

University of Nevada, Las Vegas

2017-2018 Graduate & International Student Health Insurance Plan

Health Insurance Requirement and Eligibility

International Students

All international students with F-1 visa status on a UNLV I-20 are required to have adequate medical insurance coverage. All International students are **automatically enrolled** in the UNLV-sponsored Student Health Insurance Plan unless they are eligible and choose to submit an online insurance waiver of comparable coverage. International student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term. For more information please see “**Insurance Waiver**” section below.

Waiver link: <https://studentinsurance.wellsfargo.com/UNLV/unlv-int>

Graduate Students

All registered degree-seeking University of Nevada, Las Vegas graduate students enrolled in 9 or more credit hours, all Graduate Assistantship (GA) students enrolled in 6 or more credit hours, and all Law students enrolled in 12 or more credits hours are required to have adequate medical insurance coverage. All graduate students are **automatically enrolled** in the UNLV-sponsored Student Health Insurance Plan unless they are eligible and choose to submit an online insurance waiver of comparable coverage. Graduate student accounts will be charged the Student Health Insurance Fee for the Fall and Spring/Summer term.

For more information please see “**Insurance Waiver**” section below.

Waiver link: <https://studentinsurance.wellsfargo.com/UNLV/unlv-grad>

All registered degree seeking University of Nevada, Las Vegas graduate students enrolled in 3-8 credit hours are eligible to enroll in this insurance Plan on a **voluntary** basis. To enroll, contact Wells Fargo Student Insurance at (800) 853-5899 M-F, 8am-5pm (PST), or go to: <http://www.unlv.edu/srwc> and select “**Health Center**” then “**Fees, Insurance and Payments**” from the menu.

Insurance Waiver

IF YOU HAVE INSURANCE that is comparable** to the UNLV Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in the UNLV Plan, you must complete the online waiver process by the waiver deadline date and it must be approved, or your student account will be charged. International students are required to submit a waiver once per term; Graduate students are required to submit a waiver once per academic year.

IF YOU DO NOT HAVE INSURANCE no action is required. **You will automatically be enrolled** in the UNLV sponsored Student Health Insurance Plan each term you are eligible, (Fall and Spring/Summer), and your student account will be charged.

For more information visit <http://www.unlv.edu/srwc/health-center/fees>.

How much does it cost?

GRADUATE & INTERNATIONAL STUDENT PLAN COST		
Coverage Dates	FALL 8/16/17 - 1/12/18	SPRING/SUMMER 1/12/18 - 8/16/18
Waiver Deadline 11:59 P.M.	10/3/17	2/27/18
Student only	\$999.58	\$1,450.08
NOTE: Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student. Dependent enrollment in this plan is voluntary.		
Spouse only	\$999.58	\$1,450.08
Per Child (Age 0-25) only	\$999.58	\$1,450.08
3 or More Children (Age 0-25) only	\$2,998.74	\$4,350.24

All coverage periods begin and end at 12:01 A.M., local time, at the Policyholder's address.

Rates include a premium payable to CHP Student Health, as well as administrative fees payable to UNLV and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through Travel Guard and its contracted underwriting companies.

Where do I go for services?

When you need care, consider the Student Health Center (SHC) on campus as your first stop. They can provide many of the routine health services you need. Services obtained at the SHC are covered at 100% with the annual deductible waived. You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. 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. However, when you visit a Preferred Care Provider, you'll generally have less out of pocket expense for your care. To learn more about Preferred Care Providers, visit www.cigna.com.

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

*Providers are independent contractors and are not agents of Cigna. Provider participation may change without notice. Cigna does not provide care or guarantee access to health services.

IMPORTANT CONTACTS

CLAIMS AND COVERAGE QUESTIONS:
Consolidated Health Plans
(877) 657-5030, 8am - 5pm PST

ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:
Wells Fargo Student Insurance
(800) 853-5899, Mon-Fri, 8am-5pm PST

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://studentinsurance.wellsfargo.com> or call 800-853-5899 to request a paper copy free of charge.

What does the plan offer?

This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information. You will be able to obtain a copy of the full Master Policy as soon as it is available by calling CHP Student Health at **(877) 657-5030**. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits.

Plan Maximum	Unlimited	
Annual Deductible	The following Deductibles are applied before Covered Medical Expenses are payable: Network: \$250 per Individual per Policy Year Non-Network: \$500 per Individual per Policy Year	
Out of Pocket Maximums <i>Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Limit.</i>	Network: \$3,750 Individual; \$7,500 Family Non-Network: \$7,500 Individual; \$15,000 Family	
NOTE: Deductibles, coinsurance and copays are waived when services are rendered at the UNLV Student Health Center.		
	NETWORK	NON-NETWORK
Preventive Services	100% of PPO Allowance (No cost sharing)	50% of the Usual & Reasonable Deductible and Copay apply
In Office Physician’s Visits	80% of the PPO Allowance after a \$25 Copay per visit	50% of the Usual & Reasonable after a \$25 Copay per visit
Hospital Room and Board Expenses	80% of the PPO Allowance	50% of the Usual & Reasonable
Emergency Services Expenses	80% of the PPO Allowance after a \$100 Copay per visit	80% of the PPO Allowance after a \$100 Copay per visit
Urgent Care Visit	80% of the PPO Allowance after a \$25 Copay per visit	50% of the Usual & Reasonable after a \$25 Copay per visit
Laboratory Procedures and Diagnostic X-ray Services	80% of the PPO Allowance	50% of the Usual & Reasonable
Ambulance Service	80% of the PPO Allowance	80% of the Usual & Reasonable
Outpatient Surgery	80% of the PPO Allowance	50% of the Usual & Reasonable
Anesthetist	80% of the PPO Allowance	50% of the Usual & Reasonable
Rehabilitation Therapy, including Cardiac Rehabilitation, Pulmonary Rehabilitation, Physical Therapy, Occupational Therapy, and Speech Therapy	80% of the PPO Allowance after a \$25 Copay per visit	50% of the Usual & Reasonable after a \$25 Copay per visit
Mental Illness Benefit	Same as any other Covered Sickness	Same as any other Covered Sickness
Prescription Drugs Prescriptions should be filled at a Participating Cigna Network Pharmacy.	UNLV Student Health Center Pharmacy: \$20 Copay per prescription Network Pharmacy: 50% of PPO Allowance for each Brand Name Prescription Drug or for each Generic Prescription Drug. Non-Network Pharmacy: 50% of Usual & Reasonable Charge for each Brand Name Prescription Drug or for each Generic Prescription Drug.	

Underwritten by: National Guardian Life Insurance Company • Policy Form NBH-280 (2015) NV

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WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at **800-853-5899** or by visiting us at <https://studentinsurance.wellsfargo.com>.