

University of Illinois System
Summary of Student Health Programs
Fall 2019 - 2020

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. \$50 per day co-pay for in-patient admissions	80% of Allowable Amount
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	In Network Provider - 80% Covered after \$100 Copayment of Allowable Amount (Deductible waived). Out-of-Network - 50% after \$100 Copayment of Allowable
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	In-Network Provider-80% of Allowable Amount Out-of-Network Provider-50% of Allowable Amount
Outpatient Student Deductible	\$250 per policy year	\$150 per policy year	Paid 100%	\$400 per policy year
Student Out-of-Pocket Maximum	\$6,850 per policy year	\$1,800 per policy year	Applicable co-payment	\$400 Annual Deductible and Applicable Copayment
Student Outpatient Prescription	\$15 co-payment - Tier 1 \$30 co-payment - Tier 2 \$50 co-payment - Tier 3 20% co-insurance - Tier 4 Mail order included	\$15 co-payment - Tier 1 \$30 co-payment - Tier 2 \$50 co-payment - Tier 3 20% co-insurance - Tier 4 Mail order included	\$40 co-payment plus 10% co-insurance for non-formulary; \$20 co-payment for brands; \$10 co-payment for generic. After co-payment both generic and brands are paid at 100%. Non-formulary paid at 90%	\$10 Copayment-Generic-\$30 Copayment-Brand-Name-\$60 Copayment Non-Preferred. After copayment paid at 100% of Allowable Amount when using a contracted (w Prime Therapeutics) pharmacy. Paid at 50% of Allowable when using a non-contracted pharmacy
Pregnancy Expense Benefits	Included	Included	Included	Included-80% of Allowable Amount
Preventative Well Child Visits	Annual Healthcare Exams and Annual Wellness and Physical Exams to age 18, including age-appropriate immunizations at no cost	Annual Healthcare Exams and Annual Wellness and Physical Exams to age 18, including age-appropriate immunizations at no cost	Annual Healthcare Exams and Annual Wellness and Physical Exams to age 18, including ACA-required immunizations at no cost	Annual Healthcare Exams and Annual Wellness and Physical Exams, including ACA-required immunizations at no cost per recommendations pertaining to child/adolescent and adult
Outpatient Diagnostics including CT Scans & MRI	80% of Usual and Customary	80% of Usual and Customary	Included	Included-80% of Allowable Amount
Mammography Benefit	Included	Included	Included	Included-100% (Deductible waived)
Colorectal and Prostate Cancer Test Coverage	Included	Included	Included	Included-100% (Deductible waived)
Gender Reassignment Surgery	Includes pre and post treatment; no cosmetic	Includes pre and post treatment; no cosmetic	Includes pre surgical, surgical and post surgical treatment. No cosmetic. Lifetime Cap.	Included-80% of Allowable Amount
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 Summer semester, provided they were registered students during the Spring semester	Graduating students may elect to extend coverage for an additional three months following fall semester or by one summer followed by the three months following spring semester, if they were covered the prior semester
Notes:	Additional billing discounts will apply if the student goes to a "preferred provider"		No limitation for "life threatening emergency"; all ER visits paid	80% of Allowable Amount after \$50 Copayment. Copayment waived if Insured is admitted
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, UIC and UIS have varying levels of dental and vision benefits, including discounts on exams. Specific details are provided in plan booklets.				