Student Health Center
About SHC:

• Nationally accredited Ambulatory Health Care Clinic

• Full service clinic with licensed providers: MD’s, Nurses, Nurse Practitioners, and Office Lab Assistants

• All visits are confidential
Location:
* North End of Campus; Nell J. Redfield Bldg. across from the Medical School
* Patient parking and shuttle available

Contact:
Phone: (775) 784-6598
Website: [www.unr.edu/shc](http://www.unr.edu/shc)
Student Health Center

Walk-In Hours and Same Day Appointments:

- Monday 8am-6pm
- Tuesday 8am-6pm
- Wednesday 9am-6pm
- Thursday 8am-6pm
- Friday 8am-5pm

(Winter, Spring and Summer breaks, walk in until 4pm)
SHC Services

Included in the Student Health Fee (free)

• Unlimited office visits
• Some lab work (UA, Strep, CBC)
• Some minor surgical procedures
• Suture removal
• Nutrition counseling
• Free STD testing (Thurs. 8am-10am, Fall/Spring)
• Sports Medicine Clinic
• Health promotion materials, programs, presentations
Additional Services (reduced charges)

• Pharmacy
• Laboratory testing and X-ray
• Dermatology
• Some minor surgical procedures
• Breathing Treatment
• Pap smears, birth control and procedures such as colposcopy and biopsy
• EKGs
• Counseling and psychiatric services
• Orthopedic supplies
MEDICAL INSURANCE

- Serviced by—Wells Fargo Insurance Services
- Insurance Company—UnitedHealthcare
- Claims Administrator—UnitedHealthcare StudentResources
<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Fall 8/15/17-1/14/18</th>
<th>Spring/Summer 1/15/18-8/14/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$759.47</td>
<td>$1,051.73</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>$759.47</td>
<td>$1,051.73</td>
</tr>
<tr>
<td>Child</td>
<td>$759.47</td>
<td>$1,051.73</td>
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</tbody>
</table>
Insurance Terminology

• **Deductible**: this is the amount that you need to pay before your insurance starts to pay any of your bills for services outside of the Student Health Center. Your deductible is $250.00

• **EOB (Explanation of Benefits)** This is a document that is provided by UHC. This document will tell you how much they are going to pay to a provider, hospital, laboratory, etc. This is NOT a bill.

• **In-Network**: these are providers and facilities that have contracts with UHC to provide medical care at a discount. UHC will pay 80% of your bill if you use an In-Network provider. [www.uhcsr.com/unr](http://www.uhcsr.com/unr)
# Medical Plan Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Maximum</td>
<td>UNLIMITED BENEFITS</td>
</tr>
<tr>
<td>Deductible (per policy year)</td>
<td>$250 Deductible for <em>In Network</em></td>
</tr>
<tr>
<td></td>
<td>$500 Deductible for <em>Out of Network</em></td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$3,000 <em>In Network</em> and $6,000 <em>Out of Network</em></td>
</tr>
<tr>
<td>Insurance pays</td>
<td>80% <em>In Network</em> and 60% <em>Out of Network</em></td>
</tr>
<tr>
<td>Hospitals</td>
<td><em>In Network Hospital</em>—St. Mary’s Renown Medical Center, No. NV Medical Center</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200.00 per visit</td>
</tr>
<tr>
<td>Student Health Center (SHC)</td>
<td>Insurance pays 100% of SHC charges. No Deductible.</td>
</tr>
<tr>
<td>Prescriptions (In-Network Only)</td>
<td>$10 Copay (Tier 1 Drugs)</td>
</tr>
<tr>
<td></td>
<td>$25 Copay (Tier 2 Drugs)</td>
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<tr>
<td></td>
<td>$100 Copay (Tier 3 Drugs)</td>
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</tbody>
</table>
Create an account online (correspondence, request and print ID cards, claims and payment information).

Preventative Care Services paid at 100%, In-Network Only (no deductible or coinsurance).

For dependent enrollment, contact WFIS at 800-853-5899.
The Student Health Center is here to serve students!

Please feel free to contact us:
(775) 784-6598
www.unr.edu/shc