

2011-2012

Student Injury and Sickness Insurance Plan

(Mandatory With Right of Waiver)

Network Plan - 80% in-network,
60% out-of-network, \$3,000 maximum
per day for hospital room & board and
inpatient misc, \$100 annual deductible

***Designed Especially
For The Students Of***

Colorado Christian
UNIVERSITY

8787 W. Alameda Ave.
Lakewood, CO 80226
(303) 963-3365

Policy Number:
CUH201913

Group Number:
11830002

TO THE STUDENTS OF COLORADO CHRISTIAN UNIVERSITY

Our University is pleased to sponsor this Student Injury and Sickness Insurance Plan. If you do not have personal or family injury or sickness insurance coverage now, please read this brochure carefully. You should consider the advantages as they relate to your personal needs as well as coverage while attending Colorado Christian University.

The University policy on insurance is that it is mandatory with the right of waiver. This coverage coordinates with any other insurance you may have.

TO WAIVE COVERAGE

Even if you or your family already have health insurance, please read about this special low-cost insurance plan. It might be of additional help to you. We recommend your careful consideration because University policy requires each student to carry health insurance.

If you would like to waive the Student Insurance Plan you will need to complete the Waiver Form. Please visit the Student Development Office if you have any questions.

EFFECTIVE DATES AND RATES

- **Fall Coverage: 8/22/2011-1/15/2012**
- **Spring Coverage: 1/16/2012-5/13/2012**
- **Summer Coverage: 5/13/2012-8/22/2012**

	Student Only	Student & Spouse	Student & Child(ren)	Student & Family
Annual	\$1,820	\$3,848	\$4,363	\$6,513
Fall	\$ 697	\$1,560	\$1,767	\$2,676
Spring	\$ 697	\$1,560	\$1,767	\$2,676
Summer	\$ 427	\$ 730	\$ 829	\$1,160

The rates shown above include an administrative fee being charged by Colorado Christian University.

EFFECTIVE AND TERMINATION DATES

Coverage is effective the earlier of: the first day of the term for which enrollment and premium are received on or before the first day of the term of coverage; or the date the enrollment and premium are received. Coverage terminates the earlier of: the last day of the period for which premium is paid; or the date the Covered Person enters full time military service. Upon request, the Company will refund the unearned pro rata premium for persons entering full-time military service.

ELIGIBILITY

All traditional students carrying 6 credit hours or more who do not waive coverage under this plan will be insured for the period for which premium has been paid, including interim vacations. Coverage begins on August 22, 2011 or the date of enrollment in the plan, whichever is later, and must be accepted each semester.

Students must actively attend classes for at least the first 31 days beginning with the first day for which coverage is purchased. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage.

Eligible students who pay the appropriate premium may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age if they are full-time students at an accredited school. We cover dependent children who are full-time students during medically necessary leaves of absence for a period not to exceed the lessor of 1 year or the date on which coverage would otherwise end under the terms of this Policy. Dependent Eligibility expires concurrently with that of the Covered Person. Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when the Company is notified within 31 days from the date of birth and required premium is paid.

Summer Session coverage is available if you were covered during the previous Spring Semester and wish to continue coverage during the summer. You will pay the premium at the Accounting Office for maintain continuous coverage. This may be done even though you do not attend summer school.

EXTENSION OF BENEFITS AFTER TERMINATION

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense", but only while they are incurred during the 60 day period following such termination of insurance.

SCHEDULE OF MEDICAL BENEFITS

Benefits will be paid up to the Maximum Benefit for each service as described below.

*R&C means Reasonable & Customary Charges

Lifetime Maximum

\$10,000 per Condition

Annual Deductible

\$100

Covered Medical Expenses:	In Network	Out of Network
Hospital Room & Board/Hospital Inpatient Miscellaneous (Including nursing care, the cost of pre-admission testing, the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies)	\$3,000 per day Maximum (80% of PPO Allowance)	\$3,000 per day Maximum (60% of *R&C Charges)
Day Surgery Miscellaneous (Including the cost of the operating room; laboratory tests, x-ray examinations, anesthesia; drugs or medicines, and supplies)	80% of PPO Allowance	60% of *R&C Charges
Surgery - Inpatient & Outpatient (When Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50% of the Covered Percentage of the Covered Charge for these procedures.)	80% of PPO Allowance	60% of *R&C Charges
Assistant Surgeon	80% of PPO Allowance	60% of *R&C Charges
Anesthetist	80% of PPO Allowance	60% of *R&C Charges
Doctor's Visits - Inpatient & Outpatient (Benefits are limited to one visit per day Benefits for Doctor's Visits do not apply when related to surgery.)	80% of PPO Allowance	60% of *R&C Charges
Consultant Doctor Fees - Inpatient & Outpatient (when requested and approved by the attending Doctor)	80% of PPO Allowance	60% of *R&C Charges
Physiotherapy - Inpatient & Outpatient	80% of PPO Allowance	60% of *R&C Charges
Registered Nurse's Services (Private duty nursing care)	80% of PPO Allowance	60% of *R&C Charges
Emergency Room	80% of PPO Allowance	60% of *R&C Charges
Ambulance	80% of PPO Allowance	60% of *R&C Charges
X-Ray & Laboratory - Inpatient & Outpatient	80% of PPO Allowance	60% of *R&C Charges
Tests & Procedures (Diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures)	80% of PPO Allowance	60% of *R&C Charges
Prosthetic Appliance or Orthotic Devices (includes non-dental braces)	80% of PPO Allowance	60% of *R&C Charges
Prescription Drugs - Outpatient	80% of Actual Charges	80% of Actual Charges
Dental Treatment (Made necessary by Injury to Sound, Natural Teeth)	\$200 per Tooth	\$200 per Tooth
Maternity & Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Mental or Nervous Disorders (Inpatient)	80% of PPO Allowance	60% of *R&C Charges
Mental or Nervous Disorders (Outpatient)	50% of PPO Allowance otherwise payable, if any, up to a Maximum of \$1,000 per Policy Year	50% of *R&C Charges otherwise payable, if any, up to a Maximum of \$1,000 per Policy Year
Alcoholism (Inpatient)	80% of PPO Allowance	60% of *R&C Charges
Alcoholism (Outpatient)	50% of PPO Allowance up to a Maximum of \$500 per Policy Year	50% of *R&C Charges up to a Maximum of \$500 per Policy Year

MAJOR MEDICAL EXPENSE BENEFIT

Lifetime Maximum Benefit

\$90,000

\$90,000

The Major Medical Expense Benefit begins payment after \$10,000 of Covered Medical Expenses (listed above) have been incurred for each Injury or Sickness. The Company will pay 100% of R&C Charges of additional Incurred Covered Medical Expenses in excess of \$10,000, up to a Lifetime Maximum of \$90,000 for any one Injury or Sickness.

PREFERRED PROVIDER NETWORK

Utilizing the Beech Street Nationwide Preferred Provider Network will decrease your out of pocket costs under this Accident and Sickness Insurance Plan. The Beech Street Network consists of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee.

In order to use the services of a participating provider you must present your Combined Insurance Company of America Medical Identification Card. An Insured Person may contact Beech Street by calling them toll free number at (800) 877-1444 available Monday through Friday, 8:00 a.m. to 8:00 p.m. Pacific Time to or by visiting their web site at www.beechstreet.com.

PRE-EXISTING CONDITIONS LIMITATION

The Pre-existing Condition Waiting Period is six (6) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such six (6) consecutive month period. The Pre-existing Condition Waiting Period shall not apply to a child that is adopted or placed for adoption before attaining eighteen (18) years of age or to pregnancy.

We shall waive the Pre-existing Condition Waiting Period for that period of time an Insured Person was previously covered by Creditable Coverage if such Creditable Coverage was continuous to a date not more than ninety (90) days prior to the Effective Date of the Insured Person's coverage under this Policy. Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than ninety (90) days, the Pre-existing Condition Waiting Period will have to be satisfied again.

"Creditable Coverage" includes any of, or a combination of, the following: (a) a group health plan; (b) a health insurance plan or health maintenance organization (HMO) plan; (c) an individual health insurance policy; (d) COBRA continuation of coverage; (e) a health benefit plan under Chapter 55, Title 10, United States Code pertaining to members of the uniformed services of the United States; (f) Medicare or Medicaid; (g) a medical care program of the Indian Health Service or of a tribal organization; (h) a state health benefits risk pool; (i) a health plan offered under FEHBP (Chapter 89 of Title 5, United States Code); (j) a health plan under Section 5(e) of the Peace Corps Act; or (k) a public health plan.

24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call International provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is included in the Student Insurance Plan that provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and Insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriation of remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact On Call International for any of these services:

Toll Free from U.S. and Canada:

1-800-850-4556

Dial Direct or Call Collect

Worldwide: 1-603-898-9159

Visit their website: www.oncallinternational.com.

EMERGENCY MEDICAL EVACUATION

This benefit applies to Domestic Students and International Students while insured under this Plan. We will pay for benefits for the Covered Expenses incurred, not to exceed maximum of \$25,000 in combination with the Repatriation Benefit, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or b) for International Students after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/ her Home Country to obtain further medical treatment to recover.

All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

REPATRIATION OF REMAINS

This benefit applies to Domestic Students and International Students while insured under this Plan. In the event of the death of an Insured Person, We will pay the actual charges not to exceed maximum of \$25,000 in combination with the Medical Evacuation Benefit, for preparation and transportation of the Insured Person's remains to his or her home country. This will be in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. Covered expenses include expenses for embalming, cremation, coffins, and transportation. Repatriation of remains must be approved in advance by the Company.

COORDINATION OF BENEFITS PROVISION

Benefits under this insurance will be coordinated with benefits under other group insurance that the Covered Person may have so that no more than 100% of expenses incurred will be paid by all insurance combined. A complete description of this provision can be found in the Policy on file with the University.

DEFINITIONS

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) 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 (c) a certified nurse midwife while acting within the scope of that certification. Whenever the Policy provides for reimbursement for any service that may be lawfully performed by a person licensed in Colorado for the practice of osteopathy, medicine, dentistry, dental hygiene, optometry, psychology, chiropractic, podiatry, reimbursement under the Policy shall not be denied when such service is rendered by a person so licensed. This shall also include registered professional nurses and licensed clinical social workers.

Injury means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student and his or her covered Dependent(s) while insured under this Plan.

Insured Student means a student of the Policyholder who is eligible and insured for coverage under this Policy.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan, and other expenses as specifically covered.

Medical Emergency means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if:

(a) it is provided only as a convenience to the Insured

Person or provider; (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms; (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Pre-existing Condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within six (6) months prior to the Effective Date of the Insured Person's coverage under this Policy.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and Our means the Combined Insurance Company of America.

You, Your or Yours means the Insured Student.

EXCLUSIONS

1. Services provided by the Health Center.
2. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
3. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
4. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
5. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
6. Injury due to participation in a riot;
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
9. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;

10. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part;
11. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
12. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
13. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports;
14. Care and/or treatment in skilled nursing facility, except as specifically provided;
15. Organ transplants; except as specifically provided
16. Hospice services, except as specifically provided;
17. Pre-existing Conditions as defined in this Policy;
18. Nonprescription drugs or medicines;
19. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
20. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
21. Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities, which began prior to the Insured Person's Effective Date;
22. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
23. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided in the Extension of Benefits Provision, when applicable;
24. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
25. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
26. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
27. For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified

- as necessary and reasonable by a Doctor; or expenses non-medical in nature;
28. Expense covered by any other valid and collectible medical, health or accident insurance;
 29. Expenses incurred in connection with foot care only to improve comfort or appearance such as care for weak, strained or flat feet; subluxation; corns; calluses; bunions, except open cutting operations; routine care of toenails, except for the removal of the nail root and necessary services in treatment of metabolic or peripheral-vascular disease; treatment of the instability and imbalance of the feet; and any tarsalgia, metatarsalgia. Expenses incurred for the care and treatment of Injury or infection, or disease are not excluded;
 30. Screening examinations, including X-ray examinations made without film, except as specifically provided;
 31. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
 32. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
 33. Inpatient charges for physical therapy or diagnostic services if physical therapy and diagnostic services are available on an outpatient basis;
 34. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
 35. Expenses incurred for transsexual surgery or any treatment leading to or in connection with transsexual surgery;
 36. Marriage, family, and group counseling;
 37. Well baby care, including routine exams and immunizations, except as specifically provided;
 38. Routine periodical physical examinations, except as specifically provided;
 39. Expenses incurred for allergy testing and allergy treatment;
 40. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
 41. Expenses for any service or supply not specified in this Policy as a covered service;
 42. An amount of a charge in excess of the Reasonable and Customary Expense;
 43. Elective Treatment or elective surgery, except as specifically provided;
 44. Services not Medically Necessary;
 45. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
 46. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in this Policy, including emergency "follow-up" visits;
 47. For International Students, expenses incurred within the Insured Person's Home Country or Country of regular domicile;
 48. Suicide, attempted suicide, or intentionally self-inflicted injury, whether sane or insane;
 49. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucosa resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
 50. Voluntary or elective abortion;
 51. Expense incurred for any service, treatment or supply for the diagnosis or treatment of sexual dysfunction (including erectile dysfunction). This includes, but is not limited to, drugs except as noted, laboratory and x-ray tests, counseling, transsexual procedures or penile prostheses necessary due to any medical condition or organic disease. A penile prosthesis will be eligible for payment only after prostate surgery;
 52. Illegal drugs;
 53. Expense incurred for: topical acne treatments, moles, non-malignant warts or lesions, fertility medication; legend vitamins or food supplements; smoking deterrents; immunization agents; biological sera; drugs to promote or stimulate hair growth; experimental drugs; drugs dispensed in a rest home or hospital, except as provided under the Hospital Expense Benefit; pre-natal vitamins, except as specifically provided;
 54. Expenses incurred for any experimental drug or drug combination which the Federal Food and Drug Administration (FDA) has not approved for any indication, or for any drug which the FDA has determined to be contraindicated for a particular condition;
 55. Testing, treatment, or services for any condition in the absence of Sickness or Injury except as specifically provided;
 56. Alternative health care, including (but not limited to) acupuncture, except as specifically provided, acupressure, biofeedback, reflexology, and rolfing type services;
 57. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
 58. Expense for hair replacement, wigs or wig maintenance;
 59. Any treatment, service or supply in excess of the maximum benefit specified in this Policy;
 60. Care, treatment or supplies furnished by a program or agency funded by any government;
 61. Nicotine addiction.
- This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

MANDATED BENEFITS

The following benefits are mandated by the state of Colorado. Unless specific otherwise, all such coverage will be subject to any deductible, co-paymetn and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other Covered Sickness. Please see the Policy on file with the University for further details on the benefits listed below.

Alcoholism Treatment; Autism Spectrum Disorders; Cervical Cancer Vaccine; Cleft Palate; Colorectal Cancer Screening; Mammographic Examination; Minimum Maternity Stays; Complications of Pregnancy; Mental Health Hospitalization; Biologically Based Mental Illness; Prostate Cancer Screening; Clinical Trials; Inherited Metabolic Diseases/Medical Foods Prescriptions; Child Dental Anesthesia Expense Benefit; Diabetes (Supplies/Education).

SUBROGATION AND RECOVERY RIGHTS

Right To Subrogation

If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Insured Person will do what ever is necessary to enable Us to exercise Our right and will do nothing after Loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

Right To Reimbursement

If benefits are paid under this Policy and any person recovers from a responsible third party by settlement, judgement or otherwise. We have a right to recover from that person an amount equal to the amount We paid. However, We will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

Limitation To Our Recovery Rights

We may exercise Our Right to Subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by contract or operation of law. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

We, in exercising Our Right to Subrogation, will not seek to recover more than We paid under the Policy. We, in exercising Our Right to Reimbursement, will not seek to recover more than the amount recovered from a responsible third party.

APPEALS PROCEDURE

If a claim is wholly or partially denied, a written notice will be sent to the Insured Person containing the reason for the denial. The notice will include a reference to the provision in the Plan description and a description of any additional information which might be necessary for reconsideration of the claim. The notice will also describe the right to appeal. A written appeal, along with any additional information or comments, may be sent within 6 months after notice of denial. In preparing the appeal, the Insured Person, or his or her representative, may review all documents related to the claim and submit written comments and issues related to the denial. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within 60 days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days.

HIPAA PRIVACY RULE

Under HIPAA's Privacy Rule the Insurer is required to provide you with notice of the Insurer's legal duties and privacy practices with respect to personal health information.

If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to P.O. Box 6705 Scranton, PA 18505-0705, Attn: HIPAA Privacy Office, call (800) 225-4500, select HIPAA or on-line at <http://www.combinedinsurance.com/policyholder-center/hipaa-insurance.html>.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center at Colorado Christian University for treatment or referral to a Beech Street provider.
2. Complete one claim form per policy year. Claim forms are available online at Summit America's website at www.summitamerica-ins.com/ccu. Forms are also available at the student health center.
3. The claim form must be completed and signed. Attach all itemized medical and hospital bills. Itemized bills must be furnished within 90 days from the date of loss.
4. Questions should be referred to the Claims Administrator at (877) 246-6997 or the Student Health Center at (303) 963-3365 (if applicable).
5. Claim status can be checked online at: <https://statuslink.trizetto.net/summit>

***SUBMIT ALL CLAIMS, CLAIMS INQUIRIES,
AND ELIGIBILITY QUESTIONS TO:***

SUMMIT AMERICA INSURANCE SERVICES

7400 College Blvd., Suite 100

Overland Park, KS 66210

www.summitamerica-ins.com

Call Toll Free (877) 246-6997

Or e-mail claims related questions to:

claims@summitamerica-ins.com

COVERAGE UNDERWRITTEN BY:

COMBINED INSURANCE COMPANY OF AMERICA

Policy Number: CUH201913



Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits. The Master Policy will prevail in the event of any discrepancy between this brochure and the Master Policy.