

First Amendment to the
New Hampshire School Health Care Coalition
Health Benefits Booklet

WHEREAS, the New Hampshire School Health Care Coalition (the “Plan Sponsor”) sponsors the SCHOOLCARE Health Benefits Plan, effective July 1, 2019 (the “Plan”); and

WHEREAS, Section 16c of the Plan reserves to the Plan Sponsor the right to amend the Plan; and

WHEREAS, the Plan Sponsor wishes to amend the Plan with respect to clarifying definitions and expanded infertility coverage as approved by the Membership Council on November 5, 2019.

NOW THEREFORE, the Plan is amended effective July 1, 2020 as follows:

Section 2. Definitions, added as follows:

Charges. The actual billed charges; except when Cigna has contracted directly or indirectly for a different amount including where Cigna has directly or indirectly contracted with an entity to arrange for the provision of services and/or supplies through contracts with providers of such services and/or supplies.

Covered Expenses. The expenses incurred by a person while covered under this plan for the charges listed below for preventive care services and services or supplies that are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna. Any applicable Copay, Coinsurance, Deductible or limits apply.

As determined by Cigna, Covered Expenses may also include all charges made by an entity that has directly or indirectly contracted with Cigna to arrange, through contracts with providers of services and/or supplies, for the provision of any services and/or supplies listed below.

Network Pharmacy. A retail or home delivery Pharmacy that has entered into an agreement with Cigna or an entity contracting on Cigna's behalf to provide Prescription Drug Products to plan enrollees, agreed to accept specified reimbursement rates for dispensing Prescription Drug Products, and been designated as a Network Pharmacy for the purposes of coverage under this plan.

Section 3. Schedules of Benefits, the following provisions apply to In-Network Medical Benefits:

Certain Specialty Prescription Drugs are only covered when dispensed by a Home Delivery Pharmacy.

Choice Fund - Health Reimbursement Account (HRA). The Coalition may establish an HRA (\$1,000 Individual/\$2,000 Family), that can be used to pay out-of-pocket Covered Services during the Contract Year.

Prescription Drugs – Patient Assurance Program (PAP). PAP waives the deductible and reduces the amount you owe for certain diabetic insulin medication to a \$25 copay/coinsurance. Additionally, any amount you pay for certain diabetic insulin medications counts toward meeting your out-of-pocket maximum.

Infertility and Conception Services offered through WINFertility provides coverage at the same level as other benefits (Physician, Facility and Professional Services) on your Plan:

- Testing and treatment services performed in connection with an underlying medical condition.
- Testing performed specifically to determine the cause of infertility.
- Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition).
- Treatment and/or procedure performed to enable conception with or without an infertility condition.
- Artificial Insemination/Intrauterine Insemination, regardless of an infertility condition, In-vitro, GIFT, ZIFT, etc.
- Fertility preservation [when an infertility condition is imminent].
- Access to reproductive services for the purpose of pre-implantation genetic diagnosis (PGD) and embryo selection when parent(s), though fertile, are known carriers of genes associated with birth defects.

Maximums apply:

Artificial Insemination – 3 cycles

In Vitro – 3 retrieval cycles, 3 transfer cycles

Cryopreserved Reproductive Material Storage – 1 year

Section 4. Benefits and Services, the following is added:

Q. Infertility and Conception Services. See the Schedules of Benefits for other information regarding the Contract Year benefit allowance and Coinsurance requirements.

Charges made for services related to diagnosis of infertility and treatment of infertility once a condition of infertility has been diagnosed, charges made for intrauterine insemination/artificial insemination services related to enabling conception regardless of an infertility diagnosis; access to harvesting of sperm and oocytes for the purposes of cryopreservation and short term storage of sperm, oocytes, and embryos; access to reproductive services for the purpose of pre-implantation genetic diagnosis (PGD) and embryo selection when parent(s), though fertile, are known carriers of genes associated with birth defects. Services include, but are not limited to: infertility drugs which are administered or provided by a Physician; cryopreservation, storage, and thawing of [sperm] and [eggs] and [embryos]; approved surgeries and other therapeutic procedures that have been demonstrated in existing peer-reviewed, evidence-based, scientific literature to have a reasonable likelihood of resulting in pregnancy; laboratory tests; sperm washing or preparation; artificial insemination; diagnostic evaluations; gamete intrafallopian transfer (GIFT); in vitro fertilization (IVF); zygote intrafallopian transfer (ZIFT); and the services of an embryologist. Treatment is managed by WINFertility and limited to the number of cycles shown in the Schedule.

Infertility is defined as:

- the inability of opposite-sex partners to achieve conception after at least one year of unprotected intercourse;
- the inability of opposite-sex partners to achieve conception after six months of unprotected intercourse, when the female partner trying to conceive is age 35 or older;
- the inability of a woman, with or without an opposite-sex partner, to achieve conception after at least six trials of medically supervised artificial insemination over a one-year period; and
- the inability of a woman, with or without an opposite-sex partner, to achieve conception after at least three trials of medically supervised artificial insemination over a six- month period of time, when the female partner trying to conceive is age 35 or older.

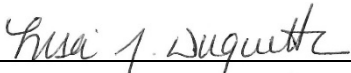
This benefit includes diagnosis and treatment of both male and female infertility.

The following are specifically excluded infertility services:

- reversal of male and female voluntary sterilization;
- infertility services when the infertility is caused by or related to voluntary sterilization;
- donor charges and services;
- pre-implantation genetic screening (PGS) and genetic screening of parents/donors beyond what is covered as by the medical plan;
- any experimental, investigational or unproven infertility procedures or therapies.

IN WITNESS WHEREOF, the Plan Sponsor has executed this First Amendment as of this 10th day of August, 2020.

New Hampshire School Health Care Coalition

By: 

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