

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE
OPTION A
SCHEDULE OF BENEFITS**

Employee Deductible:	
Individual	\$1,250 per calendar year
Family	\$2,500 per calendar year
Coinsurance:	
Plan	100%
Employee	0%
Employee Out-of-Pocket Maximum:	
Individual	\$1,250 per calendar year
Family	\$2,500 per calendar year
Preventive Care:	100%
Inpatient Mental Health/Substance Abuse:	Deductible; 100%
Outpatient Mental Health/Substance Abuse:	Deductible; 100% to a maximum of 40 visits per calendar year and 70 visits per lifetime
Rehabilitative Care:	Deductible; 100% to a maximum of 365 days per lifetime
Bereavement Services:	Deductible; 50%
Inpatient Pre-Admission Certification Penalty:	80% to a maximum of \$500 non-compliance penalty
Prescription Drug Plan (Retail – 34 day or 100 unit supply):	\$ 7 generic copayment \$15 preferred brand copayment \$15 non-preferred brand copayment
Mail Service Program (Mail Order – 90 day supply):	\$0 generic copayment \$0 preferred brand copayment \$0 non-preferred brand copayment

Individual Lifetime Maximum:

\$2,000,000

NOTE:

1. All Plan benefits are subject to reasonable and customary allowances. See the "Plan Details" and "Medical Covered Expenses" sections for additional information.
2. This Plan is participating with preferred provider network(s). The preferred providers will bill EBPA directly and write off charges that exceed the Plan's R&C allowances.
3. Pre-admission penalties are not applied to the deductible or out-of-pocket maximum.
4. All other covered benefits not listed above will be subject to the calendar year deductible and payable at 100%.
5. There is no copayment for generic or brand name prescriptions for a three (3) months supply of maintenance or long-term medications if ordered through Mail Service Program.
6. Outpatient services for the following mental illnesses, as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) of mental disorders published by the American Psychiatric Association, will be payable in the same manner as benefits for any illness and are not subject to the maximum of forty (40) visits per calendar year and seventy (70) visits per lifetime.
 - a) Schizophrenia
 - b) Schizoaffective disorder
 - c) Major depressive disorder
 - d) Bipolar disorder
 - e) Paranoia and other psychotic disorders
 - f) Obsessive-compulsive disorder
 - g) Panic disorder
 - h) Pervasive developmental disorder or autism