



**University of  
New Hampshire**

**2025 - 2026**

**Student Health Benefits Plan**

**Effective: 9/1/2025 – 8/31/2026**

[unh.edu/health/shbp](http://unh.edu/health/shbp)

## UNH Health Insurance Requirements

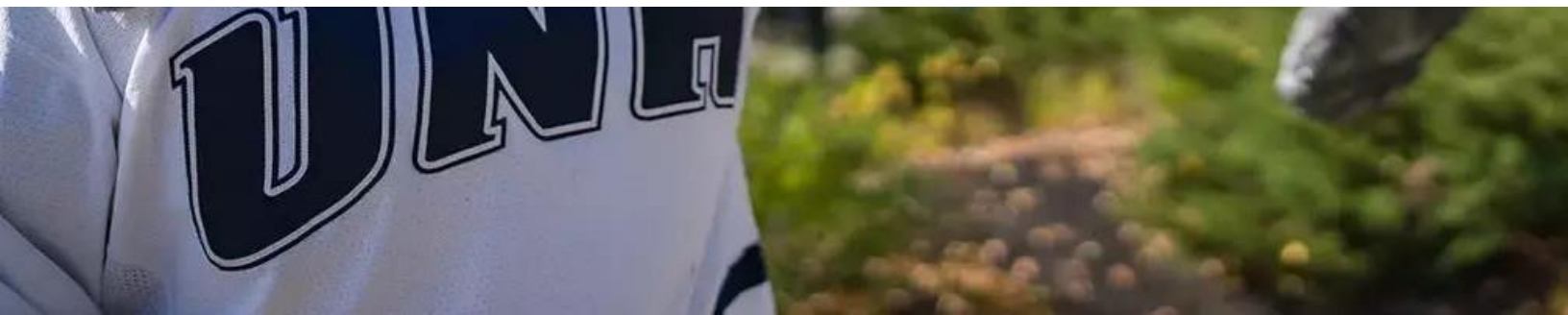
All full-time degree students are required to have health insurance as a condition of enrollment

Applies to students attending the Durham, Manchester, or Concord campuses

- Students are default enrolled in and charged for this plan if they don't complete a waiver by the semester deadline
- Students can be seen at Health & Wellness regardless of what insurance they have (coverage and payment are dependent upon the student's plan)



*Administered By:*



# UNH SHBP AT A GLANCE



## ABOUT THE PLAN

- The SHBP is administered by Wellfleet Group.
- Enrollees have access to the Cigna Open Access Plus (OAP) provider network.
- Costs are lower if enrollees use the services of an in-network provider.
- The plan does not require enrollees to name a primary care physician and referrals are not needed.
- A list of plan exclusions can be found in the Summary Plan Document online at [unh.edu/health/shbp](http://unh.edu/health/shbp)

## COVERAGE DETAILS

- The SHBP provides 12 months of coverage, from September 1 to August 31, each year (for full academic year students).
- For those graduating in December, not returning to UNH in the spring semester, or dropping to part-time enrollment, coverage ends January 19, 2026.
- Coverage is provided in the U.S. and while traveling abroad.
  - » Includes medical evacuation and repatriation coverage as well as worldwide travel assistance.

## PRESCRIPTION DRUGS

- Prescriptions should be filled at the Rite Aid Durham, NH location (5 Mill Rd.) for the lowest copay options.

## Dental/Vision coverage

- Full Dental and/or Vision insurance coverage can be obtained at an additional cost at: <https://unh.studentbenefitplans.com>

## STUDENT ELIGIBILITY

- All full-time graduate and undergraduate degree students are eligible for coverage under the SHBP.
- Students with F-1 or J-1 visas are required to enroll in the SHBP.
- Any change in student status can affect student and/or dependent coverage eligibility.
- The full eligibility provisions are provided in the Summary Plan Document online at [unh.edu/health/shbp](http://unh.edu/health/shbp)
- If a student waives enrollment and later loses coverage, he/she may qualify as a late enrollee upon providing proof of involuntary loss of coverage within 31 days.
- Students must enroll in another plan and submit a new waiver form within 31 days of losing coverage.

## DO NOT FALSIFY YOUR INSURANCE WAIVER INFORMATION

- All waiver forms will be audited to verify enrollment.
- Students who are found to be uninsured or to have insufficient insurance coverage will be enrolled in the SHBP as an Unqualified Late Enrollee.
- The cost of the plan will not be prorated, and the effective date of the coverage will be the date the student is enrolled in the plan.
- Students who knowingly falsify their insurance information in order to appear to comply with the insurance requirement, or who don't obtain other coverage within 31 days after losing their original coverage, are subject to charges for violation of the Student Code of Conduct.

## ONLINE ID CARDS

- After enrollment in the plan, please visit [wellfleetstudent.com](http://wellfleetstudent.com) on your computer or mobile device to view and print your ID card.

## SCHEDULE OF BENEFITS

Plan Specifics	In-Network	Out-of-Network
Plan-year deductible	None	\$350 (Family \$1,500)
Level of coverage	85% unless otherwise stated after copay listed. Your coinsurance is 15%	65% of usual & customary charges after deductible. Your coinsurance is 35%
Plan-year coinsurance maximum	Medical: Individual \$3,250/Family \$8,100 Prescription: Individual. \$1,250/Family \$3,500	Individual \$8,750/Family \$17,500 (includes copayments, deductible and coinsurance)
<b>UNLIMITED LIFETIME MAXIMUM</b>		
Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Physician Office Visit	\$30 copay per visit, 0% coinsurance (\$0 copay for preventive care)	Covered subject to deductible and 35% coinsurance
Preventive Care	\$0 copay per visit, 0% coinsurance 100% coverage - Only available at UNH Health & Wellness, except as specifically provided	Covered only as specifically provided
Emergency Room visit (medically necessary)	\$100 copay per visit (waived if admitted), 15% coinsurance	\$100 copay per visit (waived if admitted), 15% coinsurance
Urgent Care Services	\$40 copay per visit, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Inpatient Hospital admission	\$250 copay per admission, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Surgery (inpatient or outpatient)	\$100 copay per surgery, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Diagnostic X-ray/labs	15% coinsurance	Covered subject to deductible and 35% coinsurance
Diagnostic Imaging (PET/CAT scans, MRI)	\$100 copay, 15% coinsurance	
Ambulance	\$100 copay per trip, 15% coinsurance	\$100 copay per trip, 15% coinsurance
Chiropractic Subject to annual maximum of 12 visits	\$30 copay per visit, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Physical Therapy Subject to annual maximum of 20 visits	\$30 copay per visit, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Inpatient Mental Health / Substance Abuse Care	\$250 copay per admission, 15% coinsurance	Covered subject to deductible and 35% coinsurance
Outpatient Mental Health / Substance Abuse Care	\$30 copay per visit, 0% coinsurance	Covered subject to deductible and 35% coinsurance
Prescription Drugs  \$0 copay for generic contraception medications or medically necessary brand contraceptive medications at either Tier One or Tier Two pharmacy.	<b>Tier One Prescription copays: (applies to prescriptions filled at Rite Aid Durham – 5 Mill Rd)</b> Generic: \$5 (up to 30-day supply)  Preferred Brand: \$25 (up to 30-day supply)  Non-Preferred Brand: \$40 (up to 30-day supply)	<b>Tier Two Prescription copays:</b>  Generic: \$15 (up to 30-day supply) Preferred Brand: \$35 (up to 30-day supply) Non-Preferred Brand: \$50 (up to 30-day supply)

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 Summary Plan Document, available at UNH Health & Wellness or online at [unh.edu/health/shbp](http://unh.edu/health/shbp).

### CONFIDENTIALITY

Wellfleet Group, LLC 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 Amendment 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.



## VALUE ADDED SERVICES

Value added options are provided by Wellfleet Group, LLC:

### VISION DISCOUNT PROGRAM

For Vision Discount Benefits please go to:  
[wellfleetstudent.com](http://wellfleetstudent.com)

### EMERGENCY TRAVEL ASSISTANCE

For general inquiries regarding the travel access assistance services coverage, please call (877) 657-5041. **If you are traveling and need assistance in North America, call the Assistance Center toll-free at: (877) 305-1966 or if you are in a foreign country, call collect at (715) 295-9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.



With CareConnect from Wellfleet, students have 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development, and the demands of daily family obligations. Members in need of assistance simply call the behavioral health hotline on their ID card, (888) 857-5462.

## UNH INSURANCE REQUIREMENTS

In order to waive coverage under the SHBP, students must be covered by a U.S.-based health insurance plan that meets all of the following criteria:

- provides the 10 Essential Health Benefits specified in the Affordable Care Act
- includes access to mental health care providers in the Durham, Manchester or Concord, NH area
- includes access to participating hospitals and physicians providers in the Durham, Manchester or Concord, NH area
- will remain in effect for the entire academic year (except for termination due to attainment of a maximum age or other situation resulting in a loss of plan eligibility)

## WAIVER LIMITATIONS

Students cannot waive enrollment in the SHBP using:

- an accident-only policy
- a short-term limited duration health plan that does not meet the requirements of the Affordable Care Act (ACA)
- a ministry sharing plan, even if it is recognized by the ACA
- Medicaid or other governmental health insurance policies that do not include participating in-network health care providers in the Durham, Manchester or Concord, NH area; or any other health benefits program (e.g., a community care program) that is not recognized by the State of NH as being health insurance (or is not a health benefits plan governed by the Employee Retirement Income Security Act of 1974) and does not meet each of the UNH Insurance Requirements.

**Open enrollment ends September 13, 2025 (for full academic year students) and February 13, 2026 (for students new to UNH in the Spring semester).**

## EFFECTIVE DATES & COSTS

Rates for Undergraduate, Graduate, Domestic, International students and their Dependents  
 Dependent rates are in addition to the student rate.

	Fall Coverage* 9/1/25 – 1/19/26	Spring/Summer Coverage* 1/20/26 – 8/31/26	Monthly Cost for Qualified Late Enrollees
Single Student	\$1,140	\$1,140	\$190
Additional for Spouse	\$3,726	\$3,726	\$621
Additional for each Child*	\$1,056	\$1,056	\$176

\* 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.

If you or your provider have any questions regarding benefits, please contact:

Phone  
 Wellfleet  
 (877) 657-5041

Online  
[wellfleetstudent.com](http://wellfleetstudent.com)

Mail Claims to:  
 CIGNA  
 PO Box 188061

Chattanooga, TN 37422 – 8061

Administered by: **Wellfleet** PO Box 15369 Springfield, MA 01115-5369