

# 2019/2020

## Student Benefits Overview



ROSALIND FRANKLIN  
UNIVERSITY  
of MEDICINE AND SCIENCE

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# FOR YOUR BENEFIT



At Rosalind Franklin University we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married or raising a family. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

## The benefits in this summary are effective:

**Fall:** July 1, 2019 through October 31, 2019

**New Fall Student:** August 1, 2019 through October 31, 2019

**Winter:** November 1, 2019 through February 29, 2020

**Spring:** March 1, 2020 through June 30, 2020

**Summer:** May 1, 2020 through June 30, 2020

# Who Can You Cover?



## WHO IS ELIGIBLE?

In general, all full-time registered Rosalind Franklin University students are eligible to participate in our benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Your domestic partner.
- Your children (including your domestic partner's children):
  - o Under age 26 are eligible to enroll in medical, dental and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as a student of Rosalind Franklin University cannot also be covered as a dependent.
- Part-time students.

## ENROLLMENT PERIODS

Students are automatically enrolled in the medical program at registration, unless proof of comparable coverage is furnished (Hard Waiver).

Students must enroll in dental or vision coverage within 31 days of registration. After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event. Open enrollment is held June 1<sup>st</sup> through June 30<sup>th</sup>.

Notify Human Resources within 31 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

# Medical



Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

## PPO Plan

	In-Network	Out-Of-Network*
<b>Annual Deductible</b>	\$1,250 Individual \$3,750 Family	\$3,750 Individual \$11,250 Family
<b>Annual Out-of-Pocket Max</b> (including deductible, coinsurance and copays)	\$5,150 per individual \$10,550 family limit	\$10,550 per individual \$21,850 family limit
<b>Coinsurance</b>	You pay 20%; Plan pays 80%	You pay 40%; Plan pays 60%
<b>Office Visit</b>		
Primary Provider	\$25 copay then plan pays 100%	Plan pays 60% after deductible
Specialist	\$50 copay then plan pays 100%	Plan pays 60% after deductible
Virtual Visits	\$25 copay then plan pays 100%	Not applicable
<b>Preventive Services</b>	Plan pays 100%	Plan pays 60% after deductible
<b>Chiropractic Care</b>	Plan pays 80% after deductible (up to 25 visits per year)	Plan pays 60% after deductible (in-network limitations apply)
<b>Lab and X-ray</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Inpatient Hospitalization</b>	\$100 admission copay then plan pays 80% after deductible	60% after deductible
<b>Outpatient Surgery</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Urgent Care</b>	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Emergency Room</b>	\$200 copay then plan pays 80% (deductible waived)	\$200 copay then plan pays 80% (deductible waived)

\*Non-network providers may balance bill you for medical charges that exceed BlueCross BlueShield of Illinois in-network discounted rates.

[Medical PPO Video – Link](#)





# Prescription Drugs



Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

## PPO Plan

	In-Network	Out-Of-Network
<b>Prescription Drug Deductible</b>	\$150	
<b>Annual Out-of-Pocket Limit</b>	Included in the Medical Out-of-Pocket Maximum	
<b>Pharmacy</b>		Covered at 50% of contracted pharmacy amount after:
Generic	\$15 copay	\$15 copay
Formulary	\$40 copay*	\$40 copay*
Non-Formulary	\$100 copay*	\$100 copay*
Specialty	\$125 copay	\$125 copay
Select Oral Contraceptives	\$0	\$0
Supply Limit	30 days	30 days
<b>Mail Order</b>		
Generic	\$45 copay	Not applicable
Formulary	\$120 copay*	
Non Formulary	\$300 copay*	
Specialty	\$125 copay (limited to a 30 day supply)	
Select Oral Contraceptives	\$0	
Supply Limit	90 days	

\*Copay plus the cost difference between the Brand Name Drug or supplies per prescription for which there is a Generic Drug or supply available

# Getting Care When You Need It AcademicBlue<sup>SM</sup>



## WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

## WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

## WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

- Call BlueCross BlueShield 24/7 NurseLine at 800-299-0274
- Find an urgent care center by visiting [bcbsil.com/find-a-doctor-or-hospital](https://bcbsil.com/find-a-doctor-or-hospital)
- Use BlueCross BlueShield MDLive Telehealth

## GET A VIDEO HOUSE CALL

BlueCross BlueShield members can video chat with a doctor from the comfort of their own homes, without an appointment. MDLive Telehealth provides 24/7 access to U.S. board-certified physicians, for the fraction of the cost of an office visit. Physicians can treat a host of common illnesses quickly and effectively through a real-time video visit. They can even send prescription orders to your local pharmacy. For more information, visit [mdlive.com](https://mdlive.com), download the mobile app, call 888-676-4204 or text 'BCBSIL' to 635-483 (MDLive's online assistant Sophie will help activate your account).

## PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.



# Voluntary Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Rosalind Franklin University provides you with a choice between an HMO and a PPO dental plan through Guardian. The PPO Plan uses the DentalGuard Preferred network and the HMO Plan uses the First Commonwealth Network. To find a provider, login to [guardiananytime.com](http://guardiananytime.com) and click on Find a Dentist. If you are enrolled in the PPO plan select PPO. If you are enrolled in the HMO plan select Managed Dental Care.

## Guardian Dental PPO Plan Network: DentalGuard Preferred

## Guardian Dental HMO Plan Network: First Commonwealth Network

	PPO Network	Out-Of-Network*	(In-network only)
Calendar Year Deductible	\$50 per individual \$150 per family	\$75 per family \$225 per family	Not Applicable
Annual Plan Maximum	\$1,000 per individual		Not Applicable
Diagnostic and Preventive	Plan pays 100%	Plan pays 80%	Office visit: \$5 You pay a copay for each covered procedure. See our plan's copay schedule for more details.
Basic Services	Plan pays 80% after deductible	Plan pays 80% after deductible	Office visit: \$5 You pay a copay for each covered procedure. See our plan's copay schedule for more details.
Major Services**	Plan pays 50% after deductible	Plan pays 50% after deductible	Office visit: \$5 You pay a copay for each covered procedure. See our plan's copay schedule for more details.

\*Non-network providers may balance bill you for medical charges that exceed Guardian in-network discounted rates.

\*\* PPO Plan Only: There is a 12 month waiting period for crowns, bridges, prosthodontics, periodontics, inlays, onlays, crowns and labial veneers, fixed bridgework, full and partial removable dentures, post and core, core build-ups and major periodontics.

[Dental PPO Video - Link](#)  
[Dental HMO Video - Link](#)





# Voluntary Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. We give you the choice to enroll in a voluntary plan through Guardian. Keep in mind that you can receive vision discounts through your medical discount program! To find a provider, login to [guardiananytime.com](https://guardiananytime.com) and click on Find a Vision Provider and select Davis Vision.

## Guardian Voluntary Vision PPO Plan Network: Davis Vision

	In-Network	Out-Of-Network
<b>Examination</b>		
Benefit	\$20 copay then plan pays 100%	Exam by ophthalmologist: reimbursed up to \$50
Frequency	1 x every 12 months from last date of service	1 x every 12 months from last date of service
<b>Materials</b>	\$20 copay then plan pays 100%	See schedule below
<b>Eyeglass Lenses</b>		
Single Vision Lens	Materials copay then plan pays 100%	Reimbursed up to \$48
Bifocal Lens	Materials copay then plan pays 100%	Reimbursed up to \$67
Trifocal Lens	Materials copay then plan pays 100%	Reimbursed up to \$86
Frequency	1 x every 24 months from last date of service	1 x every 24 months from last date of service
<b>Frames</b>		
Benefit	Reimbursed up to \$130, plus a 20% discount on the overage	Reimbursed up to \$48
Frequency	1 x every 24 months from last date of service	1 x every 24 months from last date of service
<b>Contacts (Elective)</b>		
Benefit	Reimbursed up to \$130, plus a 15% discount on the overage	Reimbursed up to \$105
Frequency	1 x every 24 months from last date of service (in lieu of lenses)	1 x every 24 months from last date of service



# Additional Program Benefits



## BLUE ACCESS FOR MEMBERS



Go to [www.bcbsil.com/member](http://www.bcbsil.com/member) or download the BCBSIL Mobile App to register for access to check the status of your claims, sign up for mobile alerts about claim activity, print a temporary ID card, confirm who is covered, review your Explanation of Benefits (EOB) and more! You will need your medical ID card to register.

## MYSTRENGTH

Life can be hard – finding support shouldn't be! myStrength is an online tool that helps teach you skills to feel happier, reduce stress, and confidently face life's challenges, big or small. Work on your own or choose to share your story anonymously with the myStrength student community and explore activities based on effective methods like mindfulness and positive psychology. Between classes or at 3 a.m., myStrength is here for you!

## BLUE CARE CONNECTION

Blue Care Connection provides personalized attention, support, online resources and health advocacy to help you optimize your health benefits. Take a health risk assessment, sign up for a fitness program, sign up for lifestyle management programs, etc. There are tutorials on more than 170 health topics available. Licensed behavioral health professionals can also help you access services and offer support with co-existing medical conditions and disorders such as anxiety or depression.

## BLUE 365 DISCOUNTS

Log on to [www.blue365deals.com/BCBSIL](http://www.blue365deals.com/BCBSIL) to access weekly deals such as health club memberships, athletic apparel, footwear, weight loss programs, vision products and services, dental solutions and more!

## TOBACCO CESSATION

BlueCross BlueShield covers tobacco cessation counseling (including telephone, group and individual counseling) and screening for members who use tobacco products as well as two 90-day treatments for tobacco cessation medication per calendar year at no cost to you!

## BLUECARD

Will you be traveling abroad? The BlueCard program is there for you if you are traveling across the country. BlueCard can help you access physicians, hospitals and health services across the nation. Call 800-810-BLUE (2583) for information on the nearest PPO doctors and hospitals.

# Cost of Coverage



Medical		New Fall
Student Only		\$838.02
Student + Spouse		\$1,676.04
Student + Child		\$1,676.04
Student + Spouse + Child		\$2,514.06
		Fall
Student Only		\$1,117.36
Student + Spouse		\$2,234.72
Student + Child		\$2,234.72
Student + Spouse + Child		\$3,352.08
		Winter
Student Only		\$1,117.36
Student + Spouse		\$2,234.72
Student + Child		\$2,234.72
Student + Spouse + Child		\$3,352.08
		Spring
Student Only		\$1,117.36
Student + Spouse		\$2,234.72
Student + Child		\$2,234.72
Student + Spouse + Child		\$3,352.08
		Summer
Student Only		\$558.68
Student + Spouse		\$1,117.36
Student + Child		\$1,117.36
Student + Spouse + Child		\$1,676.04

# Cost of Coverage



Dental PPO		Your Monthly Cost
Student Only		\$27.10
Student + Spouse		\$53.47
Student + Child(ren)		\$57.21
Student + Family		\$83.55
Dental HMO		Your Monthly Cost
Student Only		\$15.55
Student + Spouse		\$30.70
Student + Child(ren)		\$32.86
Student + Family		\$47.98
Vision		Your Monthly Cost
Student Only		\$5.05
Student + Spouse		\$8.51
Student + Child(ren)		\$8.68
Student + Family		\$13.74

# Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
PPO Plan	AcademicBlue	(855) 267-0214	<a href="https://rosalindfranklin.myahpcare.com/www.bcbsil.com">https://rosalindfranklin.myahpcare.com/ www.bcbsil.com</a>	125284
Dental	Guardian <b>Network:</b> <i>PPO</i> – DentalGuard Preferred <i>HMO</i> – First Commonwealth	(866) 302-4542 (DPP0)  (866) 494-4542 (DHMO)	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	384748
Vision	Guardian <b>Network:</b> Davis Vision	(877) 393-7363	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	384748



# Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

## MEDICAL

**OUT-OF-POCKET COST** - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

**DEDUCTIBLE** - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

**COINSURANCE** - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

**COPAY** - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

**IN-NETWORK / OUT-OF-NETWORK** - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

**OUT-OF-POCKET MAXIMUM** - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

## PRESCRIPTION DRUG

**BRAND NAME** - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

**GENERIC DRUG** - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

**PREFERRED DRUG** - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

## DENTAL

**BASIC SERVICES** - Dental services such as fillings, routine extractions and some oral surgery procedures.

**DIAGNOSTIC AND PREVENTIVE SERVICES** - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

**MAJOR SERVICES** - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

# Notes

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