

# School of the Art Institute of Chicago 2016-2017 Student Health Insurance Plan Domestic Students

## Important Insurance Update

- SAIC has selected a new plan administrator and insurance carrier for the 2016-2017 policy year
- Students will now be covered by Cigna's national PPO network with access to over 840,000 providers and 6,000 hospitals nationwide.
- Students will also have access to prescription benefits with the CVS Health national pharmacy network. This network includes over 64,000 retail pharmacies including Walgreens, Rite Aid and CVS.

## Eligibility

The School of the Art Institute of Chicago (SAIC) requires health insurance coverage for all full-time domestic undergraduate, graduate, exchange and certificate students.

The premium for SAIC's Student Health Insurance Plan (SHIP) will automatically be charged, per semester, to each student's account. If students have insurance coverage comparable to SAIC's SHIP, a waiver may be submitted online by the published deadline(s) at [saic.myahpcare.com](http://saic.myahpcare.com).

SAIC's SHIP is available upon request to part-time domestic students at [saic.myahpcare.com](http://saic.myahpcare.com).

### Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

### Additional Information

- 🌐 [saic.myahpcare.com](http://saic.myahpcare.com)
- ☎ (855) 844-3023



# School of the Art Institute of Chicago 2016-2017

## Student Health Insurance Plan

This 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Cigna network (outside of MA and RI).

### BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited
<b>Deductible</b>	In-Network Provider: \$250 per Insured Person, per Policy Year Out-of-Network Provider: \$500 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	\$6,850 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	\$13,700 per Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Allowed Amount</i>	<i>Payments are based on the Reasonable Charges</i>
<b>Hospital Room and Board Expense</b>	80% after a \$100 Copayment	60% after a \$100 Copayment
<b>Inpatient Surgery</b>	80%	60%
<b>Outpatient Surgery</b>	80% after a \$100 Copayment	60% after a \$100 Copayment
<b>Physician Office Visit Expense</b>	80% after a \$30 Copayment	60% after a \$30 Copayment
<b>Physical, Occupational &amp; Speech Therapy</b>	80% after a \$30 Copayment	60% after a \$30 Copayment
<b>Outpatient Mental Health Expense</b>	100% after a \$30 Copayment	80% after a \$30 Copayment
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expense</b> <i>Copayment waived if admitted</i>	80% after a \$300 Copayment	80% after a \$300 Copayment
<b>Prescription Drugs</b>	100% after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand Drug \$50 Copayment per Non-Preferred Brand \$0 Copayment per Generic Contraceptive	60%
<b>Preventive Care Services</b>	100%	60%

Exclusions: The following is a partial list of services and supplies that are not covered. 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.

If there is a conflict between this overview and the PPO Certificate, the PPO Certificate is the governing document. If you have questions, please contact Christie Student Health Customer Care: (844) 744-9231.

### 2016-2017 DOMESTIC PREMIUM COSTS AND COVERAGE PERIODS

Domestic Coverage Periods	Annual	Fall	Spring (New Students)	Spring (Returning Students)	Summer (New Students)
	08/20/2016 through 08/19/2017	08/20/2016 through 01/25/2017	01/17/2017 through 08/19/2017	01/26/2017 through 08/19/2017	06/17/2017 through 08/19/2017
<b>Open Enrollment</b>	06/01/2016 through 08/31/2016	06/01/2016 through 08/31/2016	11/15/2016 through 01/26/2017	11/15/2016 through 01/26/2017	04/14/2017 through 07/10/2017
<b>Student</b>	\$ 1,900.00	\$ 950.00	\$ 950.00	\$ 950.00	\$ 400.00
<b>Spouse</b>	\$ 1,900.00	\$ 950.00	\$ 950.00	\$ 950.00	\$ 400.00
<b>Children</b>	\$ 1,900.00	\$ 950.00	\$ 950.00	\$ 950.00	\$ 400.00