



# Student Health Insurance Plan

## for School of the Art Institute of Chicago - Domestic Students

**2024-2025**



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

## Who can enroll?

The School of the Art Institute of Chicago (SAIC) requires health insurance coverage for all full-time domestic undergraduate, graduate, exchange and certificate students.

The premium for SAIC's Student Health Insurance Plan (SHIP) will automatically be charged, per semester, to each student's account. If students have insurance coverage comparable to SAIC's SHIP, a waiver may be submitted online by the published deadline(s) at [saic.myahpcare.com](https://saic.myahpcare.com).

To waive the student health insurance plan, you must complete the online waiver by the deadline. If you do not waive coverage by the deadline, the premium will be charged to your student account. No changes will be made to the student's account after the waiver deadline.

SAIC's SHIP is available upon request to part-time domestic students at [saic.myahpcare.com](https://saic.myahpcare.com).

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 [saic.myahpcare.com](https://saic.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

	Fall	Spring (New Students)	Spring (Returning Students)	Summer (New Students)
Dates Covered	08/19/2024 - 01/22/2025	01/18/2025 - 08/18/2025	01/23/2025 - 08/18/2025	06/10/2025 - 08/18/2025
Student Rate	\$1,850	\$1,850	\$1,850	\$710
Spouse Rate	\$1,850	\$1,850	\$1,850	\$710
Per Child Rate	\$1,850	\$1,850	\$1,850	\$710

A \$21 AES/ASAP/ALC and \$120 Administration fee is included for Fall, Spring (New Students), and Spring (Returning Students) rates. A \$8.00 AES /ASAP/ALC and \$46 Administration fee is included for Summer (New Students) rate. A 2 child maximum.

To see all enrollment and coverage periods available, please visit [saic.myahpcare.com](https://saic.myahpcare.com).

Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual)	\$500	\$1,000
Out-of-Pocket Maximum (Individual)	\$8,150	\$16,300

Benefits Deductible applies unless noted below	In-Network Provider	Out-of-Network Provider
Hospital Expenses	80%	50%
Surgical Expenses	80%	50%
Doctor's Visits	100% after a \$30 Copayment	50% after a \$30 Copayment
Emergency Care and Accidental Injury Facility Services - Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after a \$300 Copayment	80% after a \$300 Copayment
Physician Services	80%	80%
Urgent Care Services	100% afer a \$50 Copayment	50% after a \$30 Copayment
Diagnostic X-Rays & Laboratory Procedures (deductible waived)	80%	50%
Preventative Care Services	100% (deductible waived)	50%
<b>Prescriptions</b> 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 geneic drug or supply available.	At pharmacies contracting with Prime Therapeutics**, 100% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$35 copayment for each brand-name drug*</li> <li>\$50 copayment for each non-preferred brand-name drug*</li> </ul>	50% after:  <b>Please note:</b> 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.



Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at [saic.myahpcare.com](https://saic.myahpcare.com).

### Open Enrollment Deadlines:

**Fall:** 06/15/2024 - 08/28/2024

**Spring (New Students):** 11/20/2024 - 01/23/2025

**Summer (New Students):** 05/01/2025 - 07/07/2025

### Waiver Deadlines:

**Fall:** 06/15/2024 - 08/28/2024

**Spring (New Students):** 11/20/2024 - 01/23/2025

**Summer (New Students):** 05/01/2025 - 07/07/2025

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, 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.

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. 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. 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., 35<sup>th</sup> Floor  
Chicago, IL 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/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لنلقى المساعدة اللغوية أو التواصل مجاً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájí'k'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.