

University of Illinois
Summary of Student Health Programs
Fall 2015 - 2016

Schedule of Benefits	UIUC Undergrad Student	UIUC Graduate Student	UIC Undergrad & Grad	UIS Undergrad & Grad
Aggregate Maximum Benefit	No lifetime limits on essential health benefits	No lifetime limits on essential health benefits	No lifetime limits on essential health benefits	No lifetime limits on essential health benefits
Psychiatric and Substance Abuse Benefit	Inpatient and outpatient - paid as any other sickness	Inpatient and outpatient - paid as any other sickness	100% covered with a \$15 per visit co-payment	80% of the preferred allowance for PPO; 50% of U&C for non-PPO subject to daily maximums
Routine Care for Students (physical examinations)	Included	Included	Included	Included
In-patient Hospitalization	\$100 deductible and then 80% of the first \$10,000, then 100%	80% of the first \$5,000, then 100%. The student's maximum out-of-pocket is \$1,800	Inpatient at UIC - 100% with \$50 per day co-payment Inpatient non-UIC - 70% of billed charges with \$50 per day co-payment	\$100 deductible and then 80% of the first \$10,000, then 100% for PPO; 50% for non-PPO
Outpatient Physician's Benefits	80% of Usual and Customary. Fully covered at McKinley Health Center for physician's visits through the Health Service Fee	80% of Usual and Customary. Fully covered at McKinley Health Center for physician's visits through the Health Service Fee	100% covered with a \$15 per visit co-payment	80% of the preferred allowance for PPO; 50% of U&C for non-PPO
Outpatient Student Deductible	\$150 per policy year	\$150 per policy year	Paid 100%	\$400 per policy year
Student Out-of-Pocket Maximum	\$6,350 per policy year	\$1,800 per policy year	Applicable co-payment	\$6,350 per policy year
Student Outpatient Prescription	\$15 co-payment - Tier 1; \$30 co-payment - Tier 2; \$50 co-payment for Tier 3. Mail order included	\$15 co-payment - Tier 1; \$30 co-payment - Tier 2; \$50 co-payment for Tier 3. Mail order included	\$40 co-payment - nonformulary, \$20 co-payment for brands; \$10 co-payment for generic. After co-payment generic and brand paid at 100%. Non-formulary paid at 90%. Out-of-pocket maximum - \$1,500	\$10 co-payment for generic; \$20 co-payment for brand name. After co-payment, 100% of Allowable Amount for PPO; 50% for non-PPO
Pregnancy Expense Benefits	Included	Included	Included	Included
Well Baby Check-up Until First 18 mos.	80% of Usual and Customary charges covered, including immunizations	80% of Usual and Customary charges covered, including immunizations	Well Child Care covers dependents up to age nine, including immunizations, and one covered annual exam for dependents	100% Evidence Informed preventative care and screening as per HRSA guidelines for PPO
Outpatient Diagnostics including CT Scans & MRI	80% of Usual and Customary	80% of Usual and Customary	Included	80% of the Allowable Amount for PPO; 50% of Allowable Amount for non-PPO
Mammography Benefit	Included	Included	Included	Included
Colorectal and Prostate Cancer Test Coverage	Included	Included	Included	Included
Gender Reassignment Surgery	Includes pre and post treatment; no cosmetic	Includes pre and post treatment; no cosmetic	Includes pre and post treatment; no cosmetic. Lifetime Cap	Includes post treatment; no cosmetic
Diabetes Benefit, including Equipment, Supplies, and Self-Management Training	Included	Included	Included (10% coinsurance for diabetic supplies, DME and Home Health)	Included
Pediatric dental and vision	Included	Included	Included	Included
No pre-existing conditions exclusion	Included	Included	Included	Included
Continuation Feature	Graduating students may purchase up to 90 days of coverage and cannot be declined for coverage	Graduating students may purchase up to 90 days of coverage and cannot be declined for coverage	Graduating students may extend for one semester providing they were covered by CampusCare the prior semester	Graduating students may purchase up to 90 days of coverage and cannot be declined for coverage
Notes:	Additional billing discounts will apply if the student goes to a "preferred provider".		No limitation for "life threatening emergency"; all ER visits paid	Additional billing discounts will apply if the student goes to a "preferred provider"

The student health insurance fee, in addition to the student health fee, combine to provide comprehensive health care programs to meet the needs of the students at the individual campuses. In addition, UIUC and UIC have varying levels of dental and vision benefits, including discounts on exams. Specific details are provided in plan booklets.