

2021-2022

Western Illinois University (WIU) 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?

Students taking nine (9) class hours or more are automatically enrolled in the Student Health Insurance Program, unless proof of comparable coverage is furnished.

All Graduate Assistants under contract with the University and enrolled in on-campus classes, WESL students, and Spoon River College students residing in University housing are also assessed the fee for this coverage. Students from the WIU Quad Cities campus are eligible to opt into the 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.

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 by each semester's deadline. To view rates and enrollment information, please go to wiu.myahpcare.com.

For additional information, go to
wiu.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.

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.

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Western Illinois University (WIU) 2021-2022 Plan Highlights ^{1,2}

Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$500/\$1,500	\$1,000/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$7,200/\$13,200	\$20,000/\$38,400
Student Health Services	The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Beu Health Center. The Copay will be waived for Covered Medical Expenses incurred at the Beu Health Center for the following services: Physician's Visits and Prescription Drugs.	

Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
Hospital Expenses	80%	50%
Surgical Expenses	80%	50%
Doctor's Visits	100% after a \$25 copayment	50%
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$300 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"> \$30 copayment for each generic drug \$60 copayment for each brand-name drug** \$80 copayment for non-preferred brand-name drug** 	50% after a: <ul style="list-style-type: none"> \$30 copayment for each generic drug \$60 copayment for each 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.
Preventative Care Services	100% (deductible waived)	50%

Deadlines, Coverage Periods and Premium Costs**

	Fall	Spring
Open Enrollment	6/1/2021 - 9/3/2021	12/1/2021 - 2/1/2022
Waiver Deadline	9/3/2021	2/1/2022
Dates Covered	8/1/2021 - 1/31/2022	2/1/2022 - 7/31/2022
Student Rate	\$795	\$795
Spouse Rate	\$795	\$795
Per Child Rate ***	\$795	\$795

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 School 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.

A \$21.00 AES fee is included for Fall and Spring. **A \$40.00 Administrative fee is included for Fall and Spring. * A 2 child maximum.

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 a 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 Policy.