



Student Health Insurance Plan

for Rosalind Franklin University

2025 – 2026

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. 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 3 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.

Additional enrollment information

Refer to page 3 for additional enrollment and waiver information.

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

	Annual Returning	Annual New	New Summer
Dates Covered	07/01/2025 - 06/30/2026	08/01/2025 - 06/30/2026	06/01/2026 - 06/30/2026
Student Rate**	\$4,713	\$4,320.25	\$392.75
Student and Spouse Rate	\$4,713	\$4,320.25	\$392.75
Student and One Child Rate	\$4,713	\$4,320.25	\$392.75
Student, Spouse and One Child Rate	\$4,713	\$4,320.25	\$392.75

**Annual fee is \$228. A \$48.00 AES/ASAP/ALC fee is included for Annual returning students. A \$44.00 AES/ASAP/ALC fee is included for Annual new students. A \$4.00 fee is included for New Summer. A 2 child maximum.

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.

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

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 preferred 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 preferred 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.



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

Open Enrollment Dates

Returning Annual: 06/02/2025 - 06/23/2025

New Annual: 07/03/2025 - 07/24/2025

New Summer: 04/15/2026 - 05/08/2026

Waiver Deadlines

Returning Annual: 06/23/2025

New Annual: 07/24/2025

New Summer: 05/08/2026

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., 35th 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	لتلقي 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.