## University of Illinois Summary of Student Health Programs Fall 2011

| Schedule of Benefits   | UIUC Undergrad Student  | UIUC Graduate Student   | UIC Undergrad & Grad   | UIS Undergrad & Grad   |
|--|---|---|--|--|
| Scriedule of Berleitts   | \$200,000 each injury or  | Oloc Graduate Student   | orc ondergrad & Grad   | \$75,000 per accident  |
| Aggregate Maximum Benefit  | sickness  | \$1 million lifetime  | \$500,000 lifetime   | or illness   |
| Psychiatric and Substance<br>Abuse Benefit   | \$20,000 Lifetime - inpatient and outpatient  | \$100,000 Lifetime -<br>inpatient and outpatient  | 100% covered with a \$10<br>per visit outpatient<br>co-payment   | 80% of the preferred<br>allowance for PPO; 50% of<br>U&C for non-PPO subject to<br>daily maximums  |
| Routine Care for Students (physical examinations)                                    | Provided at McKinley<br>Health Center   | Provided at McKinley<br>Health Center   | Included   | Covered in certain instances at Campus Health Service  |
| In-patient Hospitalization   | \$100 deductible and then<br>80% of the first \$10,000,<br>then 100%  | 80% of the first \$5,000, then<br>100%. The student's<br>maximum out-of-pocket<br>is \$1,800  | 100% covered   | 80% of the preferred<br>allowance for PPO; 50% of<br>U&C for non-PPO subject to<br>daily maximums  |
| Outpatient Physician's<br>Benefits   | 80% of Usual and<br>Customary. Fully covered<br>at McKinley Health Center<br>for physician's visits through<br>the Health Service Fee | 80% of Usual and<br>Customary. Fully covered<br>at McKinley Health Center<br>for physician's visits through<br>the Health Service Fee | 100% covered<br>with a \$10 per visit<br>co-payment  | 80% in-network up to \$1,000<br>of expenses incurred under<br>the basic benefit, and then<br>an additional \$74,000 under<br>major medical |
| Outpatient Student Deductible  | \$150 per policy year   | \$150 per policy year   | \$35 Emergency Room<br>Co-payment  | \$200 per policy year under<br>the major medical benefit   |
| Student Outpatient<br>Prescription   | Covered by McKinley Health<br>Center with \$5.00 co-<br>payment. Discount card<br>also provided                                       | Covered by McKinley Health<br>Center with \$5.00 co-<br>payment. Discount card<br>also provided                                       | \$40 Nonformula, \$20 for<br>brands formula; \$10 co-<br>payment for generic<br>formula. Maximum per year<br>coverage is \$2,500   | \$10 co-payment for Tier I;<br>\$20 co-payment for Tier II.<br>Maximum per year coverage<br>is \$500. Must use PPO                         |
| Pregnancy Expense Benefits   | Included  | Included  | Included   | Included   |
| Well Baby Check-up Until<br>First Birthday   | 80% of Usual and<br>Customary charges<br>covered, including<br>immunizations  | 80% of Usual and<br>Customary charges<br>covered, including<br>immunizations  | Well Child Care covers<br>dependents up to age nine,<br>including immunizations,<br>and one covered annual<br>exam for dependents  | Not included   |
| Outpatient Diagnostics including CT Scans & MRI                                      | 80% of Usual and<br>Customary, subject to<br>certain dollar maximums  | 80% of Usual and<br>Customary   | Included   | Included subject to certain dollar maximums  |
| Mammography Benefit  | Included  | Included  | Included   | Included   |
| Colorectal and Prostate Cancer Test Coverage   | Included  | Included  | Included   | Included   |
| Diabetes Benefit, including<br>Equipment, Supplies, and Self-<br>management Training | Included<br>(some limitations apply)  | Included<br>(some limitations apply)  | Included<br>(10% coinsurance for DME<br>and Home Health)   | Included   |
| Conversion Feature   | Students who terminate coverage may elect to buy a conversion plan and cannot be declined for coverage                                | Students who terminate coverage may elect to buy a conversion plan and cannot be declined for coverage                                |  | Students who terminate coverage may elect to buy a conversion plan and cannot be declined for coverage                                     |
| Notes:   | student goes to a "   | counts will apply if the<br>preferred provider"<br>althcare network   | Coverage applies when treatment provided by UIC CampusCare physicians and approved regional facilities. Qualifying severe emergencies are covered when necessary at other medical facilities | Additional billing discounts will<br>apply if the student goes to a<br>"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. Each campus also provides varying levels of dental and vision benefits. UIUC and UIC have plans that offer annual dental and vision exams, including discounts, and UIS has a vision plan that offers discounts. Specific details are provided in plan booklets.