



Academic
HealthPlansSM



School of the Art Institute
of Chicago

Student Health Insurance Plan

User Guide

2020-2021

Policy Number: 254596

Table of Contents

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

Health Insurance Contact Information

Insurance Contacts for 2020-2021 year

Useful contact info:

Academic HealthPlans:

For enrollment and waiver questions visit saic.myahpcare.com

Blue Cross and Blue Shield of Illinois (BCBSIL):

For claims questions, call 1-855-267-0214

For Medical and Prescription Claims Forms:

Visit saic.myahpcare.com and click on “Claims”

Mail claims to:

BCBSIL

PO Box 805107

Chicago, IL 60680-4112

Search for a BCBS Network Provider: saic.myahpcare.com and click on “Find a Doctor or Hospital” in the Quick Links

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 Blue Cross and Blue Shield of Illinois (BCBSIL).

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 “Network”. The Network providers participate in the BCBSIL PPO 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.

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

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

#2 The Student Health PPO Plan provides coverage through BCBSIL with access to over 322,055 medical and behavioral health providers and 8,918 hospitals nationwide and 18,390 providers and 67 hospitals within 5 miles 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 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 to students. An electronic copy will also be available through your BCBSIL Member Account. For questions regarding Benefits, Claims and ID Cards, please contact BCBS Customer Service at 1-855-267-0214.

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, 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 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.

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 September 2, 2020. To waive the Student Insurance Plan visit 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
Fall	09/02/2020
Spring (new students)	01/28/2021
Summer (new students)	07/12/2021

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

Online Tools

Our Student Portal, 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.

The screenshot shows the AcademicBlue website for the School of the Art Institute of Chicago. At the top, there is a navigation bar with links for Home, Benefits, Cost, Enrollment, Waiver, Claims, Parent Information, Previous Year, and Contact. A 'DO YOU NEED HELP?' button is also present. The main content area includes the school's name, the 2020-2021 plan year, and a welcome message. A 'Quick Links' section on the right lists various services such as 'How to Register/Login for Blue Access for Members (BAM)', 'Blue Access for Members (BAM)', 'Temporary ID Card Login', and 'Find a Pharmacy'.

Rates

Domestic & International	Fall	Spring (New Students)	Spring (Returning Students)	Summer (New Students)
Student	\$1,210	\$1,210	\$1,210	\$444
Spouse/ Domestic Partner	\$1,210	\$1,210	\$1,210	\$444
Each Child	\$1,210	\$1,210	\$1,210	\$444

Rates above include both premium and administrative fees

Effective Dates

Domestic & International	Effective Date	Termination Date
Fall	08/18/2020	01/27/2021*
Spring (New Students)	01/20/2021	08/17/2021*
Spring (Returning Students)	01/28/2021	08/17/2021*
Summer (New Students)	06/12/2021	08/17/2021*

*The coverage periods are effective and will terminate at 11:59 PM on the dates advertised.

View plan details at saic.myahpcare.com

Covered Services

Deductible applies unless otherwise noted.

	Deductible: Network	
	\$500 Per Covered Person, Per Benefit Period	
	Deductible: Out-of-Network	
	\$1,000 Per Covered Person, Per Benefit Period	
	Network Out-of-Pocket Maximum	
	\$8,150 Per Covered Person, Per Benefit Period	
	\$16,300 per Family, per Benefit Period	
	Out-of-Network, Out-of-Pocket Maximum	
	\$16,300 Per Covered Person, Per Benefit Period	
	\$32,600 per Family, per Benefit Period	
	Benefit Maximum	
	Unlimited	
Inpatient Benefits	Network Provider	Out-of-Network Provider
Hospital Expenses: Includes daily semi-private room rate; intensive care; general nursing care provided by the hospital; hospital miscellaneous expenses such as the cost of the operating room, laboratory tests, X-ray examinations, pre-admission testing, anesthesia, drugs (excluding take-home drugs) or medicines, physical therapy, therapeutic services and supplies.	80% of Allowable Amount	50% of Allowable Amount
Surgical Expense: When multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full Allowable Amount for that procedure.	80% of Allowable Amount	50% of Allowable Amount
Assistant Surgeon	80% of Allowable Amount	50% of Allowable Amount
Anesthetist	80% of Allowable Amount	50% of Allowable Amount
Doctor's Visits	80% of Allowable Amount after a \$30 Copayment	50% of Allowable Amount after a \$30 Copayment
Routine Well-Baby Care	80% of Allowable Amount	50% of Allowable Amount
Mental Illness/Sustance Use Disorder	Paid as any other covered Sickness	Paid as any other covered Sickness
Outpatient Benefits	Network Provider	Out-of-Network Provider
Surgical Expenses: When multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full allowance for that procedure.	80% of Allowable Amount	50% of Allowable Amount
Day Surgery Miscellaneous: Related to scheduled surgery performed in a hospital, including the cost of the operating room, laboratory tests, X-ray examinations, professional fees, anesthesia, drugs or medicines and supplies.	80% of Allowable Amount	50% of Allowable Amount
Assistant Surgeon	80% of Allowable Amount	50% of Allowable Amount

View plan details at saic.myahpcare.com

Anesthetist	80% of Allowable Amount	50% of Allowable Amount
Outpatient Benefits	Network Provider	Out-of-Network Provider
Doctor Office Visit/Consultation:	100% of Allowable Amount after a:	50% of Allowable Amount after a:
Doctor Copayment Amount: For office visit/consultation when services rendered by a Professional Provider, OB/GYN, Pediatrician, Behavioral Health Practitioner, or Internist and Physician Assistant or Advanced Practice Nurse who works under the supervision of one of these listed physicians	\$30 Copayment per visit (Deductible waived)	\$30 Copayment per visit (Deductible waived)
Specialist Copayment Amount: For office visit/consultation when services rendered by a Specialty Care Provider refer to Medical/Surgical Expenses section for more information.	\$30 Copayment per visit (Deductible waived)	\$30 Copayment per visit (Deductible waived)
Physical Medicine Services: Physical therapy or chiropractic care – office services. Physical medicine services include, but are not limited to, physical, occupational, and manipulative therapy.	80% of Allowable Amount after a \$30 Copayment	50% of Allowable Amount after a \$30 Copayment
Benefit Period Visit Maximum	Chiropractic and osteopathic manipulations will be limited to a combined maximum of 25-visits per Benefit Period. Naprapathic will be limited to a 15-visit maximum per Benefit Period.	
Radiation Therapy and Chemotherapy: Includes dialysis and respiratory therapy	80% of Allowable Amount	50% of Allowable Amount
Emergency Care and Accidental Injury		
Facility Services: (Copayment is waived if the Insured is admitted; Inpatient hospital expenses will apply)	80% of Allowable Amount after a: \$300 Copayment	
Physician Services	80% of Allowable Amount	
Non-Emergency Care		
Facility Services: (Copayment is waived if the Insured is admitted; Inpatient hospital expenses will apply)	80% of Allowable Amount after a: \$300 Copayment	50% of Allowable Amount
Physician Services	80% of Allowable Amount	50% of Allowable Amount
Urgent Care Services	100% after a \$50 Copayment (Deductible waived)	50% of Allowable Amount (Deductible waived)
Diagnostic X-rays	80% of Allowable Amount	50% of Allowable Amount
Laboratory Procedures	80% of Allowable Amount (Deductible Waived)	50% of Allowable Amount (Deductible Waived)
Tests and Procedures: Diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits.	80% of Allowable Amount	50% of Allowable Amount
Allergy Injection and Testing: Copay may apply if billed in the office	80% of Allowable Amount	50% of Allowable Amount

Mental Illness/Substance Use Disorder	100% after a \$30 Copayment (Deductible Waived)	50% of Allowable Amount (Deductible waived)
Extended Care Expenses	Network Provider	Out-of-Network Provider
Extended Care Expenses All services must be pre-authorized	80% of Allowable Amount	50% of Allowable Amount
Home Health Care	No Benefit Period Visit Maximum	
Skilled Nursing		
Hospice Care		
Private Duty Nursing		
Other	Network Provider	Out-of-Network Provider
Ground and Air Ambulance Services	80% of Allowable Amount	
Durable Medical Equipment: When prescribed by a Doctor and a written prescription accompanies the claim when submitted.	80% of Allowable Amount	50% of Allowable Amount
Maternity/Complications of Pregnancy	80% of Allowable Amount	50% of Allowable Amount
Speech and Hearing Services: Services to restore loss of hearing/speech, or correct an impaired speech or hearing function. Hearing exams and hearing aids are covered for members under age 19 only.	80% of Allowable Amount	50% of Allowable Amount
Hearing Aids Hearing Aid Maximum	Hearing aids are limited to one hearing aid per ear, per 36-month period. Limited to members under age 19; no age limit on bone-anchored hearing aids and cochlear implants.	
Habilitative Services and Devices (limited services covered)	80% of Allowable Amount	50% of Allowable Amount
Dental: Made necessary by Injury to sound, natural teeth only.	80% of Allowable Amount	80% of Allowable Amount
Routine Eye Exam for Adults (One (1) vision exam per benefit period)	80% of Allowable Amount	50% of Allowable Amount
Pediatric Vision, up to age 19: See benefit flier for details.	100% of Allowable Amount	Refer to set fee schedule
Pediatric Routine Dental Care, up to age 19: See benefit flier for details.	80% of Allowable Amount	50% of Allowable Amount
Pediatric Basic and Major Dental, up to age 19: See benefit flier for details.	50% of Allowable Amount	30% of Allowable Amount
Pediatric Medically Necessary Orthodontia, up to age 19: See benefit flier for details.	50% of Allowable Amount	30% of Allowable Amount
Organ and Tissue Transplant Services: The transplant must meet the criteria established by BCBSIL for assessing and performing organ or tissue transplants as set forth in BCBSIL's written medical policies.	80% of Allowable Amount	50% of Allowable Amount
Gender Reassignment including surgery if meets medical necessity criteria	Paid as any other covered sickness	Paid as any other covered sickness

View plan details at saic.myahpcare.com

Other	Network Provider	Out-of-Network Provider
<p>Preventative Care Services: Benefits include but not limited to:</p> <ul style="list-style-type: none"> • An annual routine physical exam, annual pap smear, annual mammogram screening, prostate screening, colorectal screening and immunizations. • Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”); • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (“CDC”); • Evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”) for infants, child(ren), and adolescents; and • With respect to women, such additional preventative care and screenings, not described in item “a” above, as provided for in comprehensive guidelines supported by the HRSA. <p>Preventative care services as mandated by state and federal law. Please refer to the Policy or call Blue Cross and Blue Shield of Illinois for more information at (855) 267-0214.</p>	<p>100% of Allowable Amount (Deductible waived)</p>	<p>50% of Allowable Amount</p>
Pharmacy Benefits	Network Provider	Out-of-Network Provider
<p>Retail Pharmacy: (Deductible waived) Benefits include diabetic supplies. Copayment amounts are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available at three (3) times the Copayment. Copayment amounts will apply to Out-of-Pocket Maximum.</p>	<p><i>At pharmacies contracting with Prime Therapeutics Network:</i> 100% of Allowable Amount <i>after a:</i></p>	<p>When a Covered Person obtains prescription drugs from an Out-of-Network pharmacy (other than a Network pharmacy): Benefits will be provided at 50% of the allowable amount a Covered Person would have received had they obtained drugs from a Network pharmacy minus the Copayment amount or Coinsurance amount.</p>
<p>Generic Drug</p>	<p>\$15 Copayment</p>	
<p>Preferred Brand-Name Drug</p>	<p>*\$35 Copayment</p>	<p>50% of Allowable Amount</p>
<p>Non-Preferred Brand-Name Drug</p>	<p>*\$50 Copayment</p>	

*Copayment plus the cost difference between the Brand Name Drug or supplies per prescription for which there is Generic Drug or supply available.

View plan details at saic.myahpcare.com

Optional Adult Dental Coverage

BlueCare Dental	In-Network Benefit	Out-of-Network Benefit
Deductible	\$75	
Annual Maximum	\$1,000	
Diagnostic Evaluations (deductible waived) Oral examinations (2 every 12 months)	90%	70%
Preventive Services (deductible waived) Prophylaxis (2 cleanings every 12 months)	90%	70%
Diagnostic Radiographs (deductible waived) Dental X-rays, full mouth (1 every 36 months)	90%	70%
Miscellaneous Preventive Services Sealants/space maintainers	90%	70%
Basic Restorative Services Services for restorations needed to repair damage caused by basic dental decay, including tooth preparation, all adhesives, bases, liners and polishing; routine fillings (amalgam and resin-based composite)	70%	50%
Non-Surgical Extractions Removal of erupted tooth	70%	50%
Non-Surgical Periodontal Periodic scaling and planing	70%	50%
Adjunctive Services Services for palliative treatment (emergency) of dental pain, when not performed in conjunction with planned treatment; general anesthesia	70%	50%
Endodontic Services Services for treatment related to dental disease of the tooth pulp	50%	30%
Oral Surgery Services Surgical tooth extractions	50%	30%
Surgical Periodontal Gingivectomy/gingivoplasty/osseous surgery and grafts	50%	30%
Major Restorative Services Services to restore tooth structures lost as a result of decay or fracture; single-crown restorations; inlay/onlay restorations	50%	30%
Prosthodontic Services Bridges/full and partial dentures	50%	30%
Misc Restorative & Prosthodontics Services Recementation of crowns, inlays, onlays/crown repair	50%	30%
Monthly Premium Rate	\$20.85	

View plan details at saic.myahpcare.com

Commonly Used Terms

Allowable Amount: The maximum amount determined by Us to be eligible for consideration of payment for a particular service, supply or procedure.

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

Coinsurance: A percentage of an eligible expense that the Covered Person is required to pay toward a Covered Expense.

Copayment (copay): A fixed dollar amount that the Covered Person must pay before benefits are payable under the Policy.

Deductible: The dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

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: A Covered Person is a registered bed patient and is treated as such in a health care facility.

Network Provider: A hospital, Doctor or other provider who has entered into an agreement with BCBSIL (and, in some instances, with other participating Blue Cross and/or Blue Shield Plans) to participate as a managed care provider.

Out-of-Network Provider: A hospital, Doctor or other provider who has not entered into an agreement with BCBSIL (or other participating Blue Cross and/or Blue Shield Plan) as a managed care provider.

Out-of-Pocket Maximum: The maximum liability that may be incurred by a Covered Person in a Benefit Period before benefits are payable at 100% of the Allowable Amount.

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

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.

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

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 800-299-0274 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.