



Student Health Insurance Plan

for Rosalind Franklin University

2023 – 2024

Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of Illinois (BCBSIL).

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 (SHIP) 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 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.

To enroll or for more information

To get started, see the Enrollment section below.

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at rosalindfranklin.myahpcare.com.



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSIL
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Premium Costs and Coverage Periods

	New Fall	Returning Fall	Winter	Spring	New Summer
Dates Covered	8/01/2023 - 10/31/2023	7/01/2023 - 10/31/2023	11/01/2023 - 2/29/2024	3/01/2024 - 6/30/2024	6/01/2024 - 6/30/2024
Student Rate	\$1,178.25	\$1,571.00	\$1,571.00	\$1,571.00	\$392.75
Student and Spouse Rate	\$2,356.50	\$3,142.00	\$3,142.00	\$3,142.00	\$785.50
Student and One Child Rate	\$2,356.50	\$3,142.00	\$3,142.00	\$3,142.00	\$785.50
Student, Spouse and One Child Rate	\$3,534.75	\$4,713.00	\$4,713.00	\$4,713.00	\$1,178.25

A \$12.00 AES/ASAP/ALC fee is included for New Fall. A \$16.00 AES/ASAP/ALC fee is included for Returning Fall, Winter and Spring. A \$4.00 fee is included for New Summer. 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.

Benefit Maximums and Deductibles	In-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

Benefits Deductible applies unless noted below:	In-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 Facility Services - Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after a \$200 Copayment (Deductible Waived)	80% after a \$200 Copayment (Deductible Waived)
Physician Services	80%	80%
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Preventative Care Services	100% (Deductible Waived)	60%
Prescription Drugs Per 30-day Retail Supply (\$150 Annual Deductible applies) *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, 100% after: <ul style="list-style-type: none"> • \$15 Copayment for each generic drug • \$40 Copayment for each brand-name drug* • \$100 Copayment for each 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 each non-preferred brand-name drug* • \$125 Copayment for each specialty drug <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>



Additional Enrollment and Waiver Deadline Instructions:

For continuing students, please see below for open enrollment and waiver deadline instruction.

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.

Open Enrollment Dates:

Returning Fall: 06/01/2023-06/16/2023

New Fall: 06/29/2023-07/28/2023

Winter: 09/28/2023-10/12/2023

Spring: 01/16/2024-01/30/2024

New Summer: 04/03/2024-05/01/2024

Waiver Deadlines:

Returning Fall: 06/16/2023

New Fall: 08/01/2023

Winter: 10/12/2023

Spring: 01/30/2024

New Summer: 05/01/2024

To see all rates, enrollment information and coverage periods available, please visit rosalindfranklin.myahpcare.com.

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.

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. Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

*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).

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય અથવા કોઈ બીજા વ્યક્તિને અસુખી અમ. કાયકમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુસ્મૃતિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da biká anánílwo'ígíí, na'ídiłkido, ts'ídá bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bina'ídiłkídígíí bee ní h odoonih. Ata'dahalne'ígíí bich'í' hodíłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polски Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.