STUDENT HEALTH BENEFITS PLAN (SHBP)

www.unh.edu/shbp

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

CHP
Consolidated Health Plans
A Berkshire Hathaway Company

Cigna
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 (SHBP). UNH requires health insurance as a condition of enrollment for all full-time degree students to best ensure that students have access to health care services beyond what is available on campus.

The SHBP fully complies with the insurance standards endorsed by the American College Health Association (www.acha.org) and, although not required by current federal legislation, voluntarily complies with the benefit design of the Affordable Care Act. The SHBP’s benefits meet or exceed requirements that apply to fully insured student health insurance programs.

The SHBP is administered by Consolidated Health Plans, Inc. and has contracted with Cigna for the plan’s provider network of hospitals, physicians, and other health care providers. Students covered by the SHBP also have access to a dental savings program, vision discount program, nurse hotline, and travel assistance program. Details of these additional benefits can be found on page six of this brochure.

Please look over the brochure for details about the SHBP and its benefits, and refer to the plan document at the SHBP website for specific coverage details. The plan remains an outstanding value with an average monthly cost of under $182 for student coverage. The table on the back page provides the cost and coverage periods for the 2012-13 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 plan if you involuntarily lose your health insurance coverage during the plan year (refer to the Qualified Late Enrollee provision of the plan document for details).

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
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 only applies to full time degree students in the fall and spring semesters.

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 CHP by June 29, 2012, to avoid being billed for the SHBP. The annual open enrollment deadline is September 14, 2012, for full-year students and February 8, 2013, for students new to UNH in the Spring semester. 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 2013-14 plan year. The only exception to this provision is for Qualified Late Enrollees.

Obtaining Services

The SHBP is administered by Consolidated Health Plans, Inc., a Berkshire Hathaway Company. SHBP-covered persons have access to the GWH-Cigna PPO network of participating providers. GWH-Cigna’s network includes more than 15,000 providers in New Hampshire, as well as 31 hospitals in the state, so obtaining medical services at the in-network level is easy. The GWH-Cigna network also includes Massachusetts and Maine, with more than 60,000 participating providers and 146 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.

On-Line ID Cards

Please visit www.chpstudent.com/unh to print an ID card.

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). Any student status change can affect student and/or dependent coverage.

Do Not Falsify Your Insurance Waiver Information

Students who are found to be uninsured or to have insufficient insurance coverage (see “Take the Test” on the back page of this brochure) 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. Unqualified late enrollees are subject to benefit limitations that may apply for pre-existing conditions. In addition, students who knowingly falsify their insurance information so as to appear to comply with the insurance requirement may be sanctioned through the UNH Conduct System.
## Your Medical Benefits
### Plan Year: August 24, 2012 through August 22, 2013

<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</td>
</tr>
<tr>
<td>Level of coverage</td>
<td>85% unless otherwise stated after copay listed</td>
<td>80% of reasonable/customary charges after deductible</td>
</tr>
<tr>
<td></td>
<td>Your coinsurance is 15%</td>
<td>Your coinsurance is 20%</td>
</tr>
<tr>
<td>Plan-year coinsurance maximum</td>
<td>$3,500 (does not include copays)</td>
<td>$7,000 (includes deductible and coinsurance)</td>
</tr>
<tr>
<td><strong>MAXIMUM:</strong> Unlimited</td>
<td></td>
<td></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% copayment for Preventive Care) 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Related in-office ancillary services</td>
<td>$0 Copayment/$0 Coinsurance - 100% Coverage - only available at UNH Health Services, except as specifically provided.</td>
<td>Covered only as specifically provided</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care services are covered in compliance with the Patient Protection and Affordable Care Act (PPACA) for (1) any covered services that are not available at UNH Health Services or (2) for services provided when the SHBP covered person is away from the Durham campus, as defined in the SHBP plan document. Refer to the SHBP Plan Document and special notice at the SHBP web site for a complete description of Preventive Care benefits and coverage requirements. Certain other preventive care services are also provided in addition to the mandated coverage under the PPACA.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room visit (medically necessary)</td>
<td>$75 copay per visit (waived if admitted), 15% coinsurance</td>
<td>$75 copay per visit (waived if admitted), 15% coinsurance</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNH Students</td>
<td>$35 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Dependents</td>
<td>$35 copay per visit, 15% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>$250 copay per admission, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Surgery (inpatient or outpatient)</td>
<td>$100 copay per surgery, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Diagnostic X-rays/labs</td>
<td>15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Diagnostic Imaging (PET/CAT scans, MRI)</td>
<td>$100 copay, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Maternity Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-natal office visits</td>
<td>$30 copay per visit, 0% coinsurance 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td>Related in-office ancillary services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., lab or X-rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery and inpatient well-baby care</td>
<td>$250 copay, 15% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100 copay per trip, 15% coinsurance</td>
<td>$100 copay per trip, 15% coinsurance</td>
</tr>
</tbody>
</table>

### Preventive Care

Preventive care services are covered in compliance with the Patient Protection and Affordable Care Act (PPACA) for (1) any covered services that are not available at UNH Health Services or (2) for services provided when the SHBP covered person is away from the Durham campus, as defined in the SHBP plan document. Refer to the SHBP Plan Document and special notice at the SHBP web site for a complete description of Preventive Care benefits and coverage requirements. Certain other preventive care services are also provided in addition to the mandated coverage under the PPACA.
### Your Medical Benefits CONTINUED

**Plan Year:** August 24, 2012 through August 22, 2013

<table>
<thead>
<tr>
<th>Plan Specifics</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chiropractic and Physical Therapy</strong>&lt;br&gt;Subject to an annual combined plan year maximum of 20 visits.</td>
<td>$30 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Acupuncture</strong>&lt;br&gt;Subject to an annual maximum of $1,000</td>
<td>$30 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Other Medically Necessary Services and Supplies</strong></td>
<td>15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Inpatient Mental Health/Substance Abuse Care</strong>&lt;br&gt;<strong>Biologically-based conditions</strong>&lt;br&gt;Not subject to a maximum number of days&lt;br&gt;<strong>Non-biologically-based conditions and substance abuse treatment</strong>&lt;br&gt;30-day maximum per plan year</td>
<td>$250 copay per admission, 15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health/Substance Abuse Care</strong>&lt;br&gt;<strong>Biologically-based conditions</strong>&lt;br&gt;Not subject to a maximum number of visits.&lt;br&gt;Subject to review for medical necessity&lt;br&gt;<strong>Non-biologically-based conditions and substance abuse treatment</strong>&lt;br&gt;30-visit maximum per plan year</td>
<td>$15 copay per visit, 0% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Home Health Care</strong>&lt;br&gt;Maximum 1 visit (4 hour limit) in one 24-hour period. Plan Year maximum of 120 visits</td>
<td>15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Care</strong>&lt;br&gt;Requires admission to facility within 14 days of a hospital admission</td>
<td>15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Dental: Injury to sound natural teeth</strong></td>
<td>15% coinsurance</td>
<td>Covered subject to deductible, 20% coinsurance</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>&lt;br&gt;Benefit applies only to covered medications as defined in the Plan Document. Dispensing limits may apply in accordance with federal and/or state regulations.</td>
<td>This benefit is administered internally by UNH and is not administered by Consolidated Health Plans, Inc. UNH Health Services prescription copays are:&lt;br&gt;Generic: $15 (up to 30-day supply)&lt;br&gt;$0 copay for generic contraceptive medications or medically necessary brand contraceptive medications.&lt;br&gt;Preferred Brand: $25 (up to 30-day supply)&lt;br&gt;Non-Preferred Brand: $40 (up to 30-day supply)&lt;br&gt;The UNH Health Services Pharmacy is the only provider for in-network prescription drug benefits, except as specifically provided for Preventive Care benefits.</td>
<td>Out-of-network prescription drug coverage is available only if:&lt;br&gt;a) The member is not eligible to use the UNH Health Services Pharmacy; or&lt;br&gt;b) An urgent or emergency situation is present; or&lt;br&gt;c) The medication is not available through the UNH Health Services Pharmacy; or&lt;br&gt;d) The member incurs treatment for a new medical condition and needs a new prescription while outside of the Durham area.&lt;br&gt;In these situations, a prescription filled at a retail pharmacy is eligible for coverage, subject to the SHBP deductible and 20% coinsurance.</td>
</tr>
</tbody>
</table>

**COMPLEX CASE MANAGEMENT** is provided by Cigna. If you require inpatient or outpatient hospitalization, or are admitted on an emergency basis, you must call CHP at (800) 633-7867.

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.
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.

Basix Dental Savings

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.

Davis Vision Savings

The UNH Student Health Benefits Plan incorporates the Davis Vision Affinity Discount Program. Students save money on eye wear, eye exams and other services at locations nationwide. It is important to understand the Vision Savings Program is not vision insurance. Go to www.chpstudent.com/unh for more information.

Nationwide Nurse Hotline

The Nationwide Nurse Hotline offers expert medical information and guidance from registered nurses 24 hours a day, 365 days a year. Just call (800) 557-0309 to speak with one of the nurses.

Prescription Drugs

The Prescription Drug Benefit is administered internally by UNH. Subscribers should fill prescriptions at 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 “You're 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.

FrontierMedex Travel Assistance

Your plan includes a comprehensive travel assistance program through FrontierMedex. Students can access 24/7 emergency medical and travel assistance services when outside their Home Country or 100 or more miles away from their permanent residence in their Home Country. If you have a medical, security, or travel problem, simply call FrontierMEDEX for assistance and provide your name, school name, the group number shown on your ID card, and a description of your situation. If you are in North America, call the Assistance Center toll-free at: 1-800-527-0218 or if you are in a foreign country, call collect at: 1-410-453-6330.

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 (2012-2013 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. Expenses for services related to participation in intercollegiate sports. This exclusion does not include intramural or club sports.
2. Any treatment that is not a Covered Sickness or Injury on any service or supply that is not specifically listed in the Covered Expenses/Services in the Summary of Medical Benefits (“Your Medical Benefits”).
3. Treatment not prescribed or recommended by a health care provider; and Services, supplies, or treatments which are not medically necessary; and expenses for supplies that do not require a physician’s prescription.
4. Surgical treatment for the purpose of weight reduction, regardless of a condition of morbid obesity.
5. 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.
6. Experimental/investigational equipment, services, or supplies.
7. 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.
8. Charges for services rendered by a provider who is not included in the definition of “Provider” in the SHBP Plan Document.
9. 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.
10. Any condition or disability sustained as a result of being engaged in an activity primarily for wage, profit, or gain that could entitle the covered person to a benefit under the Worker's Compensation Act or similar legislation.
11. Educational, vocational, or training services and supplies. This exclusion does not apply to treatment of diabetes or other specifically provided Preventive Care benefits.
12. Expenses for preparing medical reports, itemized bills, or claim forms; and mailing and/or shipping and handling expenses; and sales tax.
13. Expenses for broken appointments or telephone calls; and 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.
14. Services furnished by or for the United States government or any other government, unless payment is legally required; and 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.
15. Travel expenses of a physician; and 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”).
16. 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.
17. Custodial care.
18. 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.
19. Expenses used to satisfy plan deductibles, copayment, and/or coinsurance amounts.
20. 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; and Claims originally submitted more than one year after the date on which the service or supply was incurred.
21. Personal comfort or service items while confined in a hospital, such as, but not limited to, radio, television, telephone, and guest meals.
22. A residential treatment facility.
23. Sex change surgery; and Penile prosthetic implants.
24. Diagnosis or treatment for the correction of infertility (surgical or non-surgical); and Surgical impregnation procedures; and Reproductive sterilization; and Reversal of any reproductive sterilization procedure.
25. 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; and Eye examinations for diagnosis of treatment or refractive error, including the fitting of eyeglasses or lenses, orthoptics, vision therapy, or supplies.
26. Services related to Dental or oral surgery, except as specified in the Summary of Medical Benefits (“Your Medical Benefits”); and charges for the treatment of Temporomandibular Joint Disorders (TMJ).
27. 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.
28. 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.
29. 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 protheses 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.
30. Orthognathic surgery.
31. Hearing examinations, hearing aids, or related supplies.
32. Adoption expenses; and Surrogate expenses.
33. Biofeedback, unless approved by the UNH Counseling Center.
34. Hypnosis.
35. Genetic counseling and testing.
36. 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; and Sex counseling; and Massage therapy or rolffing.
37. Expenses for growth hormones, unless pre-authorized by Cigna.
38. 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”).
39. 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.
40. Expenses exceeding the usual and customary charge for the geographic area in which services are rendered; and expenses for services and supplies in excess of SHBP limits or benefit maximums.
The plan must have a lifetime maximum benefit of at least $500,000.
- 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 2012-2013 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 (if the deductible is more than $500, 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, 2012, and must not be subject to a pre-existing condition exclusion or eligibility waiting period.

Cost and Period of Coverage

<table>
<thead>
<tr>
<th>Eligible Classes and Cost of Coverage</th>
<th>Fall Coverage Period*</th>
<th>Spring/Summer Coverage Period*</th>
<th>Monthly Cost for Qualified Late Enrollees and Spring Semester Transfer Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Student</td>
<td>August 24, 2012 to January 21, 2013</td>
<td>January 22, 2013 to August 22, 2013</td>
<td>$181.67</td>
</tr>
<tr>
<td>Additional for Spouse/Domestic Partner</td>
<td>$3,366.00</td>
<td>$3,366.00</td>
<td>$561.00</td>
</tr>
<tr>
<td>Additional for each child</td>
<td>$864.00</td>
<td>$864.00</td>
<td>$144.00</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.

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

CONFIDENTIALITY

Consolidated Health Plans and UNH are committed to protecting your privacy. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), medical information is gathered 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 CHP.