



AcademicBlueSM

 RUSH UNIVERSITY

2020-2021 Rush 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?

Rush University Policy requires all students to have quality health insurance.

Students in Rush College of Medicine are automatically enrolled in the Student Health Insurance Plan. Rush College of Medicine students who wish to add Dependents will need to contact the Office of Financial Affairs; call **312-942-5257** or send an email to financial_affairs@rush.edu.

Enrollment in the plan for all College of Health Sciences, College of Nursing and Graduate College students is required unless the student provides proof of coverage under a comparable plan. Students in these three colleges may enroll online at rush.myahpcare.com. The set premium will be charged to your tuition bill. If you have comparable coverage through another insurance carrier, you can show proof of comparable coverage and attach a copy of your health insurance ID card online at rush.myahpcare.com.

Once enrolled in the Student Health Insurance Plan, coverage will be in effect until the student graduates or provides proof of other comparable coverage. Also, please note that no pro-rata refunds will be given once enrolled in the program.

If you do not waive coverage by the deadline, the premium will be charged to your Rush student account. No changes will be made to a student's Rush account after the waiver deadline. Please see side 2 for dates.

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 rush.myahpcare.com.

You get online access to:

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

For additional information, go to
rush.myahpcare.com.

* Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from 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 an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Illinois.

Rush University 2020-2021 Plan Highlights ^{1,2}

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$250/\$500	\$500/\$1,500
Out-of-Pocket Maximum (Individual/Family)	\$6,350/\$12,700	\$15,000/\$25,400
Benefit Coverage		
	Network Provider	Out-of-Network Provider
<i>Deductible applies unless noted below:</i>		
Hospital Expenses	80%	50%
Surgical Expenses	80%	50%
Doctor's Visits	100% after: \$20 primary copay and \$20 specialist copay	50% after: \$20 primary copay and \$20 specialist copay
Emergency Care and Accidental Injury	80% after \$250 copayment (deductible waived)	
Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply		
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	50%
Needlestick Benefit	100% (deductible waived)	100% (deductible waived)
Prescription Drugs	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$50 copayment for each preferred brand-name drug** \$80 copayment for non-preferred brand-name drug** 	50% after: <ul style="list-style-type: none"> \$20 copayment for each generic drug \$50 copayment for each preferred brand-name drug** \$80 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.
<i>Per 30-day Retail Supply (deductible waived)</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.		
Preventative Care Services	100% (deductible waived)	50%

Deadlines, Coverage Periods and Premium Costs***

College of Medicine	Fall		Spring		Summer	
Open Enrollment for Dependents	07/17/2020 through 09/17/2020		11/16/2020 through 01/15/2021		03/12/2021 through 05/21/2021	
1 st Year Coverage Period	08/25/2020 through 12/31/2020		01/01/2021 through 04/30/2021		05/01/2021 through 07/31/2021	
	Spouse \$1,471	Child ^d \$1,471	Spouse \$1,369	Child ^d \$1,369	Spouse \$1,050	Child ^d \$1,050
2 nd Year Coverage Period	08/01/2020 through 12/31/2020		01/01/2021 through 04/30/2021		(3rd Year Coverage Period Begins) 05/01/2021 through 07/31/2021	
	Spouse \$1,744	Child ^d \$1,744	Spouse \$1,369	Child ^d \$1,369	Spouse \$1,050	Child ^d \$1,050
3 rd Year Coverage Period	08/01/2020 through 12/31/2020		01/01/2021 through 04/30/2021		(4th Year Coverage Period Begins) 05/01/2021 through 07/31/2021	
	Spouse \$1,744	Child ^d \$1,744	Spouse \$1,369	Child ^d \$1,369	Spouse \$1,050	Child ^d \$1,050
4 th Year Coverage Period	08/01/2020 through 12/31/2020		01/01/2021 through 07/31/2021		N/A	
	Spouse \$1,744	Child ^d \$1,744	Spouse \$2,417	Child ^d \$2,417		

*** A \$6.00 AES/SAP fee is included for 1st year Fall rates. A \$7.00 AES/SAP fee is included for 2nd, 3rd, and 4th year Fall rates. A \$6.00 AES/SAP fee is included for 1st, 2nd, and 3rd year Spring rates. A \$10.00 AES/SAP fee is included for 4th year Spring rates. A \$5.00 AES/SAP fee is included for 1st, 2nd, and 3rd year Summer rates. ¹ A 2 child maximum.

All Other Colleges	Fall	Spring	Summer
Coverage Periods	09/01/2020 through 12/31/2020	01/01/2021 through 04/30/2021	05/01/2021 through 08/31/2021
Open Enrollment and Waiver Period	07/17/2020 through 09/17/2020	11/16/2020 through 01/15/2021	03/12/2021 through 05/21/2021
Student	\$1,391	\$1,369	\$1,403
Spouse	\$1,391	\$1,369	\$1,403
Child ^d	\$1,391	\$1,369	\$1,403

***A \$6.00 AES/SAP fee is included in All Other Colleges' rates. ¹ A 2 child maximum.

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 Organization (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, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

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

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711). For the full list of languages, see your specific school brochure.