

Colorado College Insurance Checklist

The following checklist may be helpful in assisting you to reach a decision regarding medical insurance coverage for your student and in completing the Student Health Insurance Enrollment/Waiver card. These questions apply to your current medical insurance policy. **Note:** If you responded “no” to any of the following questions, we strongly recommend you enroll your student in the College’s sponsored insurance program.

I. Benefit Information

a) Policy includes benefits for all mandated benefits in Colorado as listed below:

	<u>Yes</u>	<u>No</u>
1) Mammography	<input type="checkbox"/>	<input type="checkbox"/>
2) Cytology Screening	<input type="checkbox"/>	<input type="checkbox"/>
3) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
4) Biologically Based Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
5) Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>
6) Insurance Replacement Provision	<input type="checkbox"/>	<input type="checkbox"/>
7) Prostate Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>
8) Prosthetic and Orthotic Devices	<input type="checkbox"/>	<input type="checkbox"/>
9) Medical Foods	<input type="checkbox"/>	<input type="checkbox"/>
10) Telemedicine Services	<input type="checkbox"/>	<input type="checkbox"/>

b) Covered benefits are payable at the Student Health Center at 100%	<input type="checkbox"/>	<input type="checkbox"/>
c) The deductible only applies when using out-of-network services	<input type="checkbox"/>	<input type="checkbox"/>
d) There is no deductible when using Boettcher or preferred provider services	<input type="checkbox"/>	<input type="checkbox"/>
e) The maximum benefit is \$250,000	<input type="checkbox"/>	<input type="checkbox"/>
f) Suicide and attempted suicide is covered	<input type="checkbox"/>	<input type="checkbox"/>
g) Maternity is covered	<input type="checkbox"/>	<input type="checkbox"/>
h) Dependent coverage is available for purchase	<input type="checkbox"/>	<input type="checkbox"/>
i) Coverage is worldwide	<input type="checkbox"/>	<input type="checkbox"/>

II. Coverage Date/Period Information

	<u>Yes</u>	<u>No</u>
a) Policy is effective on 08/01/2009	<input type="checkbox"/>	<input type="checkbox"/>
b) Policy expires on or after 08/01/ 2010	<input type="checkbox"/>	<input type="checkbox"/>
c) Policy term is at least 12 months	<input type="checkbox"/>	<input type="checkbox"/>

III. General Information

	<u>Yes</u>	<u>No</u>
a) Policy is written in English	<input type="checkbox"/>	<input type="checkbox"/>
b) Policy is denominated in US Dollars	<input type="checkbox"/>	<input type="checkbox"/>
c) Policy is underwritten by a United States based company	<input type="checkbox"/>	<input type="checkbox"/>
d) Claims are processed and paid in the United States	<input type="checkbox"/>	<input type="checkbox"/>
e) Claims are paid in US Dollars	<input type="checkbox"/>	<input type="checkbox"/>
f) Underwriting company is rated A- or better by AM Best	<input type="checkbox"/>	<input type="checkbox"/>
g) Has coverage worldwide	<input type="checkbox"/>	<input type="checkbox"/>
h) No pre-existing waiting period applies, except for late enrollees	<input type="checkbox"/>	<input type="checkbox"/>
i) The pre-existing condition look-back is equal to or less than 6 months	<input type="checkbox"/>	<input type="checkbox"/>
j) Policy gives credit for prior insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>
k) If the plan is a PPO or HMO plan, there is a primary care physician in the Colorado Springs community on the plan and the student has transportation	<input type="checkbox"/>	<input type="checkbox"/>
l) Evacuation and Repatriation services are available	<input type="checkbox"/>	<input type="checkbox"/>