

2020-2021

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.

Students must maintain their eligibility in order to maintain or continue coverage under this policy. Covered Students who lose eligibility status prior to the end of their enrolled coverage period will no longer be covered as of the first of the month following the loss of eligibility. Students enrolled for the Summer sessions will not experience a loss in coverage as long as they were covered immediately preceding the Summer sessions. These Students may be eligible for continuation coverage as provided for in the policy for 6 months. Home study, correspondence, on-line, and television (TV) courses do not fulfill the eligibility requirements. We maintain the right to investigate student status and attendance records to verify that eligibility requirements have been met. If We discover the eligibility requirements have not been met, Our only obligation is to refund any unearned premium paid for that person.

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

For continuing students, please see below for open enrollment and waiver deadline instructions. New incoming students must enroll online 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. Dependents will NOT automatically be re-enrolled. Students will need to re-enroll them by each quarter's deadline. Dependents cannot purchase coverage unless the student has purchased coverage. To view rates and enrollment information, please go to 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

* 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.

Rosalind Franklin University 2020–2021 Plan Highlights ^{1,2}

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$1,500 / \$4,500	\$4,500 / \$13,500
Out-of-Pocket Maximum (Individual/Family)	\$5,400 / \$10,800	\$11,300 / \$22,600
Benefit Coverage		
<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
Hospital Expenses	80% after a \$100 per admission copayment	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after a \$30 Primary copayment; \$60 Specialist copayment	60%
Emergency Care and Accidental Injury	80% after a \$200 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%	60%
Prescription Drugs <i>Per 30-day Retail Supply (\$150 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 ³ , 100% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$40 copayment for each brand-name drug** \$100 copayment for non-preferred brand-name drug** \$125 copayment for each specialty drug 	50% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$40 copayment for each brand-name drug** \$100 copayment for non-preferred brand-name drug** \$125 copayment for each specialty 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)	60%

Deadlines, Coverage Periods and Premium Costs***

	New Fall	Fall	Winter	Spring
Dates Covered	8/1/2020 - 10/31/2020	7/1/2020 - 10/31/2020	11/1/2020 - 2/28/2021	3/1/2021 - 6/30/2021
Student Rate	\$908.52	\$1,211.36	\$1,211.36	\$1,211.36
Student and Spouse Rate	\$1,817.04	\$2,422.72	\$2,422.72	\$2,422.72
Student and One Child Rate	\$1,817.04	\$2,422.72	\$2,422.72	\$2,422.72
Student, Spouse and One Child Rate ****	\$2,725.56	\$3,634.08	\$3,634.08	\$3,634.08

*** A \$18 AES fee is included. **** 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.

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, 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.