

# Snapshot

## TOURO UNIVERSITY, NEVADA STUDENT HEALTH INSURANCE PLAN (SHIP)

### On-Campus Health Services

#### Student Health Center

The on-campus Student Health Center offers all students low-cost health services, such as treatment for acute illness and injury and educational programs in health and wellness promotion. The cost of services at the Student Health Center is nominal, when applicable. For services where payment is required up front, students may submit a claim to be considered for reimbursement by the insurance (the deductible and copays will not apply). Please contact SHC for further details on the services offered.

#### Touro Health Center

The Touro Nevada Health Center is a facility open to the general public on campus. The Touro Nevada Health Center is a PPO provider. Deductible and copay apply (except as stated in the Schedule of Benefits). The Health Center will bill insurance for you.

#### Address

874 American Pacific Drive  
Henderson, Nevada 89014  
(Student Health entrance is on the northwest side of the building.)

#### Hours

Monday–Thursday: 8:00 a.m. to 5:00 p.m.  
Friday: 8:00 a.m. to 3:00 p.m.

#### Student Health Center

(702) 777-9970  
student.health@tun.touro.edu

#### Touro Health Center

(702) 777-4809



2020–2021

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Charge when you use **Cigna, Choice Fund PPO** providers, and 60% of Usual & Customary (U&C) Charge when you use out-of-network providers.

### Benefits

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER <sup>†</sup>
<b>Medical Deductible</b> Waived for services at student health center.	\$250 per Policy Year	\$500 per Policy Year
<b>Physician's Office Visits</b>	\$20 copay per visit (waived at student health center)	40% of U&C
<b>Urgent Care Centers</b>	\$20 copay per visit	40% of U&C, after \$40 copay per visit
<b>Emergency Services</b>	\$150 copay per visit (waived if admitted)	\$150 copay per visit (waived if admitted)
<b>Hospital Care</b> includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies*	\$0	40% of U&C
<b>Prescription Drugs</b>	\$20 copay Generic \$35 copay Preferred Brand \$60 copay Non-Preferred Brand or Specialty (deductible waived)	Not covered
<b>Out-of-Pocket Maximum</b>	\$4,000 per Policy Year	

<sup>†</sup> Using out-of-network providers will cost you more money! Coinsurance is payable for Usual & Customary (U&C) Charge, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed coinsurance.

\* Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

This is only a brief description of the coverage(s) available under Certificate form CA SHIP Cert (2019). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

The plan described in this snapshot is awaiting approval by the California Department of Insurance. If the plan is changed during the approval process, a revised Snapshot will be provided. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.

### Questions



**Enrollment & Eligibility**  
Relation Insurance Services  
(800) 537-1777

**Benefits**  
Wellfleet Group, LLC  
(877) 657-5030, TTY 711

**Plan Materials & Information**  
[www.4studenthealth.com/tunv](http://www.4studenthealth.com/tunv)

### Insurance ID Card



You will receive your insurance ID card in the mail after the start of your first term. You may also download your ID card from [www.4studenthealth.com/tunv](http://www.4studenthealth.com/tunv).

**Carry your ID card with you at all times!**

### Getting Care



Visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or call (877) 657-5030, TTY 711 to find a provider in the **Cigna, Choice Fund PPO Network**.

### Prescription Drugs



Always use a **Wellfleet Rx/ESI** pharmacy. To locate a pharmacy, visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or call (877) 640-7940.

Revised July 2, 2020 8:40 AM

### Servicing Agent

Relation Insurance Services

## Rates and Important Dates

Rates are effective 06/01/2020 at 12:00 a.m. to 07/31/2021 at 11:59 p.m. Rates include the medical insurance premium and administrative fees.

Program	Term	Dates	Waiver Deadline	Student Rate
D021	Fall	06/01/2020 to 11/30/2020	05/10/2020	\$ 2,394
	Spring	12/01/2020 to 05/31/2021	11/08/2020	\$ 2,394
D022	Fall	06/01/2020 to 11/30/2020	05/10/2020	\$ 2,394
	Spring	12/01/2020 to 05/31/2021	11/08/2020	\$ 2,394
D023	Fall	08/01/2020 to 12/31/2020	07/12/2020	\$ 1,995
	Spring	01/01/2021 to 05/31/2021	12/06/2020	\$ 1,995
D024	Fall	08/01/2020 to 12/31/2020	07/12/2020	\$ 1,995
	Spring	01/01/2021 to 07/31/2021	12/06/2020	\$ 2,793
MHS	Fall	07/01/2020 to 12/31/2020	06/10/2020	\$ 2,394
	Spring	01/01/2021 to 06/30/2021	12/06/2020	\$ 2,394
OT	Summer	07/01/2020 to 10/31/2020	06/10/2020	\$ 1,596
	Fall	11/01/2020 to 02/28/2021	10/11/2020	\$ 1,596
	Spring	03/01/2021 to 06/30/2021	02/07/2021	\$ 1,596
PA20	Summer	07/01/2020 to 10/31/2020	06/10/2020	\$ 1,596
PA21	Summer	07/01/2020 to 10/31/2020	06/10/2020	\$ 1,596
	Fall	11/01/2020 to 02/28/2021	10/11/2020	\$ 1,596
	Spring	03/01/2021 to 06/30/2021	02/07/2021	\$ 1,596
PA22	Summer	07/01/2020 to 10/31/2020	06/10/2020	\$ 1,596
	Fall	11/01/2020 to 02/28/2021	10/11/2020	\$ 1,596
	Spring	03/01/2021 to 06/30/2021	02/07/2021	\$ 1,596
PT	Summer	07/01/2020 to 10/31/2020	06/10/2020	\$ 1,596
	Fall	11/01/2020 to 02/28/2021	10/11/2020	\$ 1,596
	Spring	03/01/2021 to 06/30/2021	02/07/2021	\$ 1,596

## 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. The Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the 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 Your attending Physician or dentist.
3. Medical services rendered by a provider employed for or contracted with the Policyholder, 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 the plan.
4. Professional services rendered by an Immediate Family Member or anyone who lives with You.
5. Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these services are determined to be Medically Necessary because of Injury, infection or disease.
6. Infertility treatment (male or female)-this includes but is not limited to:
  - Procreative counseling;
  - Premarital examinations;
  - Genetic counseling and genetic testing;
  - Impotence, organic or otherwise;
  - Injectable infertility medication, including but not limited to menotropins, hCG and GnRH agonists;
  - In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers;
  - Costs for an ovum donor or donor sperm;
  - Sperm storage costs;
  - Cryopreservation and storage of embryos;
  - Ovulation induction and monitoring;
  - Artificial insemination;
  - Hysteroscopy;
  - Laparoscopy;
  - Laparotomy;
  - Ovulation predictor kits;
  - Reversal of tubal ligations;
  - Reversal of vasectomies;
  - Costs for and relating to surrogate motherhood (maternity services are Covered for Members acting as surrogate mothers);
  - Cloning; or
  - Medical and surgical procedures that are experimental or investigational, unless Our denial is overturned by an External Appeal Agent.
7. Expenses paid by Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services covered by Student Health Fees.
9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
10. 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.
11. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
12. Expenses payable under any prior policy which was in force for the person making the claim.
13. 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 Policy.
14. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
15. Weight management. Weight reduction. Nutrition programs. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Services benefit, or otherwise specifically covered under the Certificate.
16. Treatment for obesity except surgery for morbid obesity (bariatric surgery). Surgery for removal of excess skin or fat.
17. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
18. Expenses for radial keratotomy.
19. Adult Vision unless specifically provided in the Certificate.
20. Charges for office visit exam for the fitting of prescription contact lenses, duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.
21. Charges for hearing screening, hearing aids and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
22. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma, or for gender dysphoria.
23. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
24. Extraction of impacted wisdom teeth or dental abscesses.
25. You are:
  - committing or attempting to commit a felony,
  - engaged in an illegal occupation, or
  - participating in a riot.
26. Custodial Care service and supplies.
27. Charges for hot or cold packs for personal use.
28. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
29. Services of private duty Nurse except as provided in the Certificate.
30. Expenses that are not recommended and approved by a Physician.
31. 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 the plan.
32. Sleep Disorders, unless medically necessary, except for the diagnosis and treatment of obstructive sleep apnea.
33. Treatment of Acne unless Medically Necessary.
34. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.

35. 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 under Preventive Services or in the Prescription Drug Benefit section of the Certificate. Insulin and OTC preventive medications required under ACA are exempt from this exclusion;
- drugs with over-the-counter equivalents except as specifically provided under Preventive Services;
- allergy sera and extracts administered via injection;
- any drug or medicine for the purpose of weight control;
- fertility drugs;
- sexual enhancements drugs;
- vitamins, and minerals, except as specifically provided under Preventive Services;
- food supplements, dietary supplements; except as specifically provided in the Certificate;
- cosmetic drugs or medicines, including but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
- 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;
- any drug or medicine purchased after coverage under the Certificate terminates;
- any drug or medicine 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;

36. Non-chemical addictions.

37. Non-physical, occupational, speech therapies (art, dance, etc.).

38. Modifications made to dwellings.

39. General fitness, exercise programs.

40. Hypnosis.

41. Rolfing.

42. Biofeedback.