Plan Administered by

**UNH Health Insurance Requirement**

- 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)
ABOUT THE PLAN

• The SHBP is administered by Health Plans, Inc., a Harvard Pilgrim company.

• Enrollees have access to the Harvard Pilgrim Health Care PPO provider network.

• The HPHC network incudes providers in New Hampshire, Massachusetts and Maine.

• Outside of New England, enrollees have access to the UnitedHealthcare Options PPO 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 www.unh.edu/shbp.

STUDENT ELIGIBILITY

• All full-time graduate and undergraduate degree students are eligible for coverage under the SHBP.

• International students with F-1 or J-1 visas are required to purchase the SHBP; there is not an option to waive.

• 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 www.unh.edu/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.

• 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.

• In addition, 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.

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 22, 2018.

• Coverage is provided in the U.S. and while traveling abroad.
  » It includes medical evacuation and repatriation coverage as well as worldwide travel assistance.

• The SHBP incorporates the Basix Dental Savings Program to help enrollees save money on dental services.

ONLINE ID CARDS

• After enrollment in the plan, please visit healthplansinc.com/UNH on your computer or mobile device to view and print your ID card.

PRESCRIPTION DRUGS

• Prescriptions should be filled at the UNH Health & Wellness Pharmacy for the lowest copay options.
### Plan Specifics

<table>
<thead>
<tr>
<th>Plan Specifics</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year deductible</td>
<td>None</td>
<td>$250 (Family $1,000)</td>
</tr>
<tr>
<td>Level of coverage</td>
<td>85% unless otherwise stated after copay listed. Your coinsurance is 15%</td>
<td>80% of usual &amp; customary charges after deductible. Your coinsurance is 20%</td>
</tr>
<tr>
<td>Plan-year coinsurance maximum</td>
<td>Medical: Individual $2,250/Family $7,000 Prescription: Indiv. $1,000/Family $3,000</td>
<td>Indiv. $6,350/Family $19,050 (includes copayments, deductible and coinsurance)</td>
</tr>
</tbody>
</table>

### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Your Cost In-Network</th>
<th>Your Cost Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visit</td>
<td>$30 copay per visit, 0% coinsurance (0 copay for preventive care)</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0 copay per visit, 0% coinsurance 100% coverage - Only available at UNH Health &amp; Wellness, except as specifically provided</td>
<td>Covered only as specifically provided</td>
</tr>
<tr>
<td>Emergency Room visit (medically necessary)</td>
<td>$100 copay per visit (waived if admitted), 15% coinsurance</td>
<td>$100 copay per visit (waived if admitted), 15% coinsurance</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>$40 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Inpatient Hospital admission</td>
<td>$250 copay per admission, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Surgery (inpatient or outpatient)</td>
<td>$100 copay per surgery, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Diagnostic X-ray/labs</td>
<td>15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Diagnostic Imaging (PET/CAT scans, MRI)</td>
<td>$100 copay, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100 copay per trip, 15% coinsurance</td>
<td>$100 copay per trip, 15% coinsurance</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$30 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$30 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Inpatient Mental Health / Substance Abuse Care</td>
<td>$250 copay per admission, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Outpatient Mental Health / Substance Abuse Care</td>
<td>$15 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Tier One Prescription copays: (applies to prescriptions filled at UNH Health &amp; Wellness Pharmacy) Generic: $5 (up to 30-day supply) Preferred Brand: $25 (up to 30-day supply) Non-Preferred Brand: $40 (up to 30-day supply)</td>
<td>Tier Two Prescription copays: Generic: $15 (up to 30-day supply) Preferred Brand: $35 (up to 30-day supply) Non-Preferred Brand: $50 (up to 30-day supply)</td>
</tr>
</tbody>
</table>

**UNLIMITED LIFETIME MAXIMUM**

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 www.unh.edu/shbp.
## 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 (ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care);
- includes access to mental health care providers in the Durham, Manchester or Concord, NH area;
- includes access to hospital and physician providers in the Durham, Manchester or Concord, NH area for BOTH EMERGENCY AND ROUTINE CARE;
- 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); and
- does not have a deductible greater than $500 (if it is greater than $500, you must certify that you have adequate financial resources to cover the deductible)

## 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.

## Cost and Period of Coverage

<table>
<thead>
<tr>
<th>Eligible Classes and Cost of Coverage</th>
<th>Fall Coverage*</th>
<th>Spring/Summer Coverage*</th>
<th>Monthly Cost for Qualified Late Enrollees and Spring Semester Transfer Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Student</td>
<td>$1,140</td>
<td>$1,140</td>
<td>$190</td>
</tr>
<tr>
<td>Additional for Spouse/Domestic Partner</td>
<td>$3,534</td>
<td>$3,534</td>
<td>$589</td>
</tr>
<tr>
<td>Additional for each child</td>
<td>$954</td>
<td>$954</td>
<td>$159</td>
</tr>
</tbody>
</table>

*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.

## DEADLINE

- Open enrollment ends September 15, 2017 (for full academic year students) and February 9, 2018 (for students new to UNH in the Spring semester).

## CONFIDENTIALITY

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 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.

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

**Phone/Fax**  
P: 844-260-9900  
F: 508-754-9664

**Online**  
healthplansinc.com/UNH

**Mail Claims to**  
P.O. Box 747  
Westborough, MA 01581-0747

HPI is a Harvard Pilgrim company