. Eligibility status is on-line at the pharmacy.*

**Eligibility status will not be on-line at the pharmacy until approximately 2 months after the coverage begins for the semester. If you need to fill a prescription during these two months, please contact the Student Insurance Office to make arrangements for obtaining your prescription.*

3. After your prescription is filled, you will be required to pay the applicable Co-payment. All information concerning your eligibility and any Plan limitations is on-line at the pharmacy.

Note: The Prescription Drug Plan Co-payment does not apply to the Plan Deductible. Outpatient prescription drugs are only covered expenses if obtained at network pharmacies or if dispensed by the Student Health Center.

4. If a UniCare participating pharmacy has difficulty locating your eligibility or is for some reason unable to access the on-line system, you may pay the pharmacy in cash for your prescription. Assuming your eligibility is later accessible by the on-line system, you may return to the pharmacy within 7 calendar days to reprocess your transaction. If you are unable to reprocess your transaction, you may file a paper-based claim with UniCare and seek reimbursement from them.

Note: You may not receive a refund of 100% less your copay. Your paper claim will process against system reimbursement just like it would through the pharmacy so you may therefore incur additional cost above your copay.

Exclusions

The following exclusions apply: All over the counter medication (OTC's), medical devices, Nicorette® gum or smoking cessation medications, Rogaine®, Retin A®, Anabolic Steroids, anorexiant, oral contraceptives, contraceptive devices including patches, NuvaRing, injections, IUD's and diaphragms, fertility drugs, drugs and medications for the treatment of impotence and/or sexual dysfunction, compounds, vitamins if OTC, legend vitamins, and experimental drugs.

There may be additional exclusions to those listed above.

E. Intercollegiate Sports

In addition to all other provisions of this Plan, intercollegiate athletes may obtain coverage for injuries that occur while participating in an intercollegiate sport. This coverage is for injuries only, requires additional premium (See Student Health Insurance Office) and requires proof of official player status on an official UNC intercollegiate sports team. This benefit will be paid as any other Injury subject to a separate \$150 per Injury Deductible and a maximum payment of \$10,000 per Injury.

F. Repatriation and Medical Evacuation (Provided by Assist America)

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Assist America, Inc.

If you are a U.S. student studying in a U.S. location, you are eligible for all services when traveling more than 100 miles away from your permanent residence and for selected services at your campus location. If you are a U.S. student studying abroad, you are eligible for all assistance services at your campus location. If you are a foreign national student studying in the U.S., you are eligible for services, both on campus and while traveling outside of home country for the duration of your studies. Foreign national students are not eligible for Assist America services in their home country of origin.

The services include referrals to qualified, local medical providers, transportation to the nearest appropriate medical facility if it is not available locally (evacuation), critical care monitoring and, upon discharge from the hospital, if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Assist America program also includes other services such as transportation of a family member to join hospitalized patient, emergency counseling, prescription replacement assistance, pre-trip information, lost luggage and document assistance, as well as return of

mortal remains. Assist America completely arranges and pays for all of the assistance services it provides without limits on the covered cost. **All services must be arranged and provided by Assist America. No claims for reimbursement will be accepted. (Assist America, Inc. is not affiliated with UniCare Life & Health Insurance Company.)**

G. Exclusions and Limitations

The Plan will not provide coverage for the following:

1. Auto Accident Expenses are Expenses for treatment of an Injury which is the result of an automobile accident will not be covered to the extent of minimum coverage required by any applicable state "no fault" law for Injuries suffered by an Covered Person if the Covered Person is the owner of the vehicle and is operating or riding in the vehicle, and the vehicle is not covered by no-fault insurance as required by law.
2. Charges resulting from suicide, attempted suicide or intentionally self-inflicted injury while sane.
3. Expenses in connection with eye examinations, eye glasses, contact lenses, radial keratotomy and laser surgery and/or related services or hearing aids.
4. Charges for treatment of Temporomandibular Joint (TMJ) disease are not eligible under this Plan.
5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of: a) a covered Injury that occurred while insured under this policy, or b). congenital disease or anomaly of a covered Newborn Child; or c) as specifically provided for in the policy.
6. Injury sustained while (a) participating in any interscholastic, intercollegiate (unless the additional premium is paid), or professional 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; except as specifically provided in the policy.
7. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives. Drugs and medications for the treatment of impotence and/or sexual dysfunction.
8. Expenses incurred in connection with infertility diagnosis or Treatment, including in-vitro fertilization, artificial insemination, and any other form of assisted conception. Expenses incurred in connection with sterilization or sterilization reversal, or vasectomy or vasectomy reversal. Expenses incurred for voluntary or elective abortion, or therapeutic termination of pregnancy.
9. Loss due to war or any act of war, whether declared on undeclared, or service in the Armed Forces of any country. Loss which occurs during, or as a result of committing or attempting to commit an assault, felony or participation in a riot or insurrection, engaging in an illegal occupation.
10. Expenses covered under any occupational benefit plan, Worker's Compensation Act or similar law.

11. Treatment in any Veteran's Administration or Federal Hospital, except if there is a legal obligation to pay.
12. Charges which are not Medically Necessary or in excess of the Usual and Customary charge.
13. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of injuries to sound natural teeth caused by a covered Injury, or as outlined in the Schedule of Benefits.
14. Charges for acupuncture.
15. Routine or Preventive services, unless otherwise noted in the brochure.

Pre-Existing Condition Limitation

No benefits will be payable for the Covered Person's Pre-Existing Conditions. These conditions are defined as an Injury sustained or a Sickness for which the Covered Person received medical advice, diagnosis, care or treatment within 6 months prior to his or her effective date under the policy. Covered Expenses resulting from a Pre-Existing Condition will not be covered unless the Covered Person has been insured under this policy or UNC's prior policy for 6 continuous months.

Those Covered Persons previously covered by another individual or group policy including COBRA, Medicare or Medicaid, may receive credit toward satisfaction of this 6-month waiting period for time insured under that policy as long as there was no more than a 90-day lapse in coverage between policies. Pre-Existing Condition limitation will not apply to pregnancies existing on the effective date of coverage or in the case of a child that is adopted or placed for adoption before attaining eighteen years of age.

Definitions

A. Complications of Pregnancy means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are: acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

B. Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

- C. Doctor** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. The term, Doctor includes, but is not limited to:
- (1) Doctor of Osteopathy; (2) Doctor of Dental Surgery;
 - (3) Doctor of Podiatry; (4) Doctor of Chiropody;
 - (5) Optometrist; (6) Optician; (7) Psychologist; (8) Clinical Social Worker; (9) Professional Counselor; (10) Physical Therapist;
 - (11) Chiropractor; (12) Audiologist; (13) Speech Pathologist;
 - (14) Clinical Nurse Specialist in Psychiatric Mental Health;
 - (15) Certified Licensed Nurse Practitioner; and (16) Physician's Assistant, Nurse Practitioner, or Advance Practice Nurse when working in a group medical practice.
- D. Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.
- E. Hospital** means an institution licensed in the state in which it is located, which meets the following:
- Provides, for a fee from its patients, diagnostic, medical and surgical facilities for the care and treatment of people who are injured or sick.
 - Has a staff of one or more Doctors available at all times.
 - Has 24 hour-a-day services or R.N.'s or other nursing services reporting to the Doctor in charge.
 - Has inpatient facilities.
- F. Injury** means bodily injury caused by an accident. The accident must occur while the Insured Person's insurance is in force under this policy in order for it to be considered a covered injury. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single covered injury. The injury must be direct cause of loss and must be independent of all other causes. The injury must not be caused by or contributed to by sickness.
- G. Medically Necessary** means a treatment, drug, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment for the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.
- H. Sickness** means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.
- I. Covered Person** means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.
- J. We, Our, Us** means UniCare Life & Health Insurance Company.

Important Plan Requirements

1. Coverage will be in effect 24 hours-a-day, including vacation periods. Students will be insured at home, at school, or while traveling anywhere in the world. This includes vacation periods during the period covered by the semester premium.
2. UniCare Life & Health Insurance Company reserves the right to examine the person whose Injury or Sickness is the basis of claim as often as it may reasonably require during continuance of the claim.
3. No legal action shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed. Nor shall action be brought after three years from the time within which proof of loss is required by the policy.
4. Following submission of a Student Health Insurance Plan waiver, the student will not be allowed to obtain health insurance coverage through the UNC Student Health Insurance Plan until the next academic semester, unless they request the re-enrollment during the open enrollment period at the start of the semester (no later than the 10th class day). The student will be allowed to obtain coverage immediately if proof is presented to the UNC Student Health Insurance Office that the student became ineligible for coverage under an employer-sponsored group health insurance plan in the 30 days immediately preceding the student's application for coverage under the UNC Plan.
5. The total Deductible for a family shall be three \$300 individual Deductibles. If during the last 90 days of the plan year, an insured person incurs covered expenses which were applied to his or her Deductible, such expenses will also be applied to his or her Deductible for the following Plan year.

Certificate of Creditable Coverage

Federal regulations now permit the time you are covered by this student insurance plan to be counted as credit toward satisfaction of Pre-Existing Condition clauses in future health insurance plans you may participate in after you leave the University. These regulations provide that when your University sponsored insurance plan "terminates" (for example, when your academic studies at UNC are completed, or your eligibility under the Plan ends, or you waive out of this Plan with proof of outside insurance coverage), you are eligible to receive a certificate showing the amount of time you were covered under the UNC student policy. To obtain a copy of this certificate, please send a written request or call UniCare Life & Health Insurance Company, P.O. Box 4458, Chicago, IL 60680-4458, (800) 696-9776.

Information required to issue a certificate is your name, mailing address, ID number and telephone number. You will need to specify whether the certificate is for you, your Dependents only, or you and your Dependents.

HealthyExtensions

HealthyExtensions is a program designed to help you and your family take a personal path toward wellness. HealthyExtensions builds on existing UniCare prevention and wellness services. For more information stop by the UNC Student Health Insurance Office for a brochure.

eSAP

eSAP is a 24 hour, seven day a week professional assistance service, offered by UniCare Life & Health Insurance Company. The service consists of Living Well Library, Legal and Financial Information, Emotion Concerns, Alcohol and Drug Abuse, and Relationships. For more information stop by the UNC Student Health Insurance Office for a brochure.

When You Have a Claim

- Save all itemized bills, including those being accumulated to satisfy the Deductible. An itemized bill from a Doctor or Hospital must include: a) the name, address and tax identification number of the health care provider; b) the name of the patient receiving services or supplies; c) the date(s) services or supplies were provided; d) each charge, service, supply; e) a description of the services or supplies, and f) diagnosis or illness.
- Send all bills and receipts to: UniCare Life & Health Insurance Company Reference: University of Northern Colorado, P.O. Box 4458, Chicago, IL 60680-4458

If you need assistance with filing a claim or have other questions regarding your policy, contact: UniCare Life & Health Insurance Company at (800) 696-9776.

Privacy Disclosure

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You can obtain a copy of this notice from the Student Health Insurance Office or from the website at www.AHPCare.com/unco. You can also request a copy of UniCare Life & Health Insurance Company's HIPAA Privacy Notice by writing or calling Academic HealthPlans, P.O. Box 1605 Colleyville, TX 76034-1605 or (817) 479-2100.

Important Notice

The information provided in this brochure is a brief description of the important features of this Insurance Program. It is not a contract. Terms and conditions of coverage are set forth in Policy No. 141249. Please note that any discrepancies between this brochure and the Master Policy, the Master Policy will control. Please keep this information with your important papers.

UNIVERSITY of
NORTHERN COLORADO



Student Health Insurance Program

Plan Underwritten by:
UniCare Life & Health
Insurance Company



Plan Managed by:
Academic HealthPlans
An Academic Risk Management
Business Partner
P.O. Box 1605
Colleyville, TX 76034
(888) 308-7320
www.AcademicHealthPlans.com



Claims Administered by:
UniCare Life & Health Insurance Company
P.O. Box 4458
Chicago, IL 60680-4458
(800) 696-9776
7:00 am to 6:00 pm CST, Monday - Friday
www.unicare.com

To locate an In-Network Provider:
Inside and outside Colorado
UniCare Life & Health Insurance Company
(800) 333-3304
www.AHPCare.com/unco

**Pharmacy benefits management services
provided by:**
Professional Claim Services, Inc. dba Wellpoint
Pharmacy Management.

2006-2007

Student *Health Insurance*

Policy Number: 141249

Information:

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