

# We are pleased to bring you the 2016-2017 University of Illinois Springfield (UIS) Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Illinois (BCBSIL)

The actuarial value of this plan is 82%, which would meet or exceed a gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)\*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSIL
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

All students physically participating in classes on campus are required to purchase this insurance plan unless proof of comparable coverage is provided. For more details, please visit [uis.myahpcare.com](http://uis.myahpcare.com).

To waive the Student Health Insurance Plan, you must complete the online waiver by the absolute deadlines. If you do not waive coverage by the deadline, the premium will be charged to your UIS student account. No changes will be made to a student's UIS account after the waiver deadline.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to [uis.myahpcare.com](http://uis.myahpcare.com).

## You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to [uis.myahpcare.com](http://uis.myahpcare.com), or call **855-856-3549**.



\* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

# University of Illinois Springfield 2016-2017 Plan Highlights<sup>1,2</sup>

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$400/\$1,200	\$800/\$2,400
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$6,850/\$13,700	\$13,700/\$27,400
Benefit Coverage		
	Network Provider	Out-of-Network Provider
<i>Deductible applies unless noted below:</i>		
<b>Hospital Expenses</b>	80% after \$100 copayment (Deductible waived)	50% after \$100 copayment
<b>Surgical Expenses</b>	80%	50%
<b>Doctor's Visits</b>	80%	50%
<b>Emergency Care and Accidental Injury</b>	80% after \$50 copayment	
<b>Facility Services</b> – Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.	80% after \$50 copayment	
<b>Physician Services</b>	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	50%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (deductible waived)</i>  <i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$30 copayment for each preferred brand-name drug**</li> <li>\$60 copayment for non-preferred brand-name drug**</li> </ul>	50% after: <ul style="list-style-type: none"> <li>\$10 copayment for each generic drug</li> <li>\$30 copayment for each preferred brand-name drug**</li> <li>\$60 copayment for non-preferred brand-name drug**</li> </ul> Please Note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
<b>Preventive Care Services</b>	100% (deductible waived)	50%

## Deadlines, Coverage Periods and Premium Costs<sup>\*\*\*</sup>

	Fall	Spring	Summer
<b>Open Enrollment</b>	07/14/2016 - 09/25/2016	12/01/2016 - 02/28/2017	05/01/2017 - 06/15/2017
<b>Waiver Deadline</b>	09/25/2016	02/28/2017	06/15/2017
<b>Dates Covered</b>	08/16/2016 - 01/09/2017	01/10/2017 - 05/31/2017	06/01/2017 - 08/15/2017
<b>Student Rate</b>	\$598	\$598	\$334
<b>Spouse Rate</b>	\$598	\$598	\$334
<b>Per Child Rate</b>	\$598	\$598	\$334

\*\*\*A \$5.00 AES fee is included. \*\*\*A \$90.00 University Administrative fee is included.

Students who are enrolled in health insurance for the fall semester will automatically be re-enrolled in the spring semester. It is the student's responsibility to notify the UIS Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

<sup>1</sup> This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSIL Participating Provider Option (PPO) Network.

<sup>2</sup> Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

<sup>3</sup> The relationship between Blue Cross and Blue Shield of Illinois (BCBSIL) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.