## University of Illinois Summary of Student Health Programs Fall 2017 - 2018

| 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<br>health benefits   | No lifetime limits on essential health benefits   | No lifetime limits on essential health benefits  |
| Psychiatric and Substance<br>Abuse Benefit  | Inpatient and outpatient - paid as any other sickness  | Inpatient and outpatient - paid as any other sickness  | 100% covered with a \$15 per<br>visit co-payment. \$50 per day<br>co-pay for in-patient<br>admissions   | 80% of the preferred<br>allowance for PPO; 50% of<br>Usual &Customary for non-<br>PPO subject to daily<br>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<br>100%. The student's<br>maximum out-of-pocket<br>is \$1,800   | Inpatient at UIC - 100% with<br>\$50 per day co-payment<br>Inpatient non-UIC - 70% of<br>billed charges with \$50 per<br>day co-payment   | \$100 deductible and then 80% of the first \$10,000, then 100% for PPO; 50% for non-PPO  |
| in-patient Hospitalization  |  |  |   |  |
| Outpatient Physician's<br>Benefits  | 80% of Usual and Customary.<br>Fully covered at McKinley<br>Health Center for physician's<br>visits through the Health<br>Service Fee    | 80% of Usual and Customary.<br>Fully covered at McKinley<br>Health Center for physician's<br>visits through the Health<br>Service Fee    | 100% covered with a \$15 per<br>visit co-payment  | 80% of the preferred<br>allowance for PPO; 50% of<br>Usual &Customary for non-<br>PPO  |
| Outpatient Student<br>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   | \$6,850 per policy year  |
| Student Outpatient<br>Prescription  | \$15 co-payment - Tier 1<br>\$30 co-payment - Tier 2<br>\$50 co-payment - Tier 3<br>20% co-insurance - Tier 4<br>Mail order included     | \$15 co-payment - Tier 1<br>\$30 co-payment - Tier 2<br>\$50 co-payment - Tier 3<br>20% co-insurance - Tier 4<br>Mail order included     | \$40 co-payment plus 10% co-<br>insurance for non-formulary;<br>\$20 co-payment for brands;<br>\$10 co-payment for generic.<br>After co-payment both generic<br>and brands are paid at 100%.<br>Non-formulary paid at 90% | \$10 co-payment for generic;<br>\$30 co-payment for brand<br>name; and \$60 co-payment for<br>high-end specialty. After co-<br>payment, 100% of Allowable<br>Amount for PPO; 50% for non-<br>PPO |
| Pregnancy Expense Benefits  | Included   | Included   | Included  | Included   |
| Preventative Well Child Visits  | Annual Healthcare Exams and<br>Annual Wellness and Physical<br>Exams to age 18, including<br>age-appropriate<br>immunizations at no cost | Annual Healthcare Exams and<br>Annual Wellness and Physical<br>Exams to age 18, including<br>age-appropriate<br>immunizations at no cost | Annual Healthcare Exams and<br>Annual Wellness and Physical<br>Exams to age 18, including<br>ACA-required immunizations<br>at no cost   | 100% Evidence Informed preventative care and screening to age 18 as per HRSA guidelines for PPO at no cost   |
| Outpatient Diagnostics including CT Scans & MRI                                     | 80% of Usual and Customary   | 80% of Usual and Customary   | Included  | 80% of the Allowable Amount<br>for PPO; 50% of Allowable<br>Amount for non-PPO   |
| Mammography Benefit   | Included   | Included   | Included  | Included   |
| Colorectal and Prostate   | la alcada d  | Included   | Included  | to alcode d  |
| Gender Reassignment Surgery   | Included  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  Includes post treatment; no cosmetic   |
| Diabetes Benefit, including<br>Equipment, Supplies, and<br>Self-Management Training | Included   | Included   | Included<br>(10% coinsurance for diabetic<br>supplies, DME and Home<br>Health)  | Included   |
| Pediatric dental and vision   | Included   | Included   | Included  | Included   |
| No pre-existing conditions exclusion  | Included   | Included   | Included  | Included   |
| Continuation Feature  | Graduating students may<br>purchase up to 90 days of<br>coverage and cannot be<br>declined for coverage                                  | Graduating students may<br>purchase up to 90 days of<br>coverage and cannot be<br>declined for coverage                                  | Graduating students may extend for one semester providing they were covered by CampusCare the prior semester  | Graduating students may<br>purchase up to 90 days of<br>coverage and cannot be<br>declined for coverage  |
| Notes:  | Additional billing discounts will apply if the student goes to a "preferred provider"  |  | No limitation for "life<br>threatening emergency"; all<br>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.