

Student Health Insurance Plan



Eligibility

All registered, degree seeking **School of Medicine students** 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.

The online waiver and proof of comparable coverage must be submitted before the deadline date and approved. Premiums are collected by the Cashier's office with tuition during registration.

All registered, degree seeking **School of Dental Medicine DMD, DDS, Orthodontic (Resident and Fellowship), and Pediatric students** 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.

The online waiver and proof of comparable coverage must be submitted before the deadline date and approved. Premiums are collected by the Cashier's office with tuition during registration.

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.

Annual Waiver Deadlines

- School of Medicine:
05/21/2020 - 07/15/2020
- School of Dental Medicine - Orthodontics:
05/21/2020 - 07/15/2020
- School of Dental Medicine - DMD & DDS
06/15/2020 - 09/04/2020

Additional Benefits

- Access to a 24/7 Student Assistance Program
- 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.

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. 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.

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 (deductible waived)	At pharmacies contracting with Wellfleet Rx/ESI Tier 1: \$15 Copayment Tier 2: \$45 Copayment Tier 3: \$75 Copayment Specialty Drugs: \$75 Copayment	Not Covered
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (deductible waived)	50% (deductible applies)

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

School of Medicine & School of Dental Medicine	Annual	Spring/Summer
	07/01/2020 through 06/30/2021	01/01/2021 through 06/30/2021
Student	\$ 2,639	\$ 1,309
Spouse	\$ 2,639	\$ 1,309
Child, 3x Max ¹	\$ 2,639	\$ 1,309

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.