

# College Insurance Program Benefits Handbook Amendment (Amendment V)

This document is an amendment to the CIP Benefits Handbook released in October 2011. An amendment adds, modifies, deletes or otherwise changes a benefit listed in the Benefits Handbook. As changes occur, the online handbook will be modified to reflect the changes. Those updates and changes will be included in this amendment document as they occur. If you have a printed copy of the online handbook, you should refer to this amendment to ensure you have the most up-to-date information.

## COLLEGE INSURANCE PROGRAM AMENDMENT – 07/01/2013

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### The following amends the Benefits Handbook:

1. The term 'usual and customary (U&C)' was replaced with 'allowable charges' throughout the handbook.
2. A new section (College Choice Health Plan (CCHP) Summary of Benefits and Exclusions) was added behind the 'Health Plan Options' section of the handbook. The addition of these pages have caused the remaining pages to be renumbered beginning with page 27. The index has been updated to reflect the page number changes.
3. On page 23, under 'Health Plan Options', the 'Open Access Plan (OAP)' section was expanded to give more information regarding how an OAP works.
4. After page 27, a section that lists the benefits covered under the CCHP, as well as the plan's exclusions, was added.
5. On page 28 (new page 38), in the 'Prescription Coverage' section, under "Formulary List," the formulary list now categorizes drugs into four categories instead of three, adding 'specialty' as a new category.
6. On page 28 (new page 38), in the 'Prescription Coverage' section, the following changes were made to the headings and to the text throughout those sections:
  - 'Managed Care Plans (Fully-Insured)' was changed to a more accurate description of 'Health Maintenance Organizations (HMOs)'
  - 'Self-Insured Managed Care Plans and the College Choice Health Plan (CCHP)' was changed to 'Open Access Managed Care Plans and the College Choice Health Plan (CCHP)'
7. On page 40 (new page 50), the examples illustrating how claims are paid when a member has Medicare as their primary payer were removed from the 'Medicare' section.
8. On pages 45 and 46 (new pages 54-55), in the 'Claims Appeal Process' section, the option for a second level of internal appeals was removed in order to bring the appeal process in line with industry standards and mirror PPACA, NCQA and URAC guidelines.
9. On page 49 (new page 58), the term 'allowable charges' was added to the glossary with the following definition:
  - "The maximum amount the plan will pay an out-of-network healthcare professional for billed services."
10. On pages 53 and 54 (new pages 62-63), the page numbers associated with the terms listed in the index were updated since additional pages were added to the 'Health Plan Options' section.