

2020/2021

Continuation of Coverage



ROSALIND FRANKLIN
UNIVERSITY
of MEDICINE AND SCIENCE

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FOR YOUR BENEFIT



All Insureds who have graduated or are otherwise ineligible for coverage under the Medical Policy, and have been continuously insured under the Medical Policy offered by Rosalind Franklin University of Medicine and Science for three (3) months, are eligible to continue their existing medical coverage for a period of not more than six (6) months under the school's Policy in effect at the time of such continuation.

Enrollment must be made and applicable premium must be paid directly to Academic HealthPlans and must be received prior to the expiration date of your student coverage. For more information on Continuation of Coverage, please contact Academic HealthPlans at (855) 844-3019.

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.

Who Can You Cover?



WHO IS ELIGIBLE?

In general, Rosalind Franklin University students who have graduated or have otherwise become ineligible and who were covered under the policy for at least 3 months are eligible to participate in our benefits outlined in this overview.

You can continue to cover any family members who are covered under your existing medical coverage:

- 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 continue medical 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):

- Family members who are not covered under your existing medical coverage
- 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 who have graduated or are otherwise ineligible for coverage must enroll prior to the expiration date of your student coverage. Coverage will continue for a period of not more than 6 months. To apply, please fill out the Continuation Enrollment Form located on <https://rosalindfranklin.myahpcare.com/enrollment>.

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*
Annual Deductible	\$1,500 Individual \$4,500 Family	\$4,500 Individual \$13,500 Family
Annual Out-of-Pocket Max (including deductible, coinsurance and copays)	\$5,400 per individual \$10,800 family limit	\$11,300 per individual \$22,600 family limit
Coinsurance	You pay 20%; Plan pays 80%	You pay 40%; Plan pays 60%
Office Visit		
Primary Provider	\$30 copay then plan pays 100%	Plan pays 60% after deductible
Specialist	\$60 copay then plan pays 100%	Plan pays 60% after deductible
Virtual Visits	\$30 copay then plan pays 100%	Not applicable
Preventive Services	Plan pays 100%	Plan pays 60% after deductible
Chiropractic Care	Plan pays 80% after deductible (up to 25 visits per year)	Plan pays 60% after deductible (in-network limitations apply)
Lab and X-ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospitalization	\$100 admission copay then plan pays 80% after deductible	60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	\$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.

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
Prescription Drug Deductible	\$150	
Annual Out-of-Pocket Limit	Included in the Medical Out-of-Pocket Maximum	
Pharmacy		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
Mail Order		Not applicable
Generic	\$45 copay	
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



[Medical Prescription Drugs Video – Link](#)

C L E V E R 

To make sure that you are paying the lowest price for your prescription drugs, download the Clever Rx app or present your Clever Rx card at the pharmacy. You can save up to 80% off prescription drugs and even beat copay prices! Visit cleverrx.com/rosalindfranklin to learn more.

Getting Care When You Need It



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
- 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/bcbsil, 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.

Additional Program Benefits AcademicBlueSM



BLUE ACCESS FOR MEMBERS

Go to 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 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	Monthly Rate
Student Only	\$302.84
Student + Spouse	\$605.68
Student + Child	\$605.68
Student + Spouse + Child	\$908.52

Plan Contacts

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

Plan Type	Provider	Phone Number	Website	Policy/Group #
PPO Plan	AcademicBlue	Enrollment: (855) 844-3019 Benefits/Claims: (855) 267-0214	https://rosalindfranklin.myahpcare.com/ www.bcbsil.com	125284

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.

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