



Student Health Insurance Plan for **Rush University**

2026 – 2027

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

Enrollment and eligibility information

Rush University Policy requires all students to have quality health insurance. Enrollment in the plan for all **College of Health Sciences, College of Nursing, Medical College, and Division of Translational Science students** is required unless the student provides proof of coverage under an alternate plan. Students in these four colleges may enroll online.

The set premium will be charged to your tuition bill. If you have alternate coverage through another insurance carrier, you can show proof of alternate 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 alternate coverage. Also, please note that no pro-rata refunds will be given once enrolled in the program.

Special notes on eligibility

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.

Please refer to the plan's Medical Policy to review all eligibility criteria. The Medical Policy and additional information can be found at rush.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

College of Health Sciences, College of Nursing and Division of Translational Science

	Early Arrival	Fall	Spring	Summer
Medical	08/01/2026 - 08/31/2026	09/01/2026 - 12/31/2026	01/01/2027 - 04/30/2027	05/01/2027 - 08/31/2027
Student	\$583	\$2,336	\$2,298	\$2,355
Spouse	\$583	\$2,336	\$2,298	\$2,355
Each Child*	\$583	\$2,336	\$2,298	\$2,355

Medical College (Annual)

	1st Year Annual	2nd, 3rd & 4th Year Annual
Medical	07/01/2026 - 07/31/2027	08/01/2026 - 07/31/2027
Student	\$7,572	\$6,989
Spouse	\$7,572	\$6,989
Each Child	\$7,572	\$6,989

A \$4 AES/ASAP/ALC fee is included for the Early Arrival Fall rates. A \$17 AES/ASAP/ALC fee is included in the Fall, Spring, and Summer rates. *A 2 child maximum.

A \$55 AES/ASAP/ALC fee is included in the 1st Year Annual rates. A \$51 AES/ASAP/ALC fee is included in the 2nd, 3rd & 4th Year Annual rates.

To see all enrollment and coverage periods available, please visit rush.myahpcare.com.

Benefit Maximums and Deductibles	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$8,550/\$17,100	\$15,000/\$25,400

Benefits (Deductible applies unless noted below)	In-Network Provider	Out-of-Network Provider
Doctor's Visits	100% after: \$30 primary copay and \$30 specialist copay	50% after: \$30 primary copay and \$30 specialist copay
Hospital Expenses	80%	50%
Surgical Expenses	80%	50%
Emergency Care and Accidental Injury		
Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$250 copayment (deductible waived)	80% after \$250 copayment (deductible waived)
Physician Services	80%	80%
Diagnostic X-Rays & Laboratory Procedures	80%	50%
Needlestick Benefit	100% (deductible waived)	100% (deductible waived)
Preventive Care Services	100% (deductible waived)	50%
Prescription Drugs Per 30-day Retail Supply (deductible waived)	At pharmacies contracting with Prime Therapeutics**, 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 each non-preferred brand-name drug*
* Copayment plus the cost difference between the brandname drug or supplies per prescription for which there is a generic drug or supply available.		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.

Waiver information

To be eligible for a waiver, Rush University requires students to provide evidence of health insurance coverage. College of Health Sciences, College of Nursing, and Division of Translational Science will waive every first term of enrollment and then every Fall term.

The waiver period for Rush Medical College is during Fall 2026 only.

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.

Open Enrollment and Waiver Period Dates

(College of Health Sciences, College of Nursing and Division of Translational Science)

Early Arrival Fall: 07/20/2026 - 08/15/2026 (Open Enrollment only)

Fall: 07/20/2026 - 09/30/2026

Spring: 11/18/2026 - 01/16/2027

Summer: 03/15/2027 - 05/27/2027

Open Enrollment and Waiver Period Dates (Medical College)

1st Year Annual: 06/18/2026 - 09/30/2026

2nd, 3rd & 4th Year Annual: 07/20/2026 - 09/30/2026

Academic HealthPlans, Inc. (AHP), part of the Brown & Brown team, 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).



Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

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

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hól'ó. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hól'ó. Kohjil' 855-710-6984 (TTY: 711) hodiilnih doodago nika'análwo'í bich'í' hanidziil.
Farsi فارسی	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
Urdu اردو	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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