



Academic  
HealthPlans<sup>SM</sup>



School of the Art Institute  
of Chicago

# Student Health Insurance Plan

## User Guide

### 2018-2019

**Policy Number: 2018A4A18**

The 2017-2018 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company.  
National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.

AHP-UG(16) NGL-SAIC

# Table of Contents

<b>03</b>	<b>Health Insurance Contact Information</b> <b>What the SAIC Student Health Plan Offers</b>
<b>04</b>	<b>Top 5 Things You Need to Know</b>
<b>05</b>	<b>Eligibility</b> <b>Enrollment and Waiver Details</b>
<b>06</b>	<b>Online Tools</b> <b>Rates</b> <b>Effective Dates</b>
<b>07</b>	<b>Covered Services</b>
<b>10</b>	<b>Commonly Used Terms</b>
<b>11</b>	<b>Exclusions</b> <b>24 Hour Nurseline</b> <b>Worldwide Assistance</b>

## Health Insurance Contact Information

*New Insurance Contacts for 2017-2018 year*

### Useful contact info:

#### Academic HealthPlans:

For enrollment and waiver questions call 1-855-844-3023

#### Cigna Healthcare:

For claims questions call 1-844-545-9492

#### Healthsmart RX Pharmacy Network:

For questions about prescriptions call 1-800-681-6912

For a prescription claim form, visit [saic.myahpcare.com](http://saic.myahpcare.com) and click on "Claims"

#### Mail medical claims to:

Cigna Healthcare

PO Box 188061

Chattanooga, TN 37422-8061

Search for a Cigna Network Provider: [saic.myahpcare.com](http://saic.myahpcare.com) and click on "Find a Doctor or Hospital"

## What the SAIC Student Health Insurance Plan Offers

The School of the Art Institute of Chicago Health Insurance Plan is a fully insured Student Health Insurance Plan underwritten by National Guardian Life Insurance Company.

Your Plan is a Preferred Provider Organization or "PPO" Plan. It provides you with a higher level of coverage when you receive Covered Medical Expenses from physicians who are part of the Plan's network referred to as "In-Network". The In-Network providers participate in the Cigna Network.

The Plan also provides coverage when you obtain Covered Medical Expenses from Physicians who are not part of the Plan's network, referred to as "Out-of-Network".

The Premium Rates and the list of Covered Services are illustrated in this guide. Please contact our Customer Care Representatives with any questions you may have about the Plan. The SAIC customer care phone number is 1-855-844-3023.

### Did you Know?

The cost of the Student Health Insurance Plan may be less expensive than coverage as a dependent under your Parent's Plan.

View plan details at [saic.myahpcare.com](http://saic.myahpcare.com)

## Top 5 Things You Need to Know

**#1** The Student Health Insurance Plan (SHIP) provides coverage for basic care and prescription drugs which includes, but is not limited to the following:

- Primary Care
- Care from many specialists
- Urgent Care
- Mental and behavioral health care/counseling
- Lab testing and screenings

**#2** The Student Health PPO Plan provides nationwide coverage through Cigna with access to over 840,000 medical and behavioral health providers and 6,000 hospitals. There are currently 1,850 In-Network Providers and 5 In-Network Hospitals within 1 mile of SAIC.

**#3** Your Student Health PPO Plan also includes Prescription Drug Coverage. To find In-Network pharmacies in or out of the Chicago area go to [saic.myahpcare.com](http://saic.myahpcare.com) and click on the “Find a Pharmacy” link.

**#4** Full-time domestic undergraduate, graduate, exchange and certificate students and all international students are automatically enrolled in and billed for the Student Health Insurance Plan. Students who have comparable health insurance can elect to waive the Student Health Insurance Plan.

**#5** ID Cards will be mailed directly to the student. For questions regarding Benefits, Claims and ID Card information, please contact HealthSmart at 1-844-545-9492.

## Are You Eligible?

SAIC requires health insurance coverage for all domestic undergraduate, graduate, exchange and certificate students enrolled full-time, and all international students.

Unless full-time undergraduate, domestic, graduate, exchange and certificate students, and international students submit a waiver online through [saic.myahpcare.com](http://saic.myahpcare.com), they will automatically be enrolled in SAIC's Student Health Insurance Plan. The premium will be charged, per semester, to each student's account.

If a student has comparable coverage and wishes to waive SAIC's Student Health Insurance Plan for the entire academic year, a waiver must be completed online by visiting [saic.myahpcare.com](http://saic.myahpcare.com) by the first day of fall classes. Spring-only waivers are due by the first day of spring classes. Summer waivers are required only of new students who begin their degree program in the summer.

### Did you Know?

The Student Health Insurance Plan includes worldwide travel assistance.

### Dependent Eligibility

Eligible students who enroll in the plan may also enroll their eligible dependents. Eligible dependents are the Insured Student's spouse/domestic partner residing with the Insured Student; or the Insured Student's unmarried Children to age 26.

For additional plan information please refer to your Certificate of Coverage at [saic.myahpcare.com](http://saic.myahpcare.com).

## Enrollment and Waiver Details

Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan. Students who have comparable health insurance can elect to waive the Student Health Insurance Plan. To provide proof of comparable coverage, an online waiver form must be completed and submitted by August 29, 2018. To waive the Student Insurance Plan visit [saic.myahpcare.com](http://saic.myahpcare.com).

### Waiver Deadline

Students who do not wish to be enrolled in the plan and have comparable coverage can elect to waive their coverage. Students who do not submit an online waiver form by the deadline will be enrolled in and billed for the Student Health Insurance Plan.

Coverage Period	Waiver Deadline
Annual	8/29/18
Spring	1/24/19
Summer	7/08/19

SAIC reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Health Insurance Plan.

View plan details at [saic.myahpcare.com](http://saic.myahpcare.com)

## Online Tools

Our Student Portal, [saic.myahpcare.com](http://saic.myahpcare.com), provides students with one central location for all of your student health insurance needs, including how to get a copy of your ID card, searching for a provider or hospital and viewing benefit documents.

## Rates

Domestic & International	Fall	Spring (New Students)	Spring (Returning Students)	Summer (New Students)
Student	\$1,050	\$1,050	\$1,050	\$379
Spouse/ Domestic Partner	\$1,050	\$1,050	\$1,050	\$379
Each Child	\$1,050	\$1,050	\$1,050	\$379

Rates above include both premium and administrative fees

## Effective Dates

Domestic & International	Effective Date	Termination Date
Fall	08/19/2018	01/24/2019*
Spring (New Students)	01/16/2019	08/19/2019*
Spring (Returning Students)	01/24/2019	08/19/2019*
Summer (New Students)	06/16/2019	08/19/2019*

\*The coverage periods are effective and will terminate at 12:01 AM on the dates advertised.

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## Covered Services

**Preventive Services: Network Provider:** The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable Charge when services are provided through a Network Provider. **Non-Network:** The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 60% of the Usual and Reasonable Charge.

Please visit [healthcare.gov/preventive-care-benefits/](http://healthcare.gov/preventive-care-benefits/) for more information.

<b>Annual Deductible: Network Provider Annual Deductible: Non-Network Provider Out of Pocket Maximum Plan Maximum</b>	<b>\$250 per Insured Person, per Policy Year \$500 per Insured Person, per Policy Year \$6,850 per Insured Person, Per Policy Year \$13,700 per Family, per Policy Year Unlimited</b>	
<b>Inpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Hospital Room &amp; Board Expenses</b> Pre-certification required	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospital Intensive Care Unit Expense</b> , in lieu of normal Hospital Room & Board Expenses Pre-certification required	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospital Miscellaneous Expenses</b> , for services & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic services, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Preadmission Testing</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Physician's Visits while confined</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Inpatient Surgery:</b> Pre-certification required Surgeon Services Anesthetist Assistant Surgeon	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Registered Nurse Services</b> , for private duty nursing while confined	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Skilled Nursing Facility Expense Benefit</b> Pre-certification required	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Mental Health Disorder Benefit</b> Pre-certification required	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Substance Use Disorder Benefit</b> Pre-certification required	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Outpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Outpatient Surgery:</b> Surgeon Services Anesthetist Assistant Surgeon	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Outpatient Surgery Miscellaneous</b> , excluding not-scheduled surgery – expenses for services & supplies, such as cost of operating room, therapeutic services, misc. supplies, oxygen, oxygen tent, and blood & plasma	80% of PPO Allowance	60% of Usual and Reasonable Charge

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<b>Outpatient Benefits</b>	<b>Network Provider</b>	<b>Non-Network Provider</b>
<b>Rehabilitation Therapy</b> , including cardiac rehabilitation, pulmonary rehabilitation, physical therapy, occupational therapy and speech therapy  <b>Habilitative Services</b> , covered to the extent that they are Medically Necessary  <b>Cardiac Rehabilitation services</b> , limited to 36 treatment sessions per 6-month period	80% of PPO Allowance Copayment: \$30	60% of Usual and Reasonable Charge Copayment: \$30
<b>Emergency Services Expenses</b> , emergency medical care because of a criminal sexual assault or abuse – no cost sharing	80% of PPO Allowance Copayment: \$300 Copayment waived if admitted	80% of PPO Allowance Copayment: \$300 Copayment waived if admitted
<b>In-Office Physician's Visits</b>	100% of PPO Allowance Copayment: \$30	60% of Usual and Reasonable Charge Copayment: \$30
<b>Mental Health Disorder*</b>	100% of PPO Allowance Copayment: \$30	80% of Usual and Reasonable Charge Copayment: \$30
<b>Substance Use Disorder*</b>	100% of PPO Allowance Copayment: \$30	80% of Usual and Reasonable Charge Copayment: \$30
<b>Urgent Care Centers or Facilities</b>	100% of PPO Allowance Copayment: \$50	60% of Usual and Reasonable Charge Copayment: \$30
<b>Diagnostic X-ray Services</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Laboratory Procedures*</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Allergy Testing and Treatment Benefit</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Prescription Drugs*</b>	<i>At pharmacies contracting with the HealthSmart Rx</i> 100% of PPO Allowance after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand Drug \$50 Copayment per Brand Drug \$50 Copayment per Specialty Drug	60% of Usual and Reasonable Charge
<b>Outpatient Miscellaneous Expense</b> for services not otherwise covered but excluding surgery	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Home Health Care Expenses</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Hospice Care Coverage</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Private Duty Nursing</b>	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Chiropractic Care</b>	80% of PPO Allowance Copayment: \$30	60% of Usual and Reasonable Charge Copayment: \$30

\* The annual deductible is waived for these services

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Other Benefits	Network Provider	Non-Network Provider
Ambulance Service	80% of PPO Allowance	80% of PPO Allowance <i>(subject to in-network deductible)</i>
Durable Medical Equipment	80% of PPO Allowance	60% of Usual and Reasonable Charge
Maternity Benefit	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Gender Confirmation Surgery and Related Services (Filed as Gender Reassignment Surgery)	Same as any other Covered Sickness	
Consultant Physician Services, when requested by the attending physician	80% of PPO Allowance Copayment: \$30	60% of Usual and Reasonable Charge Copayment: \$30
Additional Surgical Opinion upon request by Insured Person	100% of PPO Allowance	100% of Usual and Reasonable Charge
Accidental Injury Dental Treatment	80% of PPO Allowance	80% of Usual and Reasonable Charge
Abortion Expense	80% of PPO Allowance	60% of Usual and Reasonable Charge
<b>Pediatric Dental Care Benefit</b> , Preventive Dental care-limited to 1 dental exam every 6 months  The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care: <ul style="list-style-type: none"> <li>Emergency Dental</li> <li>Clinical Oral Evaluations</li> <li>Endodontic Services</li> <li>Periodontal Services</li> <li>Prosthodontic Services</li> <li>Medically Necessary Orthodontic Care</li> </ul> <i>Pediatric Dental Care Benefit for Insured Persons up to age 19.</i>	See Benefit for limitations 100% of PPO Allowance- Network Provider 100% of Usual and Reasonable Charge- Non-Network Provider  50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable 50% Usual and Reasonable	
<b>Pediatric Vision Care Benefit</b> , Limited to 1 visit per Policy Year and 1 pair of prescribed lenses and frames. <i>Pediatric Vision Care Benefit for Insured Persons who are age 18 and under.</i>	100% of PPO Allowance for Preventive Services	60% of Usual and Reasonable Charge
Naprapathic Service	80% of PPO Allowance	60% of Usual and Reasonable Charge
Non-Emergency Treatment outside the United States	80% of PPO Allowance	60% of Usual and Reasonable Charge
Oral Surgery/Temporomandibular Joint Dysfunction (TMJ) Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Hearing Aid Benefit	80% of PPO Allowance	60% of Usual and Reasonable Charge
Routine Eye Exam for Adults	80% of PPO Allowance	60% of Usual and Reasonable Charge
Treatment of Pediatric Autoimmune Neuropsychiatric Disorders	80% of PPO Allowance	60% of Usual and Reasonable Charge
Immune Gamma Globulin Therapy	80% of PPO Allowance	60% of Usual and Reasonable Charge

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Mandated Benefits	Network Provider	Non-Network Provider
Habilitative Services for Children	Same as any other Habilitative Service	
Shingles Vaccine For Insureds age 60 or older	Same as any other Preventive Service	
Infertility Treatment up to 4 treatments Additional 2 treatments following a live birth	Same as any other Covered Sickness	
Post-Mastectomy Care	Same as any other Covered Sickness	
Reconstructive Breast Surgery	Same as any other Surgical benefit	
Routine Care During Clinical Cancer Trials Benefit	Same as any other Covered Sickness	
Diabetes Management Benefit	Same as any other Covered Sickness	
Amino Acid-based Elemental Formula Benefit	Same as any other Covered Sickness	
Adjunctive Services in Dental Care Benefit	Same as any other Covered Sickness	
Autism Spectrum Disorders Benefit	Same as any other Covered Sickness	
Breast Cancer Pain Medication and Therapy Benefit	Same as any other Prescription Drug	
Multiple Sclerosis Preventive Physical Therapy Benefit	Same as any other Covered Sickness	
Mammography and Clinical Breast Examination	Same as any other Preventive Service	
Prosthetic and Customized Orthotic Devices	Same as any other Covered Sickness	

## Commonly Used Terms

**Claim:** A request for payment that is submitted to your health insurance company for services received.

**Coinsurance:** The ratio by which We and the Insured Person share in the payment of Usual and Reasonable expenses for treatment. The Coinsurance percentage that We will pay is stated in the Schedule of Benefits.

**Copayment (copay):** The amount of Usual and Reasonable expenses for treatment that We do not pay. The Insured Person is responsible for paying this portion of the expenses incurred. Any Copayment amounts are shown in the Schedule of Benefits.

**Deductible:** The dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits.

**Eligibility:** Terms of an insurance policy that define the requirements to become a member on the insurance plan.

**Exclusions:** Expenses for which the plan does not cover nor provide benefits for.

**Inpatient Care:** Medical services provided after a patient is admitted to a facility such as a hospital.

**Network (In-Network) Provider:** Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices.

**Non-Network (Out-of-Network) Provider:** Physicians, Hospitals and other healthcare providers who have not agreed to any pre-arranged fee schedules.

**Out-of-Pocket Maximum:** The maximum amount that you pay during your plan's policy period before your health insurance company will pay 100% of the allowed amount.

**Premium:** The amount you pay to purchase your health insurance plan.

*Commonly Used Terms continued*

**Usual and Reasonable Charge:** The normal charge, in the absence of insurance, of the provider for a service or supply, but not more than the prevailing charge in the area for a:

- Like service by a provider with similar training or experience; or
- Supply that is identical or substantially equivalent.

**Waiver:** Showing proof of adequate health care coverage in order to opt-out of the student health plan.

## Exclusions

The following is a partial list of services and supplies that are not covered. Your plan may contain exceptions to this list based on the plan design purchased.

For a full description of covered benefits and exclusions, please visit [saic.myahpcare.com](http://saic.myahpcare.com).

Certain services are not covered under this plan including but not limited to cosmetic surgery, procedures, supplies and appliances; Custodial Care; Expenses incurred for elective treatment or elective surgery except as specifically provided in the Plan; Care for conditions for which benefits are available under workers' compensation or other government programs other than Medicaid; Hearing Exams; Preventive dental care, except as provided under "Pediatric dental care for Members under age 19" benefit; Reversal of voluntary sterilization; A service, supply or medication which is not medically necessary.

## Your Plan Also Includes

### 24 Hour Nurseline

Experienced RNs are just a phone call away to help you figure out the best course of action for a non-emergency health concern. The 24/7 Nurse Advice Line provides a convenient, easy, and confidential way to get medical care advice. Please call 1-877-924-7758 for more information.

### Worldwide Assistance

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services benefits in your Student Health Plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small. For more details, go to [saic.myahpcare.com](http://saic.myahpcare.com).

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