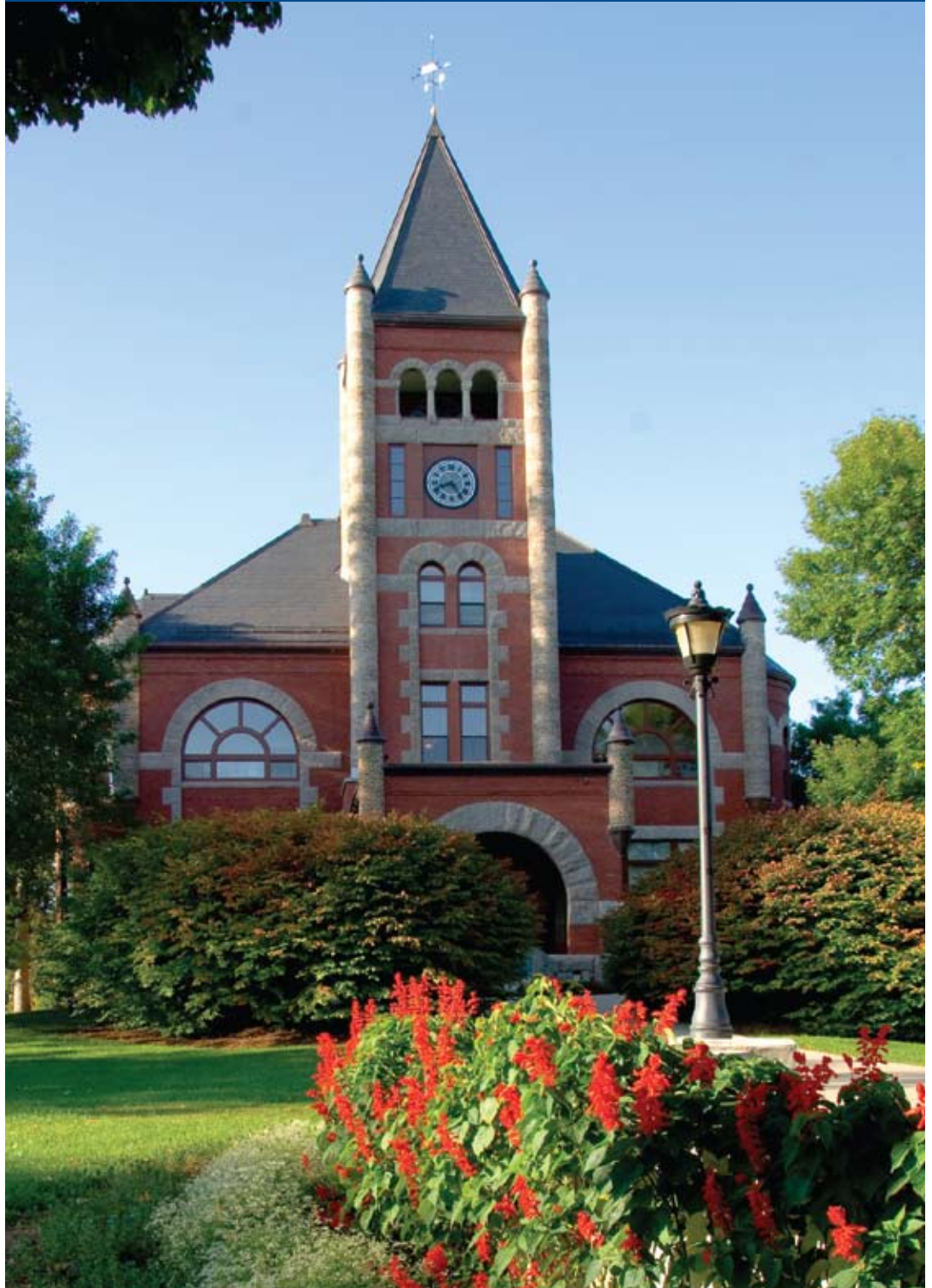




UNIVERSITY
of NEW HAMPSHIRE

STUDENT HEALTH BENEFITS PLAN (SHBP)

www.unh.edu/shbp



2009-2010

**Important Health Resources at the
University of New Hampshire**

UNH Health Services

www.unh.edu/health-services

UNH Counseling Center

www.unhcc.unh.edu

UNH Disability Services for Students

www.unh.edu/disabilityservices

*Plan Administered by
Health Plans, Inc.*



Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the University of New Hampshire's Student Health Benefits Plan. UNH requires health insurance as a condition of enrollment for all full-time degree students to best assure that students have access to health care services beyond what is available on campus. This is particularly important for mental health care services, prescription drug coverage, and the financial protection that will help students to continue their enrollment at UNH when faced with major health care expenses.

The University's Student Health Benefits Plan (SHBP) fully complies with the standards endorsed by the American College Health Association (www.acha.org). The SHBP provides routine and catastrophic coverage, prescription drug benefits, mental health care benefits, and includes co-payment and coinsurance structures for both in-network and out-of-network coverage. There are no exclusions for pre-existing conditions. We are confident that the SHBP provides coverage on which students can rely should they choose to use it for their sole source of health insurance.

The plan is administered by Health Plans, Inc., a Harvard Pilgrim Health Care Company. Students covered by the SHBP have access to the participating hospitals and physicians of Harvard Pilgrim Health Care. Subscribers also have access to a discount dental network through Basix, LLC and emergency medical assistance through MEDEX Global Group, Inc. when traveling away from home.

Please take a few minutes to look over this brochure for details about the SHBP and its benefits. The table on the back page provides the price and coverage periods for the 2009-2010 plan year.

We encourage you to retain this brochure even if you do not enroll in the SHBP for the fall semester. You have the right to enroll in the program during the plan year if you involuntarily lose your health insurance coverage (refer to the Qualified Late Enrollee provision of the Plan Document for details).

The SHBP was designed by the UNH Student Health Insurance Review Committee, which included members from Health Services and the Counseling Center, Undergraduate Student Senate, the Graduate Student Organization, faculty, and the Parents' Association. As representatives of that group, we are proud that UNH is able to sponsor this outstanding Student Health Benefits Plan.

Best wishes for academic success and good health.

Sincerely,



Kevin E. Charles
AVP, Student & Academic Services
and Executive Director of Health Services



Cindy L. McGahey
Director of Finance & Administration,
Health Services



Julie E. Rocco
Student Senate

UNH Insurance Requirements

All full-time degree students attending the University of New Hampshire, at either the Durham or Manchester campuses, are required, as a condition of enrollment, to have adequate health insurance. This policy has been put in place to ensure that students have access to appropriate health care while pursuing their college career at UNH. Students who are not enrolled in a qualified health plan will be required to enroll in the UNH Student Health Benefits Plan (SHBP), which has been designed specifically to meet the needs of UNH students. This requirement does not apply to summer session students.

Students have the option to waive enrollment in the SHBP only if they are currently enrolled in another qualified health plan. To determine if your current plan qualifies you to waive enrollment in the SHBP, "Take the Test" in this brochure. If you qualify and waive enrollment in the SHBP, **you must submit the waiver form to Health Plans by June 30, 2009** to avoid being billed for the SHBP. **The annual open enrollment deadline is September 18, 2009.** You will automatically be enrolled in the SHBP if you do not complete the waiver form by this deadline. If you waive enrollment in the SHBP, you will not be allowed to enroll until the 2010-2011 plan year. The only exception to this provision is for Qualified Late Enrollees.

Student Eligibility

All full-time graduate and undergraduate degree students are eligible for coverage under the SHBP. Enrollment in the UNH SHBP is required if the student cannot provide proof of enrollment in another qualified plan. International students with F-1 and J-1 visas are required to purchase the SHBP; there is not an option to waive coverage under the SHBP.

The full eligibility provisions are provided in the plan document for the SHBP (refer to www.unh.edu/shbp).

If you waived enrollment and have since lost coverage under your original plan, you may qualify as a late enrollee upon providing proof of involuntary loss of coverage. You may enroll in the SHBP, with no pre-existing condition exclusion, within 31 days of losing coverage (please refer to Plan Document for Qualified Late Enrollment provisions).



Obtaining Services

The SHBP is administered by Health Plans, Inc., a Harvard Pilgrim Health Care Company. SHBP-covered persons have access to the Harvard Pilgrim Health Care provider network. Harvard Pilgrim's network includes more than 2,300 primary care physicians and specialists in New Hampshire, as well as every hospital in the state, so obtaining medical services at the in-network level is easy. The Harvard Pilgrim provider network also includes Massachusetts and Maine, with more than 28,000 participating physicians and clinicians and 135 participating hospitals.

You have the option to receive treatment from any out-of-network provider; however, your costs are lower if you use the services of an in-network provider. Either way, the choice is yours. Since the plan does not require you to name a primary care physician, there are no referrals needed. UNH Health Services and the Counseling Center provide services to students at their on-campus facilities. Most care received from Health Services or the Counseling Center is covered by the Health Services and Counseling Fee. If an item is not covered by this fee, coverage may be available under the SHBP.

Your Medical Benefits

Plan Year: August 30, 2009 through August 26, 2010

Plan Specifics	In-Network	Out-of-Network
Plan-year deductible	None	\$250
Level of coverage	90% unless otherwise stated after copay listed. Your coinsurance is 10%	80% of reasonable/customary charges after deductible. Your coinsurance is 20%
Plan-year coinsurance maximum	\$3,500.00 (does not include copays)	\$7,000.00 (includes deductible and coinsurance)

BENEFITS ARE PAID UP TO \$1,000,000 PER LIFETIME

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Physician Office Visit	\$25.00 copay per visit, 0% coinsurance	Covered subject to deductible and 20% coinsurance
Related in-office ancillary services (e.g., lab or X-rays)	10% coinsurance	
Preventative Care Physician Office Visit	\$25.00 office copay per visit, 0% coinsurance	Covered subject to deductible and 20% coinsurance
Related in-office ancillary services	10% coinsurance	
Routine physical exams, including Family Planning Services	1 visit per plan year, age 12+	
Mammograms Prostate examination Colonoscopy Well-child exams	Refer to the Plan Document for specific information regarding mammograms, prostate exams, colonoscopies, well-child exams, and other preventative care services.	
Emergency Room visit (medically necessary)	\$50.00 copay per visit (waived if admitted), 10% coinsurance	Covered subject to deductible and 20% coinsurance
Urgent Care Services UNH Students	\$35.00 copay per visit, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Dependents	Not covered if benefits are provided by the UNH Health fee at Wentworth-Douglass Hospital	
Dependents	\$35.00 copay per visit, 10% coinsurance	
Inpatient Hospital admission	\$250.00 copay per admission, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Surgery (inpatient or outpatient)	\$100.00 copay per surgery, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Diagnostic X-rays/labs	10% coinsurance	Covered subject to deductible and 20% coinsurance
Diagnostic Imaging (PET/CAT scans, MRI)	\$100.00 copay, 10% coinsurance	
Maternity Services Pre-natal office visits Related in-office ancillary services (e.g., lab or X-rays) Delivery and inpatient well-baby care	\$25.00 copay per visit, 0% coinsurance 10% coinsurance \$250.00 copay, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Ambulance	\$100.00 copay per trip, 10% coinsurance	\$100.00 copay per trip, 10% coinsurance
Chiropractic and Physical Therapy Subject to an annual combined maximum of \$1,500.00	\$25.00 copay per visit, 10% coinsurance	Covered subject to deductible and 20% coinsurance

Your Medical Benefits CONTINUED

Plan Year: August 30, 2009 through August 26, 2010

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Acupuncture Subject to an annual maximum of \$1,000.00	\$25.00 copay per visit, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Other Medically Necessary Services and Supplies	10% coinsurance	Covered subject to deductible and 20% coinsurance
Inpatient Mental Health / Substance Abuse Care Biologically-based conditions Not subject to a maximum number of days	\$250.00 copay per admission, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Non-biologically-based conditions and substance abuse treatment 30-day maximum per plan year	\$250.00 copay per admission, 10% coinsurance	Covered subject to deductible and 20% coinsurance
Outpatient Mental Health / Substance Abuse Care Biologically-based conditions Not subject to a maximum number of visits. Subject to review for medical necessity	\$15.00 copay per visit, 0% coinsurance	Covered subject to deductible and 20% coinsurance
Non-biologically-based conditions and substance abuse treatment 30-visit maximum per plan year both in-network and out-of-network	\$15.00 copay per visit, 0% coinsurance	Covered subject to deductible and 20% coinsurance
Home Health Care Maximum 1 visit (4 hour limit) in one 24-hour period. Lifetime benefit maximum \$25,000.00	10% coinsurance	Covered subject to deductible and 20% coinsurance
Skilled Nursing Facility Care Requires admission to facility within 14 days of a hospital admission	10% coinsurance	Covered subject to deductible and 20% coinsurance
Dental: Injury to sound natural teeth Plan year maximum benefit \$2,500.00	10% coinsurance	Covered subject to deductible and 20% coinsurance
Prescription Drugs Benefit applies only to covered medications as defined in the Plan Document. Dispensing limits may apply in accordance with federal and / or state regulations.	This benefit is administered internally by UNH and is not administered by Health Plans, Inc. UNH Health Services prescription copays are: Generic: \$10 (up to 30-day supply) Brand: \$20 (up to 30-day supply) <i>(Note: up to a 90-day supply is only available for winter and summer breaks. In these circumstances, the UNH Health Services prescription copays are:</i> Generic: \$20 (up to 90-day supply) Brand: \$40 (up to 90-day supply) The UNH Health Services Pharmacy is the only provider for in-network prescription drug benefits.	Out-of-network prescription drug coverage is available only if: (a) the member is not eligible to use the UNH Health Services Pharmacy; (b) an urgent or emergency situation is present; (c) the medication is not available through the UNH Health Services Pharmacy; or (d) the member incurs treatment for a new medical condition and needs a new prescription while outside of the Durham area. In these situations, a prescription filled at a retail pharmacy is eligible for coverage, subject to the SHBP deductible and 20% coinsurance.

COMPLEX CASE MANAGEMENT is provided by Care Management Services (CMS). CMS is Health Plans' fully-integrated patient advocate program, providing complex case and disease management to assist members with serious or chronic medical conditions. If you require inpatient or outpatient hospitalization, or are admitted on an emergency basis, you must call (888) 335-9400.

This brochure is intended to provide an overview of the plan benefits and requirements. A complete description of the plan terms and conditions, including coverage limitations and exclusions, may be found in the Plan Document, available at UNH Health Services or online at www.unh.edu/shbp.



Basix Dental Savings and Wellness Support Program

The UNH Student Health Benefits Plan incorporates the Basix Dental Savings Program to help students and covered dependents save money on dental services. It is important to understand the **Dental Savings Program is not dental insurance**. Basix contracts with dentists who agree to reduce their charges by as much as half in some cases; however, the student must pay for the services received at the time of service to receive the negotiated rate. Full details of the program can be viewed online at www.basixstudent.com, or you may contact Basix at (888) 274-9961.

In-Network Care outside of New Hampshire, Maine, and Massachusetts

You can receive in-network benefits through the Private Health Care Systems (PHCS) provider network when you are away from New Hampshire, Maine, or Massachusetts. Refer to www.phcs.com for access to a provider directory. Hospitals and physicians are available in almost all areas of the country.

Travel Assistance Through Medex Assistance Corporation

Students and their dependents who are traveling more than 100 miles away from home can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world through MEDEX, a leading provider of international travel assistance services.

Included as part of the UNH Student Health Benefits Plan, the MEDEX PLUS program provides you with access to the 24/7 MEDEX Emergency Response Center and includes emergency medical evacuation and repatriation. Details of the program can be viewed at <https://members.medexassist.com>, or you may contact MEDEX at (800) 537-2029.

Prescription Drugs

The Prescription Drug Benefit is administered internally by UNH. **Subscribers should obtain prescriptions from the UNH Health Services Pharmacy. Prescriptions filled at a retail pharmacy are not covered unless specific conditions are in place, in which case these may be covered as filled out-of-network, and subject to the deductible and coinsurance. Please refer to the “Your Medical Benefits” section of this brochure for additional information.**

Dispensing Limits

Under the SHBP, the amount of a drug which may be dispensed per prescription or refill (regardless of dosage form) is limited to a 90-day supply or 90 units, whichever is greater. Other dispensing limits may be imposed as required by federal or state regulation or for other reasons.

Excluded Drugs

Some items excluded under Prescription Drug Benefits may be eligible for coverage as a Medical Benefit. Expenses for the following are not covered by the SHBP unless specifically listed as a covered benefit.

1. Drugs not classified as Federal Legend Drugs (i.e., over-the-counter drugs and products).
2. Non-systemic contraceptives, devices or implants.
3. Fertility and impotency drugs.
4. Legend vitamins.
5. Cosmetic drugs and drugs used to promote or stimulate hair growth.
6. Biologicals, immunization agents or vaccines.
7. Drugs labeled “Caution-Limited by Federal law to investigational use,” or “experimental drugs,” or similarly labeled, even though a charge is made to the individual.
8. Any prescription refilled in excess of the number of refills specified by the ordering physician, or any refill dispensed one year after the original order.
9. Medication dispensed in excess of the dispensing limits.
10. Medication for which the cost is recoverable under any workers’ compensation or occupational disease law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the insured.
11. Services or products that are determined by the SHBP as not medically necessary.

Exclusions (2009-2010 PLAN YEAR)

THE SHBP WILL NOT PROVIDE MEDICAL BENEFITS FOR ANY EXPENSE LISTED BELOW, REGARDLESS OF MEDICAL NECESSITY OR RECOMMENDATIONS OF A HEALTH CARE PROVIDER.

1. Any treatment that is not a Covered Sickness or Injury or any service or supply that is not specifically listed in the Covered Expenses/Services in the Summary of Medical Benefits (“Your Medical Benefits”).
2. Expenses exceeding the usual and customary charge for the geographic area in which services are rendered.
3. Treatment not prescribed or recommended by a health care provider.
4. Services, supplies, or treatments which are not medically necessary.
5. Surgical treatment for the purpose of weight reduction, regardless of a condition of morbid obesity.
6. Charges for which there is no legal obligation to pay, such as that portion of any charge which would not have been made if the patient did not have this coverage, or any charge for services or supplies which are normally furnished without charge.
7. Charges for drugs, medicines, services, or supplies prescribed by a physician (or any other medical practitioner) when such prescription is made only on the basis of an online or telephonic consultation not preceded by an in-person medical examination with that physician or medical practitioner.
8. Experimental/investigational equipment, services, or supplies.
9. Charges for services, supplies, or treatment not recognized by the American Medical Association as generally accepted and medically necessary for the diagnosis and/or treatment of an active illness or injury; or charges for procedures, surgical or otherwise, which are specifically listed by the American Medical Association as having no medical value.
10. Charges for services rendered by a provider who is not included in the definition of “Provider” in the SHBP Plan Document.
11. Services furnished by or for the United States government or any other government, unless payment is legally required.
12. Any condition, disability or expense sustained as a result of being engaged in: an illegal occupation; commission or attempted commission of an assault or other illegal act; intentional or accidental atomic explosion or other release of nuclear energy, whether in peacetime or wartime; participation in a civil revolution or a riot or a war; or act of war which is declared or undeclared.
13. Any condition or disability sustained as a result of being engaged in an activity primarily for wage, profit, or gain, and that could entitle the covered person to a benefit under the Worker’s Compensation Act or similar legislation.
14. Educational, vocational, or training services and supplies. This exclusion does not apply to treatment of diabetes.
15. Expenses for preparing medical reports, itemized bills, or claim forms.
16. Mailing and/or shipping and handling expenses.
17. Expenses for broken appointments or telephone calls.
18. Services or supplies furnished, paid for, or for which benefits are provided or required by reason of past or present service of any covered family member in the armed forces of a government.
19. Travel expenses of a physician.
20. Travel expenses of a covered person other than local ambulance services to nearest medical facility equipped to treat the illness or injury, except as specified in the Summary of Medical Benefits (“Your Medical Benefits”).
21. Charges incurred outside of the United States, if the Covered Person traveled to such location for the purpose of obtaining medical services, drugs, or supplies.
22. Custodial care.
23. Expenses for treatment, services or supplies provided by a provider, who ordinarily resides with the Covered Person, or is the Covered Person, including but not limited to, his or her spouse, child, brother, sister, or parent.
24. Expenses used to satisfy plan deductibles, copayment, and/or coinsurance amounts.
25. Expenses incurred for services rendered prior to the effective date of coverage under the SHBP or after coverage terminates, even though illness or injury started while coverage was in force.
26. Sales tax.
27. Personal comfort or service items while confined in a hospital, such as, but not limited to, radio, television, telephone, and guest meals.
28. A residential treatment facility.
29. Sex change surgery.
30. Penile prosthetic implants.
31. Diagnosis or treatment for the correction of infertility (surgical or non-surgical).
32. Surgical impregnation procedures.
33. Reproductive sterilization.
34. Reversal of any reproductive sterilization procedure.
35. Any refractive eye surgery or procedure designed to improve nearsightedness, farsightedness, and/or astigmatism by changing the shape of the cornea, including, but not limited to, LASIK, radial keratotomy and keratomileusis surgery.
36. Services related to Dental or oral surgery, except as specified in the Summary of Medical Benefits (“Your Medical Benefits”).
37. Charges for the treatment of Temporomandibular Joint Disorders (TMJ).
38. Charges for court-ordered treatment, or any treatment not initiated by a physician or covered provider of any kind, except as pertains to psychiatric evaluations.
39. Expenses for treatment of behavioral problems, learning disabilities, or developmental delays when received without a medical diagnosis, including but not limited to Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and Early Intervention (EI) services. This exclusion applies to the treatment of a condition; it does not apply to the diagnosis of the condition.
40. Charges for services for, or related to, reconstructive surgery or cosmetic health services except as specifically provided in the Summary of Medical Benefits (“Your Medical Benefits”). This exclusion does not apply to: reconstructive surgery for newborn children who are covered at the time of birth by the SHBP; reconstructive surgery related to an injury or accident, within one year of the injury or accident first occurring while covered under the SHBP; or reconstructive surgery of the breasts following a mastectomy, including: reconstructive surgery of the breast(s) on which the surgery was performed, reconstructive surgery of an unaffected breast to produce a symmetrical appearance, and expenses related to prostheses and physical complications at all stages of a mastectomy. The plan also does not cover treatment for congenital birth defects or congenital conditions that are chronic in nature, whether or not the congenital condition requires cosmetic or reconstructive surgery.
41. Orthognathic surgery.
42. Massage therapy or rolling.
43. Sex counseling.
44. Eye examinations for diagnosis or treatment of a refractive error, including the fitting of eyeglasses or lenses, orthoptics, vision therapy, or supplies.
45. Hearing examinations, hearing aids, or related supplies.
46. Adoption expenses.
47. Surrogate expenses.
48. Biofeedback, unless approved by the UNH Counseling Center.
49. Hypnosis.
50. Genetic counseling.
51. Genetic testing.
52. Expenses for pastoral counseling, marriage therapy, music or art therapy (unless part of an inpatient program), assertiveness training, dream therapy, recreational therapy, stress management, or other supportive therapies.
53. Expenses for growth hormones, unless pre-authorized by Care Management Services (CMS).
54. Routine physical exams, vaccinations, inoculations, or immunizations, except as specified in Covered Expenses/Services in the Summary of Medical Benefits (“Your Medical Benefits”).
55. Expenses incurred for non-surgical treatment of the feet, including treatment of corns, calluses, and toenails, or other routine foot care, except as specified in Covered Expenses/Services in the Summary of Medical Benefits (“Your Medical Benefits”).
56. Expenses for supplies that do not require a physician’s prescription.
57. Services or supplies that are primarily and customarily used for a non-medical purpose, or used for environmental control or enhancement (whether or not prescribed by a physician), including but not limited to: equipment such as air conditioners, air purifiers, dehumidifiers, heating pads, hot water bottles, water beds, swimming pools, hot tubs, and any other clothing or equipment which could be used in the absence of an illness or injury.
58. Expenses for services and supplies in excess of SHBP limits or benefit maximums.
59. Services for or related to smoking cessation program fees and/or related program supplies.
60. Claims originally submitted more than one year after the date on which the service or supply was incurred.
61. Expenses for services related to participation in intercollegiate sports. This exclusion does not include intramural or club sports.

Take the Test

Does your health insurance cover everything you need?

Your current plan must meet the following criteria in order to waive coverage under the SHBP:

- The plan must have a lifetime maximum benefit of at least \$500,000.00;
- The plan must include access to health care providers who are local to the Durham and Manchester campuses, for both emergency and non-emergency conditions;
- The plan must include at least 20 visits for mental health care services at providers who are local to the campus and who accept the plan;
- The plan must include prescription drug benefits;
- The plan will remain in effect for the 2009-2010 academic year (except for termination due to attainment of a maximum age, or other condition resulting in loss of plan eligibility);
- The plan must have a deductible no greater than \$500.00 (if the deductible is more than \$500.00, you must verify your ability to pay for medical expenses that are subject to the deductible);
- The plan must be in effect as of September 1, 2009, and must not be subject to a pre-existing condition exclusion or eligibility waiting period.

Cost and Period of Coverage

Eligible Classes and Cost of Coverage	Fall Coverage Period* August 30, 2009 to January 23, 2010	Spring/Summer Coverage Period* January 24, 2010 to August 26, 2010	Monthly Cost for Qualified Late Enrollees and Spring Semester Transfer Students
Single Student	\$ 810.00	\$ 810.00	\$ 135.00
Additional for Spouse/ Domestic Partner	\$ 2,497.00	\$ 2,497.00	\$ 417.00
Additional for each child	\$ 497.50	\$ 497.50	\$ 83.00

*The effective date will be earlier if the student is required by UNH to be on campus or participate in a UNH-sponsored activity or program. In no event will the effective date be more than 20 days earlier than the dates specified above.

The SHBP is a partially self-funded health benefits plan. The University has purchased stop-loss coverage for indemnification of the catastrophic claims liability.

CONFIDENTIALTY

Health Plans, Inc. and UNH are committed to protecting your privacy. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), medical information is gathered by us solely for the purpose of fulfilling our obligations to you under the terms of your policy. This information is kept private and confidential. We do not share or distribute this information unless required to do so under the law; or to facilitate or coordinate medical treatment for you, in which case information would be shared on a strict "need to know" basis.

The SHBP complies fully with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as all three laws were amended by the Civil Rights Restoration Act of 1987. Pregnancy benefits are provided on the same basis as any other temporary disability. There is no extension of benefits provision under the SHBP. The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) does not apply to plans that are not employer-sponsored.

If you or your provider have any questions regarding benefits, please contact Health Plans.

Health Plans, Inc.
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www.healthplansinc.com/unh



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