

Student Health Insurance Plan



Eligibility

All registered **International students**, with F-1 visa status on a UNLV I-20, taking credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver. Waivers must be submitted each term. International student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term.

All registered, degree-seeking **Graduate & Professional students** taking 1-8 credit hours and all registered, degree-seeking **Law students** taking 1-11 credit hours are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. All registered, degree-seeking **Graduate & Professional students** taking 9 or more credits and all Graduate Assistantship (GA) students enrolled in 6 or more credit hours are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver. Students need to submit a waiver once per academic year. Graduate student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term.

All registered, degree-seeking **School of Nursing students** taking 1-8 credits are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. However, if you do not already have adequate medical insurance coverage, you must enroll online at unlv.myahpcare.com. All registered degree-seeking School of Nursing students taking 9 or more credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is provided by completing the waiver. Waivers must be submitted once per academic year. Nursing student accounts will be charged the Student Health Insurance Fee for the Fall and Summer/Summer term.

Insured Students who are enrolled in the Student Health Insurance Plan may also enroll their eligible dependents. **All International Students are required to have a F-1 Visa, and dependents have a F-2 Visa to be eligible for this insurance plan.**

Please view the complete brochure on-line at unlv.myahpcare.com for full details of participation in the plan.

Waiver Deadlines

- Fall: 05/04/2020 - 10/05/2020
- Spring: 11/13/2020 - 02/26/2021

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services*

University of Nevada Las Vegas 2020-2021 Student Health Insurance Plan

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.

Student Health Center: The *Deductible is waived if Covered Medical Expenses are incurred at the Student Health Center. 100% of Usual and Customary Charge (U&C) for Covered Medical Expenses unless otherwise stated below. **The Student Health Center Pharmacy has a \$20 Copay per prescription.** A SHC referral is not required, and it does not guarantee services received will be considered eligible expenses under the plan, nor is it a guarantee of payment.

Insured dependents are not eligible to use the UNLV SHC. The benefits listed in the Schedule of Benefits are available to the insured dependents.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible*	In-Network Provider: \$250 per Insured Person, per Policy Year Out-of-Network Provider: \$500 per Insured Person, per Policy Year
Individual Out-of-Pocket Expense Limit Combined In-Network and Out-of-Network	In-Network Provider: \$3,750 per Insured Person, per Policy Year Out-of-Network Provider: \$7,500 per Insured Person, per Policy Year
Family Out-of-Pocket Expense Limit Combined In-Network and Out-of-Network	In-Network Provider: \$7,500 For all Insureds in a Family, per Policy Year Out-of-Network Provider: \$15,000 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>	80% after deductible	50% after deductible
Inpatient/Outpatient Surgery <i>Pre-certification Required</i>	80% after deductible	50% after deductible
Physicians Office Visits	\$25 Copayment per visit, then 80% after deductible	\$25 Copayment per visit, then 50% after deductible
Rehabilitative Therapy, including Physical Therapy and Occupational Therapy and Speech Therapy <i>Pre-Certification Required</i>	80% after deductible	50% after deductible
Diagnostic Imaging Services <i>Pre-Certification Required</i>	80% after deductible	50% after deductible
Laboratory Procedures (Outpatient)	80% after deductible	50% after deductible
Emergency Services	\$100 Copayment per visit, then 80% after deductible	\$100 Copayment per visit, then 80% after deductible
Prescription Drugs	At pharmacies contracting with Wellfleet Rx/ESI 70% (deductible waived)	50% after deductible

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Graduate & Professional & International Students	Fall 08/16/2020 through 01/11/2021	Spring/Summer 01/12/2021 through 08/15/2021	Nursing Students	Fall 09/01/2020 through 01/04/2021	Spring/Summer 01/12/2021 through 08/31/2021	Fall Early Start 05/11/2021 through 08/31/2021
	Student	\$ 1,146		\$ 1,662	Student	\$ 969
Spouse	\$ 1,146	\$ 1,662	Spouse	\$ 969	\$ 1,838	\$ 869
Child, 3x Max ¹	\$ 1,146	\$ 1,662	Child, 3x Max ¹	\$ 969	\$ 1,838	\$ 869

¹Coverage for three or more children is calculated at the child rate times three (3).

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