

Blue Cross and Blue Shield of Illinois Student Health Plans

Navigating Your 2016-2017 Rush University Health Care Plan

An easy-to-use guide to help you understand
your student health insurance benefits

Rush University Medical
Account Number: 115703



Welcome to **AcademicBlueSM**, the student health insurance plan offered by Blue Cross and Blue Shield of Illinois (BCBSIL) and designed especially for students like you! Attending college is a major step that can bring new challenges, like learning how health insurance works.

BCBSIL and Academic HealthPlans, Inc. (AHP), the plan administrator, will work for you to help you get the most value from your student health insurance plan.

This guide is intended to help you understand your benefits, including coverage when you are ill or injured, as well as tips for staying healthy. Read the following pages and refer to the resource section at the end to make sure you know where to go if you need assistance.

Welcome, and thanks
for being part of
AcademicBlue.

Smart move!



Take the Student Health Insurance Plan Quiz

You may know more than you think about health insurance!

Question 1: What does your plan cover?

A. Injury and sickness

B. Preventive care

C. Inpatient hospital and emergency room treatment

D. Prescription drugs

E. All of the above and more*

Answer: E. One major advantage of using the student health insurance plan is that it's tailored to the specific needs of students. With the student health insurance plan, both your care and your medication are covered if you get sick or hurt.

What are my Benefits?



Benefit	Network Provider	Out-of-Network Provider
After you meet your deductible, the plan pays eligible expenses at:		
Outpatient doctor's visits <i>(Deductible waived)</i>	100% of allowable amount after \$20 Primary copayment and \$40 Specialist copayment	50% of allowable amount after \$20 Primary copayment and \$40 Specialist copayment
Diagnostic, X-ray, and laboratory procedures	80% of allowable amount	50% of allowable amount
Emergency room expenses	80% of allowable amount for emergency after a \$250 copayment per visit	80% of allowable amount for emergency after a \$250 copayment per visit
Surgical expenses	80% of allowable amount	50% of allowable amount
Prescription drugs <i>(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 the Prime Therapeutics Network: 100% of allowable amount after: <ul style="list-style-type: none"> • \$20 copayment for each generic drug • \$50 copayment for each preferred, brand-name drug** • \$80 copayment for each non-preferred, brand-name drug** 	50% of allowable amount after: <ul style="list-style-type: none"> • \$20 copayment for each generic drug • \$50 copayment for each preferred, brand-name drug** • \$80 copayment for each non-preferred, brand-name drug**

* For specific details, please refer to your brochure at rush.myahpcare.com or to the policy on file with your school.

Question 2: How much do I have to pay for my health care?

A. Most eligible services are covered at 80%, after your deductible, if you use network providers.

B. You'll probably pay more if you go to an out-of-network doctor.

C. Nothing, after you meet your out-of-pocket maximum.

D. All of the above.

Answer: D. Remember to make sure your doctor is in your plan's network before your visit. Using doctors who are not in the network will usually mean a bigger bill.

*Coinsurance -
what is my share?*



Deductibles and Out-of-Pocket Maximums	Network Provider	Out-of-Network Provider
After you pay the policy year deductible of:	\$250 per covered person	\$500 per covered person
The plan pays the following percentage:	80% of allowable amount	50% of allowable amount
Up to the policy year out-of-pocket maximum of:	\$6,350 per covered person	\$15,000 per covered person

*Note: You do have to pay a deductible before your plan pays benefits for some services. However, you do not have to pay the deductible to fill a prescription and receive preventive care.**

** For more information, refer to your brochure at rush.myahpcare.com or the policy on file with your school.*

Question 3: Where should I go for health care?

A. Only to providers (doctors and hospitals) in town

B. Anywhere, as long as you have a referral from your student advisor

C. Doctors in the Participating Provider Option (PPO) Network from BCBSIL

D. The Student Health Center

Answer: C. It's always a good idea to make sure that your doctor is in-network.

What is my Network?

You are enrolled in the Participating Provider Option (PPO) Network from BCBSIL. BCBSIL has negotiated discounts with physicians and facilities statewide, and this group is collectively referred to as "network providers."

When you make an appointment, make sure to ask if the doctor is in the BCBSIL PPO network. You also can go online to confirm this at rush.myahpcare.com and click on "Find a Doctor or Hospital" under the "Benefits" tab.

Will you be traveling? No worries. One of your benefits is BlueCard®, a program that gives you access to a network of doctors, hospitals and other providers nationwide. This is just one of the many perks of being a BCBSIL member.

Tips for Choosing a Doctor

Search the BCBSIL provider database at rush.myahpcare.com, click on "Find a Doctor or Hospital" under the "Benefits" tab. You can also find a link at bcbsil.com (click on "Find a Doctor").

Once you've found the doctor you want, call to confirm office hours and admitting privileges at network hospitals.

Remember, if you are not comfortable with your chosen physician, you are free to search the provider database and select a different physician at any time.

Question 4: What should I do if I'm having a medical emergency?

A. Go to the nearest hospital emergency room (ER)

B. Call 911

C. Call 24/7 Nurseline

D. Go to an urgent care clinic

E. All of the above might be options

Answer: A or B. In a life-threatening emergency, seek immediate attention by calling 911 or going to the ER at the nearest hospital.

Note: You are responsible for a \$250 copayment for emergency care, which is waived if you are admitted to the hospital.

Is it an emergency?

It's always best to use the ER only for emergencies. If you use it for non-emergencies, you will incur extra costs because of the way your benefits are structured.

Here is a list of situations that may be life-threatening:

- Choking
- Not breathing or difficulty breathing
- Suspected poisoning or overdose
- Severe injuries, such as suspected broken bones, head injuries or heavy bleeding
- Seizures or convulsions
- Numbness or paralysis of an arm, leg or one side of the body
- A sudden, severe headache, especially if there is neck pain or a change in consciousness at the same time
- A change in mental ability, such as not knowing where you are, or being unable to recognize familiar people

If you think your condition is a medical emergency, you should go to the nearest hospital emergency room or dial 911 immediately.

If you're having a true emergency, you do not need to worry about ensuring that you are going to a hospital in your network. You will receive the same level of benefits whether you go to a hospital in your network or outside of your network.

If it is not a life threatening emergency, go to your doctor, an urgent care facility or another appropriate provider of non-emergency medical care. Again, emergency care benefits are paid only if you are having a true medical emergency.

Still have questions about whether you need emergency care?

Call the 24/7 Nurseline, anytime, day or night, 365 days a year for assistance. Registered nurses, licensed professional counselors and master's level social workers are available to answer your health questions at 800-581-0368.

Question 5: Can I see a specialist?

- A. You can go to a specialist anytime.**
- B. You must have a referral from the Student Health Center to see a specialist.**
- C. You can only go to a specialist after you have seen your regular doctor first.**
- D. You need a referral from your doctor to see a specialist.**

Can I see a specialist?

Answer: A. Your student health insurance plan does not require a referral to visit a specialist. You can go to a specialist anytime. However, you can save money by finding a specialist in your network. Go to rush.myahpcare.com and click on "Find a Doctor or Hospital" under the "Benefits" tab.

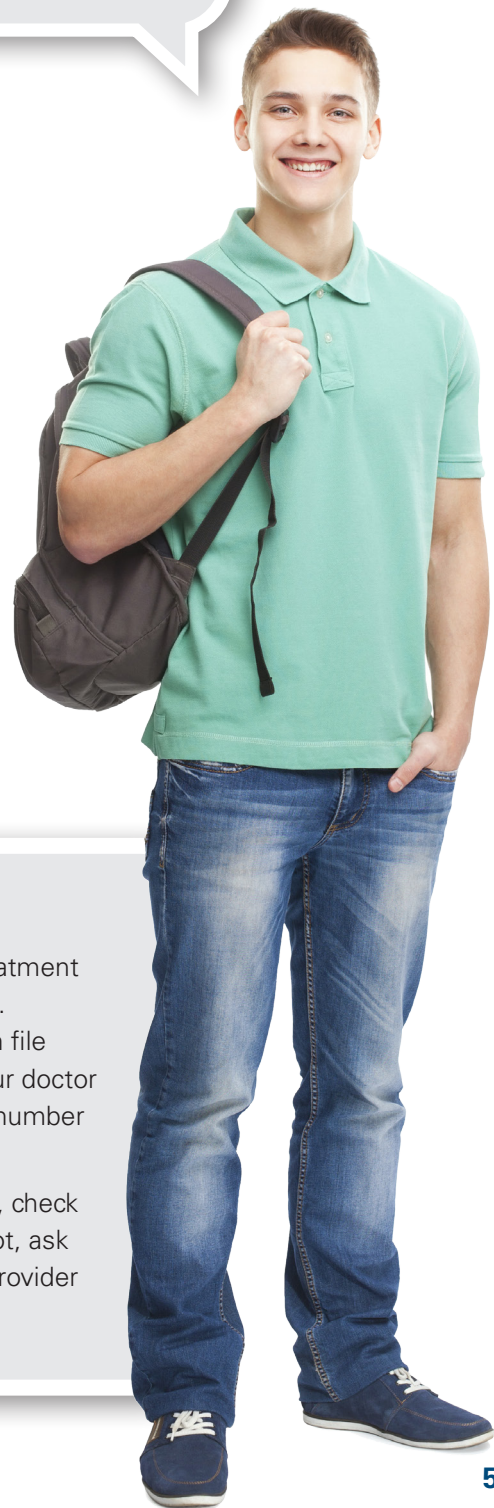
Examples of specialists include:

- Orthopedic specialist
- Allergist
- Dermatologist
- Psychiatrist
- Gynecologist
- Gastroenterologist

Follow-up Care: In Your Hands

It is important to follow your doctor's advice for any ongoing treatment of your condition. A successful outcome is largely in your hands. Consult your brochure at rush.myahpcare.com, or the policy on file with your school, to make sure that any additional treatment your doctor recommends is covered under your plan. Also, you can call the number on the back of your BCBSIL member ID card for information.

If you are ever referred to another physician, specialist or facility, check to make sure that the new provider is part of your network. If not, ask your doctor or medical group for help in finding an appropriate provider in your network.



Question 6: Where can I fill a prescription under my plan?

A. Any pharmacy

B. At the Student Health Center pharmacy

C. By calling Mom

D. At a pharmacy contracted with the Prime Therapeutics* Network

Answer: D.



Other tips to save money with your prescriptions

- **Generic drugs** are cheapest and offer your lowest copayment option at \$20 per prescription. If you and your doctor decide they are appropriate for your treatment, generic drugs will save you the most money.
- **Preferred, brand-name drugs** would be your “middle” copayment option at \$50 per prescription.
- **Non-preferred, brand-name drugs** are your highest copayment option at \$80 per prescription.

Your doctor might recommend a non-preferred, brand-name drug for you. Your benefits cover this type of medication but at a higher copayment. Generic drugs or preferred, brand-name drugs may be available as an alternative and will save you money. Ask your doctor which type of drug is appropriate for you.



**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 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.

*How does the
prescription benefit work?*

Retail Pharmacy (30-day supply)

1. You can locate a participating pharmacy at rush.myahpcare.com. Under the "Benefits" column, click on "Find a Pharmacy" and follow the prompts provided. Or you can locate a pharmacy by calling **800-423-1973**.
2. Present your BCBSIL ID card, along with your prescription, at the pharmacy counter.
3. Pay the applicable copayment at the pharmacy, and you're done.

Note:
Your pharmacy network is Prime Therapeutics Network. If you go to a pharmacy outside your network, your prescription will cost more.



Prescription Drug Category for a Network Provider	How Much You Pay for up To a 30-day Supply (Per Prescription)	How Much You Pay for up to a 90-day Supply
Generic Drug	100% after a \$20 copayment	100% after a \$60 copayment
Preferred, Brand-name Drug**	100% after a \$50 copayment	100% after a \$150 copayment
Non-preferred, Brand-name Drug**	100% after a \$80 copayment	100% after a \$240 copayment

**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.

Question 7: How Do I Start Using My Benefits?

A. Get your BCBSIL ID card

B. Create an online account at Blue Access for MembersSM (BAM)

C. Review your brochure and other resources at rush.myahpcare.com

D. Call with questions

E. All of the above

Answer: E

Your policy number is located on your plan brochure and ID Card



Show your ID card

Be sure to present your ID card at the doctor's office, hospital or other health care facility when seeking health care services. Also, be sure to show your ID card at the pharmacy when purchasing a prescription. This will ensure that you receive the benefits under your plan and that the provider will submit a claim on your behalf. If you are told that you need to submit a claim, call Customer Service for assistance at **855-267-0214**.

Blue Access for MembersSM (BAM)

BCBSIL provides all insured students with access to their plan online through Blue Access for Members (BAM). Go to rush.myahpcare.com and click on “Register for Blue Access for Members” under the “Claims” column. You will need to do the following:

- Click on “New User? Register Now”
- Fill in the boxes with the required information

Once you have registered, you will be able to log on as a member and go directly to your BAM page. If you need more assistance, you may call BCBSIL Customer Service at **855-267-0214**.

You're in the Driver's Seat Now

BAM can help you manage your plan at your convenience. Go to rush.myahpcare.com and click on “View Claims Online.” Next log on to BAM to access your plan and account information and to:

- Track your claims status
- View Explanations of Benefits
- Print a temporary ID card or request a permanent replacement ID card
- Link to the pharmacy information to manage your prescriptions

*The information
I need is right here.*



Question 8: The federal government now requires certain standards for health care coverage under the Affordable Care Act (ACA). Does my plan meet those standards?

A. Yes. This plan meets the requirements under the law.

B. No. But I don't have to worry about it until next year.

C. Yes, and this plan may be even less expensive than your parents' plan.

D. My plan covers everything on the Marketplace plans and is priced just for students!

Answer: A, C and D. The plan meets all of the health care coverage standards required under ACA and may be less expensive than coverage under your parents' health plan.

Stretching Your Health Care Dollars

Included in your plan is the Blue365[®] discount program*. Blue365 has a range of features and discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and much more. This program is not insurance, but provides discounts on health and wellness products and services such as:

- Life Time FitnessSM'
- Davis VisionSM'/TruVision (eyeglasses, contact lenses, etc.)
- Procter & Gamble Dental Products
- Reebok
- Seattle Sutton's Healthy Eating[®]
- TruHearing[®]

Go to rush.myahpcare.com to get detailed information about the Blue365 discount program. To use Blue365, simply show your BCBSIL ID card to a participating provider to receive your discount.

* The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan.

Please check your benefit booklet or call the customer service number on the back of your ID card for more details. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles.

Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

Premium Rates for Yourself and Your Dependents

If you have a spouse and/or child(ren) whom you would like to cover under the student health insurance plan, your annual cost for health care insurance is listed in the chart below.

To purchase dependent coverage, go to rush.myahpcare.com. You may cover your dependents only if you are also enrolled in the plan. Please see your brochure, or the policy on file with your school, for more information about dependent coverage.

If You Want Coverage For...	Annual Cost*
Student Only	\$3,227
Student and Spouse/Domestic Partner	\$6,454
Student and Child**	\$6,454
Student, Spouse/Domestic Partner and Child**	\$9,681

* A \$12.00 AES fee is included.

** Child rate of \$3,227 will be charged per child.

What happens when I leave the University? What about when I graduate?

If You Leave the University

To be eligible for insurance coverage under your plan, you must be fully enrolled and actively attending classes for the first 31 days of the academic term. If you are not enrolled for the first 31 days, or if you leave the University within the first 31 days of your enrollment as a student, your coverage will end. If you do not meet these eligibility requirements, BCBSIL's only obligation is to refund the premium.

Continuing Coverage

If your insurance under your student health insurance plan ends for any reason, you may be eligible to continue your coverage. To qualify, you must have participated in the plan for the three (3) months immediately preceding the date your coverage ended. Continuation coverage can be purchased for up to three (3) months. Enrollment must be made and the applicable premium must be paid directly to Academic HealthPlans and be received prior to the expiration date of your student coverage.

To learn more about continuation coverage, contact Academic HealthPlans at **855-343-8388** before your student coverage ends.

Where do I go to get more information?

This user guide highlights some of the features of your student health insurance plan underwritten by Blue Cross and Blue Shield of Illinois.

Please go to rush.myahpcare.com and click on the "Benefits" tab to download the 2016-2017 Rush University student health insurance plan brochure which contains additional, essential information about the policy and plan features.

For more detailed information on this plan, go to rush.myahpcare.com.

How to Get More Information

If you have questions or specific requests, use the contact information in this chart to get the answers you need.

If You...	Contact
Want to download your plan brochure	Go to rush.myahpcare.com and click on the “Benefits” tab.
Want to purchase coverage for yourself and your Dependents.	Go to rush.myahpcare.com and click on the “Benefits” tab.
Need to verify coverage	Academic HealthPlans, rush.myahpcare.com , 855-343-8388 or e-mail info@ahpcare.com .
Need a replacement or temporary ID Card	Email a request for a replacement card to info@ahpcare.com , or call Academic HealthPlans at 855-343-8388 .
Need to update contact information	Please make sure you update your contact information with your school. Additionally, notify us at support@ahpcare.com . Please type “Contact Information Update” into the subject line. Include: Address, phone number and email address.
Want to speak to a nurse about a health concern	Blue Care Connection® (24 hours a day, 7 days a week): 866-412-8795 24/7 Nurseline (24 hours a day, 7 days a week): 800-299-0274
Have a question about a claim	Call the number on your BCBSIL ID card, 855-267-0214 or write to: Blue Cross and Blue Shield of Illinois P.O. Box 805107 Chicago, IL 60680-4112



This guide highlights some of the features of the Rush University Health Insurance Plan underwritten by Blue Cross and Blue Shield of Illinois.

Please go to rush.myahpcare.com to download the student health insurance plan brochure, which contains additional, essential information about the policy and plan features.

For more detailed information on this plan, go to rush.myahpcare.com or call **855-343-8388**.