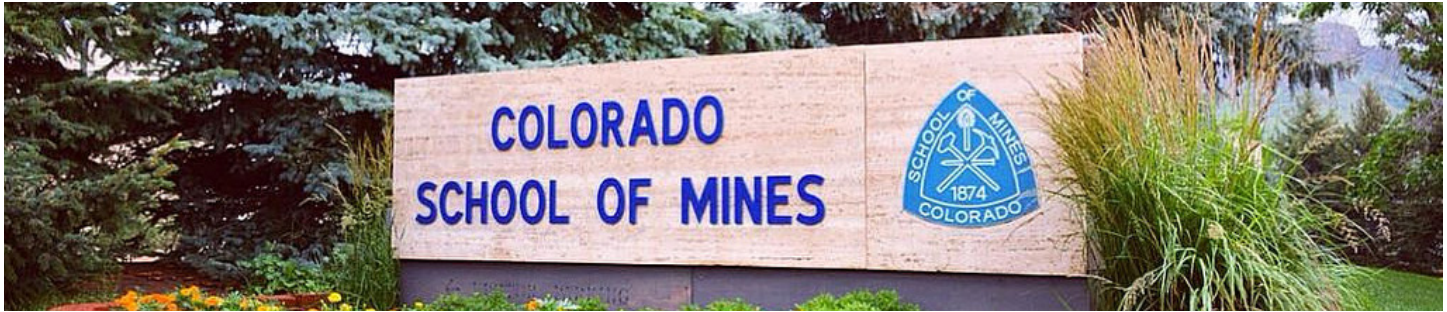


Colorado School of Mines 2020-2021

Student Health Insurance Plan



Please note: the new insurance carrier for the 2020-2021 academic year is Anthem, using the Anthem PPO Network.

Eligibility

- All degree-seeking students, regardless of credit hours
- All International Students (F and J visas), regardless of degree-seeking status, must purchase the Student Health Insurance Plan, unless they meet specific requirements to waive.

Please view the complete brochure online at csm.myahpcare.com for full details of participation in the plan.

How to Waive

If you have other adequate health insurance and would like to waive the Student Health Insurance Plan, you must go online to csm.myahpcare.com and complete the online waiver by the deadline dates each semester. The Annual/Fall waiver period begins **July 15, 2020** and the waiver deadline is **September 9, 2020**. The Spring/Summer (new students) waiver period opens **December 15, 2020** and the deadline to waive is **January 27, 2021**.

PLAN HIGHLIGHTS

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of Anthem Blue Access Network.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited per Insured Person, Per Policy Year
Deductible (Not applicable to Preventive Services)	In-Network Provider: \$0 per Insured Person, per Policy Year Out-of-Network Provider: \$1,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Expense Limit	In-Network Provider: \$2,000 per Insured Person, per Policy Year Out-of-Network Provider: \$4,000 per Insured Person, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Allowed Amount</i>	<i>Payments are based on the Allowed Amount</i>
Hospital Room and Board Expenses	20% after a \$250 Copay	40% after a \$750 Copay
Inpatient/Outpatient Surgery <i>Inpatient: Precertification Required</i>	20%	40% after deductible
Primary Care Office Visit	\$25 Copay per visit	40% after a \$25 Copay per visit <i>(deductible waived)</i>
Diagnostic Services: X-ray & Lab	20%	40% after deductible
Emergency Room Facility Services	20% after a \$100 Copay per visit	20% after a \$100 Copay per visit <i>(deductible waived)</i>
Prescription Drugs	At pharmacies contracting with Anthem Rx 100% after a \$15 Copay per Generic Drug \$30 Copay per Preferred Brand-Name Drug \$60 Copay per Non-Preferred Brand-Name Drug	N/A
Preventive Care <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100%	40%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2020 through 07/31/2021	Spring/Summer (New Students) 01/01/2021 through 07/31/2021	Summer I 05/17/2021 through 07/31/2021
Student	\$ 2,450	\$ 1,423	\$ 510



To view all enrollment and coverage periods available, please visit csm.myahpcare.com.
*Premium rates are pending Department of Insurance (DOI) review and approval and are subject to change. Rates include consulting fee and Health Center fee.

