

School of the Art Institute of Chicago 2018-2019 International Students

Student Health Insurance Plan

Important Insurance Information

- SAIC's insurance carrier for the 2018-2019 policy year is National Guardian Life Insurance Company.
- Students are covered by Cigna's national PPO network with access to over 840,000 providers and 6,000 hospitals nationwide.
- Students have access to prescription benefits with the CVS Health national pharmacy network. This network includes over 69,000 retail pharmacies including Walgreens, Rite Aid and CVS.

Eligibility

The School of the Art Institute of Chicago (SAIC) requires health insurance coverage for all international 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.

Please view the complete brochure on-line at saic.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



1-855-844-3023



saic.myahpcare.com



@ahpcare



Academic HealthPlans



@ahpcare



School of the Art Institute
of Chicago



Academic
HealthPlans™

School of the Art Institute of Chicago 2018-2019

Student Health Insurance Plan

This 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the Cigna network (outside of MA and RI).

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited
Deductible	Network Provider: \$250 per Insured Person, per Policy Year Non-Network Provider: \$500 per Insured Person, per Policy Year
Individual Out-of-Pocket	\$6,850 per Insured Person, per Policy Year
Family Out-of-Pocket	\$13,700 per Insured Person, per Policy Year

***Preventive Services:** The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance for Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount.

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance for Covered Medical Expenses</i>	<i>Payments are based on the Usual and Reasonable Charge for Covered Medical Expenses</i>
Hospital Room and Board Expense	80%	60%
Inpatient Surgery	80%	60%
Outpatient Surgery	80%	60%
In-Office Physician's Visits	100% after a \$30 Copayment	60% after a \$30 Copayment
Rehabilitation Therapy, includes Habilitative Services and Cardiac Rehabilitation Services	80% after a \$30 Copayment	60% after a \$30 Copayment
Outpatient Mental Health Disorder	100% after a \$30 Copayment	80% after a \$30 Copayment
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense Copayment waived if admitted	80% after a \$300 Copayment	80% after a \$300 Copayment
Prescription Drugs	At pharmacies contracting with HealthSmartRX® 100% after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand Drug \$50 Copayment per Brand Drug	60%

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2018-2019 INTERNATIONAL PREMIUM COSTS AND COVERAGE PERIODS

International Coverage Periods	Fall 08/19/2018 to 01/24/2019**	Spring (New Students) 01/16/2019 to 08/19/2019**	Spring (Returning Students) 01/24/2019 to 08/19/2019**	Summer (New Students) 06/16/2019 to 08/19/2019**
Open Enrollment	06/15/2018 through 08/29/2018	11/20/2018 through 01/24/2019	11/20/2018 through 01/24/2019	05/01/2019 through 07/08/2019
Student	\$ 1,050.00	\$ 1,050.00	\$ 1,050.00	\$ 379.00
Spouse	\$ 1,050.00	\$ 1,050.00	\$ 1,050.00	\$ 379.00
Each Child	\$ 1,050.00	\$ 1,050.00	\$ 1,050.00	\$ 379.00

****The coverage periods are effective and will terminate at 12:01am on the dates advertised. These rates include an administrative fee.**

To view all enrollment and coverage periods available, please visit saic.myahpcare.com or call Academic HealthPlans at 1-855-844-3023.