



Academic
HealthPlansSM



The School of the Art Institute of Chicago

Student Health Insurance Plan

2016-2017

Underwritten by Tufts Insurance Company.
Policy Number: SP100107

Health Insurance Contact Information

New insurance contacts for 2016-2017 year

Useful contact info:

Academic HealthPlans:

For enrollment and waiver questions call (855) 844-3023

Christie Student Health Customer Care:

For claims and benefits questions call (844) 744-9231

CVS Health (National Pharmacy Network):

The national CVS Health Network has over 64,000 locations including Walgreens and CVS.

For questions about prescriptions you can call (866) 760-4274

For a prescription claim form, visit www.christiestudenthealth.com/tools-resources

Mail medical and behavioral health claims to:

In most instances your provider will bill us directly. If your provider does not bill insurance companies, medical and behavioral health claims should be submitted to:

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

Search for a provider: <http://www.christiestudenthealth.com/tools-resources/>

What the SAIC Student Health Insurance Plan offers

The School of the Art Institute of Chicago Health Insurance Plan is a fully insured Student Health Insurance Plan underwritten by Tufts Insurance Company (“TIC”) and administered by Christie Student Health.

Your Plan is a Preferred Provider Organization or “PPO” Plan. It provides you with a higher level of coverage when you receive Covered Medical Expenses from physicians who are part of the Plan’s network referred to as “In-Network”.

The In-Network providers participate in the Cigna Network outside of MA and RI, and the Tufts Health Plan network in MA and RI.

The Plan also provides coverage when you obtain Covered Medical Expenses from Physicians who are not part of the Plan’s network, referred to as “Out-of-Network”.

The Premium Rates and the list of Covered Services are illustrated in the tables below. Please contact our Customer Care Representatives with any questions you may have about the Plan. The SAIC customer care phone number is (844) 744-9231.

*This plan is underwritten by Tufts Insurance Company (TIC), and administered by Christie Student Health Plans LLC (CSHP). Christie Student Health is the brand name for the student health products and services provided by TIC and CSHP.

Did you know?

The cost of the Student Health Insurance Plan may be less expensive than coverage as a dependent under your Parent’s Plan.

Top 5 Things You Need to Know

#1 The Student Health Insurance Plan (SHIP) provides coverage for basic care and prescription drugs which includes, but is not limited to the following:

- Primary Care
- Care from many specialists
- Urgent Care
- Mental and behavioral health care/counseling
- Lab testing and screenings



#2 The Student Health PPO Plan provides nationwide coverage through Cigna with access to over 840,000 medical and behavioral health providers and 6,000 hospitals.

There are currently 1,850 In-Network Providers and 5 In-Network Hospitals within 1 mile of SAIC.

#3 Your Student Health PPO Plan also includes Prescription Drug Coverage through CVS Health.

- In-Network pharmacies within the Chicago area include, but are not limited to: CVS, Walgreens, Osco and more.
- In-Network pharmacies outside the Chicago area include, but are not limited to: CVS, Walgreens, Rite Aid, Duane Reade and more.

#4 Full-time domestic undergraduate, graduate, exchange and certificate students and all international students are automatically enrolled in and billed for the Student Health Insurance Plan. Students who have comparable health insurance can elect to waive the Student Health Insurance Plan.

#5 Once registered on the Christie Student Health Portal, you can access all of the tools the Student Portal has to offer, including accessing a copy of your ID card. This way, if necessary, you can go see a doctor or fill a prescription.

Are you eligible?

SAIC requires health insurance coverage for all domestic undergraduate, graduate, exchange and certificate students enrolled full-time, and all international students.

Unless full-time undergraduate, domestic, graduate, exchange and certificate students, and international students submit a waiver online through www.saic.myahpcare.com, they will automatically be enrolled in SAIC's Student Health Insurance Plan. The premium will be charged, per semester, to each student's account.

If a student has comparable coverage and wishes to waive SAIC's Student Health Insurance Plan for the entire academic year, a waiver must be completed online by visiting www.saic.myahpcare.com by the first day of fall classes. Spring-only waivers are due by the first day of spring classes. Summer waivers are required only of new students who begin their degree program in the summer.

Dependent Eligibility

Eligible students who enroll in the plan may also enroll their eligible dependents. Eligible dependents are the Insured Student's spouse/domestic partner residing with the Insured Student; or the Insured Student's unmarried Children to age 26.

For additional plan information please refer to your Certificate of Coverage at saic.myahpcare.com.

Enrollment and Waiver Details

Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan. Students who have comparable health insurance can elect to waive the Student Health Insurance Plan. To provide proof of comparable coverage, an online waiver form must be completed and submitted by August 31, 2016. To waive the Student Insurance Plan visit www.saic.myahpcare.com.

Waiver Deadline

Students who do not wish to be enrolled in the plan and have comparable coverage can elect to waive their coverage. Students who do not submit an online waiver form by the deadline will be enrolled in and billed for the Student Health Insurance Plan.

Coverage Period	Waiver Deadline
Annual	8/31/16
Spring	1/26/17
Summer	7/10/17

SAIC reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Health Insurance Plan.

View plan details at www.saic.myahpcare.com

Did you know?

The Student Health Insurance Plan includes worldwide travel assistance.

Online Tools

Our Student Portal provides students with one central location for all of your student health insurance needs, including getting a copy of your ID card, viewing claims, searching for a provider or hospital and viewing eligibility details and benefit documents.



Rates

Domestic & International	Annual	Fall	Spring (new)	Spring (returning)	Summer (new)
Student	\$1,900	\$950	\$950	\$950	\$400
Spouse/ Domestic Partner	\$1,900	\$950	\$950	\$950	\$400
Per Child	\$1,900	\$950	\$950	\$950	\$400

Rates above include both premium and administrative fees.

Effective Dates

Domestic & International Students	Effective Date	Termination Date
Annual	8/20/16	8/19/17
Fall	8/20/16	1/25/17
Spring (New Students)	1/17/17	8/19/17
Spring (Returning Students)	1/26/17	8/19/17
Summer (New Students)	6/17/17	8/19/17

View plan details at www.saic.myahpcare.com

Covered Services

Metallic Level: Gold / Tested at: 82.77%

Benefit type	In-Network	Out-of-Network
Annual Deductible: In Network	\$250 per Insured Person per Policy Year	
Annual Deductible: Out of Network	\$500 per Insured Person per Policy Year	
Out of Pocket Maximum	\$6,850 combined per Insured Per Policy Year	
Plan Maximum	\$13,700 per Family per Policy Year	
	Unlimited	
Benefit type	In-Network	Out-of-Network
Inpatient Hospital Expense (including Intensive Care Unit and Miscellaneous Expense)	80% of allowed amount \$100 copay per admission	60% of reasonable charges \$100 copay per admission
Inpatient Surgical Expense	80% of allowed amount	60% of reasonable charges
Inpatient Anesthesia Expense	80% of allowed amount	60% of reasonable charges
Inpatient Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Inpatient Physician or Registered Nurse Visit Expense	80% of allowed amount	60% of reasonable charges
Routine Newborn Care Expense	Payable in accordance with the type of expense incurred and the place of service	
Maternity Expense (including complications of pregnancy)	Payable in accordance with the type of expense incurred and the place of service	
Inpatient Mental Health	80% of allowed amount \$100 copay per admission	60% of reasonable charges \$100 copay per admission
Inpatient Substance Abuse	80% of allowed amount \$100 copay per admission	60% of reasonable charges \$100 copay per admission
Gender Confirmation Surgery and Related Services (Filed as Gender Reassignment Surgery)	Payable in accordance with the type of expense incurred and the place of service	
Pre-admission testing Expense	80% of allowed amount	60% of reasonable charges
Outpatient Surgical Expense	80% of allowed amount Following \$100 copay per surgery	60% of reasonable charges Following \$100 copay per surgery
Outpatient Anesthesia Expense	80% of allowed amount	60% of reasonable charges
Outpatient Surgeon and Assistant Surgeon Expense	80% of allowed amount	60% of reasonable charges
Physician Office Visit Expense (including Consultant)	80% of allowed amount Following \$30 copay	60% of reasonable charges Following \$30 copay
Urgent Care Expense	80% of allowed amount Following \$30 copay	60% of reasonable charges Following \$30 copay
Emergency Room Expense	80% of allowed amount Following \$300 copay (waived if admitted)	80% of reasonable charges Following \$300 copay (waived if admitted)
Diagnostic Labs* & X-rays Expense	80% of allowed amount	60% of reasonable charges
High-Tech Imaging (including MRI, CT Scan)	80% of allowed amount	60% of reasonable charges
Routine Physical Exams	100% of allowed amount*	60% of reasonable charges

View plan details at www.saic.myahpcare.com

Covered Services Continued

Benefit Type	In-Network	Out-of-Network
Routine Mammograms	100% of allowed amount*	60% of reasonable charges
Routine Pap smears	100% of allowed amount*	60% of reasonable charges
Physical, Occupational, Chiropractic and Speech Therapy Expense	80% of allowed amount Following \$30 copay	60% of reasonable charges Following \$30 copay
Durable Medical Equipment Expense	80% of allowed amount	60% of reasonable charges
Hospice Expense	80% of allowed amount	60% of reasonable charges
Home Health Care Expense	80% of allowed amount	60% of reasonable charges
Ambulance Service Expense	80% of allowed amount	80% of reasonable charges
Outpatient Mental Health Expense*	100% of allowed amount Following \$30 copay	80% of reasonable charges Following \$30 copay
Outpatient Substance Abuse Expense*	100% of allowed amount Following \$30 copay	80% of reasonable charges Following \$30 copay
Elective Abortion Expense	80% of allowed amount	60% of reasonable charges
Dental Injury Expense	80% of allowed amount	80% of reasonable charges
Radiation and Chemotherapy Expense	80% of allowed amount	60% of reasonable charges
Immunizations	Routine preventative: Covered in full* All other immunizations: 80% of allowed amount*	60% of reasonable charges
Prescription Drug Expense*	100% following: \$15 copay for Generic \$35 copay for Preferred Brand name drugs \$50 Copay for Non-Preferred Brand \$0 copays for generic contraceptive drugs	60% of reasonable charges
Pediatric Vision Expense (Pediatric is defined as under the age of 19)	100% of allowed amount	60% of reasonable charges
Pediatric Dental Expense (Pediatric is defined as under the age of 19)	Preventative: 100% All other care: 50%	Preventative: 100% All other care: 50%

*The annual deductible is waived for these services. Some benefits above may require prior authorization. Please refer to your Certificate of Insurance for additional details.

Commonly Used Terms

- Claim:** A request for payment that is submitted to your health insurance company for services received.
- Co-insurance:** Your share of the costs of covered health care services calculated as a percent (for example, 20%) of the allowed amount for the service.
- Copayment (copay):** The fixed amount you pay for a certain covered health care services, paid at the time of service.
- Deductible:** The amount you pay for Covered Services before any payments will be made by your insurance company.
- Eligibility:** Terms of an insurance policy that define the requirements to become a member on the insurance plan.
- Exclusions:** Expenses for which the plan does not cover nor provide benefits for.
- In-Network:** Refers to a provider or facility that has a contract with your health insurance company or plan to provide services to you at a discount.
- Inpatient Care:** Medical services provided after a patient is admitted to a facility such as a hospital.
- Out-of-Network:** Refers to a provider or facility that does not have a contract with your health insurance company and therefore you may incur higher costs.
- Out-of-Pocket Maximum:** The maximum amount that you pay during your plan's policy period before your health insurance company will pay 100% of the allowed amount.
- Negotiated Rate:** An agreed upon amount between the insurance company and in-network providers and facilities for covered services. The Negotiated Rate is used to determine the allowed amount.
- Payable in accordance with the type of expense incurred and the place of service:** Coverage under this benefit includes multiple services such as office visits, labs, x-rays, surgery, prescriptions, etc. Benefits are payable as outlined for each of these services.
- Premium:** The amount you pay to purchase your health insurance plan.
- Primary Care Physician (PCP):** A general or family practitioner who provides and manages your care and refers you to specialists.
- Reasonable Charge:** The lesser of the amount charged by the Non-Network Provider; or the amount paid for a medical service in a geographic area based on nationally accepted means and amounts of claims payment. The Reasonable Charge amount is used to determine the allowed amount.
- Waiver:** Showing proof of adequate health care coverage in order to opt-out of the student health plan.

Exclusions

The following is a partial list of services and supplies that are not covered. Your plan may contain exceptions to this list based on the plan design purchased.

For a full description of covered benefits and exclusions, please visit www.saic.myahpcare.com.

Certain services are not covered under this plan including but not limited to cosmetic surgery, procedures, supplies and appliances; Custodial Care; Expenses incurred for elective treatment or elective surgery except as specifically provided in the Plan; Care for conditions for which benefits are available under workers' compensation or other government programs other than Medicaid; Hearing Exams; Preventive dental care, except as provided under "Pediatric dental care for Members under age 19" benefit; Reversal of voluntary sterilization; A service, supply or medication which is not medically necessary.

Your plan also includes

24 Hour Nurse Line

Experienced RNs are just a phone call away to help you figure out the best course of action for a non-emergency health concern. The 24/7 Nurse Advice Line provides a convenient, easy, and confidential way to get medical care advice. Please call (877) 924-7758 for more information.

Worldwide Assistance

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services benefits in your Student Health Plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small. For more details, go to saic.myahpcare.com.

Member Perks

Dietary & Nutritional Supplement Discounts

You can save 15% or more off of the manufacturers' suggested retail price on a wide variety of vitamins, supplements and popular energy and protein bars through ChooseHealthy.com



Fitness Rebate

You may be eligible for a rebate for the cost of 4 months of fitness club fees for using a qualified fitness club.



Discount on Glasses & Eye Care

You are eligible for discounts on vision correction services and eyewear from participating EyeMed providers.



Discounts at Jenny Craig

When you're ready to lose weight, Jenny Craig makes it simple. 50% off Jenny Craig All Access Enrollment plus 5% off All Jenny Craig Food.*
*50% discount on \$99 enrollment fee. Plus the cost of food. Plus the cost of shipping if applicable. Member is responsible for all payments for the Jenny Craig Program.

