AcademicBlue℠

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

We are pleased to bring you the 2016-2017 Southern Illinois University – Edwardsville (SIUE) Student Health Insurance Plan – International

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 registered **international students holding an F1 or J1 visa** and enrolled in one (1) or more credit hours, or enrolled in **University 500**, are required to enroll in the plan or provide proof of comparable insurance to Health Services.

If you do not waive coverage by the deadline, the premium will be charged to your student account. No changes will be made to a student's 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 **siue.myahpcare.com**.

You get online access to:

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

For additional information, go to **siue.myahpcare.com** or call **855-825-3986.**

* 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.

AcademicBlue is offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Illinois.

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SIUE University 2016-2017 Plan Highlights[1, 2]

Benefit Maximum & Deductibles		
	Network Provider	**Out-of-Network Provider**
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	$400/$1,200	$800/$2,400
Out-of-Pocket Maximum (Individual/Family)	$6,850/$13,700	$13,700/$27,400

Benefit Coverage		
	Network Provider *deductible applies unless otherwise noted*	**Out-of-Network Provider** *deductible applies unless otherwise noted*
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	80%	60%
Emergency Care and Accidental Injury		
Facility Services: *(Copayment is waived if the insured is admitted; Inpatient hospital expenses will apply)*	80% of allowable amount after $50 copayment (deductible waived)	
Physician Services:	80% of allowable amount	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs *Per 30-day retail supply (deductible waived)* ***Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.*	At pharmacies contracting with Prime Therapeutics[3], 100% after: • $10 copayment for each generic drug • $30 copayment for each preferred brand drug** • $50 copayment for each non-preferred brand-name drug** • $100 specialty copayment	60% after: • $10 copayment for each generic drug • $30 copayment for each preferred brand drug** • $50 copayment for each non-preferred brand-name drug** • $100 specialty copayment 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.
Preventive Care Services	100% *(deductible waived)*	60%

[1] 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.

[2] 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.

[3] 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.