



University of Nevada, Las Vegas  
School of Medicine, School of Dental Medicine

# Student Coverage With Care 2026-2027



## What's Included?



Aetna is the Preferred Provider Network



Telehealth solutions through Aetna Teladoc



Coverage when traveling



Access to 24-Hour Nurse Line



Access to Optional Dental Coverage



Academic Emergency Services (AES)\*

### Questions



To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

### Insurance ID Card



To access your ID card, please visit [unlv.myahpcare.com/additionalresources](http://unlv.myahpcare.com/additionalresources)

## Eligibility

**School of Medicine Students:** All registered, degree seeking School of Medicine Students taking 1 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. 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 1 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. 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 an F-2 Visa to be eligible for this insurance plan.**

For more information, visit [unlv.myahpcare.com](http://unlv.myahpcare.com).

\*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), Part of the Brown & Brown Team.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of Aetna.

## Benefits

*(Deductible applies unless otherwise stated below)*

**Student Health Center:** The \*\*Deductible is waived if Covered Medical Expenses are incurred at the Student Health Center. The Student Health Center Pharmacy has a \$20 Copayment per prescription. An 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.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
<b>Benefit Maximum</b> Per Insured Person, per Policy Year		Unlimited
<b>**Deductible</b> Per Insured Person, per Policy Year	\$350	\$700
<b>Individual Out-of-Pocket Maximum</b> Per Insured Person, per Policy Year	\$10,600	\$21,200
<b>Family Out-of-Pocket Maximum</b> For all Insureds in a Family, per Policy Year	\$17,100	\$34,200
<b>Hospital Room and Board Expense</b>	80%	50%
<b>Inpatient/Outpatient Surgery</b>	80%	50%
<b>Physician and Specialist, including Consultants Office Visits</b>	80% after a \$25 Copayment per visit	50% after a \$25 Copayment per visit
<b>Diagnostic Testing</b>	80%	50%
<b>Outpatient Physical, Occupational, Speech, and Cognitive Therapies</b> including Cardiac and Pulmonary Therapy	80%	50%
<b>Hospital Emergency Room</b> Copayment waived if admitted	80% after a \$200 Copayment per visit	80% after a \$200 Copayment per visit
<b>Preventive Care Services</b> For more information, please visit <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a>	100% (Deductible waived)	50%
<b>Prescription Drugs</b> (Deductible waived)	At pharmacies contracting with Aetna 70%	50%

## Coverage Periods & Rates

	School of Medicine	School of Dental Medicine Orthodontics & Pediatrics	School of Dental Medicine (DDS & DMD)	
	ANNUAL 07/01/2026 - 06/30/2027	ANNUAL 07/01/2026 - 06/30/2027	ANNUAL 08/25/2026 - 08/24/2027	EARLY START SUMMER 05/06/2027 - 08/24/2027
<b>Waiver Deadline</b>	05/21/2026 - 08/31/2026	05/21/2026 - 07/15/2026	06/15/2026 - 09/04/2026	04/25/2027 - 05/20/2027
<b>Student</b>	\$4,143	\$4,143	\$4,143	\$1,260
<b>Spouse</b>	\$4,143	\$4,143	\$4,143	\$1,260
<b>Each Child<sup>1</sup></b>	\$4,143	\$4,143	\$4,143	\$1,260

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [unlv.myahpcare.com](https://unlv.myahpcare.com) upon approval by federal and state authorities.