

2008-2009

Accident & Sickness Health Insurance Program

For the Students of



THE UNIVERSITY of
NEW MEXICO

ADMINISTRATOR POLICY NUMBER: AMH0058679
UNDERWRITER REFERENCE NUMBER: CAS9710516

UNDERWRITTEN BY:

National Union Fire Insurance Company of Pittsburgh, Pa.
(The Company) with its principal place of business in New York, NY
a subsidiary of American International Group, Inc. (AIG)

Please keep this brochure as a general summary of the insurance plan. The Master Policy on file at the University contains all of the provisions, exclusions, and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and the Policy, the Master Policy will govern and control the payment of benefits. The amount of benefits provided depends on the Plan selected. Premium will vary with the amount of benefits selected. This is only a brief description of the coverage available under policy series S30494NUFIC-NM.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the policy is issued will be administered to conform with the requirements of the state statutes.

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IDENTIFICATION CARD

PLAN A

STUDENT HEALTH INSURANCE ID CARD

Policyholder: **University of New Mexico**
Policy Number: **AMH0058679 Plan A**

Covered Student: _____

Student ID #: _____

Date of Birth: _____ Graduate: ___ Y or ___ N

**KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR
PRESENTATION TO MEDICAL PROVIDERS**

Company claim form submission, PPO and benefit information
are available 24 hours a day at macori.com

PLAN B

STUDENT HEALTH INSURANCE ID CARD

Policyholder: **University of New Mexico**
Policy Number: **AMH0058679 Plan B**

Covered Student: _____

Student ID #: _____

Date of Birth: _____

**KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR
PRESENTATION TO MEDICAL PROVIDERS**

Company claim form submission, PPO and benefit information
are available 24 hours a day at macori.com

National Union Fire Insurance Company of Pittsburgh, Pa.

A subsidiary of American International Group, Inc. (AIG)

Claims/Eligibility Toll-Free Phone Numbers and Address:

Providers: 1-877-266-7778 or
281-651-8787 Houston Area

Students/Insureds: 1-800-285-8133 or
281-651-8787 Houston Area

Claims Office Address: P. O. Box 2508 Spring, TX 77383-2508

Website: www.macori.com offers:

UNM Page with links to benefit information, claim status, claim form submission, FAQs, Student Health and Counseling and PPO locator.



PRESBYTERIAN

Preferred Provider Organizations:



Beech Street
A VIBANT NETWORK

Albuquerque Area :

Presbyterian Healthcare Services
PHS.org/spn or 1-800-863-8710

Outside Albuquerque:

Beechstreet, Inc.
beechstreet.com or 1-800-877-1444

Albuquerque Area Hospitals include:

UNM Health Sciences Center

Presbyterian Healthcare Services

National Union Fire Insurance Company of Pittsburgh, Pa.

A subsidiary of American International Group, Inc. (AIG)

Claims/Eligibility Toll-Free Phone Numbers and Address:

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Presbyterian Healthcare Services

FREQUENTLY ASKED QUESTIONS & ANSWERS

- 1. When can the student insurance be purchased?**
Deadline for enrollment in each semester is 21 days from the Effective Date shown on the enrollment form. Students who arrive on campus early may elect to purchase coverage for up to 3 weeks prior to the semester for a cost of \$30 per week for Plan A and \$17 per week for Plan B.
- 2. What is a PPO Network?**
A group of medical providers who have contracts/agreements with the Preferred Provider Network. Benefit payments are reduced if you see a non-network provider (see page 11).
- 3. Do I need a primary care physician?**
A primary care physician is not required. When possible, treatment should be sought from your UNM Student Health and Counseling.
- 4. What is a deductible?**
The deductible is the dollar amount the Covered Person is responsible to pay per Policy Year. The deductible is waived only for treatment rendered at UNM Student Health and Counseling. The deductible is applicable for any facility or pharmacy other than UNM Student Health and Counseling. Plan A has a \$250 per Policy Year deductible and Plan B has a \$1,500 per Policy Year deductible (see page 6).
- 5. How much is my portion of Eligible Expenses?**
Inside UNM Student Health and Counseling there is no deductible and the Covered Person is responsible for 30% of Eligible Expenses (see page 4). Outside UNM Student Health and Counseling, unless otherwise stated, the Covered Person is responsible for 20% of the Eligible Expenses at a PPO-Provider (30% for a Non-PPO Provider) after the Policy Year deductible has been paid. After the Plan has paid \$5,000, the Plan will pay 100% of Eligible Expenses up to the \$50,000 Basic Policy Maximum (Lifetime benefit per Sickness or Accident). After the **Basic Policy Maximum** has been met, any expenses for that Accident or Sickness incurred are the responsibility of the Covered Person.
- 6. Where do I get treatment after hours?**
After hours treatment can be obtained at a hospital, urgent care or emergency room. Deductibles and coinsurance will apply. See page 11 for Preferred Provider listings.
- 7. Do I need a claim form?**
For services rendered outside UNM Student Health and Counseling, one completed claim form must be completed before a claim can be processed (see page 10). Online claim form submission is available at macori.com.
- 8. Can a spouse/domestic partner be seen at UNM Student Health and Counseling (if not a Student)?**
Yes, as long as the student and the spouse/domestic partner are both covered by the Student Health Insurance Program.
- 9. Where are dependent children seen for medical services?**
Dependent children may be seen outside of UNM Student Health and Counseling subject to the deductible and plan provisions. Refer to "Preferred Provider Organizations" on page 11 for additional information.
- 10. If the Covered Student purchases annual coverage and drops out of school and has no credit hours, can he/she still be seen at UNM Student Health and Counseling?**
No, he/she cannot use UNM Student Health and Counseling, and will need to access an outside preferred provider shown on page 11. The deductible will be applied as explained in question #4 above.

Dear UNM Student:

The UNM Student Insurance Committee offers you a choice of two plans: the more comprehensive Student Insurance "Preferred Plan (A)," or the less comprehensive "Benefit Plan (B)." Both plans protect Covered Persons 24 hours per day at home or while traveling.

Plan A has greater benefits, and Plan B has a larger deductible outside UNM Student Health and Counseling.

We recommend the "Preferred Plan (A)," because it has more comprehensive coverage and a more affordable deductible than "Limited Benefit Plan (B)." "Limited Benefit Plan (B)" is a less expensive and less comprehensive health insurance option. **UNM Student Health and Counseling recommends purchase of an Optional Major Medical Benefit. Both Plan A and Plan B have a limit of \$50,000; however, \$50,000 may not cover the total cost of hospitalization.** An Optional Major Medical Benefit may be purchased to increase the medical benefits under Plan A and/or Plan B. We encourage you to consider the Optional Major Medical Benefit. See page 12 for this information.

Both plans may be broken down into semester payments or automatic Bank Draft* withdrawals from your checking or savings account for annual enrollment, and you may pay via USA Visa or MasterCard charge cards, check or money order. Claims already incurred under Plan B will not be upgraded (**no gain**) by purchasing Plan A, or for the Optional Major Medical Benefit.

** The Automatic Bank Draft payment option includes administrative processing fees.*

In order to keep the Accident & Sickness Health Insurance Program at a lower cost to you, your eligible dependent spouse/domestic partner is eligible for medical care at UNM Student Health and Counseling if he/she purchases the Preferred Plan "A" or Plan "B."

We urge you to compare the options presented, because:

- (1) You **must make a choice prior to the enrollment deadline of 21 days from the Policy Effective Date** shown on the enrollment form;
- (2) Students who enroll in Plan A may elect to change to Plan B at the semester renewal date only; and
- (3) Students and dependents (if dependents are added) must be insured under the same plan. The Optional Major Medical Benefit is not offered to dependents.

Please plan to attend a Student Health Insurance Orientation. Times and locations will be announced each semester. The Student Health and Counseling online orientation can be accessed by clicking on "Insurance" at www.unm.edu/~shc1.

ELIGIBILITY

All provisions listed apply to both Plan A and Plan B unless specifically stated otherwise.

This brochure is a brief description of the benefits of the Accident and Sickness Health Insurance Program for the students of the University of New Mexico. This plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Complete details of coverage are in the Master Policy issued to the University of New Mexico ("the Policyholder"), which is the governing contract that provides Covered Students medical benefits. It may be inspected during business hours at UNM Student Health and Counseling.

All students enrolling (and not receiving a tuition refund), paying fees and actively attending classes each semester for 6 or more credit hours, 3 hours in the summer, or 3 hours of dissertation and not fully employed (defined as Ph.D. program); are eligible to enroll in this insurance plan. Any UNM student officially registered at a branch campus, or for a cooperative education work phase class is eligible. In addition, formally established special groups, as determined by UNM Student Health and Counseling and the Company (such as international programs), may be eligible. Note: There may be UNM Student Health and Counseling user fees charged to the student.

UNM Graduate Assistants (GAs, TAs, PAs, RAs) are eligible for the Student Insurance coverage through the University of New Mexico. Please contact the office of Graduate Studies (277-2711) for additional information and eligibility criteria.

Any family member who is a full-time student may be insured as a student or as a family member, but not as both.

DEPENDENTS

Eligible students who enroll may also insure their dependents. Eligible dependents are the spouse/domestic partner (residing with the insured student) and unmarried children under 25 years of age, who are not self-supporting.

Domestic partners qualify if they meet the guidelines set forth in the UNM Business Policy #3790.

Newborns: Written notification of the birth and premium must be received by the Premium Office within 31 days after birth, adoption or placement for adoption of the child in order for coverage to continue beyond the 31st day.

HOW TO ENROLL FOR THE INSURANCE

1. Enrollment may be made online at www.macori.com. Payment options include: Visa, MasterCard or automatic bank draft.
2. Enroll by U.S. Mail as follows: The enrollment form must be completed and mailed with the applicable premium to Maksin Management Corp., P.O. Box 2567, Spring, Texas 77383-2567. Make checks payable to "National Union Fire Insurance Company of Pittsburgh, Pa.", submit a money order in U.S. dollars and drawable on a U.S. bank or U.S. bank affiliate or see enrollment form for credit card application. The correct premium must be remitted for the full period of coverage requested on the enrollment form.
3. Completed enrollment forms and payment may be dropped off at UNM Student Health and Counseling, Monday, and Wednesday thru Friday, 8:00 am – 5:00 pm (Tues. 9:00 am. – 5:00 pm).

Students can elect to purchase Plan A or Plan B. A Covered Person will not be allowed to upgrade from Plan B to Plan A during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan A for a condition for which benefits or the Pre-existing Condition limitation began while covered under Plan B.

ENROLLMENT DEADLINE

Deadline for enrollment in each semester is 21 days from the Effective Date shown on the enrollment form or within 31 days of aging off of a parent/guardian's group health plan (written request & proof required.)

EFFECTIVE DATE OF INSURANCE

The insurance will become effective on the latest of:

- A. August 4, 2008 @ 12:01 a.m. for students attending the medical school or for students who arrive on campus early and purchase this additional coverage*; or **August 25, 2008@ 12:01 a.m. for all other students;
 - B. The Effective Date of the Period of Coverage for which premium has been paid;
 - C. The date the enrollment form and premium are received by the Company.
- * *Students arriving on campus early may elect to purchase coverage for up to three weeks prior to the semester at \$30 per week for Plan A or \$17 per week for Plan B.*
- ** *8/20/08 for covered person maintaining continuous coverage from previous policy year.*

TERMINATION OF INSURANCE

The insurance will terminate on the earliest of:

- A. The last date for which premium has been paid for the Covered Person;
- B. The date the Covered Person enters the military service, in which case a pro-rata refund of premium will be given upon request; or
- C. August 3, 2009, 11:59 p.m. for students attending the medical school.
- D. The Termination Date of the Policy: August 24, 2009, 11:59 p.m.

CONTINUOUSLY INSURED

Continuously insured means a person has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. A Person who has remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for Eligible Expenses payable under prior policies in the absence of this Policy. Previously insured Dependents and students must re-enroll for coverage in order to avoid a break in coverage within 21 days of the end of the prior coverage to maintain coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs, the definition of Injury and Sickness will apply in determining coverage of any condition which existed during such break.

DEFINITIONS

Accident: means an occurrence which: (a) is unforeseen; (b) is not due to or contributed by a Sickness or disease of any kind; and (c) causes Injury.

Covered Person: means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

Covered Student: means a student of the Policyholder who is insured under the Policy.

Eligible Expense: as used herein means a charge for any treatment, service or supply for covered health care listed on the Schedule of Benefits which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a covered Sickness or covered Injury: (a) not in excess of the Reasonable & Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while this Policy is in force as to the Covered Person except with respect to any expenses payable under the Extension of Benefits Provision.

Injury: Bodily injury due to an Accident which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's Effective Date of coverage;
- Occurs while coverage is in force; or
- Is treated by a Doctor within 30 days after the Accident.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Medical Emergency Condition: means a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could be reasonably expected by a reasonable layperson to result in: (a) jeopardy to the person's health or pregnancy; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person; or serious jeopardy to the health of the Covered Person's fetus. Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

Medical Necessity/Medically Necessary: means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time that it is provided.

A service or supply will not be considered as Medically Necessary if:

- a. It is provided as a convenience to the Covered Person or provider; or
- b. It is not the appropriate treatment for the Covered Person's diagnosis or symptoms; or
- c. It exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- d. It is Experimental/investigational or for research purposes; or
- e. Could have been omitted without adversely affecting the patient's condition or the quality of medical care; or
- f. Involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- g. Involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Service Issues Manual; or
- h. It can be safely provided to the patient on a more cost-effective basis such as out-patient, by a different medical professional or pursuant to a more conservative form of treatment.

DEFINITIONS

(Continued)

Pre-existing Condition:

- 1) The existence of symptoms directly attributable to a diagnosis which would cause a person to seek care, treatment, services, diagnosis within the 6 months immediately prior to the Covered Person's Effective Date under the Policy; or
- 2) Any condition, which is diagnosed, treated or recommended for treatment within 6 months immediately prior to the Covered Person's Effective Date under the Policy. Pre-Existing conditions will be covered under the Basic Plans (A&B) not to exceed \$5,000 per Policy Year. The \$5,000 policy maximum limitation applies for any pre-existing condition for as long as insured under the Policy or until the Policy Maximum of \$50,000 has been met.

Federal regulations may provide for waiver of this pre-existing limitation for "eligible individuals". To qualify as an "eligible individual," the Covered Person must fulfill all the following requirements:

- A) must not be covered under any other health insurance;
- B) must have had health insurance coverage for a total of eighteen months, with no break in coverage for longer than 63 days;
- C) most recent coverage must have been under an Employer-sponsored plan, whether as an employee or dependent;
- D) must have **elected and exhausted any continuation of coverage under COBRA** or similar state program; and
- E) must not be eligible for Medicare or Medicaid.

If you believe you may meet these requirements, please contact 1-800-285-8133 for additional information.

Reasonable and Customary: means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date. Where appropriate, the Reasonable and Customary charge will be determined on the basis of the Medical Data Research Survey of prevailing fees valued at the 90th percentile. (Out of network is assessed at the 80th percentile).

Sickness: Illness or disease of the Covered Person, which causes loss, and originates while the Covered Person is covered under the policy. All related conditions and symptoms of the same or similar condition will be considered one Sickness.

DESCRIPTION OF BENEFITS

DEDUCTIBLES

The deductible applies when services are rendered outside UNM Student Health and Counseling. The deductible is waived for treatment rendered only at UNM Student Health and Counseling. *The patient's portion paid at UNM Student Health and Counseling does NOT apply towards deductible payments.*

Preferred Plan A: \$250 per person per policy year/\$500 per family per policy year

Limited Plan B: \$1,500 per person per policy year/\$2,000 per family per policy year

CHILD HEALTH ASSURANCE BENEFIT

(Available under Plan A only) "Child health supervision services" are those services delivered or supervised by a Doctor, and needed in compiling a medical history, conducting a physical exam, making a development assessment, rendering anticipatory guidance, and conducting appropriate immunizations and laboratory tests. All such services must be in keeping with the prevailing medical standards. Such services are exempt from any deductible provision contained in the policy.

The cost of child health supervision services provided during 18 visits at intervals outlined below will be paid as any other Sickness. Each of the 18 visits must occur within 90 days before or after the following ages: birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.

The benefit stated herein is payable on a per visit basis to one healthcare provider per visit; this does not include well-baby inpatient care.

Children under the age of 18 will not be able to be seen at UNM Student Health and Counseling; therefore, should seek treatment from a participating preferred provider.

MATERNITY BENEFITS

Benefits will be paid for normal pregnancy and normal childbirth as for any other Sickness including air transport for high-risk pregnancies to the nearest available tertiary care facility. Conception must occur after the Covered Person's Effective Date.

Maternity Testing: Benefits for pregnancy expense are payable to the Covered Person on the same basis as a Sickness. Therefore, routine, elective, & preventive treatment is not covered, except as specifically stated in the Policy.

Covered maternity testing includes: One ultrasound for any diagnosis (Multiple if Medically Necessary); ABO Rh, CBC, Syphilis Screen, Rubella Screen, Hepatitis B Surface Antigen, Urine Analysis; one Pap Smear (multiple if Medically Necessary).

Testing not covered: Amniocentesis, Chromosome studies, Serum and Amniotic Alpha Protein, Prenatal Vitamins, Fetal Non-Stress and/or Stress tests not related to the mother's health, Diet Counseling.

MAMMOGRAPHY BENEFITS

Benefits will be provided on the same basis as benefits for any other Sickness for a diagnostic or a routine mammography and all other terms and conditions of the Policy according to the following guidelines: 1) One baseline mammogram for women age 35-39, inclusive; 2) a mammogram for women age 40-49, inclusive every 2 years or more frequently based on the patient's Doctor's recommendations; 3) a mammogram every year for women age 50 and older.

PAP SMEARS

Benefits will be paid on the same basis as benefits for any other Sickness for annual cervical screening.

SCHEDULE OF BENEFITS

ELIGIBLE EXPENSES INCLUDE:	PLAN A	PLAN B
MAXIMUM (Plan A and/or Plan B)	Basic Plan: \$50,000 per Accident or Sickness for Plan A or B. Optional Major Medical - Student Only. Combined with Basic Plan increases Lifetime Maximum to: \$100,000, \$250,000, or \$1,000,000 <i>(not to exceed \$500,000 in a single Policy Year per covered Accident/Sickness)</i>	
COVERED PERSON'S RESPONSIBILITY (Plan A and/or Plan B)	Except as specifically stated, Covered Persons are responsible for 20% of Eligible Expenses for covered services received outside UNM Student Health and Counseling at a PPO-Provider (30% for a Non-PPO Provider), and 30% at UNM Student Health and Counseling. After \$5,000 has been paid by the Plan, the Plan will pay 100% of Eligible Expenses up to the Policy Maximum.	
DEDUCTIBLE (Waived for Treatment At UNM Student Health and Counseling)	\$250 per person per policy year or \$500 per family per policy year	\$1,500 per person per policy year or \$2,000 per family per policy year
INPATIENT SERVICES (Refer to page 11 for Preferred Provider Information)		
Anesthetist	Reasonable & Customary	Reasonable & Customary
Hospital miscellaneous expenses, such as the cost of the operating room, pre-admission testing, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapy services, private duty care and supplies	Reasonable & Customary	Reasonable & Customary
Room and Board expense, average daily semi-private room rate, registered nurse and general nursing care provided by the hospital.....	Reasonable & Customary.....	Reasonable & Customary
Intensive Care	Reasonable & Customary	Reasonable & Customary
Doctor Visits	Reasonable & Customary.....	Reasonable & Customary
Mental Health Disorder, including alcoholism & drug abuse	Reasonable & Customary.....	Reasonable & Customary
Well Baby Nursery Care	Reasonable & Customary up to \$500 Aggregate Maximum.....	No Benefits
Surgical Services (Multiple procedures allowed)	Reasonable & Customary.....	Reasonable & Customary
Assistant Surgeon	Reasonable & Customary.....	Reasonable & Customary
OUTPATIENT SERVICES (Refer to page 11 for Preferred Provider Information)		
Surgical Services (Multiple procedures allowed)	Reasonable & Customary.....	Reasonable & Customary
Removal of Non-Malignant Warts, Moles & Lesions	Benefit for students at UNM Student Health and Counseling Only	Benefit for students at UNM Student Health and Counseling only <i>(Only if changing in size and/or color)</i>
Assistant Surgeon	Reasonable & Customary.....	Reasonable & Customary
Anesthetist	Reasonable & Customary.....	Reasonable & Customary
Day Surgery Miscellaneous expenses, such as the cost of the operating and recovery room, laboratory tests, x-ray examinations, professional fees, anesthesia, drugs (excluding take home drugs) or medicines and supplies	Reasonable & Customary.....	Reasonable & Customary
Doctor Visits - Limited to one visit per day. Not applicable if related to surgery or physiotherapy except at the UNM Student Health Center.....	Reasonable & Customary.....	Reasonable & Customary
Emergency Medical Care (Charges for treatment resulting from an "Emergency Medical Condition")	Reasonable & Customary.....	Reasonable & Customary
Outpatient Miscellaneous Benefits which include: diagnostic x-ray, laboratory, chemotherapy and radiation.....	Reasonable & Customary.....	Reasonable & Customary
Prescription Drugs including Contraceptives – 30 day supply (<i>Mandatory generic</i>)..... However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.	50% of Allowable Charge or 80% of Allowable Charge for Oral Birth Control only up to \$2,000 Maximum Per Policy Year - Subject to deductible if outside UNM Student Health and Counseling	80% of Allowable Charge for Oral Birth Control only up to \$2,000 Maximum Per Policy Year—Subject to deductible if outside UNM Student Health and Counseling
Injections (not routine or preventive).....	Reasonable & Customary.....	Not Covered
Allergy Injections	UNM Student Health and Counseling Only – Testing is not Covered.....	Not Covered
Immunizations & Vaccines – Students Only	UNM Student Health and Counseling Only.....	Not Covered
Mental Health Disorders, including alcoholism & drug abuse – treatment received from M.D., PhD or licensed counselor.....	Reasonable & Customary	Reasonable & Customary Prescription Drugs are not covered
Pap Smears and Mammogram	Reasonable & Customary.....	Reasonable & Customary
Physiotherapy including acupuncture, manipulation, heat treatment, occupational therapy and massage by an M.D., therapist or chiropractor..... <i>Note: Services must commence within 30 days of the attending doctor's release for rehabilitation</i>	70% at UNM Student Health and Counseling or 50% Outside UNM Student Health and Counseling, 10 visit limit (15 visit limit inside UNM Student Health and Counseling) per Accident/Sickness, up to \$2,000 Maximum Per Policy Year; Massage Therapy limited to 2 treatments per semester/ 6 per Policy Year/ \$240 Maximum Benefit.	70% at UNM Student Health and Counseling or 50% Outside UNM Student Health and Counseling, 10 visit limit (15 visit limit inside UNM Student Health and Counseling) per Accident/Sickness, up to \$2,000 Maximum Per Policy Year Massage Therapy No Benefits
OTHER		
Ambulance Service	Reasonable & Customary.....	\$150 Maximum Per Trip
Durable Medical Equipment requires prescription & excludes dental.....	Reasonable & Customary rental or purchase whichever is less.....	Reasonable & Customary rental or purchase whichever is less
Dental - Accidental Injury to sound natural teeth	\$150 Per Tooth	\$150 Per Tooth
Maternity - Paid as any other Sickness.....	Reasonable & Customary.....	Reasonable & Customary
Elective Abortion	Reasonable & Customary.....	Reasonable & Customary
Routine Child Care	Refer to page 6.....	No Benefits
Medical Evacuation / Repatriation	\$10,000 Maximum Each.....	\$10,000 Maximum Each

UNIVERSITY OF NEW MEXICO (UNM) STUDENT HEALTH AND COUNSELING

The Accident and Sickness Insurance Plan endorsed by the University of New Mexico is an optional Health Insurance Plan. In order to provide greater benefits at reasonable costs, the plan is designed to be mutually complementary with the services provided at UNM Student Health and Counseling.

ELIGIBILITY AND COST: Students currently enrolled at UNM are eligible for medical care at UNM Student Health and Counseling. This service is funded in part by student activity fees. Fees are charged for: primary care and specialist visits, physical therapy, pharmacy, Counseling and Therapy Services and for certain procedures (e.g., x-rays, lab tests, injections). Students are encouraged to have some health insurance coverage to help pay for these charges. Cash, Checks, MasterCard, Visa, Debit Cards are accepted. Copay's may be charged to Student University account.

Spouses/Domestic Partners insured under the Student Insurance Policy are eligible for treatment at UNM Student Health and Counseling. An eligibility fee will not be charged. (Dependent children are not eligible for treatment at UNM Student Health and Counseling.)

HOURS AND LOCATION: Monday, Wednesday, Thursday and Friday from 8 a.m. to 5 p.m., and Tuesday, 9 a.m. to 5 p.m. (Closed on all official University holidays.) Location: Main campus north of Johnson Center.

SHC TTY Phone: 277-7926. SHC Website: www.unm.edu/~shc1.

CONFIDENTIALITY: All medical information will be held in strictest confidence. Personal health information is protected at all times and may only be released with the patient's express written authorization to do so.

APPOINTMENTS (277-3136): Appointments with a doctor or practitioner are available weekdays. Walk-In care is also available.

GENERAL MEDICAL SERVICES (277-3136): UNM Student Health and Counseling is a primary care facility offering comprehensive primary care including scheduled physician appointments or walk-in clinic. Students with long-term healthcare problems are urged to make an appointment to discuss their problems.

WOMEN'S HEALTH CARE (277-3136): A comprehensive service addresses women's health needs: birth control, pregnancy counseling, sexually transmitted disease testing, routine pap smears, and annual exams.

COUNSELING AND THERAPY SERVICES (CATS) (277-4537): CATS provides services that help students function successfully in their academic lives. Those services include assessment, emergency and crisis intervention; short-term counseling for individuals, and medication evaluation and monitoring. Sessions are confidential. Students in need of extended care are referred to professionals in the community.

ALLERGY AND IMMUNIZATION (277-3136): UNM Student Health and Counseling offers a full-service, year round allergy and immunization clinic, as well as travel consultation.

SPECIALTY CLINICS (277-3136): Appointments for specialty clinics may be obtained by a referral from a UNM Student Health and Counseling practitioner. These clinics are held on a regular basis and are conducted by qualified specialists in the areas of Allergy, Chiropractic, Physical Therapy, Dermatology, Podiatry, Internal Medicine, Psychiatry, Massage Therapy and Surgery.

LAB AND X-RAY (277-3136): Routine laboratory tests and X-rays are performed at UNM Student Health and Counseling at a reduced rate.

PHARMACY (277-6306): Location: Second floor. Prescriptions and over-the-counter drugs are available. Prescriptions from any healthcare provider can be filled. Current I.D. cards are always required.

HEALTH EDUCATION (277-7947): Health information and presentations are available.

CLAIM PROCEDURES

In the event of Accident or Sickness:

1. If non-emergent report to UNM Student Health and Counseling for treatment (students & spouses/domestic partners).
2. If UNM Student Health and Counseling is closed or if you are away from the Albuquerque area, go to the nearest urgent care facility or hospital. **The deductible is applied when services are rendered at any facility other than UNM Student Health and Counseling.**
3. Complete and submit a claim form, which is available at UNM Student Health and Counseling or from www.macori.com.
4. Written notice and proof of loss must be filed within 90 days of Injury or first treatment for a Sickness.

APPEALS

The Covered Person may appeal ANY claim decision by filing a written request within 60 days of payment or denial of a claim. All relevant information should be addressed in the appeal. Upon final review, a written explanation of the decision will be provided to the Covered Person.

PREMIUM AND CLAIMS OFFICE:

Maksin Management Corp.
A business partner of Macori, Inc.

P.O. Box 2567
Spring, TX 77383-2567
Telephone: 1-800-285-8133 Website: www.macori.com

ON-LINE SERVICES:

www.macori.com

- Premium payment
- Check your personal account
- File a claim
- Locate a PPO Provider


MACORI, INC.
Health Insurance for Students/Scholars

The Underwriting Company is:
National Union Fire Insurance Company of Pittsburgh, Pa.
with its principal place of business at
70 Pine Street, New York, NY
a subsidiary of American International Group, Inc. (AIG)

PREFERRED PROVIDER ORGANIZATIONS (PPO)

The benefits stated in this plan are based upon medical treatment being received from Preferred Hospitals and Doctors. **If a Covered Person seeks treatment from a non-network provider, their responsibility will be 30% of Eligible Expenses.** (This does not apply to "Medical Emergency" or as specifically stated below.)

Exceptions to this provision include:

- (1) A medical emergency.
- (2) The service to be performed was not available at a preferred provider. (Proof must be presented with the claim.)
- (3) If a student is more than 50 miles away from Albuquerque or out of the country.

Preferred Provider Organizations

Inside Albuquerque:

Presbyterian Health Care Services  PRESBYTERIAN	UNM Health Sciences Center
PHS.org/spn or 1-800-863-8710	Tel: 505-272-2111
1100 Central Ave SE	2211 Lomas Blvd NE
Albuquerque, NM 87106	Albuquerque, NM 87106

Outside Albuquerque:

Beechstreet, Inc. Beechstreet.com or 1-800-877-1444



The healthcare systems listed above are preferred provider organizations in the network as of the date of printing this brochure and are subject to change. Please check with the provider at the time of treatment. Preferred Provider discounts will be honored whenever benefits are payable; however, no payment will be made under the Policy for any expenses incurred which are in excess of the Reasonable and Customary charge for that service. A complete list of preferred doctors and hospitals is available for your review on the internet at www.macori.com, or for **additional PPO information you may call 800-285-8133.**

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself make the service or supply medically necessary.



MACORI, INC.

Health Insurance for Students/Scholars

For information about this plan please visit:

www.macori.com

OPTIONAL MAJOR MEDICAL BENEFIT STUDENTS ONLY

Combined with Basic Plan Benefits the following Optional Major Medical Benefits are available subject to payment of additional premium at initial enrollment in the 2008/2009 Student Health Insurance Plan:

Options:

- I. **\$100,000 Lifetime Maximum Benefit** (\$50,000 Basic + \$50,000 Major Med Max)
- II. **\$250,000 Lifetime Maximum Benefit** (\$50,000 Basic + \$200,000 Major Med Max)
- III. **\$1,000,000 Lifetime Maximum Benefit** (\$50,000 Basic+ \$950,000 Major Med Max)
not to exceed \$500,000 in a single Policy Year per covered Accident/ Sickness

A Covered Student may elect to purchase only one of these options at the time the student initially enrolls in the 2008/2009 Student Health Insurance Plan. Claims already in process will not be upgraded (no gain) by purchasing an option.

“Optional Major Medical Benefits” will only be payable for a covered Accident sustained, or a covered Sickness first manifesting while insured under the “Optional Major Medical” portion of this plan. Eligibility, Termination, and Effective Dates of coverage under this Optional Major Medical Benefit are the same as the Basic Coverage. All benefits cease on the Covered Person’s Termination Date of Coverage. There is no Extension of Benefits after Termination.

After the Company pays **\$50,000 under Plan A and/or Plan B** for any one Accident or Sickness, the Company will pay 100% (Reasonable & Customary) of additional Eligible Expenses incurred not to exceed the Lifetime Maximum Benefit of the Optional Major Medical Benefit (i.e.: \$100,000, \$250,000 or \$1,000,000), **which was elected at initial policy year enrollment.**

Any benefit amounts paid to or on behalf of a Covered Student under the UNM Student Insurance Policy or under any prior UNM Student Insurance Policy will be considered payments accrued under the Lifetime Maximum.

The Maximum Lifetime Benefit under this Plan will not exceed an amount determined by subtracting all amounts paid under the current Policy and any prior Policy (Basic A or B and Optional Major Medical) from the Maximum Lifetime Benefit.

Additional Optional Major Medical Exclusions: Dental Treatment; Repatriation; Medical Evacuation; and Pre-Existing Conditions.

EXCLUSIONS AND LIMITATIONS

No benefits will be payable under the Plans A and B or the Optional Major Medical Benefit, for loss or expense caused by, contributed to, or resulting from:

1. Routine physical examinations, health examinations or preschool physical examinations, except as specifically stated in the Policy;
2. Elective treatment or elective surgery, except as specifically stated in the Policy;
3. Preventive testing or treatment, except as specifically stated in the Policy;
4. Surgery and/or treatment for allergy testing or anti-toxins; biofeedback-type services; breast implants, or breast reduction; deviated nasal septum, including submucous resection and/or other surgical corrections thereof; family planning; hair growth or removal; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; preventive medicines or vaccines, except where required for the treatment of injury; smoking cessation; tubal ligation; vasectomy; erectile dysfunction; weight reduction and vitamins, unless otherwise provided in the Policy;
5. Eye examinations, eyeglasses, contact lenses or prescription for such or treatment for visual defects and problem. "Visual defects" means any physical defect of the eye, which does or can impair normal vision apart from the disease process;
6. Hearing examinations or hearing aids, or other treatment for hearing defects and problems. "Hearing defects," means any physical defect of the ear which does or can impair normal hearing apart from the disease process;
7. Dental treatment except as specifically provided;
8. Injury or Sickness resulting from war or act of war, declared or undeclared;
9. Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve of National Guard Duty for training unless it exceeds 31 days;
10. Committing or attempting to commit an assault or felony or participation in a riot or civil commotion;
11. Suicide or attempt at suicide or intentionally self-inflicted or any attempt at intentionally self-inflicted injury, except Emergency Room services;
12. Injury resulting from the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional and semi-professional sports, hang gliding, skydiving, glider flying, sail-planing. This exclusion does not apply to injuries sustained while participating in the intramural program or UNM Club Sport Program or activities, which are **not** under auspices of the Athletic Department.
13. An Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline;
14. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.

EXCLUSIONS AND LIMITATIONS (Continued)

15. Cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which resulted in a functional defect; it also shall not include breast reconstructive surgery after a mastectomy.
16. A Pre-existing condition, except to a maximum of \$5,000 per policy year.
17. Home health care.
18. An Injury or Sickness for which benefits are paid under any Workers Compensation or Occupational Disease Law.
19. Outpatient physiotherapy except as specifically provided.
20. Organ transplants.
21. Treatment, services or supplies that are not deemed to be an Eligible Expense.
22. Services provided by the Health Service of the Policyholder or any person employed or retained by the Policyholder for which a student has no obligation to pay in the absence of the insurance. The eligibility fee assessed by Student Health and Counseling is not a covered item.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact the Premium Office by U.S. mail at: P. O. Box 2567, Spring, Texas 77383-2567 or at www.macori.com.

NON-DUPLICATION OF BENEFITS

The Policy provides benefits to the extent that benefits are not provided by any other valid collectible insurance. If the Covered Person is insured under other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid under the University of New Mexico Student Policy. **The Policy is the secondary payor to any other** valid or collectible insurance or automobile insurance policy. If the other insurance plan has an excess provision or secondary payor clause (other than Medicaid or Tricare) the Policy will coordinate benefits with the other carrier to allow 50% of any Eligible Expense up to the Policy Maximum.

Benefits paid by the Policy will not exceed: (1) any applicable Policy Maximums; and (2) 100% of the compensable expense incurred when combined with benefits paid by any other valid and collectible insurance.

Important: The Non-Duplication of Benefits does not apply if you do not have other medical insurance.

EXTENSION OF BENEFITS AFTER TERMINATION

If a Covered Student is hospitalized on his/her Termination Date of coverage, Eligible Expenses will continue to be paid under Plan A or Plan B until the completion of his or her hospital stay not to exceed a period of 90 consecutive days from the Covered Person's Termination Date.

The total payments made in respect to the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

(NOTE: This provision does not apply to Optional Major Medical Benefit.)

REFUNDS

Covered Students who are withdrawing from classes after the UNM refund period may continue coverage (for student and dependents) under the Policy for the remainder of the coverage period purchased. However, once students are no longer eligible to use Student Health and Counseling they will need to seek care from a PPO Provider. (All Policy provisions, limitations and exclusions still apply). **Refunds of premium are allowed only upon entry into the armed forces or if eligibility requirements were not met at enrollment into the plan, less any claims paid.**

International Students returning to their home country may be eligible for a **summer refund**. (See Medical Claims Representative located at UNM Student Health and Counseling for details).

Graduate Students who have previously paid out of pocket for premium and then receive coverage via department may request in writing a refund of any overpayment. (See Medical Claims Representative located at UNM Student Health and Counseling for details).

CONTINUATION OF COVERAGE

If the Covered Person loses eligibility, and coverage under the Policy has terminated, he or she may choose to continue such coverage for up to an additional six months not to exceed a maximum of \$7,000 if the Plan A and/or Plan B maximum of \$50,000 has not been exhausted. In order to qualify for continuation of coverage under this provision, written application and premium for the continued coverage must be submitted to the Company within 31 days of the date the Covered Person ceases to be eligible under the Policy. Coverage continued under this provision will be subject to the terms of the Policy.

A Continuation Plan will *not* be available if any Covered Person:

1. Is a Dependent who is covered under any policy of benefits for hospital and surgical/ medical care and services provided by an employer or group; or
2. Ceases to be eligible due to cancellation of the contract, unless approved by the Company on the basis that precludes individual selection.
3. Has met the Basic Maximum or, if applicable, the Lifetime Maximum Benefit under the Student Health Plan.

RIGHT OF SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Policy provisions.

OPTIONAL DENTAL COVERAGE

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment:

A Limited Dental Plan that provides benefits for both diagnostics/preventive and primary services is available to students and dependents on an optional basis. **The Dental Plan is only available to students and dependents upon initial enrollment in the 2008/2009 Student Health Insurance Plan.**

The dental plan provides the benefits shown below subject to a Policy Year Maximum benefit of \$500 per person and a Policy Year deductible of \$50 per person.

Eligibility, Termination, and Effective Dates of coverage under this optional dental plan are the same as the medical plan.

A. DIAGNOSTIC AND PREVENTIVE SERVICES – After the Policy Year deductible has been satisfied, the Plan will pay 100% of Reasonable and Customary charges for the following services:

- Oral Exams
- Space Maintainers
- Emergency Treatment
- Pulp Vital Tests
- Prophylaxis
- X-Rays
- Biopsy of Oral Tissue

B. PRIMARY SERVICES – After the Policy Year deductible has been satisfied, the Covered Person is responsible for 20% of Reasonable and Customary charges for the following services:

- Fillings
- Oral Surgery
- Endodontics
- Periodontics
- Re-cement Crowns
In-lays, and Bridges
- Anesthesia
- Repair of Dentures

DENTAL EXCLUSIONS

Gold Foil Restoration, Gold Fillings, Inlays, Crowns, Bridges, and Dentures, Orthodontic Services for which treatment began prior to the policy Plan Effective Date.

DENTAL LIMITATIONS

Two (2) of each of the following per Policy year: Oral Exams

One (1) of each of the following per Policy year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test.

One (1) full mouth X-ray every three years.

Benefits for fluoride applications and space maintainers are available only to participants under the age of 19.

REPATRIATION BENEFITS - \$10,000 Maximum Benefit

If the Covered Person dies while insured under the Policy, benefits will be paid up to \$10,000 for preparing and transporting remains of the deceased's body to his/her home country. This benefit is limited to the Maximum Benefit specified above. Repatriation requires prior approval from the claims office. Please call 800-626-2427 for prior authorization.

MEDICAL EVACUATION BENEFIT - \$10,000 Maximum Benefit

When hospital confined for at least five consecutive days, three days for mental health, and recommended and approved by the attending Doctor, benefits will be paid up to \$10,000 for the evacuation of the Covered Person to his/her natural country. This benefit is limited to the Maximum Benefit specified above and all services must be necessary for the care and treatment of the Covered Person. Any expenses for medical evacuation require prior approval of the claims office. Please call 800-626-2427 for prior authorization.

AIG TRAVEL ASSIST

AIG Travel Assist provides advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel-related problems occurring when a covered individual is 100+ miles from their residence or permanent place of assignment for education/business. Services includes: 1) Pre-departure services; 2) lost baggage/passport; 3) insurance coordination; 4) evacuation and repatriation coordination; 5) legal assistance coordination; 6) emergency cash coordination; 7) 24-hour travel agency; and 8) emergency message center.

SHORT-TERM COVERAGE

SHORT-TERM POLICIES are available for persons who are not currently being treated for an Accident or Sickness. Short-term Coverage can provide temporary coverage from 30 to 180 days. Please call 1-800-285-8133 or visit www.macori.com for more information. Graduate students may enroll if they are no longer eligible to purchase the Student Health Insurance Plan.



**IMPORTANT NUMBERS AND CONTACT INFORMATION
UNIVERSITY OF NEW MEXICO**

Student Health and Counseling	277-3136
Counseling & Therapy Services (CATS)	277-4537
Pharmacy	277-6306
Health Education	277-7947

CLAIMS & ENROLLMENT QUESTIONS

Toll Free Number: 800-285-8133
Website: www.macori.com

- Benefit/Enrollment Information**
- ID Cards**
- Claim Form Submission**
- PPO Lookup and Maps**
- My Account (Claims/Enrollment Status)**
- Helpful Links**

PREFERRED PROVIDER ORGANIZATIONS (PPO)

Inside Albuquerque	- Presbyterian Healthcare Services	1-800-863-8710 PHS.org/spn
	- University of New Mexico Health Sciences Center	1-505-272-2111
Outside Albuquerque	Beechstreet, Inc.	Beechstreet.com 1-800-877-1444

OTHER EMERGENCY NUMBERS

IN CASE OF EMERGENCY, CONTACT:

University of New Mexico
2008/2009 Accident & Sickness Health Insurance Plan A
 Administrator Policy Number: AMH0058679 Underwriter Reference Number: CAS9710516
 National Union Fire Insurance Company of Pittsburgh, Pa.

PLAN SELECTION INFORMATION: You have a choice of Plans: Plan A is recommended, because the benefits are more comprehensive and the deductible is more affordable than Plan B. We urge you to compare the options presented in the benefit booklet, because **you must make a plan choice prior to the enrollment deadline of 21 days from the Policy Effective Date.** A Covered Person will neither be allowed to change from Plan B to Plan A during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan A. **Complete Steps 1-6 to enroll.**

1. Complete the following Student Information to enroll in Plan A (Plan B rates are on the reverse side of this form.)

Student Name: _____ Date of Birth: _____
Last First MI

Student ID #: _____ Email Address: _____ Phone #: _____

U.S. Mailing Address: _____ Gender: Female ___ Male ___
Street City State Zip

Provide International Visa Type (if applicable) _____ Are you a medical student? Yes No

2. Signature: "I read the brochure regarding the Student Health Insurance Plans and elect to enroll myself (and dependents if applicable) as shown below. I understand that any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Signature of Student: _____ Date Signed: _____

3. Campus you attend: Albuquerque Westside Valencia Taos Los Alamos Gallup Santa Fe Number of credit hours: _____

4. Select Enrollment Period for Basic Plan A and add Dependent Coverage, Optional Major Medical &/or Dental, if desired:

Basic Plan A Payment and Coverage Period Options	Annual *8/25/08 to 8/24/09	Annual Installment Monthly Bank Draft** *8/25/08 to 8/24/09	Fall *8/25/08 to 1/19/09	Spring/Summer Semester 1/20/09 to 8/24/09	Summer Semester 6/8/09 to 8/24/09
Student Only	<input type="checkbox"/> \$1,412	<input type="checkbox"/> \$ 164	<input type="checkbox"/> \$ 636	<input type="checkbox"/> \$ 861	<input type="checkbox"/> \$298
Spouse (add to student rate)	<input type="checkbox"/> \$4,608	<input type="checkbox"/> \$ 531	<input type="checkbox"/> \$2,073	<input type="checkbox"/> \$2,811	<input type="checkbox"/> \$968
Each Child (add to student rate)	<input type="checkbox"/> \$1,915	<input type="checkbox"/> \$ 220	<input type="checkbox"/> \$ 862	<input type="checkbox"/> \$1,167	<input type="checkbox"/> \$403

*8/20/08 for covered persons maintaining continuous coverage from the previous policy year or 8/04/08 for medical students enrolling for the first time.
 ** By selecting the Annual Monthly Installment Option you are making a payment by check for the 1st and 2nd installment (ie: \$328 for student only) and making a commitment authorizing Maksin Management Corp. to charge the bank account submitted monthly for the remainder of the Policy year. Available in Fall only. There are administration fees included in the Annual Installment Monthly Bank Draft.

Optional Major Medical available to students only. Enrollment must be elected at initial policy year enrollment and premium must be added to the Basic Plan A rates above:

Major Medical Option I - \$100,000 Lifetime Maximum (\$50,000 Basic + \$50,000 Major Medical Maximum)	<input type="checkbox"/> \$255	<input type="checkbox"/> N/A	<input type="checkbox"/> \$255	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Major Medical Option II - \$250,000 Lifetime Maximum (\$50,000 Basic + \$200,000 Major Medical Maximum)	<input type="checkbox"/> \$525	<input type="checkbox"/> N/A	<input type="checkbox"/> \$525	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Major Medical Option III - \$1,000,000 Lifetime Maximum (\$50,000 Basic + \$950,000 Major Medical Maximum) <i>not to exceed \$500,000 per Accident/Sickness per Policy Year</i>	<input type="checkbox"/> \$735	<input type="checkbox"/> N/A	<input type="checkbox"/> \$735	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Optional Dental enrollment must be elected at initial policy year enrollment and premium must be added to the Basic Plan A rates above:

Student Only	<input type="checkbox"/> \$284	<input type="checkbox"/> N/A	<input type="checkbox"/> \$284	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Spouse (add to student rate)	<input type="checkbox"/> \$288	<input type="checkbox"/> N/A	<input type="checkbox"/> \$288	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Each Child (add to student rate)	<input type="checkbox"/> \$206	<input type="checkbox"/> N/A	<input type="checkbox"/> \$206	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Add coverages selected: Basic Plan A \$_____ + Dependent(s) \$_____ + Optional Coverage(s) \$_____ = Total Due \$_____

Premium is not prorated other than as listed above. *No enrollment form will be accepted beyond 21 days from the effective date of each coverage period.*

5. Complete this section if you are electing dependent coverage:

Covered Dependents must be enrolled in the same plan and for the same coverage period as the Covered Student.

Dependents	Last Name	First Name	Date of Birth	Social Security #	Gender M/F
Spouse or Qualified Domestic Partner					
Child					
Child					
Child					

6. Designate Payment Method: Make check or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC)" or complete charge card (Visa or MasterCard) authorization information and mail with complete enrollment to: Maksin Management Corp., P.O. Box 2567, Spring, Texas 77383-2567. Online enrollment options are also available at www.macori.com.

Complete if paying by Visa/MasterCard & mail to above address: Charge Card Authorization: Visa MasterCard

Card No.: _____ Charge this amount: \$_____ Expiration Date: _____

Signature of Cardholder _____

(Print) Name of Cardholder _____

University of New Mexico
2008/2009 Accident & Sickness Health Insurance Plan B
 Administrator Policy Number: AMH0058679 Underwriter Reference Number: CAS9710516
 National Union Fire Insurance Company of Pittsburgh, Pa.

PLAN SELECTION INFORMATION: You have a choice of Plans: Plan A is recommended, because the benefits are more comprehensive and the deductible is more affordable than Plan B. We urge you to compare the options presented in the benefit booklet, because **you must make a plan choice prior to the enrollment deadline of 21 days from the Policy Effective Date.** A Covered Person will neither be allowed to change from Plan B to Plan A during any policy year, nor will he/she receive a "gain" in subsequent years by purchasing Plan A. **Complete Steps 1-6 to enroll.**

1. Complete the following Student Information to enroll in Plan B (Plan A rates are on the reverse side of this form.)

Student Name: _____ Date of Birth: _____
Last First MI

Student ID #: _____ Email Address: _____ Phone #: _____

U.S. Mailing Address: _____ Gender: Female ___ Male ___
Street City State Zip

Provide International Visa Type (if applicable) _____ Are you a medical student? Yes No

2. Signature: "I read the brochure regarding the Student Health Insurance Plans and elect to enroll myself (and dependents if applicable) as shown below. I understand that any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Signature of Student: _____ Date Signed: _____

3. Campus you attend: Albuquerque Westside Valencia Taos Los Alamos Gallup Santa Fe Number of credit hours: _____

4. Select Enrollment Period for Basic Plan B and add Dependent Coverage, Optional Major Medical &/or Dental, if desired:

Basic Plan B Payment and Coverage Period Options	Annual *8/25/08 to 8/24/09	Annual Installment Monthly Bank Draft** *8/25/08 to 8/24/09	Fall *8/25/08 to 1/19/09	Spring/Summer Semester 1/20/09 to 8/24/09	Summer Semester 6/8/09 to 8/24/09
Student Only	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$ 92	<input type="checkbox"/> \$ 360	<input type="checkbox"/> \$ 487	<input type="checkbox"/> \$170
Spouse (add to student rate)	<input type="checkbox"/> \$3,364	<input type="checkbox"/> \$ 387	<input type="checkbox"/> \$1,513	<input type="checkbox"/> \$2,052	<input type="checkbox"/> \$706
Each Child (add to student rate)	<input type="checkbox"/> \$1,024	<input type="checkbox"/> \$ 119	<input type="checkbox"/> \$ 461	<input type="checkbox"/> \$ 624	<input type="checkbox"/> \$215

*8/20/08 for covered persons maintaining continuous coverage from the previous policy year or 8/04/08 for medical students enrolling for the first time.
 ** By selecting the Annual Monthly Installment Option you are making a payment by check for the 1st and 2nd installment (ie: \$184 for student only) and making a commitment authorizing Maksin Management Corp. to charge the bank account submitted monthly for the remainder of the Policy year. Available in Fall only. There are administration fees included in the Annual Installment Monthly Bank Draft.

Optional Major Medical available to students only. Enrollment must be elected at initial policy year enrollment and premium must be added to the Basic Plan B rates above:

Major Medical Option I - \$100,000 Lifetime Maximum (\$50,000 Basic + \$50,000 Major Medical Maximum)	<input type="checkbox"/> \$255	<input type="checkbox"/> N/A	<input type="checkbox"/> \$255	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Major Medical Option II - \$250,000 Lifetime Maximum (\$50,000 Basic + \$200,000 Major Medical Maximum)	<input type="checkbox"/> \$525	<input type="checkbox"/> N/A	<input type="checkbox"/> \$525	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Major Medical Option III - \$1,000,000 Lifetime Maximum (\$50,000 Basic + \$950,000 Major Medical Maximum) <i>not to exceed \$500,000 per Accident/Sickness per Policy Year</i>	<input type="checkbox"/> \$735	<input type="checkbox"/> N/A	<input type="checkbox"/> \$735	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Optional Dental enrollment must be elected at initial policy year enrollment and premium must be added to the Basic Plan B rates above:

Student Only	<input type="checkbox"/> \$284	<input type="checkbox"/> N/A	<input type="checkbox"/> \$284	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Spouse (add to student rate)	<input type="checkbox"/> \$288	<input type="checkbox"/> N/A	<input type="checkbox"/> \$288	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Each Child (add to student rate)	<input type="checkbox"/> \$206	<input type="checkbox"/> N/A	<input type="checkbox"/> \$206	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Add coverages selected: Basic Plan B \$ _____ + Dependent(s) \$ _____ + Optional Coverage(s) \$ _____ = Total Due \$ _____

Premium is not prorated other than as listed above. *No enrollment form will be accepted beyond 21 days from the effective date of each coverage period.*

5. Complete this section if you are electing dependent coverage:

Covered Dependents must be enrolled in the same plan and for the same coverage period as the Covered Student.

Dependents	Last Name	First Name	Date of Birth	Social Security #	Gender M/F
Spouse or Qualified Domestic Partner					
Child					
Child					
Child					

6. Designate Payment Method: Make check or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC)" or complete charge card (Visa or Master Card) authorization information and mail with complete enrollment to: Maksin Management Corp., P.O. Box 2567, Spring, Texas 77383-2567. Online enrollment options are also available at **www.macori.com**.

Complete if paying by Visa/MasterCard & mail to above address: Charge Card Authorization: Visa MasterCard

Card No.: _____ Charge this amount: \$ _____ Expiration Date: _____

Signature of Cardholder _____

(Print) Name of Cardholder _____