UNIVERSITY OF NEVADA LAS VEGAS

Underwritten by: Commercial Casualty Insurance Company
CCIC1819NVSHIP33

Plan Brokered by: USI Insurance Services
NV License No. 9191
https://studentinsurance.usi.com

University of Nevada, Las Vegas

2018-2019 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.usi.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.usi.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 USI Student Insurance at **(800) 853-5899** M-F, 8am-5pm (PST), or go to: *www.unlv.edu/studentwellness/health-center/health-insurance* and select "enroll."

Dependent eligibility is voluntary on this plan. To enroll your dependent, please contact USI Student Insurance at **(800) 853-5899** between 8:00am -5:00pm (M-F).

How much does it cost?

GRADUATE & INTERNATIONAL STUDENT PLAN COST		
Coverage Dates	**FALL** 8/16/18 - 1/11/19	**SPRING/SUMMER** 1/12/19 - 8/15/19
Waiver Deadline 11:59 P.M.	**10/3/18**	**2/27/19**
Student only	$1,029.57	$1,493.58
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	$1,029.57	$1,493.58
Per Child (Age 0-25) only	$1,029.57	$1,493.58
3 or More Children (Age 0-25) only	$3,088.70	$4,480.75

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 USI 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.

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:

www.unlv.edu/graduatecollege/current/healthinsurance.

IMPORTANT CONTACTS	
CLAIMS AND COVERAGE QUESTIONS:	**ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:**
Consolidated Health Plans • (877) 657-5033	**USI Student Insurance •(800) 853-5899**
Mon-Thurs 5:30am – 4:00pm PST, Friday 5:30am – 2:00pm PST	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.usi.com* and selecting Find Your School's Plan.

FLYST1039SH

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.studentinsurance.com* and choose CIGNA PPO Choice Fund.

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.*

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 Policy as soon as it is available by calling CHP Student Health at **(877) 657-5033**. If any discrepancy exists between this Benefit Summary and the Policy, the 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 *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.*	**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 Preferred Allowance (No cost sharing)	50% of the Usual & Reasonable Deductible and Copay apply
In Office Physician's Visits	80% of the Preferred Allowance after a $25 Copay per visit	50% of the Usual & Reasonable after a $25 Copay per visit
Hospital Room and Board Expenses, *Subject to Semi-Private room rate unless intensive care unit is required.* *Pre-Certification required.*	80% of the Preferred Allowance	50% of the Usual & Reasonable
Emergency Services Expenses	80% of the Preferred Allowance after a $100 Copay per visit	80% of the Preferred Allowance after a $100 Copay per visit
Urgent Care Visit	80% of the Preferred Allowance after a $25 Copay per visit	80% of the Usual & Reasonable after a $25 Copay per visit
Chiropractic Care	80% of the Preferred 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 Preferred Allowance	50% of the Usual & Reasonable
Ambulance Service	80% of the Preferred Allowance	80% of the Usual & Reasonable
Outpatient Surgery	80% of the Preferred Allowance	50% of the Usual & Reasonable
Anesthetist	80% of the Preferred Allowance	50% of the Usual & Reasonable
Rehabilitation Therapy, *including Cardiac Rehabilitation, Pulmonary Rehabilitation, Physical Therapy, Occupational Therapy, and Speech Therapy*	80% of the Preferred Allowance	50% of the Usual & Reasonable
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 Preferred Allowance for each generic, preferred, non-preferred and Specialty prescription drug. **Non-Network Pharmacy:** 50% of Usual & Reasonable Charge for each generic, preferred, non-preferred and Specialty prescription drug.	

Exclusions and Limitations

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by the person's attending physician or dentist.
3. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
4. Professional services rendered by an Immediate Family Member or any who lives with You.
5. Weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease.
6. Surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. Prescription contraceptive diaphragms are covered but limited to one (1) per policy year;
8. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. Any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
11. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
15. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
16. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. Expenses payable under any prior Certificate which was in force for the person making the claim.
18. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. Expenses incurred after:
    - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
    - The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
21. Charges incurred for acupuncture, heat Treatment, diathermy, manipulation or massage, in any form, except to the extent provided in the Schedule of Benefits.
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat. this does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
23. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
24. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses except as required for repair caused by a Covered Injury office visit exam for the fitting of prescription contact lenses or duplicate spare eyeglasses or lenses or frames eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric Vision Care Benefit.
25. Charges for hearing exams, hearing screening, hearing aids except as specifically provided in the Certificate.
26. Racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
27. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
    - For the purposes of this provision, Reconstructive Surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
    - For the purposes of this provision, Plastic or Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, including surgical extractions of teeth This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
29. You are:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.

continued on next page

Exclusions and Limitations (continued)

30. Elective abortions.
31. Braces and appliances, except as specifically provided in the Schedule of Benefits.
32. Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
33. Custodial Care service and supplies.
34. Services of a private duty Nurse.
35. Expenses that are not recommended and approved by a Physician.
36. Sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
37. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
38. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
39. Sleep Disorders screening including testing.
40. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
    - □ which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
    - □ drugs with over-the-counter equivalents;
    - □ Brand-Name Prescription Drugs with generic equivalents;
    - □ allergy sera and extracts administered via injection;
    - □ for the purpose of weight control;
    - □ vitamins, minerals, food supplements.;
    - □ sexual enhancements drugs;
    - □ dietary supplements;
    - □ cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, except as specifically provided in this Certificate;
    - □ blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year;
    - □ refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
    - □ drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
    - □ purchased after coverage under the Certificate terminates;
    - □ consumed or administered at the place where it is dispensed;
    - □ if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
    - □ bulk chemicals;
    - □ non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
    - □ stimulants;
    - □ repackaged products;
    - □ blood components;
    - □ single agent opioids;
    - □ immunology products.
41. Non-chemical addictions.
42. Non-physical, occupational, speech therapies (art, dance, etc.).
43. Modifications made to dwellings.
44. General fitness, exercise programs.
45. Hypnosis.
46. Rolfing.
47. Biofeedback.
48. Hyperhidrosis.

USI INSURANCE SERVICES 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 *http://www.usi.com/privacy*.