

University of Illinois System Summary of Student Health Programs Fall 2026 – 2027

Schedule of Benefits	UIUC Undergrad Student	UIUC Graduate Student
Aggregate Maximum Benefit	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
Routine Care for Students (physical examinations)	Included	Included
In-patient Hospitalization	\$100 copay per confinement and then 80% of the first \$10,000, then 100%. The student's maximum out-pocket is \$6,850.	\$100 copay per confinement and then 80% of the first \$5,000, then 100%. The student's maximum out-of-pocket is \$3,000
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
Outpatient Student Deductible	\$400 per policy year	\$300 per policy year
Student Out-of-Pocket Maximum	\$6,850 per policy year	\$3,000 per policy year
Student Outpatient Prescription	\$20 co-payment - Tier 1 \$40 co-payment - Tier 2 \$80 co-payment - Tier 3 40% co-insurance - Tier 4 Mail order included	\$20 co-payment - Tier 1 \$40 co-payment - Tier 2 \$80 co-payment - Tier 3 40% co-insurance - Tier 4 Mail order included
Pregnancy Expense Benefits	Included	Included
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
Outpatient Diagnostics including CT Scans & MRI	80% of Usual and Customary	80% of Usual and Customary
Mammography Benefit	Included	Included
Colorectal and Prostate Cancer Test Coverage	Included	Included
Gender Reassignment Surgery	Includes pre and post treatment; no cosmetic	Includes pre and post treatment; no cosmetic
Diabetes Benefit, including Equipment, Supplies, and Self-Management Training	Included	Included
Pediatric dental and vision	Included	Included
No pre-existing conditions exclusion	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
Notes:	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 universities. In addition, UIUC has varying levels of dental and vision benefits, including discounts on exams. Specific details are provided in plan booklets. – Updated 01/29/2025



Section II
Summary of Benefits

OUT OF POCKET MAXIMUMS	Per Academic Year	
Individual	\$3000	
Family	\$6000	
HOSPITAL SERVICES	Coverage	Copayment
Inpatient – In-Network Only	100%	\$90 per day
Outpatient Surgery – In-Network Only	100%	\$350
EMERGENCY CARE	Coverage	Copayment
In-Network	100%	\$275
Out-of-Network	100%	\$275
MENTAL HEALTHCARE & SUBSTANCE ABUSE CARE – In-Network	Coverage	Copayment
Inpatient	100%	\$90 Per Day
Outpatient	100%	\$40
Telehealth	100%	\$40
IN-NETWORK PHYSICIAN SERVICES	Coverage	Copayment
*Preventative & Wellness	100%	\$0
Primary Care Visits	100%	\$30
Specialty Care Visits	100%	\$40
Routine Vision Exams (One per Plan Year)	100%	\$0
Telehealth Visits- Primary Care	100%	\$30
Telehealth Visits- Specialty Care	100%	\$40
* Coverage Exclusion: Student-based Preventative Healthcare Services covered by Student Health Service Fee		
MATERNITY & NEWBORN-In-Network	Coverage	Copayment
Specialist Physician Visits	100%	\$40
Inpatient Services	100%	\$90 Per Day
*Newborn Inpatient Services	100%	\$90 Per Day
* Newborn eligible for coverage when added as a dependent in accordance with Section IV.B.		
PRESCRIPTION DRUGS	Coverage	Copayment
Generic	100%	\$20
Brand	100%	\$35
Non-Formulary	100%	\$60
OTHER IN-NETWORK SERVICES	Coverage	Copayment
Occupational Therapy (Max 20 session/AY)	100%	\$40
Physical Therapy (Max 40 session/AY)	100%	\$40
Chiropractic (Max 20 sessions/AY)	100%	\$40
Respiratory Therapy	100%	\$40
Speech Therapy (Max 20 session/AY)	100%	\$40
Laboratory	100%	\$0
Ambulance	100%	\$0
DME & Diabetic Supplies	80%	\$0
Home Health Services	100%	\$40
Hospice	100%	\$0
Medical Supplies	100%	\$0

All benefits and stated coverage levels are exclusively for Medically Necessary services authorized or provided by a CampusCare Physician. All Medically Necessary services must be provided at the University of Illinois Hospital & Health Sciences System or a contracted network Provider, unless they meet Emergency Care guidelines, as preauthorized by the CampusCare Medical Director or designee. This Plan will pay as a secondary payer if you are covered through another plan, except as listed in Section VI.E.

University of Illinois at Springfield Summary of Student Health Programs Fall 2026-2027

Schedule of Benefits	UIS Undergrad & Grad
Aggregate Maximum Benefit	No lifetime limits on essential health benefits
Psychiatric and Substance Abuse Benefit	80% of Allowable Amount
Routine Care for Students (physical examinations)	Included
In-patient Hospitalization	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	In-Network Provider-80% of Allowable Amount Out-of-Network Provider-50% of Allowable Amount
Outpatient Student Deductible	\$400 per policy year
Student Out-of-Pocket Maximum (Annual, includes deductible)	\$6,850 Annual Deductible and Applicable Copayment
Student Outpatient Prescription	\$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-80% of Allowable Amount
Preventative Well Child Visits	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	Included-80% of Allowable Amount
Mammography Benefit	Included-100% (Deductible waived)
Colorectal and Prostate Cancer Test Coverage	Included-100% (Deductible waived)
Gender Reassignment Surgery	Included-80% of Allowable Amount
Diabetes Benefit, including Equipment, Supplies, and Self- Management Training	Included
Pediatric dental and vision	Included
No pre-existing conditions exclusion	Included
Continuation Feature	Graduating students may elect to extend coverage for an additional three months following fall semester. Covered students graduating in spring may continue insurance during summer and then elect to follow with an additional three months of coverage beyond summer.
Medical Emergency Expense:	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, UIS have varying levels of dental and vision benefits, including discounts on exams. Specific details are provided in plan booklets.	