

MEDICAL PLAN COMPARISON

This chart is a limited description of the benefit coverage available through CSU's group plan. For a complete list of covered services, visit the HR website. Coverage is governed at all times by the complete terms of the Master Group Insurance Policy issued to CSU. In the event of any discrepancies between the information in this guide, Anthem's coverage certificate will govern.

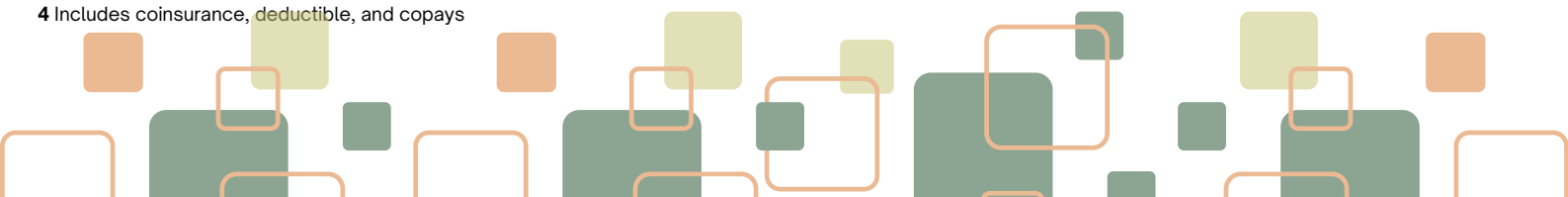
	Ram Plan-HDHP		Green		Aggie Orange		Colorado Pathways
Provider Network	Participating and Non-participating Providers		Participating and Non-participating Providers		Participating and Non-participating Providers		Participating EPO Providers ONLY Colorado employees may enroll
Benefit Component	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY, no out-of-network coverage
	<i>There is an in-network and out-of-network deductible and they accumulate separately for all services.</i>						
DEDUCTIBLE							
Individual	\$1,750	\$3,500	\$1,250 & a separate deductible of \$200 for prescription drugs	\$2,500	\$1,150	\$2,300	\$750
Family	\$3,500	\$7,000	\$2,500 and \$400 for prescription drugs	\$5,000	\$2,300	\$4,600	\$1,500
	If you select family membership, no individual deductible applies and the family deductible must be met.		No single family member can contribute more than the individual deductible amount toward the total family deductible.				
COINSURANCE*	You pay 20% after deductible.		You pay 20% after deductible.		You pay 25% after deductible.		You pay 20% after deductible.
Coinsurance options reflect the amount you will pay. The difference between what you pay and 100% is the amount the Plan pays for PPO (participating) providers. For non-participating providers you also pay the difference between Anthem's Maximum allowed amount and the amount billed by the non-participating provider. *Coinsurance is required up to the out-of-pocket annual maximum. Subject to certain exclusions as identified below.							
OUT-OF POCKET ANNUAL MAXIMUM (OOP)							
	<i>There is an in-network and out-of-network out-of-pocket maximum and they accumulate separately.</i>						
Individual	\$7,000 ¹	\$14,000 ¹	\$6,250 and \$1,100 for prescription drugs ²	\$12,500 ²	\$6,000 ³	\$12,000 ³	\$6,000 ⁴
Family	\$14,000 ¹	\$28,000 ¹	\$12,500 and \$2,200 for prescription drugs ²	\$25,000 ²	\$12,000 ³	\$24,000 ³	\$12,000 ⁴
Lifetime maximum paid by the plan for all care	No lifetime maximum		No lifetime maximum		No lifetime maximum		No lifetime maximum

1 Includes deductible and coinsurance

2 Includes coinsurance and deductible; plus separate deductible and coinsurance for prescription drugs

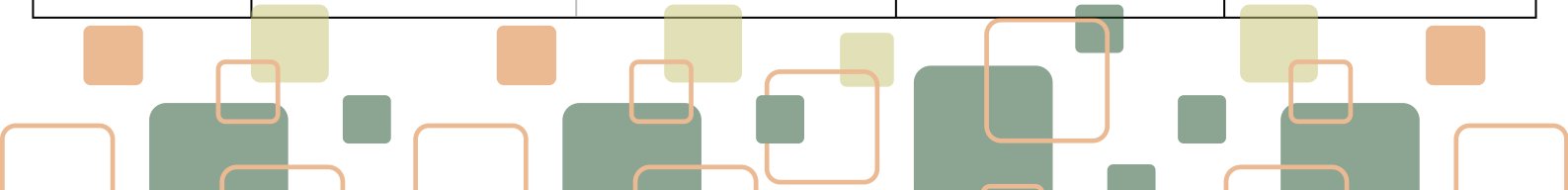
3 Includes deductible, coinsurance, and copayments.

4 Includes coinsurance, deductible, and copays



MEDICAL PLAN COMPARISON, CONT.

Benefit Component	Ram Plan-HDHP		Green		Aggie Orange		Colorado Pathways
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Participating EPO Providers ONLY Colorado employees may enroll
There is an in-network and out-of-network deductible and they accumulate separately for all services.							
Preventive Care	Covered in full not subject to deductible	You pay 20% not subject to deductible	Covered in full not subject to deductible	You pay 20% not subject to deductible	Covered in full not subject to deductible	You pay 25% not subject to deductible	In-Network: Covered in full not subject to deductible Out-of Network: Not covered
PCP / Specialist Office Visits	You pay 20% after deductible		You pay 20% after deductible		PCP: \$40 copayment Specialist: \$50 copayment	You pay 25% after deductible	PCP: \$20 copayment Specialist: \$30 copayment
Anthem PCP Telehealth	\$0 copay/coinsurance after deductible		Covered in full, not subject to deductible		\$0 copayment		\$0 copayment
MATERNITY							
Prenatal care	You pay 20% after deductible		You pay 20% after deductible		\$40/\$50 per visit copayment, based on provider	You pay 25% not subject to deductible	\$20/\$30 per visit copayment, based on provider
Delivery & inpatient well-baby care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
HOSPITAL, OUTPATIENT SERVICES AND EMERGENCY CARE							
Inpatient Hospital*	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
<i>* Pre-certification from Anthem BCBS must be received before a hospital admission or within 5 days after an emergency admission for full benefits to be payable. Consultation for a second opinion (and third if necessary) is paid at 100%. If you use a non-participating provider, you are responsible for making sure this pre-certification has been obtained. Out of network providers are not covered on Colorado Pathways.</i>							
Outpatient/ Ambulatory Surgery	You pay 20% after deductible. This includes colonoscopies with a medical diagnosis.		You pay 20% after deductible. This includes colonoscopies with a medical diagnosis.		You pay 25% after deductible. This includes colonoscopies with a medical diagnosis.		You pay 20% after deductible. This includes colonoscopies with a medical diagnosis.
Laboratory and X-Ray	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Emergency Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
AMBULANCE							
Ground	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Air	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible



MEDICAL PLAN COMPARISON, CONT.

Benefit Component	Ram Plan-HDHP		Green		Aggie Orange		Colorado Pathways
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Participating EPO Providers ONLY Colorado employees may enroll
	There is an in-network and out-of-network deductible and they accumulate separately for all services.						
URGENT, NON-ROUTINE AFTER HOURS CARE							
Inpatient Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Outpatient Care	You pay 20% after deductible		You pay 20% after deductible		\$75 copayment	You pay 25% after deductible	\$75 copayment
Prescription Drugs	You pay 20% after deductible	No Coverage	You pay 20% after the separate deductible for retail or specialty prescription drugs up to the separate OOP annual max for retail or specialty prescription drugs.	No Coverage	Copayments for retail & specialty pharmacy for each 30-day supply: Tier 1 - \$10 Tier 2 - \$50 Tier 3 - \$60 Tier 4 - \$80 Copayments for mail order service (90-day supply maximum): Tier 1 - \$20 Tier 2 - \$100 Tier 3 - \$120	No Coverage	Copayments for retail & specialty pharmacy for each 30-day supply: Tier 1 - \$10 Tier 2 - \$50 Tier 3 - \$60 Tier 4 - \$80 Copayments for mail order service (90-day supply maximum): Tier 1 - \$20 Tier 2 - \$100 Tier 3 - \$120
	<p>Prescription drugs are covered only when received from a participating pharmacy (30 day supply), participating specialty pharmacy (30 day supply) or participating mail order service.</p> <p>Specialty Pharmacy: Participating pharmacy (30-day supply). Specialty pharmacy drugs often require special handling such as temperature controlled packaging and overnight delivery and are often unavailable at a retail pharmacy or through the mail order service. Benefits are only provided when you receive services from a specialty pharmacy as determined by Anthem for those specialty pharmacy drugs included on Anthem's specialty drug list.</p> <p>Smoking Cessation Prescription Drugs: Includes coverage for smoking cessation prescription legend drugs when enrolled in a smoking cessation counseling program approved by Anthem.</p> <p>Birth Control: Certain oral, injection and contraceptive devices obtained by a physician's prescription are covered at 100%.</p> <p>Note: Prescription Drugs will always be dispensed as ordered by your provider and by applicable State Pharmacy Regulations, however you may have higher out-of-pocket expenses. You may request, or your provider may order, the brand-name drug. However, if a generic drug is available, you will be responsible for the cost difference between the generic and the brand-name drug, in addition to your tier 1 copayment. By law, generic and brand-name drugs must meet the same standards for safety, strength and effectiveness. Anthem reserves the right, at our discretion, to remove certain higher cost generic drugs from this policy. For drugs on our approved list, contact Anthem.</p>						
MENTAL HEALTH CARE							
Inpatient Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Outpatient Care	You pay 20% after deductible		You pay 20% after deductible		\$40 copayment	You pay 25% after deductible	\$20 copayment
ALCOHOL & SUBSTANCE ABUSE							
Inpatient Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Outpatient Care	You pay 20% after deductible		You pay 20% after deductible		\$40 copayment	You pay 25% after deductible	\$20 copayment
PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY							
Inpatient Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Outpatient Care	You pay 20% after deductible		You pay 20% after deductible		\$50 copayment		\$30 copayment
See Benefit Booklet for definitions, limitations, and exclusions.							

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Benefit Component	Ram Plan-HDHP		Green		Aggie Orange		Colorado Pathways
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Participating EPO Providers ONLY Colorado employees may enroll
	<i>There is an in-network and out-of-network deductible and they accumulate separately for all services.</i>						
Durable Medical Equipment	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Oxygen	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Organ Transplants	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
	Pre-certification required. Includes liver, heart, heart-lung, pancreas, cornea, kidney, bone marrow and peripheral stem cell.						
Home Health Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Hospice Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Hearing Aids	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
	Up to \$2,000 hearing aid benefit every three years.						
Skilled Nursing Facility Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Retail Health Clinic Visits	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
Vision Care	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible		You pay 20% after deductible
	Limited to one exam per calendar year, eyeglass hardware not covered						
Chiropractic Care	You pay 20% after deductible (up to 20 visits per calendar year combined in and out-of-network)		You pay 20% after deductible (up to 20 visits per calendar year combined in and out-of-network)		\$50 copayment (up to 20 visits per calendar year combined in and out-of-network) You pay 25% after deductible		\$30 copayment (up to 20 visits per calendar year, out of network providers not covered)
Acupuncture	You pay 20% after deductible		You pay 20% after deductible		\$50 copayment You pay 25% after deductible		\$30 copayment (out of network providers not covered)
Significant Additional Covered Services	Treatment of Autism Spectrum Disorders: benefit level determined by type of service provided.						

Excluded expenses: charges not covered include (partial list) Glasses & other vision hardware, cosmetic surgery except for injury or birth defects, purely custodial care, dental work except if done within 1 year of an accidental injury to sound natural teeth if an accident occurred while insured, surgery or treatment of Temporomandibular Joint Disorders, charges in excess of reasonable and customary, services considered experimental in nature, charges in connection with impregnation or fertilization, treatment of weak, strained, flat, unstable or unbalanced feet. Sexual Dysfunction: this plan does not pay for prescription drugs for treatment of sexual dysfunction, including but not limited to Viagra.

"Network" refers to a specified group of physicians, hospital, medical clinics and other medical care providers that your Plan may require you to use in order to get any coverage at all under the Plan, or that the Plan may encourage you to use because it pays more of your bill if you use their network providers (i.e., go in-network) than if you don't (i.e., go out-of-network).

"Out-of-pocket maximum" is the maximum amount you will have to pay for allowable covered expenses under a medical Plan, which may or may not include the deductible or copayments, depending on the contract for that Plan. It includes charges for non-participating providers that are above Anthem's maximum allowed amount. No one family member may meet more than the individual OOPM when enrolled in Family coverage.

"Emergency care" means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The Plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life-or limb-threatening emergency existed.

"Transplants" will be covered only if they are medically necessary and the facility meets clinical standards for the procedure.

