

# Touro University, Nevada (The Policyholder)

## Student Health Insurance Plan (SHIP)

2023-2024

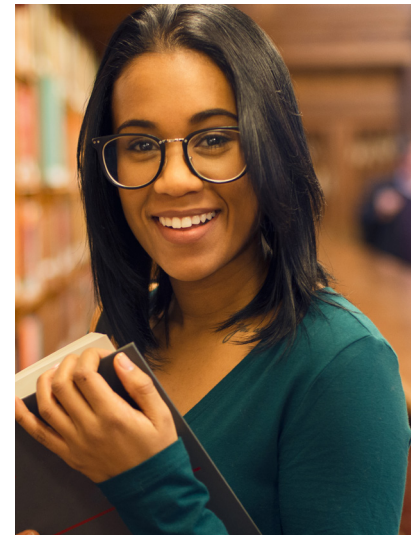
### Eligibility

All on campus students (6 credit hours or more) who are registered and attending classes at the University, excluding nursing and education students, will be automatically insured under this plan, unless proof of comparable coverage is provided and a waiver is completed and submitted by the Waiver Deadline Date.

All students who meet Eligibility requirements above and who have not waived coverage by the Waiver Deadline Date listed will be automatically enrolled in the plan.

Except in the case of medical withdrawal due to Sickness or Injury, students must actively attend classes for at least the first 31 days of the term for which coverage is purchased. Insureds withdrawing after such period will remain covered under the Policy for the term purchased and no refund will be allowed, except as otherwise specified herein.

The Insurance Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Insurance Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium, less claims paid.



### Effective Dates & Plan Costs

The plan costs and coverage terms for each Program are listed below. Coverage terms are effective at 12:00 a.m. and terminate at 11:59 p.m. Plan costs include the medical insurance premium and administrative fees.

PROGRAM	TERM	SHIP EFFECTIVE	SHIP TERMINATION	WAIVER OPEN	WAIVER DEADLINE	STUDENT PREMIUM
D024	Fall	06/01/2023	11/30/2023	04/24/2023	05/12/2023	\$2,070
	Spring	12/01/2023	05/31/2024	10/23/2023	11/09/2023	\$2,070
D025	Fall	06/01/2023	11/30/2023	04/24/2023	05/12/2023	\$2,070
	Spring	12/01/2023	05/31/2024	10/23/2023	11/09/2023	\$2,070
D026	Fall	08/01/2023	12/31/2023	06/26/2023	07/13/2023	\$1,725
	Spring	01/01/2024	05/31/2024	11/20/2023	12/07/2023	\$1,725
D027	Fall	08/01/2023	12/31/2023	06/26/2023	07/13/2023	\$1,725
	Spring	01/01/2024	07/31/2024	11/20/2023	12/07/2023	\$2,415
MHS	Fall	07/01/2023	12/31/2023	05/22/2023	06/08/2023	\$2,070
	Spring	01/01/2024	06/30/2024	11/20/2023	12/07/2023	\$2,070
OT	Summer	07/01/2023	10/31/2023	05/22/2023	06/08/2023	\$1,380
	Fall	11/01/2023	02/29/2024	09/21/2023	10/12/2023	\$1,380
PA23	Spring	03/01/2024	06/30/2024	01/22/2024	02/08/2024	\$1,380
	Summer	07/01/2023	10/31/2023	05/22/2023	06/08/2023	\$1,380
PA24	Summer	07/01/2023	10/31/2023	05/22/2023	06/08/2023	\$1,380
	Fall	11/01/2023	02/29/2024	09/21/2023	10/12/2023	\$1,380
PA25	Spring	03/01/2024	06/30/2024	01/22/2024	02/08/2024	\$1,380
	Summer	07/01/2023	10/31/2023	05/22/2023	06/08/2023	\$1,380
DPT	Fall	11/01/2023	02/29/2024	09/21/2023	10/12/2023	\$1,380
	Spring	03/01/2024	06/30/2024	01/22/2024	02/08/2024	\$1,380

### Questions

#### Eligibility & Enrollment

Academic Health Insurance Services  
(800) 537-1777

#### Benefits

Wellfleet Group, LLC  
dba Wellfleet Administrators, LLC  
(877) 657-5030, TTY 711

### Insurance ID Card

You will receive your insurance ID card in the mail after the start of your first term of coverage for the year. Download your ID card from [wellfleetstudent.com](http://wellfleetstudent.com).

**Carry your ID card with you at all times!**

### Getting Care

Go to the campus health center. If you need to access care away from campus, visit [wellfleetstudent.com](http://wellfleetstudent.com), or call (877) 657-5030, TTY 711 to locate a provider in the Cigna Choice Fund PPO network.

### Prescription Drugs

Always use a Wellfleet Rx/ESI pharmacy. To locate a pharmacy, visit [wellfleetstudent.com](http://wellfleetstudent.com) or call (877) 640-7940.

### More Information

For more information, please visit [tun.mycare26.com](http://tun.mycare26.com)

WI2324CASHIP207  
Group Number: ST22045H

## Benefits

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER <sup>1</sup>
Medical Deductible Waived for services at student health center	\$250 per Policy Year	\$500 per Policy Year
Physician's Office Visits	\$20 Copay per visit then the plan pays 100% of NC (Deductible waived)	60% of U&C
Urgent Care Centers for Non-Life-Threatening Conditions	\$20 Copay per visit then the plan pays 100% of NC	\$40 Copay per visit then the plan pays 60% of U&C
Emergency Services in an Emergency Department for Emergency Medical Conditions	\$150 Copay per visit (Copay waived if admitted), then the plan pays 100% of NC	Paid the same as In-Network Provider subject to U&C
Hospital Care includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies. Subject to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. <sup>2</sup>	100% of NC	60% of U&C
Prescription Drugs	\$20 Copay Generic \$35 Copay Preferred Brand \$60 Copay Non-Preferred Brand or Specialty (Deductible waived)	Not Covered
Out-of-Pocket Maximum	\$4,000 per Policy Year	

<sup>1</sup> Using out-of-network providers may cost you more money! Coinsurance is payable for Usual and Customary (U&C) Charge, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed Coinsurance.

<sup>2</sup> Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

**Limitations, Deductibles, Coinsurance, and Copays may apply.** Please see the Plan Certificate for full benefit details.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Charge (NC) when you use Cigna Choice Fund PPO providers, and 60% of Usual and Customary (U&C) Charge when you use out-of-network providers. If there are any conflicts between this document and the Plan Certificate, the Plan Certificate shall govern.

## What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services.

This document contains a summary of your school's Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Certificate. The final Plan Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Certificate is accessible upon approval at [tun.mycare26.com](http://tun.mycare26.com).

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the Student Health Insurance Plan. CA License #0H64806

## On-Campus Health Services

### Student Health Center

The on-campus Student Health Center offers all on-ground students no cost health services. Students can seek treatment for acute illness and injury and educational programs in health and wellness promotion.

### Health Center at Touro University Nevada

The Touro Nevada Health Center is a facility open to the general public on campus. The Touro Nevada Health Center is a PPO provider. Deductible and copay apply (except as stated in the Schedule of Benefits). The Health Center will bill insurance for you.

#### Address

874 American Pacific Dr  
Henderson, NV 89014  
(Student Health entrance is on the northwest side of the building.)

#### Hours

Monday–Thursday:  
8:00 a.m. to 5:00 p.m.

Friday:  
8:00 a.m. to 3:00 p.m.

(702) 777-9970  
[student.health@tun.touro.edu](mailto:student.health@tun.touro.edu)

**Health Center at Touro University Nevada**  
(702) 777-4809

Wellfleet Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**(Arabic)**

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.  
تصل برقم +1 (877) 657-5030, TTY 711 1+.

**(Chinese-S)**

如果您说中文，您可以免费获得语言援助服务。

请致电 +1 (877) 657-5030, TTY 711.

**(Chinese-T)**

如果您使用繁體中文，您可以免費獲得語言援助服務。

請致電 +1 (877) 657-5030, TTY 711. °

**(French)**

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le +1 (877) 657-5030, TTY 711.

**(French Creole-Haitian)**

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele +1 (877) 657-5030, TTY 711.

**(German)**

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer +1 (877) 657-5030, TTY 711.

**(Italian)**

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero +1 (877) 657-5030, TTY 711.

**(Japanese)**

日本語を話される場合、無料の言語支援をご利用いただけます。+1 (877) 657-5030, TTY 711 まで、お電話にてご連絡ください。

**(Korean)**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

+1 (877) 657-5030, TTY 711 번으로 전화해 주십시오.

**(Persian-Farsi)**

اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با +1 (877) 657-5030, TTY 711 بگیرید.

**(Polish)**

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Zadzwoń pod numer +1 (877) 657-5030, TTY 711.

**(Portuguese)**

Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para +1 (877) 657-5030, TTY 711.

**(Russian)**

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните +1 (877) 657-5030, TTY 711.

**(Spanish)**

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al +1 (877) 657-5030, TTY 711.

**(Tagalog)**

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa +1 (877) 657-5030, TTY 711.

**(Vietnamese)**

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Gọi số +1 (877) 657-5030, TTY 711.