

CampusCare
A University-Based Health Benefits Program

Certificate
Of
Coverage

2014-2015



Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.



Benefit Overview

<u>Benefit</u>	<u>Coverage*</u>
HOSPITAL IN NETWORK	
INPATIENT	100% with \$50 per day co-payment
OUTPATIENT	100%
EMERGENCY CARE IN NETWORK	100% with a \$50 co-payment
EMERGENCY CARE OUT OF NETWORK	100% of Usual & Customary (U/C) with a \$50 co-payment
AMBULANCE	80%
PHARMACY FORMULARY	100% for prescriptions with: \$10 Generic co-payment \$20 Brand co-payment \$40 Non-formulary co-payment Maximum per academic year is \$2,500
DIABETIC SUPPLIES & DME	90%
HOME HEALTH CARE	90%
MEDICAL SUPPLIES IN NETWORK (USED IN HOSPITAL OR PHYSICIAN'S OFFICE)	100%
MENTAL HEALTH CARE & SUBSTANCE ABUSE CARE IN NETWORK & OUTPATIENT	100% with a \$15 per visit co-payment
PHYSICAL THERAPY	100%
PHYSICIAN VISITS IN NETWORK	100% with a \$15 per visit co-payment
PREVENTIVE HEALTH CARE SERVICES	Plan Year Preventive Services Covered at First Dollar. See Appendix A
ROUTINE VISION EXAM	One per Plan Year. First Dollar Exam when provided by select Providers
LIFETIME MAXIMUM BENEFIT	\$500,000

* All benefits and stated coverage levels are exclusively for Medically Necessary services authorized or provided by a *CampusCare* physician. All Medical 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.



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Section I ***Introduction***

The University of Illinois at Chicago self-funded student health benefit plan (hereafter referred to as “*CampusCare*”) provides comprehensive health care benefits to eligible enrolled students and their covered dependents. *CampusCare* provides or arranges for the Hospital and other health care benefits for enrolled Members in accordance with the provisions set forth in the Certificate of Coverage. *CampusCare* reserves the right to amend this Certificate of Coverage at any time without action by the Member.

This Certificate of Coverage constitutes the entire agreement between the Members and the Board of Trustees of the University of Illinois, a body corporate and politic of the State of Illinois, under whose authority *CampusCare* is established and operates.

This document specifies the benefits, which Members are entitled to receive as a Member of *CampusCare* in consideration of the specified premiums paid by or on behalf of the Member. The benefit plan is designed to be used in conjunction with the Student Health Service facility’s first, where treatment will be administered or referral issued.



Section II Definitions

The following definitions apply to all provisions of the Certificate of Coverage:

Academic Year	Shall mean coverage becomes effective at 12:00 a.m. August 16 th and ending at 11:59 p.m. on August 15 th of the following calendar year.
CampusCare	Shall mean the self-funded health benefits student program of the University of Illinois at Chicago.
Case Management	Is the process whereby a health care professional supervises the administration of medical and/or ancillary services to a patient.
Civil Union Partners	Shall mean a legal relationship between two persons, of either the same or opposite sex, established pursuant to Public Act 096-1513. To qualify, a copy of the Civil Union Partnership Certificate must be submitted.
Contract Year	Shall mean the same as Academic Year
Conversion Coverage	Coverage that allows a student who is no longer enrolled or eligible to receive <i>CampusCare</i> coverage or terminated <i>CampusCare</i> coverage and received coverage through a succeeding carrier to continue to be covered under the <i>CampusCare</i> program for a certain time period and under certain conditions. Conversion Coverage is NOT available under <i>CampusCare</i> .
Co-payment	Shall mean the amount a Member must pay to a Provider in order to receive a specific service under this Certificate of Coverage.
DME	<p>Shall mean the rental or purchase, as pre-approved and at the discretion of <i>CampusCare</i>, when prescribed by a Health Center Physician and the <i>CampusCare</i> Medical Director, obtained through a <i>CampusCare</i> Provider and requested for therapeutic use. Replacement equipment is not covered.</p> <p>a. Durable Medical Equipment consists of, but is not restricted to, the following:</p> <ol style="list-style-type: none">1. is primarily and customarily used to serve a medical purpose2. can withstand repeated use3. generally is not useful to a person in the absence of Injury or Sickness4. hospital-type beds5. traction equipment6. regular wheelchairs (not electric)7. walkers <p>b. The following items are not considered Durable Medical Equipment:</p> <ol style="list-style-type: none">1. exercise equipment2. air conditioners3. electric scooters and wheelchairs4. ramps or other environmental devices5. dehumidifiers6. whirlpool baths7. other equipment that has both a non-therapeutic and therapeutic use



<i>Discharge Planning</i>	Shall mean planning by health care professionals as to how long a Member will be in the Hospital, what the expected outcome will be, whether there will be any special requirements on discharge and what medical services need to be facilitated in advance.
<i>Enrollee</i>	Shall mean the same as Member.
<i>Enrollment Period</i>	<u>Fall Term</u> : Shall mean period beginning no less than forty five (45) days prior to the first day of the Term, August 16, 2013 and ending twenty eight (28) days thereafter. <u>Spring Term</u> : Shall mean period beginning no less than forty five (45) days prior to the first day of instruction and ending twenty eight (28) days thereafter. <u>Summer Term</u> : Shall mean period beginning no less than forty five (45) days prior to the first day of instruction and ending fifteen (15) days thereafter.
<i>Formulary</i>	Shall mean a listing of accepted outpatient drugs for various disease states as determined by the <i>CampusCare</i> Medical Director and the Pharmacy and Therapeutics Committee.
<i>Group</i>	Shall mean a Member and their eligible dependents enrolled in <i>CampusCare</i> .
<i>Health Center Physician</i>	Shall mean an approved or contracted <i>CampusCare</i> Health Center Physician who is responsible for primary medical care and coordinating a Member's health care needs.
<i>Home Health Care</i>	Shall mean skilled nursing and/or therapeutic services, determined by a <i>CampusCare</i> Health Center physician to be medically appropriate, provided at a Member's home by an RN or Home Health Aid from a state-licensed Home Health Agency which is eligible to participate under the Medicare program for the Aged and Disabled.
<i>Hospital</i>	Shall mean a duly licensed health care institution, engaged primarily in providing facilities for diagnosis, care and treatment of sick and injured persons under the care of a Physician and including the regular provision of bedside nursing by Registered Nurses. Institutions operated primarily for the purpose of custodial care shall not be included.
<i>Inpatient</i>	Shall mean a Member who is a registered bed patient and is treated as such in a Hospital.
<i>Letter of Credible Coverage</i>	Shall mean a document provided by a Member's previous health insurer that provides proof that the Member was covered within the last sixty (60) days and had terminated coverage with health insurer.
<i>Medically Necessary</i>	Shall mean essential health care services, as determined by a <i>CampusCare</i> Health Center Physician, necessary to improve and/or maintain the health of a Member.
<i>Medical Emergency</i>	Shall mean those Medically Necessary services provided in connection with a "Medical Emergency" which the Member receives after the onset of such Emergency. A "Medical Emergency" is usually defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention, in the judgment of a reasonably prudent layperson prior to an initial medical screening, could be expected to result in the Member's death or permanent impairment of the Member's health.
<i>Member</i>	Shall mean a person meeting the Eligibility and Enrollment requirements of Section III who has enrolled in <i>CampusCare</i> and for whom the current Premium payment has been received.
<i>Outpatient</i>	Shall mean a Member who is provided services in a medical clinic, Physician's office or other health care facility where the Member is not an inpatient.



<i>Out of Network</i>	Providers have not agreed to any prearranged fee schedules. Members may incur significant out-of-pocket expenses with these providers. Charges in excess of payment are the member's responsibility. All out of network services other than emergency room claims must be pre-authorized by the <i>CampusCare</i> Medical Director.
<i>Physician</i>	Shall mean a person who is licensed to practice medicine in all of its branches in the state or county in which medical care is provided.
<i>Premium</i>	Shall mean the amount charged by <i>CampusCare</i> as the <i>CampusCare</i> Health Insurance Fee for benefits described under this Certificate of Coverage.
<i>Preventative Health Care Services</i>	Shall mean those services listed in Appendix A. It is understood that part of these services are paid for by the Health Service fee with the balance paid for by <i>CampusCare</i> . In the case of dependents the entire cost is paid for by <i>CampusCare</i> .
<i>Prosthetic Devices</i>	Initial Prosthetic Devices are covered when medically necessary and pre-approved by a <i>CampusCare</i> Health Center Physician and the <i>CampusCare</i> Medical Director. Certain replacement prosthetics inserted in the inner body such as heart valves and pacemakers are covered when medically necessary and pre-approved by a <i>CampusCare</i> Health Center Physician. Replacement of an external prosthetic appliance is not covered unless the replacement is necessary due to growth or change in medical condition and pre-approved by a <i>CampusCare</i> Health Center Physician.
<i>Provider</i>	Shall mean a Hospital, Physician, or other entity, which provides approved medical services to <i>CampusCare</i> Members.
<i>RN</i>	Shall mean Registered Nurse.
<i>Referral Specialist</i>	Shall mean a medical practitioner licensed to practice medicine in the state where service is rendered and to whom the patient was referred by a <i>CampusCare</i> Health Center Physician.
<i>Service Area</i>	Shall mean the geographic area within thirty (30) miles of the <i>CampusCare</i> Health Service Center.
<i>Student Health Service Fee</i>	Shall mean the mandatory fee assessed to all students, who are enrolled in classes that covers specified health services not covered by <i>CampusCare</i> . This fee cannot be waived and is not administered by <i>CampusCare</i> .
<i>Term</i>	Shall mean the academic session, semester, or summer session as defined by UIC. It shall be deemed to commence at 12:01 a.m. on the first day of classes for the immediately following academic session and ends at 12:01am on the first day of classes of the subsequent academic session, semester, or summer session.
<i>UIC</i>	Shall mean the University of Illinois at Chicago Campus as well as Rockford and Peoria Campuses.
<i>Unusual and Customary</i>	Means 70% of billed charges, which is based on the negotiated rate that would have been paid to a participating provider. Only out of network payable claims are serviced at U/C. (example of servicing is if you incur a payable bill from and out of network hospital for \$1,000. The plan will consider \$700 as the payable amount less the copayment of \$50; the plan would pay \$650. This could mean the member or patient could be responsible for \$350.)



Section III **Eligibility and Enrollment**

A. Eligibility

The University of Illinois requires that all eligible students be covered by health insurance and provides a plan for which the fee is automatically assessed along with tuition and other fees. Eligible students include all registered Undergraduate, Graduate, Health Professional students and eligible Fellows. If *CampusCare* discovers that Eligibility requirements have not been met, its only obligation is a refund of premium.

The following requirements must be met in order to be eligible for enrollment in *CampusCare*:

1. **Student/Member**

To be eligible to enroll in *CampusCare*, an individual must be a registered student of UIC or eligible fellow working under a T/32 or F/32 grant at UIC.

A student employed at UIC is eligible to enroll in *CampusCare* only if he or she is ineligible for any State of Illinois insurance benefits.

Summer Term: Students seeking Summer Term CampusCare coverage MUST complete a Summer continuation form, whether or not they are enrolled in Summer courses. A student is eligible to enroll in *CampusCare* as a subscriber for the Summer Term if he or she was enrolled during the previous Spring Term. If a student, who was initially enrolled for the Summer Term, fails to submit a Summer continuation form and withdraws from the Summer Term at 100%, they will not be eligible for continuation of summer coverage. Please note, if a student completes a Summer continuation form and is not enrolled in Summer courses, the student will NOT have access to preventative services that are normally covered under Student Health Services for enrolled students. For detail on Student Health Services, please visit: <http://www.uic.edu/hsc/campuscare/uicpolicy.html>

2. **Eligible Dependents**

To be eligible to enroll in *CampusCare* as an eligible dependent, an individual must be either the Member's:

- a. Spouse (Marriage License must be provided)
- b. Civil Union Partner (Copy of Civil Union Partnership Certificate must be provided)
- c. Dependent, unmarried child under the age of twenty six (26), including a natural or legally adopted child as well as a child for whom the Subscriber or his/her spouse is the legal guardian.(Birth Certificate, Hospital Footprint Certificate, Adoption or Legal Guardianship Papers must be provided).



3. **Family Coverage** means the Student/Member and his/her family dependents are covered. Whenever “you” or “your” is used in this Certificate of Coverage, it shall mean all eligible family Members covered under *CampusCare*.

B. From Individual to Family Coverage/ Addition of Family Dependents

You can change from individual to family coverage or cover additional dependents without evidence of insurability, by applying to *CampusCare* Administration and paying the required Premium for:

1. Your new spouse and/or for any **eligible** children of your new spouse within thirty-one (31) days of marriage or Civil Union Partnership.
2. A child pending finalization of a legal adoption or a newly adopted child within thirty-one (31) days of filing of the legal documents or of the legal adoption
3. A newborn within thirty-one (31) days following birth.

A **new spouse or civil union partner** is covered from the date of marriage/union partnership only if requested by submitting an electronic add dependent form, provide a copy of the marriage certificate or civil union partnership certificate and pay the required premium to *CampusCare* within thirty-one (31) days following the date of marriage/union partnership.

A **newly adopted child** is covered from the date of the finalized executed legal document only if requested by submitting an electronic add dependent form, a copy of the legal adoption document is provided and the required premium is paid to *CampusCare* within thirty-one (31) days following the date of birth.

A **newborn** is covered from the moment of birth only if requested by submitting an electronic add dependent form, provide a copy of the birth certificate (complimentary birth certificate accepted or hospital footprint certificate) and pay the required premium to *CampusCare* within thirty-one (31) days following the date of birth.

In the case that the policy holder for the insurance which covered the student and dependents has terminated, the student and their dependents are able to reinstate into the *CampusCare* program after the Enrollment Period. An electronic Dependent add form and a Letter of Credible Coverage from the insurance company stating termination of coverage for the dependent along with the marriage certificate, civil union partnership certificate, birth certificate, hospital footprint certificate, and/or adoption or legal guardianship papers needs to be sent to the *CampusCare* administration office. The Dependent’s effective date will be the date *CampusCare* administration receives all necessary documentation and verifies eligibility. The student of UIC must submit a reinstatement form electronically in order to be covered by *CampusCare* and for any dependents to be added. The student’s coverage will begin the day the electronic reinstatement form is submitted.



CampusCare does NOT offer a conversion plan when you become ineligible. Conversion coverage is also not available when the entire *CampusCare* coverage has been terminated and there is a succeeding carrier.

C. Enrollment

If you are eligible and assessed the Premium as part of your student fees and have not exempted from the program, you are automatically covered under *CampusCare* for the applicable Term; therefore, no application is required. You may opt to insure eligible family dependents under the plan ***by submitting a completed CampusCare enrollment application, all required information and paying the additional Premium within the time designated herein.*** Request for addition of dependents will be accepted only if received by specified deadline dates and meet the requirements under Eligibility and Enrollment Section B.

Students who have exempted from coverage and request reinstatement within the enrollment periods will be effective the first day of the term. Students who request reinstatement after the enrollment period will become eligible for *CampusCare* benefits the date the request is received in the *CampusCare* Administrative office. No adjustment in the premium rate will be made.

If Hospitalized Before Effective Date

If you are hospitalized (“pre-enrollment hospitalization”) before the effective date of enrollment, you are not covered for that hospitalization by *CampusCare*. Discharge from the Hospital, which, as one of its purposes, is the obtaining of coverage for a subsequent hospitalization for the same or similar condition shall be disregarded. The subsequent hospitalization will be considered a continuation of the pre-enrollment hospitalization and therefore not covered by *CampusCare*.



Section IV
Premium Payment Provisions

You or anyone paying on your behalf, including tuition and fees payment through the University of Illinois at Chicago, must pay the specified Premium within the designated time period. You will be entitled to the benefits of the Certificate of Coverage only when the Premium is actually received by *CampusCare* and only for the Term for which payment is received. The College must pay the specified Premium for the Fellow and applicable dependents.

A. *Changes in Premium Rates*

The Premium rates will be effective for a twelve (12) month period of time. The rate is subject to change on an annually basis on the Group's anniversary date, which is the beginning of the Fall Term. UIC or *CampusCare* will make best effort to provide notification of changes in Premium to members within sixty (60) days of the effective date of the premium change.



Section V
Health Benefits

Each Member of *CampusCare* is entitled to receive the following benefits, subject to the limitations and exclusions of coverage and benefits as described in the Benefit Summary, and subject to all terms, conditions, and definitions, as stated in this Certificate of Coverage.

Except in the event of a Medical Emergency, *CampusCare* benefits are available only if they are provided, ordered or preauthorized by a *CampusCare* Health Center Physician in the manner described in this Certificate of Coverage. It is important for Members to read the following section describing *CampusCare* Health Center Physicians and detailing the specific instructions regarding Medical Emergency Care Benefits.

A. Physician-Patient Relationship

CampusCare Health Center Physicians provide Members' primary medical care and are responsible for coordinating Members' health care needs and maintaining medical records. A *CampusCare* Health Center Physician is the first person a Member should call whether for routine care, illness, injury, or Emergency Care.

TO RECEIVE BENEFITS UNDER THIS CERTIFICATE OF COVERAGE ALL NON EMERGENCY MEDICAL SERVICES MUST BE PROVIDED, ORDERED OR PREAUTHORIZED BY A CAMPUSCARE HEALTH CENTER PHYSICIAN AND PROVIDED AT THE UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM, OR BY A PREAUTHORIZED CONTRACTED NETWORK PROVIDER UNLESS OTHERWISE SPECIFICALLY PERMITTED BY THIS CERTIFICATE OF COVERAGE.

Confidentiality

Information from medical records and information received by *CampusCare* Health Center Physicians incident to the physician-patient relationship shall be kept confidential and in compliance with privacy rules outlined under Health Insurance Portability and Accountability Act (HIPAA). Information about Members' care will not be disclosed without express written consent or, in the case of a minor, without the written consent of the minor's parent or legal guardian, except as permitted or required by law.



B. Emergency Care

CampusCare will be financially responsible for Medical Emergency health care services up to the limits provided under this Certificate of Coverage.

In the event of a Medical Emergency, go to the nearest emergency room for treatment. Calling a *CampusCare* Health Center Physician for medical advice prior to seeking medical attention is strongly recommended. **After the Medical Emergency, all follow-up care must be provided by or preauthorized by a *CampusCare* Health Center Physician.**

1. Emergency Ambulance Services

Ground ambulance service is provided when there is a need for immediate medical attention, or an approved medical transfer between facilities. A physician, public safety officer or other emergency medical services personnel must determine this need.

C. Covered Services

1. Asthma Treatment/Supplies

Peak Flow meters, and home nebulizers, one (1) device per academic year when medically necessary and preauthorized by a *CampusCare* Health Center Physician.

2. Diabetic Treatment/Supplies

Insulin Syringes, glucose monitors, lancets, needles and test strips up to one (1) month supply per prescription when medically necessary and preauthorized by a *CampusCare* Health Center Physician.

3. Diagnostic and Therapeutic Services

Services including laboratory, imaging, CT Scan, X-ray, pathology services, radiology services and radiation therapy, electroencephalograms, electrocardiograms, clinical lab treatments (chemotherapy) for covered illness, accidents, congenital defects, birth abnormalities and premature birth are covered when provided or ordered by a *CampusCare* Health Center Physician or preauthorized referral provider.



4. Durable Medical Equipment

Covered only when Medically Necessary and preauthorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director and supplied by a contracted *CampusCare* provider. The rental or purchase, as pre-approved, is at the discretion of *CampusCare*. Replacement equipment is not covered.

5. Home Health Care

When Medically Necessary and preauthorized by a *CampusCare* Health Center Physician, a Member will be provided with skilled nursing care and therapeutic services at the Member's home in place of inpatient hospitalization. Care must be given by a contracted *CampusCare* Home Health Agency. All Home Health Care must be ordered and monitored under the direction of a *CampusCare* Health Center Physician.

6. Inpatient Hospital Care

Hospital Services are covered for an unlimited number of days, up to Maximum Lifetime Benefit of \$500,000, per Section V.C.9 of this Certificate of Coverage, when hospitalization occurs in a *CampusCare* approved Hospital and is preauthorized by a *CampusCare* Health Center Physician. Hospital services include room and board, general nursing care and Medically Necessary ancillary services, including Discharge Planning and Case Management. Private duty nurses are covered when a *CampusCare* Health Center Physician determines that this type of care is Medically Necessary.

Members are generally hospitalized in a semi-private (two-bed) accommodation. If it is Medically Necessary (as preauthorized by the Health Center Physician) for you to occupy a private room (one-bed), *CampusCare* will be responsible for the cost. However, if a Member decides to occupy a private room and it is not preauthorized as Medically Necessary, the Member will be responsible for the difference in the rate between the most common semi-private room rate and the private accommodations.

All Medically Necessary professional services provided by the *CampusCare* Health Center Physician are provided without charge including diagnostic radiology, pathology, surgical procedures, anesthesia, medication, Discharge Planning, Case Management and medical supplies.

7. Maternity Care

When Medically Necessary and preauthorized by a *CampusCare* Health Center Physician, all routine testing and screenings will be considered if all other policy provisions have been met.



8. Maximum Lifetime Benefit

The Maximum Lifetime Benefit payable for all *CampusCare* benefit coverage afforded under this Certificate of Coverage is \$500,000. The first dollar of the \$500,000 Maximum Lifetime Benefit shall begin on August 16, 2013 @ 12:01AM.

9. Oral Surgery

Medical and surgical services that are considered Medically Necessary and pre-authorized by the *CampusCare* Medical Director needed to address certain conditions of the jaws, cheeks, lips, tongue, roof or floor of the mouth. These include congenital deformities and conditions resulting from injury, tumors or cysts, disease, or previous therapeutic processes. A Health Center Physician referral is required for all services. See Appendix C for complete listing of covered and non-covered services.

10. Physician Services-Outpatient and Inpatient

All in network services for the diagnosis and treatment of covered illness or covered injuries, congenital defects, birth abnormalities and premature birth provided or ordered by a *CampusCare* Health Center Physician are covered. This includes all professional services, primary care, consultation, referral, surgical procedures, anesthesia, and medical supplies used in the hospital or physician's office.

11. Preventative Health Services

Service that are not otherwise covered under the Student Health Service Fee will be covered when provided in network by a *CampusCare* Health Center Physician. Preventative services will be provided for all covered members, at no cost to the member. (See Appendix A) Immunizations, when covered, will be administered according to The Advisory Committee on Immunization Practices (ACIP) guidelines, excluding those services outlined in Section V.D.14. .

12. Transfer from non-approved to approved Hospital

Immediate transfer from an out of network Hospital to a *CampusCare* approved Hospital will be provided once a *CampusCare* Health Center Physician or *CampusCare* Medical Director or designee has approved the transfer. A Member's refusal to transfer (for other than medical reasons) will result in the denial of the entire inpatient claim.

13. Transgender Healthcare

Covered only when Medically Necessary and preauthorized by a *CampusCare* Health Center Physician. The maximum benefit amount for this Covered Service is \$117,096 and shall be included within the \$500,000 Lifetime Maximum Benefit amount, as outlined in Section V.C.9. Upon reaching the maximum benefit amount, Member liability shall be 100%. In the event services



cannot be performed by an in network provider or at an in network facility, services shall be adjudicated as Out of Network and paid at 100% of Usual and Customary (70% of negotiated rate). For Out of Network services, member will be liable for 30% of the negotiated rate plus any applicable co-payments. Incurred travel expenses related to this Covered Service are excluded from coverage and are the responsibility of the Member to pay. In accordance with Section V.D.26 of this Certificate of Coverage, services must be rendered within the continental United States. Individual must be actively enrolled in *CampusCare*. *CampusCare* shall not be liable for any expense, upon Member's disenrollment from the program. See Appendix B for Transgender Healthcare Policy.

14. Vision, Dental and AD&D Program

Through a third party vendor, *CampusCare* provides members with a discounted vision and dental program. Under the *CampusCare* program, Members are eligible to receive one free routine eye exam, including refraction, per annual policy period, at designated in-network provider locations (See *CampusCare* web page for a complete listing of providers and locations.) Under the third party vendor vision program, Members are eligible for discounts on eyeglasses, non-prescription sunglasses and contact lenses. Under the third party vendor dental program, Members are eligible for one free cleaning and x-rays per annual policy period and discounts on additional dental care. A third party provider directory can be accessed via the *CampusCare* website. In addition, each Member will receive a \$2,500 Term Life and \$2,500 Accidental Death and Dismemberment benefit.

D. Limitations & Exclusions

The following services are not covered under this Certificate of Coverage:

1. Acts of War, Armed Forces, Riots and Felonies

Medical services needed as a result of injuries or sickness caused by War or an Act of War, declared or undeclared, and/or Civil Unrest, insurgency, or rebellion, or while in the service of the Armed Forces of any country. Services needed as a result of participation in a riot or civil disorder, commission of or attempt to commit a felony.

2. Biofeedback treatment, services and supplies related to biofeedback

3. Corrective Appliance or Devices

Special braces, splints, specialized equipment, appliances, ambulatory apparatus or battery or atomically controlled implants, including, but not limited to eyeglasses, contact lenses, hearing aids, orthotics boots and canes, except as specifically included under covered services.



4. Cosmetic Procedures/Surgery

Plastic or cosmetic procedures or surgery with the exception of restorative surgery to correct an Injury for which benefits are otherwise payable under this policy when medically necessary and preauthorized by a *CampusCare* Health Center Physician.

5. Custodial or Convalescent Care

Custodial or convalescent care when the facilities or services of an acute care Hospital are not Medically Necessary in the judgment of the *CampusCare* Medical Director.

6. Elective Surgery and treatment

Services and any related charges including facility charges.

7. Exhaustion of Benefits/Eligibility

Services ordered or authorized beyond the benefit limitation or eligibility period are the responsibility of the Member without regard to whether or not services are initiated during an eligible period.

8. Experimental/Investigational Procedures

Any charges incurred for any procedure, including organ tissue, or cell transplants, that are deemed to be experimental or investigational in nature by any appropriate technological assessment body established by any state or federal government and/or those not recognized by the majority of the local medical community as appropriate and recommended standard of care.

9. Fertility/Infertility Services

Including, but not limited to birth control, family planning, fertility tests, infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability, premarital examinations, impotence, organic or otherwise, the reversal of tubal ligations or vasectomy.

10. Foot Care

All foot care (except capsular or bone surgery).

11. General Dentistry

Dental treatment or services caused by accident or illnesses.



12. Governmental Responsibility

Treatment in a Government hospital, such as the Veterans Administration facility, unless there is a legal obligation for the member to pay for such treatment.

13. High Risk physical activities

Medical Services needed as a result of injuries or sickness caused by including, but not limited to skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

14. Injections and Immunizations

Immunization needed to meet educational / matriculation requirements such as college entrance clerkships, internships, residencies, etc., and/or elective injections needed for planned travel.

15. Member Responsibility

Services required because the Member did not comply with a *CampusCare* Health Center Physician's instructions, recommendations and/or referral, or from which resulted from delay in or refusal of the Member seeking care.

16. Outpatient Drugs

- a) Including, but not limited to non-FDA approved drugs, drugs prescribed for non-FDA approved indications, prescriptions and/or treatments, and over-the-counter medications
- b) Therapeutic devices or appliances, garments and other non-medical substances, regardless of intended use
- c) Contraceptives, oral or other, "whether prescription or non-prescription drugs" medication or devices, regardless of intended use
- d) Biological sera, blood or blood products administered on an outpatient basis
- e) Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs
- f) Products used for approved or unapproved cosmetic indications
- g) Drugs used to treat or cure alopecia (hair loss/baldness), and anabolic steroids used for body building or any other reason other than wasting syndrome, or androgen deficiency
- h) Anorectics- drugs used for the purpose of suppressing appetites and weight loss control
- i) Fertility agents or sexual enhancements drugs, such as but not limited to Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra
- j) Growth hormones
- k) Refills in excess of the number specified or those dispensed after one (1) year of the date of the original prescription



- l) Any drug that can be acquired in any form over-the-counter without a written order from a licensed physician or other clinical licensed practitioner
- m) Vitamins, minerals, herbs and or other nutritional supplements
- n) Medications other than those taken for chronic conditions may only be dispensed in limits up to thirty (30) days or the prescribed amount whichever is less. Medications for chronic conditions may be dispensed up to a sixty (60) day supply only after a Member has first received a trial dose up to but not exceeding a thirty (30) day supply and consumed by the Member. Two (2) co-payments will be charged for each sixty (60) day supply. Members may only be dispensed a sixty (60) day supply after the Enrollment Period deadline date and up to thirty (30) days prior to the last day of that Term.
- o) Medications reflecting amounts above the generally accepted pharmaceutical guidelines, manufacturer's packaging, and/or FDA guidelines, unless local standard treatment guidelines have been established
- p) Medication refills before at least seventy-five (75) % of the previously filled prescription has been consumed and not more than thirty (30) day supply beyond the Term of coverage.

17. Personal Comfort Items or Services

Including, but not limited to, personal items, telephones, slippers, personal hygiene items, robes, gowns, and televisions and Federal, State or Local Government Tax.

18. Prescription Medicine and supplies: related to or intended for treatment of nicotine or alcohol addiction or any other potentially addictive substances or conditions.

19. Routine physical examination and testing

Routine physical examination and routine testing, preventative testing or treatment, screening exams or testing in absence of Injury or Sickness except as specifically provided for within Covered Services. See Appendix A.

20. Services Not Considered Medically Necessary

Physical examinations for obtaining or continuing employment, meeting educational requirements such as college entrance, internships, residencies, etc., for governmental licensing, for securing insurance coverage, or other services or supplies which are not, in the judgment of the *CampusCare* Health Center Physician, necessary for the medical treatment, maintenance or improvement of a Member's health or the most appropriate supply or level of service which can safely be provided.



21. Services Rendered by Non-CampusCare Physicians and/or Non-approved Hospitals

Services or supplies provided by non-CampusCare Physician and/or in hospitals other than CampusCare approved hospitals, except in a Medical Emergency as defined herein or authorized by the CampusCare Medical Director or designee.

22. Transfer Policy

A Member's refusal to transfer from one Hospital or healthcare facility to another (for other than medical reasons), as requested by CampusCare will result in the denial of the entire inpatient claim.

23. Vision Services

a) Services and supplies related to eye examinations, eyeglasses or contact lens or prescriptions or fitting of eyeglasses, except when due to a disease process or as provided by select providers. This excludes any discounts afforded to CampusCare members under the vision and dental discount program, as administered by CampusCare contracted third party vendor.

b) Services and supplies related to myopia, astigmatism, or normal aging processes of the eye or surgical or laser correction of the conditions. . This excludes any discounts afforded to CampusCare members under the vision and dental discount program, as administered by CampusCare contracted third party vendor.

24. Weight Management

Services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, and surgery for removal of excess skin or fat.

25. Workers' Compensation

Injury or sickness for which benefits are paid or payable under Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

26. Services and supplies received outside of the continental United States regardless of purpose or need.



E. Rates

Undergraduate, Graduate, Health Professional students and others enrolled in sponsored student programs and Dependents fee/premium per Term.

	Student	Spouse*	All Children*
<u>Fall</u>	\$471.00	\$1,255.00	\$633.00
<u>Spring</u>	\$471.00	\$1,255.00	\$633.00
<u>Summer</u>	\$311.00	\$834.00	\$417.00

*Student must also be insured.

Should the University provide a full refund after the change deadline period; a \$50 cancelation fee will be charged.

F. 2013-2014 Important Dates

	<u>Fall Term</u>	<u>Spring Term</u>	<u>Summer Term</u>
Coverage Periods:	8/16/14 - 1/11/15	1/12/15 - 5/17/15	5/18/15 - 8/15/15
Enrollment Periods:	6/4/14 - 9/12/14	11/17/14 - 2/8/15	3/23/15 - 6/1/15
Waivers/ Reinstatements/ Dependent Periods and Deadlines:	6/4/14 - 9/12/14	11/17/14 - 2/8/15	3/23/15 - 6/1/15

Deadlines are dates by which waivers, extensions or enrollment of Dependents must be accomplished. Dates are based on the University Academic Year and are subject to change.

Waivers:

Beginning fall Term 2014, all students applying and approved for a *CampusCare* waiver for the first time will now have to re-apply for the waiver at the beginning of each Academic Year. Prior to fall 2014, students who currently have a waiver on file (not covered under the plan) and wish to remain waived out of the program, do not need to re-apply for a waiver. Their waiver status will remain unchanged. To check your waiver status, view your tuition statement to see if you have been charged the *CampusCare Health Insurance* fee. If you have not been charged the fee, you are not covered by CampusCare. Some students may not qualify to be assessed the fee dependent on their academic standing.



G. Excess Provision

1. This Plan contains an “Excess Provision”. *CampusCare* is considered a secondary payer to all health insurance plans, except in the case a member has Medicaid/public aid, than *CampusCare* will be the primary payer. In all cases *CampusCare* will only provide payment as stated in the policies outlined in the Certificate of Coverage.

H. Third Party Liability

Services and supplies covered under this Certificate of Coverage are provided for you if you are injured by acts of omissions of a third party. You must require the third party to pay for the services and/or to reimburse *CampusCare* immediately upon collecting any damages, whether by action of law, settlement, or otherwise, to the extent of the expenses incurred by *CampusCare*.

CampusCare shall have a lien, to the extent of the expenses incurred by *CampusCare*. The lien may be filed with the third party whose act(s) caused the injuries, his agent or a court having jurisdiction in the matter.



Section VI ***Informal and Formal Grievance Procedures***

The following procedures have been developed to resolve informal and formal Member request, concerns, or complaints with respect to *CampusCare* issues and operations. Customer Service and Claim Representatives are required to maintain a written encounter, which identifies the general nature and disposition of the request, concern, or complaint.

A. Informal Procedures

1. A member should discuss his/her request, concerns, or complaints with his/her *CampusCare* Health Center Physician most acquainted with the circumstance in order to resolve the matter.
2. If the Member is not satisfied with the resolution, he/she should discuss and resolve the matter with the assistance of a *CampusCare* representative.
3. If the resolution is not satisfactory, the Member should discuss and resolve the matter with a *CampusCare* Customer Service Supervisor.
4. If the resolution is not satisfactory, the Member should discuss and resolve the matter with the assistance of the Director or Medical Director of *CampusCare*.
5. If the resolution is not satisfactory, after following the above procedures, the member has the right to file a grievance with the chairperson of the Grievance Committee.

B. Formal Procedures

1. A formal grievance must be in writing, list the facts and circumstance giving rise to the grievance, and be filed within 90 days from the date the Member reasonably should have known of the occurrence of the circumstances.
2. No grievance may be filed:
 - a) Concerning any allegation or implication of professional liability or unusual injury due to negligence
 - b) Which challenges or disputes established written policies of *CampusCare*, the Board, or any state or federal action, regulation, or procedure, except that the Grievance Committee may hear



- grievances challenging written *CampusCare* or Board policies for the sole purpose of advising *CampusCare* of requested changes
- c) Which request relief not within the power of *CampusCare* or Board to grant, except that the Grievance Committee may hear grievances requesting such actions for the sole purpose of advising *CampusCare* of the requested changes
 - d) Which challenges or disputes any part of any contractual arrangement entered into by the Board, *CampusCare*, or any agent of *CampusCare* including employment contracts, and Provider or service agreements
 - e) Which challenges or disputes any programmatic decision made by the Board or *CampusCare*
3. The Grievance Committee chairperson shall review the formal grievance and in consultation with *CampusCare* Administration render the resolution requested by the Member or convene the Grievance Committee to resolve the grievance.
 4. The Chairperson will issue a written receipt to the member within ten (10) business days of receiving the grievance.
 5. After discussing the matter with the Member, the Committee will deliberate in private to render the resolution by majority vote. This resolution will be made within sixty (60) days after the grievance is filed. An additional thirty (30) day extension is available in the event of a delay in obtaining the documents or records necessary for resolution. All requests for documents or records necessary for the resolution shall be maintained in *CampusCare*'s grievance file.
 6. The Member will receive a written notification of the determination within five (5) business days of that determination.
 7. The decision of the Grievance Committee shall be final.



Section VII

How to File a Claim

If you receive a bill for any type of service that you believe is a covered benefit you should send the bill to:

CampusCare
1240 East Diehl Road Suite 100
Naperville, Illinois 60563

Claims over one (1) year old will not be paid.

You can also check the status of any claim by logging on to:

<http://www.uic.edu/hsc/campuscare/>

Please visit our web site listed above for:

- Brochures, ID Cards, Claim Status, Locate a Physician, Dental and Vision plan benefits and other important information.

Questions regarding claims or benefits should be directed to customer service at 312-996-4915 Option #2.



**Appendix A
Health Screenings and Interventions**

	<u>Birth to 2 Years</u>	<u>Ages 3 to 10</u>	<u>Ages 11 to 21</u>	<u>Ages 22 and older</u>
* Alcohol misuse				All adults
Autism	18, 24 months			
* Blood Pressure		At each visit	Once a year	every 2 years or as
* Cholesterol/Lipid Disorders	Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes)		Ages 20 and older if risk factors	All men ages 45 and older or ages 20-45 if risk factors. All women ages 45 and older or ages 20-45 if risk factors
Colon Cancer Screening				The following test will be covered for colorectal cancer screening, ages 50 and older (or at any age if risk factors): Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually. Stool-based doxyribonucleic
Congenital Hypothyroidism Screening	Newborns			
* Depression Screening			Ages 12-18	All adults
* Developmental Screening	7 and 18 months	30 months		
* Developmental Surveillance	Newborn, 1, 2, 4, 6, 12, 15 & 24 months	At each visit		
Diabetes Screening				Ages 45 and older, or at any age if asymptomatic with
* Dental Caries Prevention (evaluate water source for sufficient fluoride)	Children older than 6 months	Children older than 6 months		
* Oral Health Evaluation/Asses for Dental referral	12,18 & 24 months	30 months, 3 & 6 years		
* Hearing Screening (not complete hearing examination)	All newborns by 1 month	Ages 4, 5, 6, 8 & 10 or as doctor advises		
* Healthy Diet/Nutrition Counseling				Adults with hyperlipidemia, those at risk for cardiovascular
* Hemoglobin or Hematocrit	12 months		Once a year for	
* HIV Screening			Adolescents at risk	Adults at risk
* Lead Screening	12 & 24 months			



Health Screenings and Interventions

		<u>Birth to 2 Years</u>	<u>Ages 3 to 10</u>	<u>Ages 11 to 21</u>	<u>Ages 22 and older</u>
*	Metabolic/Hemoglobinopathies (according to state law)	Newborns			
*	Obesity Screening		Ages 6 and older	Ages 6 and older	All adults
*	Prophylactic Ocular (Eye) Medication to Prevent Blindness	Newborns			
	Prostate Cancer Screening (PSA)				Once a year for men 50 and older
*	Sexually Transmitted Infections (STI)			All sexually active adolescents	All adults at risk
*	Sickle Cell Disease Screening	Newborns			
	Syphilis Screening			Individuals at risk	Adults at risk
*	Tobacco Use/Cessation Interventions				All Adults
*	Tuberculin Test	Children at risk	Children at risk	Adolescents at risk	
	Ultrasound AAA Screening				Men ages 65-75 who have ever smoked

*** Student Health Service Benefit. CampusCare coverage applies to Dependent's only.**



Women's Health Screenings and Interventions

	Anemia Screening	Pregnant women
	Bacteriuria Screening	Pregnant women
*	Discussion/Referral for Counseling Related to BRAC1/BRAC2 test	Women at risk
*	Discussion about Potential Benefits/Risk of Breast Cancer Preventative Medication	Women at risk
	Breast Cancer Screening (Mammogram)	Women age 40 and older, annually
	Breastfeeding Promotion	During pregnancy and after birth
	Cervical Cancer Screening (Pap test)	Within 3 years of sexual activity; or ages 24 and under & older women at risk
*	Chlamydia Screening	Sexually active women ages 21 and under & older women at risk
*	Gonorrhea Screening	Sexually active women at risk
	Hepatitis B Screening	Pregnant women
	Osteoporosis Screening	Age 65 or older (or 60 for women at risk)
	Rh Incompatibility Test	Pregnant women
	Syphilis Screening	Pregnant women
*	Tobacco Use/Cessation Interventions	Pregnant women

*** Student Health Service Benefit. CampusCare coverage applies to Dependent's only.**



APPENDIX B

Transgender Healthcare Policy

Transgender Healthcare, including non-cosmetic surgery, hormonal treatments, pre- and post-surgical mental health care services, and follow up medical visits, is a covered benefit up to the maximum limit under the *CampusCare* certificate of coverage when all of the following are met:

1. A gender identify disorder is diagnosed and documented by a mental health care provider
2. Ongoing care is established with a primary care provider and/or mental health care provider
3. Age of the member is 18 years or older
4. Capacity to make a fully informed decision and to consent for treatment is established
5. A referral letter from one qualified mental health care professional confirming the member's condition and current mental health status.

All care is expected to be provided at the University of Illinois at Chicago and/or in-network facilities, unless pre-approved for out-of-network care by the medical director or designee.



Appendix C Oral Surgery Benefit

I. Covered Benefits:

- A. Consultation by an oral surgeon or appropriate specialist. Included with this would be the cost of X-rays or other diagnostic tests performed in conjunction with given evaluation.
- B. Covered procedures include:
 - 1. Surgical removal of completely-bony-impacted teeth.
 - 2. Excision of tumors or cysts from the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - 3. Excision of exostoses of the jaws and hard palate (provided that this procedure is not done in preparation for dentures or other prostheses).
 - 4. Treatment of fractures of the facial bones.
 - 5. External incision and drainage of abscesses or cellulitis.
 - 6. Incision or excision of accessory sinuses, salivary glands or ducts;
 - 7. Surgical procedures to address congenital deformities and conditions resulting from disease or previous therapeutic processes affecting the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - 8. Surgical procedures to correct accidental injuries of the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - 9. Surgical treatment of accidental injuries to any teeth which had an intact root or were part of a permanent bridge, prior to the injury. This particular benefit covers complete restoration of the injured teeth.
- C. Implants to support a dental prosthesis when an integral part of treatment for conditions as described above. Any abutment or dental prosthesis resting on these implants is not covered, except to replace a tooth that had originally been injured, as described above.
- D. Facility and anesthesia fees, for treatment of conditions described above.
- E. Durable medical equipment or prosthetic appliances such as obturators or surgical splints are covered, when an integral part of treatment for conditions described above.

II. Exclusions

- A. With the exception of accidental injury of the teeth, services for conditions that are of dental origin. Conditions of dental origin include, but are not limited to, those resulting from tooth decay or inflammation of the gums.
- B. Services for conditions resulting from misadventures while eating (i.e. tooth breaks while biting into a hard substance).
- C. Services for conditions resulting from injuries that are not substantiated with concurrent medical or dental records.
- D. Oral surgery performed for cosmetic purposes. This does not include reconstructive surgery.



- E. Repair or replacement of damaged removable appliances.
- F. Services for conditions resultant from atrophy of the jaw or maxilla.
- G. Preprosthetic surgery, to prepare the mouth and jaw for dentures or other appliances, is not covered unless it is part of an otherwise covered service.
- H. Dentures and related services.
- I. Implants, oral durable medical equipment, prosthetic appliances, and related services and supplies, except as described above.