2016-2017 Student Injury & Sickness Insurance Plan

University of Nevada, Reno

https://studentinsurance.wellsfargo.com

Underwritten by:
UnitedHealthcare Insurance Company
Policy #2016-524-2, 2016-524-3 & 2016-524-4
BR-NV(09) (524)
WHEN COVERAGE BEGINS

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the later of:

- The Master Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day the Enrollment Form (if applicable) and premium payment are received by the Company, Authorized Agent or University.

IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by UnitedHealthcare Insurance Company.

The below enrollments will be allowed a 30 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 30 days. No policy shall ever start prior to the term start date:

1. All hard-waiver mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within 30 days of the prior policy termination date.

WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m. on the earlier of:

- Date the Master Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

COVERAGE IS NOT AUTOMATICALLY RENEWED IF THE INSURED NO LONGER MEETS MINIMUM ELIGIBILITY REQUIREMENTS. NO notification of plan expiration or renewal will be sent.

The Master Policy is a Non-Renewable One Year Term Policy.

INSURANCE WAIVER INFORMATION

Graduate, International and School of Medicine students who are eligible to waive out of the student health insurance plan who have insurance that is comparable to the UNR 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 UNR Student Health Insurance Plan, must complete the online waiver process by the waiver deadline and have the waiver approved to have the insurance fees removed from your student account. Graduate students must submit an approved waiver once per academic year; International students once per academic term; School of Medicine students once per term.

Graduate, International and School of Medicine students who are eligible to waive out of the student health insurance plan, who do not have insurance, no action is required. You will automatically be enrolled in the UNR UnitedHealthcare StudentResources Student Health Insurance Plan each term you are eligible, (Fall and Spring/Summer), and your student account will be charged. To WAIVE OUT of the insurance plan you must complete an approved online waiver at the corresponding link below:

- Graduate students: https://studentinsurance.wellsfargo.com/UNR/unr-grad
- International students: https://studentinsurance.wellsfargo.com/UNR/unr-intl
- School of Medicine: https://studentinsurance.wellsfargo.com/UNR/unr-som

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non public personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at (800) 767-0700 or visiting us at www.uhcsr.com/unr.

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: www.uhcsr.com/unr or call 800-853-5899 to request a paper copy free of charge.
### PLAN COST

#### GRADUATE STUDENTS - MASTER POLICY #2016-524-2

<table>
<thead>
<tr>
<th>TERMS OF COVERAGE</th>
<th>FALL 8/15/16 - 1/14/17</th>
<th>SPRING/SUMMER 1/15/17 - 8/14/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver &amp; Enrollment Deadline</td>
<td>9/8/16</td>
<td>2/2/17</td>
</tr>
<tr>
<td>Student only</td>
<td>$1,212.80</td>
<td>$1,680.00</td>
</tr>
</tbody>
</table>

**NOTE:** Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student.

Spouse only | $1,212.80 | $1,680.00 |
One Child only | $1,212.80 | $1,680.00 |

#### INTERNATIONAL STUDENTS - MASTER POLICY #2016-524-4

<table>
<thead>
<tr>
<th>TERMS OF COVERAGE</th>
<th>FALL 8/15/16 - 1/14/17</th>
<th>SPRING/SUMMER 1/15/17 - 8/14/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver &amp; Enrollment Deadline</td>
<td>9/8/16</td>
<td>2/2/17</td>
</tr>
<tr>
<td>Student only</td>
<td>$573.87</td>
<td>$795.73</td>
</tr>
</tbody>
</table>

**NOTE:** Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student.

Spouse only | $573.87 | $795.73 |
One Child only | $573.87 | $795.73 |
Two or More Children only | $1,147.73 | $1,591.47 |

#### SCHOOL OF MEDICINE STUDENTS - MASTER POLICY #2016-524-3

<table>
<thead>
<tr>
<th>TERMS OF COVERAGE</th>
<th>FALL 8/1/16 - 1/31/17</th>
<th>SPRING/SUMMER 2/1/17 - 7/31/17</th>
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</thead>
<tbody>
<tr>
<td>Waiver &amp; Enrollment Deadline</td>
<td>1/31/17</td>
<td>3/1/17</td>
</tr>
<tr>
<td>Student only</td>
<td>$1,458.13</td>
<td>$1,434.67</td>
</tr>
</tbody>
</table>

**NOTE:** Costs below are in addition to the student premium. Dependents must be enrolled for the same term of coverage as student.

Spouse only | $1,458.13 | $1,434.67 |
One Child only | $1,458.13 | $1,434.67 |
Two or More Children only | $2,916.27 | $2,869.33 |

*Rates include premium payable to UnitedHealthcare, as well as administrative fees payable to Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through UnitedHealthcare Global and its contracted underwriting companies.*
HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

School of Medicine (SOM) Students
All registered University of Nevada, Reno medical students are required to have insurance and will automatically be enrolled in the plan and charged the health insurance fee unless they choose to submit an approved insurance waiver showing comparable coverage. Eligible students will be charged a Health Insurance Fee for the Fall and Spring/Summer terms. Waiver of insurance must be submitted each semester online at:
https://studentinsurance.wellsfargo.com/UNR/unr-som
Waiver announcements will be sent to the SOM email address and it is the student’s responsibility to submit a waiver during the open waiver period.

International Students
All registered University of Nevada, Reno International students are required to have insurance and will automatically be enrolled in the plan and charged the health insurance fee unless they choose to submit an approved insurance waiver showing comparable coverage online at:
https://studentinsurance.wellsfargo.com/UNR/unr-intl
Eligible students will be charged a Health Insurance Fee for the Fall and Spring/Summer terms. All students who have the student health insurance plan during Spring 2016 term will be covered through August 14th 2016, regardless of summer credit hours. This means that if you have paid the Spring/Summer student health insurance charge, you will have continuous coverage throughout summer term, regardless of taking classes, traveling, or graduating.

Optional Practical Training students are not eligible to purchase the UNR student insurance Plan.

Graduate Students on Assistantship (GA)
Full time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada Reno are automatically enrolled in the student health insurance plan at no charge to the student unless they choose to submit an approved insurance waiver of comparable coverage at:
https://studentinsurance.wellsfargo.com/UNR/unr-grad
Half time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada Reno are automatically enrolled in the student health insurance plan with half of the insurance premium paid by UNR. Half time GA students who do not submit an approved insurance waiver of comparable coverage will have their student accounts charged for the remaining half of the insurance premium.

Graduate Students NOT on Assistantship (non-GA)
All eligible degree seeking graduate students enrolled in 6 or more credit hours will be automatically enrolled in the UNR sponsored Student Health Insurance Plan unless they choose to submit an approved insurance waiver showing comparable coverage at:
https://studentinsurance.wellsfargo.com/UNR/unr-grad
Eligible students will be charged a Health Insurance Fee for the Fall and Spring/Summer terms. All students who have the student health insurance plan during Spring 2016 term will be covered through August 14th 2016, regardless of summer credit hours. This means that if you have paid the Spring/Summer student health insurance charge, you will have continuous coverage throughout summer term, regardless of taking classes, traveling, or graduating.

Any graduate special taking 6 or more credit hours may enroll voluntarily in the Student Injury and Sickness Insurance Plan under the undergraduate gold plan. Please see the undergraduate brochure for plan benefits and rates.

Dependents
Dependent enrollment in this plan is voluntary. Eligible students who do enroll may also insure their Eligible Dependents. Eligible Dependents are the legal spouse (or domestic partner), and their dependent children under 26 years of age. A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the Insured Person, who is the parent, is covered under this plan. Coverage may be continued for that child when Wells Fargo Student Insurance is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

To enroll your dependents contact UNR’s student health insurance brokers, Wells Fargo Student Insurance at (800) 853-5899, M-F, 8:00am-5:00pm (PST).

Eligibility Requirement
You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 30 days after the coverage expiration date. It is the student’s responsibility to make timely premium payments to avoid a lapse in coverage.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the University of Nevada, Reno Student Health Insurance Plan. These students must provide Wells Fargo Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Student Insurance within 30 days from loss of prior coverage.

To be an Insured under the Master Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased , except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details. Home study, correspondence and online courses do not fulfill the eligibility requirements that the student actively attend classes.

If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.
**PRE-ADMISSION NOTIFICATION**

UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

1. **PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS:** The patient, Physician or Hospital should telephone (877) 295-0720 at least five working days prior to the planned admission.

2. **NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS:** The patient, patient’s representative, Physician or Hospital should telephone (877) 295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department’s voice mail after hours by calling (877) 295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the Master Policy; however, pre-notification is not a guarantee that benefits will be paid.

**COORDINATION OF BENEFITS**

Benefits will be coordinated with any other eligible medical, surgical or hospital plan or coverage so that combined payments under all programs will not exceed 100% of allowable expenses incurred for Covered Medical Expenses.

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**ONLINE ACCESS TO ACCOUNT INFORMATION**

UnitedHealthcare StudentResources Insureds have online access to claims status, EOBs, ID Cards, network providers, correspondence and coverage information by logging in to My Account at www.uhcsr.com/myaccount. Insured students who don’t already have an online account may simply select the “create My Account Now” link. Follow the simple, onscreen directions to establish an online account in minutes using your 7-digit Insurance ID number OR the email address on file. You may obtain your 7-digit Insurance ID number by calling (800) 767-0700.

As part of UnitedHealthcare StudentResources’ environmental commitment to reducing waste, we’ve introduced a number of initiatives designed to preserve our precious resources while also protecting the security of a student’s personal health information.

My Account now includes Message Center - a self-service tool that provides a quick and easy way to view any email notifications we may have sent. In Message Center, notifications are securely sent directly to the Insured student’s email address. Please note, all ID cards, EOB’s and correspondence will only be sent electronically. If the Insured student prefers to receive paper copies, he or she may opt-out of electronic delivery by going into My Email Preferences and making the change there.

**GENERAL PROVISIONS**

**SUBROGATION:** The Company shall be subrogated to all rights of recovery which any Insured Person has against any person, firm or corporation to the extent of payments for benefits made by the Company to or for benefit of an Insured Person. The Insured will be made whole or fully compensated before the Company subrogates. The Insured shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to secure such rights to the Company.

**RIGHT OF RECOVERY:** Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and Coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury or Sickness as their liability may appear.

**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under the policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date. The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this “Extension of Benefits” provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.
DEFINITIONS

COINSURANCE means the percentage of Covered Medical Expenses that the Company pays.

COMPLICATION OF PREGNANCY means a condition which requires Hospital Confinement for medical treatment and: 1) if the pregnancy is not terminated, is caused by an Injury or Sickness not directly related to the pregnancy or by acute nephritis, nephrosis, cardiac decompensation, missed abortion or similar medically diagnosed conditions; or 2) if the pregnancy is terminated, results in non-elective cesarean section, ectopic pregnancy or spontaneous termination.

CONGENITAL CONDITION means a medical condition or physical anomaly arising from a defect existing at birth.

COPAY/COPAYMENT means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

COVERED MEDICAL EXPENSES means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the Preferred Allowance when the Master Policy includes Preferred Provider benefits and the charges are received from a Preferred Provider; 3) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 4) made for services and supplies not excluded under the Master Policy; 5) made for services and supplies which are a Medical Necessity; 6) made for services included in the Schedule of Benefits; and 7) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed “incurred” only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

CUSTODIAL CARE means services that are any of the following:

1. Non-health related services, such as assistance in activities.
2. Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
3. Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively.

DEDUCTIBLE means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply as specified in the Schedule of Benefits.

DEPENDENT means the legal spouse or Domestic Partner of the Named Insured and their dependent children. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both:

1) Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
2) Chiefly dependent upon the Insured Person for support and maintenance.

Proof of such incapacity and dependency shall be furnished to the Company:

1) by the Named Insured, and
2) within 31 days of the child’s attainment of the limiting age. Subsequently, such proof must be given to the Company annually following the child’s attainment of the limiting age.

If a claim is denied under the Master Policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsections (1) and (2).

DOMESTIC PARTNER means a person who is neither married nor related by blood or marriage to the Named Insured but who is the Named Insured’s sole spousal equivalent and shares a common residence with the Named Insured. A domestic partner relationship may be demonstrated by providing documentation prescribed by the state of Nevada declaring the domestic partnership agreement.

ELECTIVE SURGERY OR ELECTIVE TREATMENT means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

EMERGENCY SERVICES means, with respect to a Medical Emergency:

1. A medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and
2. Such further medical examination and treatment to stabilize the patient to the extent they are within the capabilities of the staff and facilities available at the Hospital.

HABILITATIVE SERVICES means health care services that help a person keep, learn, or improve skills and functions for daily living when administered by a Physician pursuant to a treatment plan. Habilitative services include occupational therapy, physical therapy, speech therapy, and other services for people with disabilities.

Habilitative services do not include Elective Surgery or Elective Treatment or services that are solely educational in nature or otherwise paid under state or federal law for purely educational services. Custodial Care, respite care, day care, therapeutic recreation, vocational training and residential treatment are not habilitative services.

A service that does not help the Insured person to meet functional goals in a treatment plan within a prescribed time frame is not a habilitative service.

HOSPITAL means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home.

HOSPITAL CONFINED/HOSPITAL CONFINEMENT means confinement as an Inpatient in a Hospital by reason of an Injury or Sickness for which benefits are payable.

INJURY means bodily injury which is all of the following: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred...
prior to this policy’s Effective Date will be considered a Sickness under this policy. **INPATIENT** means an uninterrupted confinement that follows formal admission to a Hospital, Skilled Nursing Facility or Inpatient Rehabilitation Facility by reason of an Injury or Sickness for which benefits are payable under this policy.

**INPATIENT REHABILITATION FACILITY** means a long term acute inpatient rehabilitation center, a Hospital (or special unit of a Hospital designated as an inpatient rehabilitation facility) that provides rehabilitation health services on an Inpatient basis as authorized by law.

**INSURED PERSON** means: 1) the Named Insured; and, 2) Dependents of the Named Insured, if: 1) the Dependent is properly enrolled in the program, and 2) the appropriate Dependent premium has been paid. The term “Insured” also means Insured Person.

**INTENSIVE CARE** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive care does not mean any of these step-down units:

1) Progressive care.
2) Sub-acute intensive care.
3) Intermediate care units.
4) Private monitored rooms.
5) Observation units.
6) Other facilities which do not meet the standards for intensive care.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

1) Death.
2) Placement of the Insured’s health in jeopardy.
3) Serious impairment of bodily functions.
4) Serious dysfunction of any body organ or part.
5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for “Medical Emergency” will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries or minor Sicknesses.

**MEDICAL NECESSITY/MEDICALLY NECESSARY** means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury.
2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury.
3) In accordance with the standards of good medical practice.
4) Not primarily for the convenience of the Insured, or the Insured’s Physician.
5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both:

1) The Insured requires acute care as a bed patient.
2) The Insured cannot receive safe and adequate care as an outpatient.

This policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

**MENTAL ILLNESS** means a Sickness that is a mental, emotional or behavioral disorder listed in the mental health or psychiatric diagnostic categories in the current Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Medical Expense. If not excluded or defined elsewhere in the Master Policy, all mental health or psychiatric diagnoses are considered one Sickness.

**NAMED INSURED** means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

**NEWBORN INFANT** means: 1) a newly born child of the Insured from the moment of birth provided that the Insured is insured under this policy; 2) an adopted child from the date the adoption becomes effective, if the child was not placed in the home before adoption, provided the person adopting the child is insured under this policy on the date the adoption becomes effective; and 3) a child placed with the Insured for the purpose of adoption from the moment of placement as certified by the public or private agency making the placement provided the person adopting the child is insured under this policy on the date the child is placed with the Insured. Such child will be covered under the Master Policy for the first 31 days after: 1) birth of the newly born child; 2) the effective date of adoption of the child; or 3) the date of placement of the child for adoption.

Coverage for such a child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child’s parent.

The Insured will have the right to continue such coverage for the child beyond the first 31 days. To continue the coverage the Insured must, within the 31 days after the date of birth, adoption, or placement for adoption: 1) apply to us; and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child’s birth.

**OUT-OF-POCKET MAXIMUM** means the amount of Covered Medical Expenses that must be paid by the Insured Person before Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year. Refer to the Schedule of Benefits for details on how the Out-of-Pocket Maximum applies.

**PHYSICIAN** means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person’s immediate family.

The term “member of the immediate family” means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

**PHYSIOTHERAPY** means short-term outpatient rehabilitation therapies (including Habilitative Services) administered by a Physician.

**POLICY YEAR** means the period of time beginning on the policy Effective Date and ending on the policy Termination Date.

Continued on next page
DEFINITIONS (CONTINUED)

PRESCRIPTION DRUGS means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

REGISTERED NURSE means a professional nurse (R.N.) who is not a member of the Insured Person’s immediate family.

SICKNESS means sickness or disease of the Insured Person which causes loss, while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy’s Effective Date will be considered a sickness under this policy.

SKILLED NURSING FACILITY means a Hospital or nursing facility that is licensed and operated as required by law.

SOUND, NATURAL TEETH means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not curious, abscessed, or defective.

SUBSTANCE USE DISORDER means a Sickness that is listed as an alcoholism and substance use disorder in the current Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Medical Expense. If not excluded or defined elsewhere in the policy, all alcoholism and substance use disorders are considered one Sickness.

THE COMPANY means UnitedHealthcare Insurance Company.

URGENT CARE CENTER means a facility that provides treatment required to prevent serious deterioration of the Insured Person’s health as a result of an unforeseen Sickness, Injury, or the onset of acute or severe symptoms.

USUAL AND CUSTOMARY CHARGES means the lesser of the actual charge or a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. The Company uses data from FAIR Health, Inc. to determine Usual and Customary Charges. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

PREFERRED PROVIDER NETWORK

“Preferred Providers” are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are: UnitedHealthcare Choice Plus.

The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at (800) 767-0700 and/or by asking the provider when making an appointment for services.

“Preferred Allowance” means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

“Out of Network” providers have not agreed to any prearranged fee schedules. Insureds may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured’s responsibility. Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

Inpatient Hospital Expenses

PREFERRED PROVIDERS - Eligible Inpatient expenses at a Preferred Provider will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Preferred Hospitals include UnitedHealthcare Choice Plus United Behavioral Health (UBH) facilities. Call (800) 767-0700 for information about Preferred Hospitals.

OUT-OF-NETWORK PROVIDERS - If Inpatient care is not provided at a Preferred Provider, eligible Inpatient expenses will be paid according to the benefit limits in the Schedule of Benefits.

Outpatient Hospital Expenses

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

Professional & Other Expenses

Benefits for Covered Medical Expenses provided by UnitedHealthcare Choice Plus will be paid at the coinsurance percentages specified in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

UNITEDHEALTHCARE PHARMACY BENEFITS (UHCP)

Go to www.uhcsrc.com/unr to download the University of Nevada Reno certificate which contains additional information about the UHCP network pharmacy benefits and exclusions.

WHERE DO I GO FOR CARE?

When you need care, consider the UNR Student Health Center (SHC) as your first stop. They can provide many of the routine health services you need. Most services obtained at the UNR SHC are covered at no charge or at a highly reduced charge. Plan deductibles, coinsurance and copays are waived when services are received at the SHC. For more information on services covered at the UNR SHC please visit http://www.unr.edu/shc/.

You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Preferred Provider, you’ll generally have less out of pocket expense for your care. To find a Preferred Provider, call the UnitedHealthcare Choice Plus Network at (800) 767-0700, or visit www.uhcsrc.com/unr.
**Preferred Providers**

**Out-of-Network Providers**

| Metallic Tier | International — Platinum Level, AV 89.215% |
|              | Graduate — Platinum Level, AV 89.215% |
|              | School of Medicine — Platinum Level, AV 89.215% |

**Benefit Maximum**

<table>
<thead>
<tr>
<th></th>
<th>PREFERRED PROVIDERS</th>
<th>OUT-OF-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible* (per Policy Year)</td>
<td>$250 per Insured/ $500 per family</td>
<td>$500 per Insured/ $1,000 per family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (per Policy Year)</td>
<td>$1,800 per Insured/ $3,600 per family</td>
<td>$3,000 per Insured</td>
</tr>
</tbody>
</table>

*Deductible is waived when treatment is rendered at the UNR Student Health Center (Reno)*

**Mandated Benefits**

The following Mandated benefits are provided as required by the State of Nevada: Benefits for Home Health Care; Benefits for Telehealth Services; Benefits for Clinical Trials of Cancer or Chronic Fatigue Syndrome; Benefits for Off-label Prescription Drugs; Benefits for Colorectal Cancer Screening; Benefits for Prostate Cancer Screening; Benefits for Human Papillomavirus Vaccine; Benefits for Cytological and Mammography Screening; Benefits for Contraceptives and Hormone Replacement Therapy; Benefits for Autism Spectrum Disorder; Benefits for Oral Chemotherapy. Please see the Master Policy for full benefit information.

**Schedule of Medical Expense Benefits Summary**

| Metallic Tier | PREFERRED PROVIDERS | OUT-OF-NETWORK PROVIDERS |
|              | International — Platinum Level, AV 89.215% |
|              | Graduate — Platinum Level, AV 89.215% |
|              | School of Medicine — Platinum Level, AV 89.215% |

**Benefit Maximum**

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<th>PREFERRED PROVIDERS</th>
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<td>$500 per Insured/ $1,000 per family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (per Policy Year)</td>
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<td>$3,000 per Insured</td>
</tr>
</tbody>
</table>

*Deductible is waived when treatment is rendered at the UNR Student Health Center (Reno)*

Please review this Summary of Benefits section for any benefit maximums or limits that may apply. Please refer to the Exclusions and Limitations listed on p. 14 and 15 of this Brochure for more detailed information on excluded benefits. The exact provisions governing this insurance are contained in the Master Policy issued to the University and may be reviewed at the Student Health Center during business hours. If you or your physician have any questions regarding benefits, please contact UnitedHealthcare Insurance Company at (800) 767-0700.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If Covered Medical Expenses are incurred for Emergency Services when due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network Provider is used. Unless indicated otherwise, Out-of-Network Providers will be reimbursed at 60% of Usual & Customary Charges. Services provided by the University of Nevada, Reno Student Health Center that are otherwise not covered by the University of Nevada, Reno Health Fee, are paid at 100% of billed charges by the Student Health Insurance Plan. Policy exclusions and limitations apply to those expenses unless otherwise listed in the Schedule of Benefits. Deductible does not apply to these expenses. The Routine/Preventive Exclusion will be waived for treatment rendered at the Student Health Center. Quantiferon TB Gold Test is covered at the Student Health Center only.

**School of Medical students only:**

For medical students in Las Vegas, the Policy Deductible and the Routine/Preventive Exclusion will be waived and benefits reimbursed at 100% of the approved fee schedule for services rendered at the UNLV Student Health Center. Benefits are provided at the University of Nevada — Reno Health Center, UNLV Student Health Center, or any Preferred Provider for the following Immunizations and Titters required of Medical Students: T-DAP, MMR (Mumps, Rubella, and Rubeola), Varicella, Hepatitis A, Hepatitis B, and Twinrix. The following tests will be covered at the UNR and UNLV Student Health Centers only: 2 Step PPD, Yearly PPD and Quantiferon TB Gold.

Fluid Exposure (needle sticks, face splashes, etc.): Covered Medical Expenses for fluid exposure experienced by students while engaging in school related activities in a clinical setting shall be covered at 100% of billed charges. The Policy Deductible does not apply to Fluid Exposures.

Covered Medical Expenses are payable as follows:

Continued on next page
### INPATIENT HOSPITAL EXPENSES

| Room & Board/Hospital Miscellaneous, daily semi-private room rate when confined as an Inpatient; general nursing care provided by Hospital. Hospital Miscellaneous Expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge. |
|---|---|---|
| 80% of Preferred Allowance | 60% of Usual & Customary |

<table>
<thead>
<tr>
<th>Intensive Care Room and Board Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routine Newborn Care, while Hospital Confined; and routine nursery care provided immediately after birth for an Inpatient stay for at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending Physician may discharge the newborn earlier.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid as any other Sickness</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-surgical Physician Expense, benefits do not apply when related to surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Nurse Expense, private duty nursing care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Admission Testing, must occur within 7 days prior to admission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

### SURGICAL EXPENSES (INPATIENT AND OUTPATIENT)

<table>
<thead>
<tr>
<th>Surgical Expense, Physician’s fees for surgery. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

### OUTPATIENT EXPENSES

<table>
<thead>
<tr>
<th>Physician’s Office Visit Expense, benefits do not apply when related to surgery or physiotherapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room Visit Expense for a Medical Emergency, facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of injury or first onset of Sickness. All other Emergency Services received during the visit will be paid as specified in the Schedule of Benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemotherapy &amp; Radiation Therapy Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day Surgery Miscellaneous, Facility charge and the charge for services and supplies in connection with outpatient day surgery; and surgery performed in a Hospital emergency room; trauma center; Physician’s office; or clinic. Usual and Customary Charges for Day Surgery Misc. are based on the Outpatient Surgical Charge Index.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgent Care Expense, benefits are limited to the urgent care clinic fee billed by the clinic/hospital. All other services rendered during the visit are payable as specified in the schedule.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tests and Procedures, diagnostic services and medical procedures performed by a Physician other than Physician’s Visits, Physiotherapy, X-rays and Laboratory Procedures. The following therapies will be paid under this benefit: inhalation therapy; infusion therapy, pulmonary therapy and respiratory therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic X-Ray and Laboratory Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
</tr>
</tbody>
</table>

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Continued on next page
<table>
<thead>
<tr>
<th>MENTAL HEALTH AND SUBSTANCE USE EXPENSE</th>
<th>PREFERRED PROVIDERS</th>
<th>OUT-OF-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient/Outpatient Mental Illness Treatment, services received on an Inpatient and outpatient basis, including partial hospitalization/day treatment received at a Hospital and intensive outpatient treatment.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Substance Use Disorder Treatment, services received on an Inpatient and outpatient basis, including partial hospitalization/day treatment received at a Hospital and intensive outpatient treatment.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL EXPENSES</th>
<th>PREFERRED PROVIDERS</th>
<th>OUT-OF-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Health Care Expense, includes one baseline mammogram for women 35-40. Women 40 and older have coverage for a Mammogram annually. Covered medical expenses include an annual Pap Smear screening for women 18 and older. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider. This benefit applies to services not specifically provided in Preventive Care Services or as mandated. For a full description of Preventive Services please see page 14.</td>
<td>100% of Preferred Allowance</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Well Child/Baby Care Expense, except as specifically provided in the Preventive Care Services benefit, includes routine preventive and primary care services which are services rendered to a covered Dependent child of an Insured Person; from the date of birth through the attainment of two (2) years of age. Services include: initial hospital check-ups; other hospital visits; physical examinations; including routine hearing and vision examinations; medical history; developmental assessments; and materials for the administration of appropriate and necessary immunizations and laboratory tests; when given in accordance with the prevailing clinical standards of the American Academy of Pediatrics. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider. For a full description of Preventive Services please see page 14.</td>
<td>100% of Preferred Allowance</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Preventive Care Services, No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider. For a full description of Preventive Services please see page 14.</td>
<td>100% of Preferred Allowance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Accupunture Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Anesthetist &amp; Assistant Surgeon Expense, in conjunction with Inpatient or outpatient surgery.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Physiotherapy (Outpatient), 60 visits in combination of physical therapy, occupational therapy, speech therapy and cardiac rehabilitation therapy.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Diabetes Services, In connection with the treatment of diabetes for Medically Necessary: 1) outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals; and 2) Prescription Drugs, equipment, and supplies including insulin pumps and supplies, blood glucose monitors, insulin syringes with needles, blood glucose and urine test strips, ketone test strips and tablets and lancets and lancet devices.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Maternity, benefits will be paid for an Inpatient stay of at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother agrees, the attending physician may discharge the mother earlier.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Diagnostic Testing For Learning Disabilities Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Medical Foods, Enteral formulas and special food products which are ordered or prescribed by a Physician for the medically necessary treatment of inherited metabolic diseases.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Routine Screening For Sexually Transmitted Disease Expense, benefits payable for routine screening, except as specifically provided in the Preventive Care Services benefit.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Elective Abortion Expense, benefits limited to $150.</td>
<td>80% of Preferred Allowance</td>
<td>80% of Usual &amp; Customary</td>
</tr>
</tbody>
</table>
### ADDITIONAL EXPENSES (CONTINUED)

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>PREFERRED PROVIDERS</th>
<th>OUT-OF-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Home Health Care Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Hospice Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Ambulance Expenses</td>
<td>80% of Preferred Allowance</td>
<td>80% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Durable Medical Equipment Expense</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Dental Expenses</td>
<td>80% of Usual &amp; Customary</td>
<td>80% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Transplantation Services</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
<tr>
<td>Consultant Physician Fees</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>Paid as any other sickness</td>
<td>Paid as any other sickness</td>
</tr>
<tr>
<td>Hospital Outpatient Facility</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Genetic Testing</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td>Approved Clinical Trials</td>
<td>Paid as any other sickness</td>
<td>Paid as any other sickness</td>
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### ADDITIONAL EXPENSES (CONTINUED)

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Aids</strong>, required for the correction of a hearing impairment and with the written recommendation of a Physician. Benefits are limited to one hearing aid per hearing impaired ear every 36 months for a hearing aid that meets the minimum specifications for the Insured’s needs.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td><strong>Ostomy Supplies</strong>, limited to pouches, face plates and belts; irrigation sleeves, bags and ostomy irrigation catheters; and skin barriers.</td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual &amp; Customary</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Services</strong></td>
<td>Refer to the Master Policy or Certificate for details (age limits apply).</td>
<td></td>
</tr>
<tr>
<td><strong>Reconstructive Breast Surgery Following Mastectomy</strong>, In connection with a covered mastectomy for all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance and prostheses and physical complications of mastectomy, including lymphedemas.</td>
<td>Paid as any other Sickness</td>
<td>Paid as any other Sickness</td>
</tr>
</tbody>
</table>

### PRESCRIPTION DRUG EXPENSES

**Prescription Drug Expense:** Includes prenatal vitamins. Tier 1 contraceptives are covered at 100%.

**Please Note:** You are required to pay in full at the time of service for all Prescriptions dispensed at an Out of Network Pharmacy and are not eligible for reimbursement.

<table>
<thead>
<tr>
<th>UnitedHealthcare Pharmacy (UHCP) Mail Order Prescription Drug Expense: 90 day supply. UnitedHealthcare Pharmacy (UHCP) Mail Order is a pharmacy that works through the mail. It can send you up to a 90-day supply at 2.5 times the retail Copay. You have access to this pharmacy as part of your UnitedHealthcare StudentResources pharmacy benefits plan. Learn more online. Visit <a href="http://www.uhcsr.com/unr">www.uhcsr.com/unr</a> and log in to your online account or call 1-855-828-7716. Contraceptives (that do not have a generic alternate) covered at 100%.</th>
<th>UnitedHealthcare Pharmacy (UHCP)</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare Pharmacy (UHCP)</td>
<td>Not Covered</td>
<td></td>
</tr>
</tbody>
</table>

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**University of Nevada, Reno • Graduate, International, School of Medicine • 13**
PREVENTIVE CARE SERVICES

Medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law:

1) Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventative Services Task Force;
2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
3) with respect to infants, children, and adolescents, evidence-informed preventative care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4) with respect to women, such additional preventative care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider.

Please visit https://www.healthcare.gov/preventive-care-benefits for a complete list of services provided for specific age and risk groups.

PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to a UnitedHealthcare Pharmacy, along with your applicable Copay. When you need to fill a prescription at a network pharmacy, and do not have your ID card with you, you will need to pay for the prescription and then submit a reimbursement form for prescriptions filled at a network pharmacy along with the paid receipt in order to be reimbursed. To obtain reimbursement forms, please visit www.uhcsr.com/unr and log in to your online account or call (855) 828-7716. Prescriptions from an Out-of-Network pharmacy must be paid for in full at the time of service and are not eligible for reimbursement.

Insured Person’s Right to Request an Exclusion Exception for [UnitedHealthcare Pharmacy (UHCP)] Prescription Drug Benefits

When a Prescription Drug Product is excluded from coverage, the Insured Person or the Insured’s representative may request an exception to gain access to the excluded Prescription Drug Product. To make a request, contact the Company in writing or call 1-800-767-0700. The Company will notify the Insured Person of the Company’s determination within 72 hours.

Urgent Requests

If the Insured Person’s request requires immediate action and a delay could significantly increase the risk to the Insured Person’s health, or the ability to regain maximum function, call the Company as soon as possible. The Company will provide a written or electronic determination within 24 hours.

External Review

If the Insured Person is not satisfied with the Company’s determination of the exclusion exception request, the Insured Person may be entitled to request an external review. The Insured Person or the Insured’s representative may request an external review by sending a written request to the Company at the address set out in the determination letter or by calling 1-800-767-0700. The Independent Review Organization (IRO) will notify the Insured Person of the determination within 72 hours.

 Expedited External Review

If the Insured Person is not satisfied with the Company’s determination of the exclusion exception request and it involves an urgent situation, the Insured Person or the Insured’s representative may request an expedited external review by calling 1-800-767-0700 or by sending a written request to the address set out in the determination letter. The IRO will notify the Insured Person of the determination within 24 hours.
EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:


2. Biofeedback.

3. Cosmetic procedures, except reconstructive procedures to:
   - Correct a congenital abnormality which causes a functional impairment.
   - Treat or correct Congenital Conditions of a Newborn or adopted Infant.

4. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.

5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

6. Elective Surgery or Elective Treatment.

7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

8. Foot care for the following: Flat foot conditions; Supportive devices for the foot; Fallen arches; Weak feet; Chronic foot strain; Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   - This exclusion does not apply to preventive foot care for Insured Persons with diabetes.

9. Genetic testing, except as specifically provided in the policy.

10. Health spa or similar facilities. Strengthening programs.

11. Hearing examinations. Hearing aids, except as specifically provided for in the policy. Other treatment for hearing defects and hearing loss. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   - This exclusion does not apply to:
     - Hearing defects or hearing loss as a result of an infection or Injury.
     - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
     - Benefits specifically provided in the policy.


13. Hypnosis.

14. Immunizations, except as specifically provided in the policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy.

15. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.

16. Injury or Sickness outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business, or pleasure.

17. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.

18. Injury sustained while:
   - Participating in any intramural, club, intercollegiate, or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.

19. Investigational services.

20. Lipectomy.

21. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

22. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy.
   - Immunization agents, except as specifically provided in the policy. Biological sera. Blood or blood products administered on an outpatient basis.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

23. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in the policy.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests, except as specifically provided in the policy.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the policy.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.

24. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy.

Continued on next page
EXCLUSIONS AND LIMITATIONS (CONT’D)

25. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To benefits specifically provided in the policy.
   - To one pair of eyeglasses or set of contact lenses following cataract surgery.

26. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the policy.

27. Preventive care services, except as specifically provided in the policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

28. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

29. Speech therapy, except as specifically provided in the policy. Naturopathic services.

30. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

31. Supplies, except as specifically provided in the policy.

32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the policy.

33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

34. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the policy.

MEDICAL CLAIM PROCEDURE

In the event of Injury or Sickness, students should:
1. Report the Student Health Service for treatment or referral, or when not in school, to their Physician or Hospital.
2. Mail to the address below all medical and hospital bills along with the patient’s name and insured student’s name, address, SR ID Number (insured’s insurance company ID number) and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
3. Submit claims for payment within 90 days after the date of service. If the Insured doesn’t provide this information within one year of the date of service, benefits for that service may be denied at our discretion. This time limit does not apply if the Insured is legally incapacitated.

UnitedHealthcare Student Resources
P.O. Box 809025
Dallas, Texas 75380-9025
800-767-0700
claims@uhcsr.com

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight
If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the Medical Expense Benefits.
For Loss Of:
Life..............................................................................................................$10,000
Two or More Members...........................................................................$10,000
One Member............................................................................................$ 5,000
Thumb or Index Finger.............................................................................$ 2,500
Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.
NOTICE OF APPEAL RIGHTS

Right to Internal Appeal

Standard Internal Appeal

The Insured Person has the right to request an Internal Appeal if the Insured Person disagrees with the Company’s denial, in whole or in part, of a claim or request for benefits. The Insured Person, or the Insured Person’s Authorized Representative, must submit a written request for an Internal Appeal within 180 days of receiving a notice of the Company’s Adverse Determination.

The written Internal Appeal request should include:
1. A statement specifically requesting an Internal Appeal of the decision;
2. The Insured Person’s Name and ID number (from the ID card);
3. The date(s) of service;
4. The Provider’s name;
5. The reason the claim should be reconsidered; and
6. Any written comments, documents, records, or other material relevant to the claim.

Please contact the Customer Service Department at (800) 767-0700 with any questions regarding the Internal Appeal process. The written request for an Internal Appeal should be sent to:

UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX 75380-9025
Email: claims@uhcsr.com

Expedited Internal Appeal

For Urgent Care Requests, an Insured Person may submit a request, either orally or in writing, for an Expedited Internal Appeal. An Urgent Care Request means a request for services or treatment where the time period for completing a standard Internal Appeal:
1. Could seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person’s ability to regain maximum function; or
2. Would, in the opinion of a Physician with knowledge of the Insured Person’s medical condition, subject the Insured Person to severe pain that cannot be adequately managed without the requested health care service or treatment.

To request an Expedited Internal Appeal, please contact Claims Appeals at (888) 315-0447. The written request for an Expedited Internal Appeal should be sent to:

Claims Appeals, UnitedHealthcare StudentResources
PO Box 809025
Dallas, TX 75380-9025

Right to External Independent Review

After exhausting the Company’s Internal Appeal process, the Insured Person, or the Insured Person’s Authorized Representative, has the right to request an External Independent Review when the service or treatment in question:
1. Is a Covered Medical Expense under the Master Policy; and
2. Is not covered because it does not meet the Company’s requirements for Medical Necessity, appropriateness, health care setting, level or care, or effectiveness.

Standard External Review

A Standard External Review request must be submitted in writing within 4 months of receiving a notice of the Company’s Adverse Determination or Final Adverse Determination.

Expedited External Review

An Expedited External Review request may be submitted either orally or in writing when:
1. The Insured Person or the Insured Person’s Authorized Representative has received an Adverse Determination, and a. The Insured Person, or the Insured Person’s Authorized Representative, has submitted a request for an Expedited Internal Appeal; and b. Adverse Determination involves a medical condition for which the time frame for completing an Expedited Internal Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person’s ability to regain maximum function; or
2. The Insured Person or the Insured Person’s Authorized Representative has received a Final Adverse Determination, and a. The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person’s ability to regain maximum function; or b. The Final Adverse Determination involves an admission, availability of care, continued stay, or health care service for which the Insured Person received emergency services, but has not been discharged from a facility.

Standard Experimental or Investigational External Review

An Insured Person, or an Insured Person’s Authorized Representative, may submit a request for an Experimental or Investigational External Review when the denial of coverage is based on a determination that the recommended or requested health care service or treatment is experimental or investigational. A request for a Standard Experimental or Investigational External Review must be submitted in writing within 4 months of receiving a notice of the Company’s Adverse Determination or Final Adverse Determination.

Expedited Experimental or Investigational External Review

An Insured Person, or an Insured Person’s Authorized Representative, may submit an oral request for an Expedited Experimental or Investigational External Review when:
1. The Insured Person or the Insured Person’s Authorized Representative has received an Adverse Determination, and a. The Insured Person, or the Insured Person’s Authorized Representative, has submitted a request for an Expedited Internal Appeal; and b. Adverse Determination involves a denial of coverage based on a determination that the recommended or requested health care service or treatment would be significantly less effective if not initiated promptly; or
2. The Insured Person or the Insured Person’s Authorized Representative has received a Final Adverse Determination, and a. The Insured Person has a medical condition for which the time frame for completing a Standard External Review would seriously jeopardize the life or health of the Insured Person or jeopardize the Insured Person’s ability to regain maximum function; or b. The Final Adverse Determination is based on a determination that the recommended or requested health care service or treatment would be significantly less effective is not initiated promptly; or

Continued on next page
HOW TO APPEAL A CLAIM (CONTINUED)

Where to Send External Review Requests
All types of External Review requests shall be submitted to the Office of Consumer Health at the following address:

Office of the Governor
Consumer Health Assistance
555 East Washington Avenue #4800, Las Vegas, NV 89101
(702) 486-3587
(888) 333-1597
http://dhhs.nv.gov
cha@govcha.nv.gov

Questions Regarding Appeal Rights
Contact Customer Service at (800) 767-0700 with questions regarding the Insured Person’s rights to an Internal Appeal and External Review.
Other resources are available to help the Insured Person navigate the appeals process. For questions about appeal rights, your state

Office of the Governor
Consumer Health Assistance
555 East Washington Avenue #4800, Las Vegas, NV 89101
(702) 486-3587
http://dhhs.nv.gov
cha@govcha.nv.gov

PREMIUM REFUND/CANCELLATION

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.
1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) enrollments will NOT receive a refund of your insurance premium After the Drop Deadline of the term has passed. For dependent enrollments made directly with Wells Fargo Student Insurance that are paid using a credit card or check: if you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that your dependent did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your dependents coverage will remain in effect until the end of the term for which you have paid the premium. Refund requests for these enrollments should be directed to Wells Fargo Student Insurance at (800) 853-5899 or via email at studentinsurance@wellsfargo.com.
2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you or your dependents enter the armed forces the policy will be cancelled as of the date of such entry a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Student Insurance within 31 days of entry into service.
3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK
For direct enrollments of dependents with Wells Fargo Student Insurance: If you make your or your dependents’ insurance payment via personal check payable to Wells Fargo Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your dependents insurance coverage will be terminated retroactive to the effective date of the enrolled term.
If you are a member insured with this insurance plan, you and your insured spouse or Domestic Partner and minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic students, insured spouse or Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

International students, insured spouse or Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Services include:

- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccines
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to $5,000.00 payment (when included with Your enrollment in a UnitedHealthcare StudentResources health insurance policy)
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician
- Return of Dependent Children
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Worldwide Destination Intelligence Destination Profiles
- Legal Referral
- Transfer of Funds
- Message Transmittals
- Translation Services
- Security and Political Evacuation Services
- Natural Disaster Evacuation Services

Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please call:
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States

Services are also accessible via e-mail at assistance@UHCGlobal.com.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller’s name, telephone and (if possible) fax number, and relationship to the patient;
- Patient’s name, age, sex, and UnitedHealthcare Global ID Number as listed on your Medical ID Card;
- Description of the patient’s condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.

IMPORTANT NOTICE FOR
Nevada Consumers of Health Care, you may contact:

The Department of Business and Industry Division of Insurance
Monday through Friday, 8am-5pm (PST)

Call toll-free at
1-888-872-3234

Carson City residents call
1-755-687-0700

Las Vegas residents call
1-702-486-4009
IMPORTANT NOTICE FOR NEVADA CONSUMERS OF HEALTH CARE:
The Dept. of Business and Industry Division of Insurance
Monday through Friday, 8am-5pm (PST)
Call toll-free: 1-888-872-3234
Carson City residents call 1-702-687-4270
Las Vegas residents call 1-702-486-4009

CLAIMS AND COVERAGE QUESTIONS:
UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, Texas 75380-9025
(800) 767-0700
Claims@uhcsr.com
Customerservice@uhcsr.com

EMERGENCY TRAVEL ASSISTANCE:
UnitedHealthcare Global
(800) 527-0218 Toll-free within the United States
(410) 453-6330 Collect outside the United States
Services are also accessible via e-mail at assistance@UHCGlobal.com

TO FIND A DOCTOR OR PREFERRED PROVIDER:
UnitedHealthcare Choice Plus Network
(800) 767-0700
www.uhcsr.com/unr

PRESCRIPTIONS:
UnitedHealthcare Pharmacies
(855) 828-7716
www.uhcsr.com/unr

ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:
Wells Fargo Student Insurance
(800) 853-5899
Mon-Fri, 8am-5pm PST
Fax: (877) 612-7966
Email: studentinsurance@wellsfargo.com
https://studentinsurance.wellsfargo.com

IMPORTANT NOTE
This brochure highlights some of the features of the University of Nevada, Reno injury and sickness insurance plan underwritten by UnitedHealthcare Insurance Company and based on policy numbers 2016-524-2 (Graduate Plan), 2016-524-3 (School of Medicine Plan) and 2016-524-4 (International Plan). Please go to www.uhcsr.com/unr to download the Student Injury and Sickness certificate which contains additional essential information about the Master Policy and plan features. The master policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If there is a discrepancy between this document and the master policy, the master policy will prevail.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Fully insured dental and vision coverage is also available for eligible students and their dependents. To learn more about the benefits offered, or to enroll online, go to www.uhcsr.com/unr. Participation in the University of Nevada Reno Student Health Insurance Plan is NOT required to enroll in the dental or vision coverage.