University of New Hampshire

2015 · 2016

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

Student Health Benefits Plan (SHBP)
www.unh.edu/shbp
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, and to provide financial protection for major illness or injury.

The SHBP fully complies with the insurance standards published by the American College Health Association (www.acha.org) and complies with the benefit design requirements applicable to student health plans under the Affordable Care Act.

With an average monthly cost of $190 for student coverage, the plan is an outstanding value. It has an actuarial value of a platinum level marketplace plan at a bronze level price with no deductible for in-network care. We encourage you to compare this plan to other plans that may be available to you or your student.

The UNH SHBP provides coverage for students while they are at school, home or even travelling abroad. It includes access to discounts for dental services and travel assistance for students who plan to travel. Please look over the brochure for an overview of the plan and its benefits, and refer to the plan document at the SHBP website for specific coverage details.

Even if you do not enroll in the SHBP for the fall semester, please retain this brochure. 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 the Durham, Manchester or Concord 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, please refer to the “UNH Insurance Requirements” in this brochure. If you qualify and waive enrollment in the SHBP, you must complete the waiver process by June 26, 2015, to avoid being billed for the SHBP. The annual open enrollment deadline is September 18, 2015, for full-year students and February 12, 2016, for students new to UNH in the Spring semester. You will automatically be enrolled in the SHBP if you do not complete a waiver by the deadline. If you waive enrollment in the SHBP, you will not be allowed to enroll until the 2016-17 plan year. The only exception to this provision is for Qualified Late Enrollees.

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 PPO 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 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. If you travel outside the New England area and must receive medical care, you have access to the UnitedHealthcare Options PPO network.

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.

Online ID Cards

After your enrollment in the plan, please visit healthplansinc.com/UNH to print your 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 does not provide proof of enrollment in another qualified plan before the semester deadline. International students with F-1 or 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 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 eligibility.

Do Not Falsify Your Insurance Waiver Information

Students who are found to be uninsured or to have insufficient insurance coverage (see “UNH Insurance Requirements” 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. 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.
## Your Medical Benefits

### Plan Specifics

<table>
<thead>
<tr>
<th>Service</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</td>
<td>Indiv. $6,350/Family $19,050 (includes copayments, deductible and coinsurance)</td>
</tr>
<tr>
<td></td>
<td>Prescription: Indiv. $1,000/Family $3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pediatric Dental: Individual $1,000</td>
<td></td>
</tr>
</tbody>
</table>

### Covered Services

<table>
<thead>
<tr>
<th>Service</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>Related in-office ancillary services (e.g., lab or X-rays)</td>
<td>15% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0 copay per visit, 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 services are covered pursuant to 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.</td>
<td>Refer to the SHBP Plan Document and special notice at the SHBP website for a complete description of Preventive Care benefits and coverage requirements.</td>
<td></td>
</tr>
<tr>
<td>Certain other preventive care services are also provided in addition to PPACA mandated coverage.</td>
<td></td>
<td></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>There are no referral or pre-authorization requirements.</td>
<td></td>
<td></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></td>
</tr>
<tr>
<td>Maternity Services</td>
<td>$0 copay, 0% coinsurance 100% coverage</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Pre-natal office visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related in-office ancillary services (e.g., lab or X-rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery and inpatient well-baby care</td>
<td></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>
<tr>
<td>Chiropractic</td>
<td>$30 copay per visit, 15% coinsurance</td>
<td>Covered subject to deductible and 20% coinsurance</td>
</tr>
</tbody>
</table>
**Covered Services** | **Your Cost In-Network** | **Your Cost Out-of-Network**
---|---|---
Physical Therapy  
Subject to annual maximum of 20 visits | $30 copay per visit, 15% coinsurance | Covered subject to deductible and 20% coinsurance
Acupuncture  
Subject to annual maximum of 10 visits | $30 copay per visit, 15% coinsurance | Covered subject to deductible and 20% coinsurance
Other Medically Necessary Services and Supplies | 15% coinsurance | Covered subject to deductible and 20% coinsurance
Inpatient Mental Health / Substance Abuse Care | $250 copay per admission, 15% coinsurance | Covered subject to deductible and 20% coinsurance
Outpatient Mental Health / Substance Abuse Care | $15 copay per visit, 15% coinsurance | Covered subject to deductible and 20% coinsurance
Home Health Care | 15% coinsurance | Covered subject to deductible and 20% coinsurance
Skilled Nursing Facility Care  
Requires admission to facility within 14 days of a hospital admission | 15% coinsurance | Covered subject to deductible and 20% coinsurance
Dental injury to sound natural teeth | 15% coinsurance | Covered subject to deductible and 20% coinsurance
Pediatric Dental and Vision (up to age 19)  
Dental  
(two exams per plan year) | $0 copay per visit, 0% coinsurance - 100% coverage | $0 copay per visit, 0% coinsurance - 100% coverage
Vision  
(one exam per plan year) | $0 copay per visit, 0% coinsurance - 100% coverage | $0 copay per visit, 0% coinsurance - 100% coverage
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  
Note: Covered persons pay prescription drug copays which accumulate toward the prescription drug out-of-pocket maximums. Once the prescription drug out-of-pocket maximums have been met, prescription drugs are covered at 100% for the remainder of the plan year. | Tier One Prescription copays:  
(appplies to prescriptions filled at UNH Health Services Pharmacy)  
Generic: $10 (up to 30-day supply)  
Preferred Brand: $25 (up to 30-day supply)  
Non-Preferred Brand: $40 (up to 30-day supply)  
Tier Two Prescription copays:  
(appplies to prescriptions filled through a Caremark Retail Pharmacy)  
Generic: $10 (up to 30-day supply)  
Preferred Brand: $30 (up to 30-day supply)  
Non-Preferred Brand: $50 (up to 30-day supply)  
$0 copay for generic contraceptive medications or medically necessary brand contraceptive medications at either Tier One or Tier Two pharmacy. | Out-of-network prescription drug coverage is available only if:  
(a) the member is not eligible to use the UNH Health Services Pharmacy; or  
(b) an urgent or emergency situation is present; or  
(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 844-260-9900.

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.
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 listed on the back page of this brochure.

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.

Worldwide Travel Assistance

Included as part of the SHBP, Travel Guard through AIG provides enrollees with access to a complete suite of travel services including medical evacuation and repatriation coverage. Travel Guard can help enrollees find appropriate medical care anywhere in the world. More information about the services can be found at www.aig.com/travelguardassistance, or by calling 877-832-3523.

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.
3. Sexual dysfunction drugs, except when medically necessary for treatment of conditions other than sexual dysfunction.
4. Legend vitamins.
5. Cosmetic drugs and drugs used to promote or stimulate hair growth.
6. Biologicals, immunization agents, or vaccines, except as specifically provided for preventive care benefits required by the Affordable Care Act.
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 worker’s 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.
12. Medications provided to an international student in his or her home country.
13. Any medication that would be excluded under medical benefit exclusions, except as otherwise provided.
Exclusions (2015-2016 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 UNH’s NCAA-sanctioned intercollegiate sports. This exclusion does not include intramural or club sports.

2. Any treatment not resulting from an Accident, Illness, Mental or Nervous Disorder, Substance Addiction/Abuse, except covered Preventive Care as specified, or for any service or supply that is not specifically listed as a Covered Expense under Covered Medical Services in this Plan Document.

3. Treatment not prescribed or recommended by a Provider/Practitioner; services, supplies, or treatments which are not Medically Necessary; except covered Preventive Care as specified; and expenses for supplies that do not require a Provider’s/Practitioner’s prescription.

4. 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.

5. Experimental/Investigational equipment, services, or supplies.

6. 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.

7. Charges for services rendered by a provider who is not a Provider/Practitioner.

8. 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.

9. 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.

10. Educational, vocational, or training services and supplies. This exclusion does not apply to treatment of diabetes or other specifically provided Preventive Care benefits, or other specifically provided benefits for services or supplies that would be educational, vocational, or for training purposes.

11. Expenses for preparing medical reports, itemized bills, or claim forms; and mailing and/or shipping and handling expenses; and sales tax.

12. Expenses for broken appointments.

13. 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.

14. Travel expenses of a Physician/Practitioner; and travel expenses of a Covered Person other than local ambulance services to the nearest medical facility equipped to treat the Illness or Injury, except as specified.

15. 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.

16. Custodial Care (except as specifically provided under Hospice Plan of Care).

17. Expenses for treatment, services, or supplies provided by a Provider/Practitioner 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.

18. Expenses used to satisfy plan deductibles, copayment, and/or coinsurance amounts.

19. 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 to the Claims Administrator for the SHBP more than one year after the date on which the service or supply was incurred.

20. Personal comfort or service items while confined in a Hospital, such as, but not limited to, radio, television, telephone, and guest meals.

21. Charges incurred at a residential treatment facility that is not a hospital, regardless of whether the service or supply is a Covered Expense.

22. Sex change surgery, including penile prosthetic implants or breast implants related to sex change surgery.

23. 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 other services such as the fitting of eyeglasses or lenses, orthoptics, vision therapy, or supplies.

24. Services related to Dental or oral surgery, except as specifically provided.

25. Charges for court-ordered treatment, or any treatment not initiated by a physician or covered provider of any kind, except psychiatric evaluations.

26. 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) and Attention Deficit Hyperactivity Disorder (ADHD). This exclusion applies to the treatment of a condition; it does not apply to Expenses Incurred for the diagnosis of the condition.

27. Charges for services for, or related to, reconstructive surgery or cosmetic health services except as specifically provided. This exclusion applies to liposuction or other weight loss procedures for cosmetic purposes. 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; 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.

28. Except as specifically provided, hearing examinations, hearing aids, or related supplies. Refer to plan document for further details.

29. Adoption expenses; and Surrogate expenses.

30. Biofeedback, unless approved by the UNH Counseling Center or UNH Health Services.

31. Hypnosis.

32. Except as specifically provided, genetic counseling and testing. Refer to plan document for further details.

33. 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; sex counseling; and massage therapy or Roling.

34. Expenses for growth hormones, unless pre-authorized by the claims administrator.

35. Expenses Incurred for non-surgical treatment of the feet, including treatment of corns, calluses, and toenails, or other routine foot care, except as specifically provided.

36. 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.

37. Expenses exceeding the Allowed Amount charge for the geographic area in which services are rendered; and expenses for services and supplies in excess of SHBP limits or benefit maximums.
UNH Insurance Requirements

In order to waive coverage under the UNH 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, areas 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)

See the “Waiver Limitations” section for a list of policies that cannot be used to waive enrollment in the SHBP.

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>$1,140.00</td>
<td>$1,140.00</td>
<td>$190.00</td>
</tr>
<tr>
<td>Additional for Spouse/ Domestic Partner</td>
<td>$3,534.00</td>
<td>$3,534.00</td>
<td>$589.00</td>
</tr>
<tr>
<td>Additional for each child</td>
<td>$954.00</td>
<td>$954.00</td>
<td>$159.00</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

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

15-2854-092915
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