



## A STUDENT HEALTH PLAN **FOR YOU!**

### AM I ELIGIBLE?

All **registered International students, Visiting Faculty, Scholars maintaining a current passport and valid F-1 and M-1 Visa status** and engaged in educational activities at the College of Southern Nevada (including Truckee Meadows Community College and Western Nevada College) who are temporarily located outside their home country and have not been granted permanent residency status, are required to purchase this plan. Open enrollment is available until the last day of CSN's registration period.

**Optional Practical Training Program** are eligible to enroll in this Student Health Insurance Plan on a voluntary basis.

An eligible student must attend classes at the Policyholder's school for the first 45 days of the period for which he or she is enrolled. If you leave the CSN, TMCC or WNC for reason of a covered accident or sickness, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you were enrolled in this Plan for the term previous to your leave.

Eligible students who do enroll may also insure their Dependents. All International Students are required to have an F-1 or M-1 Visa and their eligible Dependents (who are not U.S. citizens) are required to have an F-2 or M-2 Visa to be eligible for this insurance plan. Eligible Dependents are the student's lawful Spouse or lawful domestic partner and dependent children under 26 years of age. Dependent eligibility expires concurrently with that of the Named Insured.

### CAN I WAIVE?

You must enroll in the International Student Health Insurance Plan offered through College of Southern Nevada unless you are a dependent on an insurance plan of a spouse or parent or sponsor and are enrolled in a health insurance plan that's comparable to the offered plan. In order to waive out of the Student Health Insurance Plan coverage, you will need to submit a waiver. Please contact the international student's office for more information.

Please view the complete brochure on-line at [csn.myahpcare.com](https://csn.myahpcare.com) for full details of participation in the plan.



### ADDITIONAL BENEFITS

- Access to a Student 24/7 Nurseline
- Access to Behavioral Health Support
- Easy Online Enrollment

## COLLEGE OF SOUTHERN NEVADA 2021-2022

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Cigna PPO.**

### BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$50	\$300
<b>Individual Out-of-Pocket Expense Limit</b> per Insured Person, per Policy Year	\$5,000	\$7,000
<b>Family Out-of-Pocket Expense Limit</b> for all Insureds in a Family Person, per Policy Year	\$10,000	\$14,000

### COVERAGE PERIOD & COST

<b>Fall</b>	<b>08/15/21 - 01/14/22</b>
Enrollment Deadline	04/12/21 - 09/03/21
Student	\$ 612
Spouse	\$ 612
Each Child	\$ 612
All Children	\$ 1,224
<b>Spring/Summer</b>	<b>01/15/22 - 08/14/22</b>
Enrollment Deadline	10/15/21 - 02/14/22
Student	\$ 848
Spouse	\$ 848
Each Child	\$ 848
All Children	\$ 1,696
<b>Summer</b>	<b>05/15/22 - 08/14/22</b>
Enrollment Deadline	03/15/22 - 06/10/22
Student	\$ 368
Spouse	\$ 368
Each Child	\$ 368
All Children	\$ 736

### BENEFITS

Deductible waived unless otherwise stated below

IN-NETWORK PROVIDER Payments are based on the Negotiated Charge for Covered Medical Expenses	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charge for Covered Medical Expenses
<b>Hospital Care</b> , includes Room and Board Expense Pre-Certification Required	
90%	70%
<b>Inpatient/Outpatient Surgery</b> Pre-Certification Required	
90%	70%
<b>Physicians Office Visits</b> , includes Specialist	
90% after a \$20 Copayment	70%
<b>Rehabilitative Therapy</b> , including Physical Therapy and Occupational Therapy and Speech Therapy Pre-Certification Required	
90%	70%
<b>Diagnostic Imaging Services</b> Pre-Certification Required	
90%	70%
<b>Laboratory Procedures (Outpatient)</b>	
90%	70%
<b>Emergency Services</b> (Copayment waived if admitted)	
90% after a \$150 Copayment	90% after a \$150 Copayment
<b>Preventive Care Services</b> For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	
100% (deductible waived)	50%
<b>Prescription Drugs</b> , (deductible waived) At pharmacies contracting with Wellfleet Rx /ESI:	
100% after a:	Not covered
Tier 1: \$15 Copayment	
Tier 2: \$30 Copayment	
Tier 3 & Specialty Drugs: \$50 Copayment	

To view all enrollment and coverage periods available, please visit [csn.myahpcare.com](https://csn.myahpcare.com).