

University of Nevada, Reno International

Student Health Insurance Plan 2024-2025

What's Included?

- Access to telehealth and behavioral health services
- Vision coverage through Academic Vision Care (AVC)
- Coverage when traveling
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: unrintl.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit unrintl.myahpcare.com/additionalresources

Eligibility

All registered International students are required to participate in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students will be charged a Health Insurance Fee for the Fall and Spring/Summer terms. All students who purchase the plan for the Spring 2025 term will be covered through August 14, 2025, regardless of summer credit hours. If you have paid the Spring/Summer student health insurance charge, you will have continuous coverage throughout the summer term, regardless of taking classes, traveling, or graduating.

Post completion Optional Practical Training and Academic Training (OPT/AT) students are not eligible to purchase the UNR student insurance plan.

Waiver Information

For F-1 students, health insurance is mandatory and provided by the university. Students will be covered automatically during their semester of enrollment and charged accordingly. J-1 Exchange, Government Sponsored and students employed and covered by a U.S. insurance policy have the option to waive the university provided insurance if eligible. A copy of the insurance policy coverages must be provided to the Office of International Students & Scholars for review.

If you do not want the Student Health Insurance Plan and meet the above criteria, you must decline or opt-out of coverage by submitting a waiver. All waivers must be submitted by 11:59 PM on the published waiver deadline to be considered.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis through Academic HealthPlans. Dependent eligibility expires concurrently with that of the Insured student.

*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), a Risk Strategies Company.

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is Aetna.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Certificate of insurance. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate of insurance is accessible upon approval at unrintl.myahpcare.com.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, is an independent company that provides program management and administrative services for the student health plans of Aetna Health and Life Insurance Company.

Benefits

(Deductible applies unless otherwise stated below)

Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the UNR Student Health Center (Reno) for the following services: all services that are otherwise not covered by the University of Nevada - Reno Health Fee.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
Benefit Maximum	Unlimited	
Individual Deductible Per Person, per Policy Year	\$350	\$700
Family Deductible For all Insureds in a Family, per Policy Year	\$700	\$1,400
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$3,000	\$6,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$6,000	N/A
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician and Specialist Services	80%	60%
Diagnostic Testing	80%	60%
Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy	80%	60%
Hospital Emergency Room	80% after a \$200 Copayment	80% after a \$200 Copayment
Prescription Drugs, including Specialty Drugs (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$10 Copayment Preferred Brand-Name: \$25 Copayment Non-Preferred Brand-Name: \$100 Copayment	Not Covered
Preventive Services For more information, visit: healthcare.gov/preventive-care-benefits	100% (Deductible waived)	Not Covered

Coverage Periods & Cost			
	FALL 08/15/2024 - 01/14/2025	SPRING/SUMMER 01/15/2025 - 08/14/2025	
Dependent Enrollment	07/01/2024 - 08/16/2024	11/04/2024 - 02/08/2025	
Waiver Deadline	09/09/2024	02/08/2025	
Student	\$1,163	\$1,610	
Spouse	\$1,163	\$1.610	
Each Child, 2x Max ¹	\$1,163	\$1,610	

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

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