




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.studentplanscenter.com](http://www.studentplanscenter.com) or by calling 1-800-756-3702. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>Network:</b> \$250/Individual <b>Non-Network:</b> \$500/Individual <a href="#">Coinsurance</a> and <a href="#">copayments</a> do not count toward the <a href="#">deductible</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> , Prescription Drugs, Outpatient Laboratory Services, and Outpatient Mental Health/Substance Use Services are covered before you meet your <a href="#">deductible</a>	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>Network:</b> \$6,850/Individual, \$13,700 Family; <b>Non-Network:</b> No Maximum	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <a href="#">out-of-pocket limit</a> must be met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, balance-billed charges, health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.cigna.com/hcpdirectory/">www.cigna.com/hcpdirectory/</a> or call 1-800-224-6224 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

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 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>Copay</u> / visit	40% <u>Coinsurance</u> , \$30 <u>Copay</u> / visit	One visit per day.
	<u>Specialist</u> visit	\$30 <u>Copay</u> / visit	40% <u>Coinsurance</u> , \$30 <u>Copay</u> / visit	One visit per day.
	<u>Preventive care/screening</u> / immunization	No Charge	40% <u>Coinsurance</u>	Limited to those services required by the Affordable Care Act.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	Imaging (CT/PET scans, MRIs)	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="https://saic.myahpcare.com/">https://saic.myahpcare.com/</a>	Generic drugs	\$15 <u>Copay</u> / prescription	40% <u>Coinsurance</u>	--none--
	Preferred brand drugs	\$35 <u>Copay</u> / prescription	40% <u>Coinsurance</u>	---none---
	Non-preferred brand drugs	\$50 <u>Copay</u> / prescription	40% <u>Coinsurance</u>	---none---
	<u>Specialty drugs</u>	\$50 <u>Copay</u> / prescription	40% <u>Coinsurance</u>	--none--
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	Physician/surgeon fees	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Physician: One visit per day. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value.
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	20% <u>Coinsurance</u> , \$300 <u>Copay</u> / visit	20% <u>Coinsurance</u> , \$300 <u>Copay</u> / visit	---none---
	<u>Emergency medical transportation</u>	20% <u>Coinsurance</u>	20% <u>Coinsurance</u>	---none---
	<u>Urgent care</u>	\$50 <u>Copay</u> / visit	40% <u>Coinsurance</u> , \$30 <u>Copay</u> / visit	One visit per day.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital)	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	room)			
	Physician/surgeon fees	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Physician: One visit per day. If two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, We will pay a benefit equal to the benefit payable for the procedure with highest benefit value.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$30 <u>Copay/</u> visit	20% <u>Coinsurance</u> , \$30 <u>Copay/</u> visit	---none---
	Inpatient services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
<b>If you are pregnant</b>	Office visits	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	One visit per day.
	Childbirth/delivery professional services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	Childbirth/delivery facility services	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Up to 48 hours for normal vaginal delivery and 96 hours (not including the day of surgery) for a caesarean section delivery.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	<a href="#">Rehabilitation services</a>	20% <u>Coinsurance</u> , \$30 <u>Copay/</u> visit	40% <u>Coinsurance</u> , \$30 <u>Copay/</u> visit	Cardiac rehabilitation services 36 per 6 month period.
	<a href="#">Habilitation services</a>	20% <u>Coinsurance</u> , \$30 <u>Copay/</u> visit	40% <u>Coinsurance</u> , \$30 <u>Copay/</u> visit	Cardiac rehabilitation services 36 per 6 month period.
	<a href="#">Skilled nursing care</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	<a href="#">Durable medical equipment</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
	<a href="#">Hospice services</a>	20% <u>Coinsurance</u>	40% <u>Coinsurance</u>	---none---
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge	40% <u>Coinsurance</u>	Preventive Only. One exam per Policy Year.
	Children's glasses	No Charge	40% <u>Coinsurance</u>	One pair of prescribed frames and lenses per Policy Year.
	Children's dental check-up	No Charge	No Charge	Preventive Only. One exam every 6 months.

### Excluded Services & Other Covered Services:

#### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
- Cosmetic surgery, unless directly related to a Covered Accidental Injury
- Long-term care
- Routine foot care, unless related to the treatment of Diabetes
- Weight loss programs

#### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture, by a licensed Acupuncturist only
- Chiropractic care
- Dental Care (Adult), Accidental Injury only
- Hearing aids (limits apply)
- Infertility treatment (limits apply)
- Non-Emergency care when traveling outside the U.S., except there is no coverage (emergency or otherwise) for International Students in their Home Country
- Private-duty nursing
- Routine Eye Care (Adult) Limits Apply

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Illinois Dept. of Insurance 122 S. Michigan Ave., 19th Floor Chicago, IL 60603 or (877) 527-9431 or <http://insurance.illinois.gov/default.html>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Illinois Dept. of Insurance 122 S. Michigan Ave., 19th Floor Chicago, IL 60603 or (877) 527-9431 or <http://insurance.illinois.gov/default.html>

#### Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

#### Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist Copay</a>	\$30
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,740</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$250
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$2,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,810</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist Copay</a>	\$30
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,410</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$250
<a href="#">Copayments</a>	\$1,000
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$1,610</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist Copay</a>	\$30
■ Hospital (facility) <a href="#">Coinsurance</a>	20%
■ Other <a href="#">Coinsurance</a>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$250
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$650</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.