

Truckee Meadows Community College 2020-2021 Student Health Insurance Plan



Eligibility

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, unless proof of comparable coverage can be furnished.

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.

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.

Waiver

You must enroll in the International student health insurance plan offered through Truckee Meadows Community College 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 view the complete brochure on-line at tmcc.myahpcare.com for full details of participation in the plan.

Waiver Deadlines

- Fall: 04/15/2020 - 09/07/2020
- Spring: 10/15/2020 - 01/31/2021

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling

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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

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	In-Network Provider: \$50 per Insured Person, per Policy Year Out-of-Network Provider: \$300 per Insured Person, per Policy Year
Individual Out-of-Pocket Expense Limit	In-Network Provider: \$5,000 per Insured Person, per Policy Year Out-of-Network Provider: \$7,000 per Insured Person, per Policy Year
Family Out-of-Pocket Expense Limit	In-Network Provider: \$10,000 For all Insureds in a Family, per Policy Year Out-of-Network Provider: \$14,000 For all Insureds in a Family, per Policy Year

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

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/15/2020 through 01/14/2021	Spring/Summer 01/15/2021 through 08/14/2021	Summer 05/15/2021 through 08/14/2021
	Student	\$ 564.44	\$ 781.11
Spouse	\$ 564.44	\$ 781.11	\$ 338.89
Each Child	\$ 564.44	\$ 781.11	\$ 338.89
All Children	\$ 1,128.88	\$ 1,562.22	\$ 677.78

To view all enrollment and coverage periods available, please visit tmcc.myahpcare.com.