

We are pleased to bring you the 2017-2018 University of Illinois Springfield (UIS) Student Health Insurance Plan

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

This plan meets or exceeds 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.

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.

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 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.

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.

University of Illinois Springfield 2017–2018 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

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
Hospital Expenses	80% after \$100 copayment (Deductible waived)	50% after \$100 copayment
Surgical Expenses	80%	50%
Doctor's Visits	80%	50%
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$50 copayment	
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	50%
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: <ul style="list-style-type: none"> \$10 copayment for each generic drug \$30 copayment for each brand-name drug** \$60 copayment for non-preferred brand-name drug** 	50% after: <ul style="list-style-type: none"> \$10 copayment for each generic drug \$30 copayment for each brand-name drug** \$60 copayment for non-preferred brand-name drug** 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.
Preventative Care Services	100% (deductible waived)	50%

Deadlines, Coverage Periods and Premium Costs**

	Fall	Spring	Summer
Open Enrollment	07/14/2017 - 09/25/2017	12/01/2017 - 02/28/2018	05/01/2018 - 06/15/2018
Waiver Deadline	09/25/2017	02/28/2018	06/15/2018
Dates Covered	08/16/2017 - 01/09/2018	01/10/2018 - 05/31/2018	06/01/2018 - 08/15/2018
Student Rate	\$516	\$516	\$286
Spouse Rate	\$516	\$516	\$286
Per Child Rate	\$516	\$516	\$286

**A \$12.00 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.

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 LLC is a separate company that 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.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.