

2026 – 2027

# Student Health Insurance Plan

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

### Welcome to AcademicBlue, your Student Health Insurance Plan

#### Who is automatically enrolled?\*

- All full-time domestic undergraduate, graduate, exchange and certificate students

\*Unless proof of comparable coverage is provided at [saic.myahpcare.com/waiver](https://saic.myahpcare.com/waiver).

#### Special notes on waiving coverage

- 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.

#### Who can voluntarily enroll?

- All part-time domestic students upon request 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.

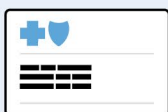
Refer to the plan's policy to review all eligibility criteria.  
The medical policy and additional information can be found at [saic.myahpcare.com](https://saic.myahpcare.com).

#### Open enrollment deadlines

- **Fall:** 06/15/2026 – 08/24/2026
- **Spring/Summer (New Students):** 11/20/2026 – 02/28/2027
- **Summer (New Students):** 05/03/2027 – 07/14/2027
- **Fall (OPT Students):** 06/15/2026 – 09/30/2026

#### Waiver deadlines

- **Fall:** 08/24/2026
- **Spring/Summer (New Students):** 02/28/2027
- **Summer (New Students):** 07/14/2027



#### 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

## School of the Art Institute of Chicago – Domestic Students Plan Highlights<sup>1, 2</sup>

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

| Benefits<br>(Deductible applies unless noted below)                                                                                                                                                                                  | In-Network Provider                                                                                                                                                                                                                                                                           | Out-of-Network Provider                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hospital Expenses</b>                                                                                                                                                                                                             | 80%                                                                                                                                                                                                                                                                                           | 50%                                                                                                                                                                                                                 |
| <b>Surgical Expenses</b>                                                                                                                                                                                                             | 80%                                                                                                                                                                                                                                                                                           | 50%                                                                                                                                                                                                                 |
| <b>Doctor's Visits</b>                                                                                                                                                                                                               | 100% after \$30 Copayment                                                                                                                                                                                                                                                                     | 50% after \$30 Copayment                                                                                                                                                                                            |
| <b>Emergency Care and Accidental Injury</b><br>Facility Services – Copayment is waived if the insured is admitted, Inpatient hospital expenses will apply                                                                            | 80% after \$300 Copayment                                                                                                                                                                                                                                                                     | 80% after \$300 Copayment                                                                                                                                                                                           |
| <b>Physician Services</b>                                                                                                                                                                                                            | 80%                                                                                                                                                                                                                                                                                           | 80%                                                                                                                                                                                                                 |
| <b>Urgent Care Services</b>                                                                                                                                                                                                          | 100% after \$50 Copayment                                                                                                                                                                                                                                                                     | 50% after \$30 Copayment                                                                                                                                                                                            |
| <b>Diagnostic X-Rays &amp; Laboratory Procedures</b><br>(deductible waived)                                                                                                                                                          | 80%                                                                                                                                                                                                                                                                                           | 50%                                                                                                                                                                                                                 |
| <b>Preventive Care Services</b>                                                                                                                                                                                                      | 100% (deductible waived)                                                                                                                                                                                                                                                                      | 50%                                                                                                                                                                                                                 |
| <b>Prescription Drugs</b><br>Per 30-day Retail Supply (deductible waived)<br><br>*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 <sup>3</sup> , 100% after:<br><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 nonpreferred brand-name drug*</li> </ul> | 50% after:<br><br><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. |

## Premium Costs\* and Coverage Periods

|                       | Fall                    | Spring<br>(New Students) | Summer<br>(Returning Students) | Summer<br>(New Students) |
|-----------------------|-------------------------|--------------------------|--------------------------------|--------------------------|
| <b>Dates Covered</b>  | 08/19/2026 – 01/24/2027 | 01/18/2027 – 08/18/2027  | 01/25/2027 – 08/18/2027        | 06/10/2027 – 08/18/2027  |
| <b>Student Rate</b>   | \$1,970.00              | \$1,970.00               | \$1,970.00                     | \$757.00                 |
| <b>Spouse Rate</b>    | \$1,970.00              | \$1,970.00               | \$1,970.00                     | \$757.00                 |
| <b>Per Child Rate</b> | \$1,970.00              | \$1,970.00               | \$1,970.00                     | \$757.00                 |

\*A \$25.50 AES/ASAP/ALC and \$272.50 University Administrative fee is included for Fall, Spring/Summer (new students) and Spring/Summer (returning students) rates.

A \$10 AES/ASAP/ALC and \$105 University Administrative fee is included for Summer (new students) rates. A 2 child maximum.

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

1 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.

2 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.

3 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.

Academic HealthPlans, Inc., 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.

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).

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## 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](mailto: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](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)  
Complaint Forms:  
[hhs.gov/civil-rights/filing-a-complaint/index.html](https://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](https://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<br>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<br>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.                                                               |

**bcbsil.com**



**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<br>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<br>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<br>German   | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste 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<br>Gujarati | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી 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<br>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<br>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<br>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<br>Navajo      | SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hól'í. Bee ahił 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'í. Kohj'í' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidzihi. |
| فارسی<br>Farsi      | 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<br>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<br>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<br>Tagalog  | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang 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.                       |
| اردو<br>Urdu        | 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<br>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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