

# We are pleased to bring you the 2018-2019 Rosalind Franklin University 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 Organization (PPO) Network from BCBSIL
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

All full-time registered Rosalind Franklin students are required to enroll in this insurance plan unless proof of comparable coverage is provided.

Students enrolled in the Student Health Insurance Plan may also cover their eligible dependents. Dependent coverage must be purchased at the same time that the student enrolls in the Plan.

For continuing students, please see below for open enrollment and waiver deadline instructions. New incoming students must submit their enrollment form or complete the online waiver form by the 10th business day after the effective date of the academic term for their specific program.

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 student account. No changes will be made to a student's account after the waiver deadline.

Please note that dependents must be enrolled at the time the student enrolls and their coverage will coincide with that of the student. Dependent coverage will automatically be advanced from one coverage period to the next (the same as the student) until we are advised by the school to remove the dependent coverage or until the student is no longer covered under the plan. Dependents cannot purchase coverage unless the student has purchased coverage. To view rates and enrollment information, please go to [rosalindfranklin.myahpcare.com](http://rosalindfranklin.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 [rosalindfranklin.myahpcare.com](http://rosalindfranklin.myahpcare.com)  
or call 855-844-3019.

# Rosalind Franklin University 2018–2019 Plan Highlights <sup>1,2</sup>

## Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$1,000/\$3,000	\$3,000/\$9,000
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$4,900/\$9,800	\$9,800/\$19,600

## Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
<b>Hospital Expenses</b>	80% of allowable amount after \$100 per admission copay	60% of allowable amount
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after a \$25 Primary copayment and a \$40 Specialist copayment	60%
<b>Emergency Care and Accidental Injury</b>	80% of allowable amount after \$150 copayment (deductible waived)	
<b>Facility Services</b> – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply		
<b>Physician Services</b>	80% of allowable amount	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (\$100 Annual Deductible applies)</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 Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$40 copayment for each brand-name drug**</li> <li>\$75 copayment for non-preferred brand-name drug**</li> <li>\$100 copayment for each specialty drug</li> </ul>	50% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$40 copayment for each brand-name drug**</li> <li>\$75 copayment for non-preferred brand-name drug**</li> <li>\$100 copayment for each specialty drug</li> </ul> <p>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.</p>
<b>Preventative Care Services</b>	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Fall	New Fall Students	Winter	Spring
<b>Dates Covered</b>	07/01/2018 - 10/31/2018	08/01/2018 - 10/31/2018	11/01/2018 – 02/28/2019	03/01/2019 - 06/30/2019
<b>Student Rate</b>	\$1,081.68	\$811.26	\$1,081.68	\$1,081.68
<b>Student and Spouse Rate</b>	\$2,163.36	\$1,622.52	\$2,163.36	\$2,163.36
<b>Student and One Child Rate</b>	\$2,163.36	\$1,622.52	\$2,163.36	\$2,163.36
<b>Student, Spouse and One Child Rate</b>	\$3,245.04	\$2,433.78	\$3,245.04	\$3,245.04

\*\*\*A \$4 AES fee is included for Fall, Winter and Spring rates. A \$3 AES fee is included for New Fall Students. \*\*\* A 2 child maximum.

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 Rosalind Franklin University Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.