

***CampusCare***  
***A University-Based Health Benefits Program***

***Certificate***  
***Of***  
***Coverage***  
***2015-2016***



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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**  
**Summary of Benefits**

<b>HOSPITAL SERVICES</b>	<b>Coverage</b>	<b>Copayment</b>
Inpatient - In Network Only	100%	\$50 per day
Outpatient - In Network Only	100%	\$0
<b>EMERGENCY CARE</b>	<b>Coverage</b>	<b>Copayment</b>
In Network	100%	\$50
Out of Network	100% of U/C	\$50
<b>MENTAL HEALTH CARE &amp; SUBSTANCE ABUSE CARE - In Network</b>	<b>Coverage</b>	<b>Copayment</b>
Inpatient	100%	\$50 Per Day
Outpatient	100%	\$15
<b>OFFICE VISITS – In Network</b>	<b>Coverage</b>	<b>Copayment</b>
Preventative & Wellness*	100%	\$0
Physician Visits	100%	\$15
Routine Vision Exams (One per Plan Year)	100%	\$0
* Coverage Exclusion: Student-based preventative services covered by Student Health Service Fee		
<b>MATERNITY &amp; NEWBORN-In Network</b>	<b>Coverage</b>	<b>Copayment</b>
Inpatient Services	100%	\$50 Per Day
Maternity	100%	\$0
*Newborn	100%	\$0
Specialist Physician Visits	100%	\$15
* Newborn eligible for coverage when added as dependent in accordance with Section IV.B.		
<b>PRESCRIPTION DRUGS</b>	<b>Coverage</b>	<b>Copayment</b>
Generic	100%	\$10
Brand	100%	\$20
Non-Formulary	90%	\$40
<b>OTHER IN NETWORK SERVICES</b>	<b>Coverage</b>	<b>Copayment</b>
Occupational Therapy (Max 20 session/AY)	100%	\$15
Physical Therapy (Max 40 session/AY)	100%	\$15
Respiratory Therapy	100%	\$15
Speech Therapy (Max 20 session/AY)	100%	\$15
Laboratory	100%	\$0
Ambulance	80%	\$0
DME & Diabetic Supplies	90%	\$0
Home Health Services	90%	\$0
Hospice	90%	\$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 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.



### Section III **Definitions**

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

<b>Academic Year</b>	Shall mean coverage becomes effective at 12:00 a.m. August 16 <sup>th</sup> and ending at 11:59 p.m. on August 15 <sup>th</sup> of the following calendar year.
<b>CampusCare</b>	Shall mean the self-funded student health benefits program of the University of Illinois at Chicago
<b>Case Management</b>	Is the process whereby a health care professional supervises the administration of medical and/or ancillary services to a patient.
<b>Civil Union Partners</b>	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.
<b>Contract Year</b>	Shall mean the same as Academic Year
<b>Conversion Coverage</b>	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> .
<b>Co-Insurance</b>	A <b>Coinsurance</b> is <i>your</i> share of the costs of a covered service, calculated as a percent of the <b>allowed amount</b> for the service. For example, if the plan's <b>allowed amount</b> for an overnight hospital stay is \$1,000, your <b>coinsurance</b> payment of 20% would be \$200.
<b>Co-payment</b>	Shall mean the fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
<b>DME</b>	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. <b>a.</b> Durable Medical Equipment consists of, but is not restricted to, the following: <ol style="list-style-type: none"><li>1. is primarily and customarily used to serve a medical purpose</li><li>2. can withstand repeated use</li><li>3. generally is not useful to a person in the absence of Injury or Sickness</li><li>4. hospital-type beds</li><li>5. traction equipment</li><li>6. regular wheelchairs (not electric)</li><li>7. walkers</li></ol> <b>b.</b> The following items are not considered Durable Medical Equipment: <ol style="list-style-type: none"><li>1. exercise equipment</li><li>2. air conditioners</li><li>3. electric scooters and wheelchairs</li><li>4. ramps or other environmental devices</li><li>5. dehumidifiers</li><li>6. whirlpool baths</li><li>7. other equipment that has both a non-therapeutic and therapeutic use</li></ol>



<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 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, which shall include the option to choose a pediatrician for students and/or dependents under the age of 19 years old.
<i>Home Health Care</i>	Shall mean skilled nursing and/or therapeutic services, determined by a <i>CampusCare</i> Health Center Physician and the <i>CampusCare</i> Medical Director 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>Hospice</i>	Shall mean a provider that offers a coordinated program of home care for a terminally ill patient and the patient's family. The program provides supportive care to meet the special needs from the physical, psychological, spiritual, social, and economic stresses which are often experience during the final stages of terminal illness and during dying and bereavement.
<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>Medical Emergency</i>	A "Medical Emergency" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e)(1)(A) of the Social Security Act.
<i>Medically Necessary</i>	Shall mean essential health care services, as determined by a <i>CampusCare</i> Health Center Physician and the <i>CampusCare</i> Medical Director, necessary to improve and/or maintain the health of a Member.



<i>Member</i>	Shall mean a person meeting the Eligibility and Enrollment requirements of Section IV 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>Pre-existing Condition</i>	The term "pre-existing condition" means, a condition based on the fact that the condition was present before the date of enrollment under <i>CampusCare</i> , whether or not any medical advice, diagnosis, care, or treatment was recommended or received before such date.
<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 and the <i>CampusCare</i> Medical Director. 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 and the <i>CampusCare</i> Medical Director.
<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>Service Area</i>	Shall mean the geographic area within thirty (30) miles of the <i>CampusCare</i> Health Service Center.
<i>Specialty Provider</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 or the <i>CampusCare</i> Medical Director.
<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 12:00 a.m. on the first day of coverage under Section V.C. and ends at 11:59 pm on the coverage end date under Section V.C.



**UIC**

Shall mean the University of Illinois at Chicago Campus as well as Rockford and Peoria Campuses.

**Unusual and Customary**

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.)

**Women's Health Provider**

Shall mean an in-network contracted provider of obstetrical and/or gynecological services which does not require authorization or referral for related woman's health care services.

## **Section IV 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 Member 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://CampusCare.uic.edu/health-service-fee/>

**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, child under the age of twenty six (26), including a natural or legally adopted child as well as a child for whom the Member 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*.
- 4. Non-Discrimination**  
For eligible students enrolled in *CampusCare*, services shall be made available in accordance with Section 2702 and 2705 of the Public Health Service Act and without discrimination on the basis of sex, age, race, color, religion, national origin, medical condition, medical history, claims experience, genetic information, health status or disability. Additionally, *CampusCare*, in accordance with section 2701 and 2704 of the Public Health Service Act, shall not impose any exclusion on persons with pre-existing conditions.

## 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 during the Enrollment Period at the beginning of each Term. Eligible dependents as listed in Section IV.A.2. can be covered from the start date of the current Term by submitting an electronic add dependent form and provide a copy of the following for each dependent by the Enrollment Period deadline date as listed in Section V.C.:

- 1. A current spouse or civil union partner:** the marriage certificate or civil union partnership certificate
- 2. A current child under the age of 26:** a copy of the birth certificate (complimentary birth certificate accepted or hospital footprint certificate).
- 3. A current adopted child under the age of 26:** the legal adoption document

Dependent’s premiums and coverage will automatically be carried over to the following semester (once the Student becomes eligible according to Section IV.A.1.), unless a drop dependent form is submitted electronically before the Enrollment Period deadline date. Dependents registered for Spring Term will be carried over to the next Fall Term if the Student becomes eligible (according to Section IV.A.1) without resubmitting an add dependent form or other required documentation, unless a drop dependent form is submitted electronically before the Enrollment Period deadline date. If a dependent is dropped for any reason for the following semester the Student will need to resubmit the add dependent form electronically and all required documentation again to *CampusCare*.

You can change from individual to family coverage or cover additional dependents without evidence of insurability, after the enrollment period deadline date 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 beyond the specified 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 waived 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 Section IV.B.

Students who have waived 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.

#### Guaranteed Renewability of Coverage

Except as provided in this section and in accordance with section 2703 of the Public Health Service Act, *CampusCare* shall ensure renewability and continuation of coverage for all eligible students that do not elect to waive out of the program. In accordance with section 2712 of the Public Health Service Act, *CampusCare* has the right to non-renew, discontinue or rescind coverage, based only on one or more of the following factors:

1. Non-Payment of *CampusCare* Health Insurance fee: In the event student cancels registration at 100% of tuition and fees after the deadline date.
2. Fraud: In the event the Enrollee has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage.
3. Termination of Coverage: In the event *CampusCare* ceases to offer coverage to students enrolled at the University of Illinois (Chicago, Rockford and Peoria campuses)

## Section V 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. Change 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.



**B. Rates**

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

	<b>Student</b>	<b>Spouse*</b>	<b>All Children*</b>
<b><u>Fall</u></b>	<b>\$570.00</b>	<b>\$1,519.00</b>	<b>\$766.00</b>
<b><u>Spring</u></b>	<b>\$570.00</b>	<b>\$1,519.00</b>	<b>\$766.00</b>
<b><u>Summer</u></b>	<b>\$377.00</b>	<b>\$1,011.00</b>	<b>\$505.00</b>

**\*Student must also be insured.**

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

**C. 2015-2016 Important Dates**

**(Spring and Summer Start Dates subject to change based on AY2016 University calendar)**

	<b><u>Fall Term</u></b>	<b><u>Spring Term</u></b>	<b><u>Summer Term</u></b>
<b>Coverage Periods:</b>	<b>8/16/15 - 1/10/16</b>	<b>1/11/16 - 5/15/16</b>	<b>5/16/16 - 8/15/16</b>
<b>Enrollment Periods:</b>	<b>6/4/15 - 9/12/15</b>	<b>11/16/15 - 2/7/16</b>	<b>3/21/16 – 5/30/16</b>
<b>Waivers/ Reinstatements/ Dependent Periods and Deadlines:</b>	<b>6/4/15 - 9/12/15</b>	<b>11/16/15 - 2/7/16</b>	<b>3/21/16 – 5/30/16</b>

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.

**D. 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 registration status.



## Section VI **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 and/or the *CampusCare* Medical Director 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/OR THE CAMPUSCARE MEDICAL DIRECTOR 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 and the *CampusCare* Medical Director 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 and the *CampusCare* Medical Director.**

#### **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.

#### **2. Air Ambulance Services**

Air Ambulance service is provided when terrain, distance, or the Member's condition warrants air ambulance services.



### 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. Blood Expenses**

Blood transfusions, including the cost of blood, blood products, blood plasma, blood derivatives and blood processing. Charges for processing, transportation, handling and administration.

**3. Contraceptive/Sterilization**

Sterilization procedures and related expenses will be covered when authorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director. For students covered under this Certificate of Coverage, contraceptive care shall be provided under the Student Health Service Fee. Contraceptives for Dependents shall be covered under this Certificate of Coverage. See Appendix D for Contraceptive Formulary.

**4. 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.

**5. 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, dialysis/hemodialysis, accidents, congenital defects, birth abnormalities and premature birth are covered when provided or ordered by a *CampusCare* Health Center Physician or preauthorized referral provider.

**6. 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*.

**7. Home Health Care**

When Medically Necessary and preauthorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director, 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 and the *CampusCare* Medical Director.

**8. Hospice**

To obtain benefits, the Participant must meet all of the following conditions:

- a. The Participant must experience an illness for which the attending Physician's prognosis for life expectancy is estimated to be six months or less.
- b. Palliative care (pain control and symptom relief), rather than curative care, is considered most appropriate.
- c. The attending Physician must refer the Participant to the program and must be in agreement with the plan for treatment of the Participant's condition.

Pre-certification by *CampusCare* is required before benefits are payable. Benefits are provided for the following:

- a. Periodic nursing care by registered or practical nurses.
- b. Home health aides.
- c. Homemaker services.
- d. Physical, occupational and respiratory therapy.
- e. Medical social workers.



Bereavement counseling sessions for covered family members during the twelve (12) months following the death of the terminally ill patient. *CampusCare* will provide benefits up to \$25.00 for each bereavement counseling session for covered family members up to a limit of twelve (12) sessions.

#### **9. Inpatient Hospital Care**

Hospital Services are covered for an unlimited number of days, when hospitalization occurs in a *CampusCare* approved Hospital and is preauthorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director. 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 and the *CampusCare* Medical Director determines that this type of care is Medically Necessary. See Section VI.D. for limitations and exclusions.

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.

#### **10. Human Organ Transplants**

Services required in connection with the replacement of a diseased human organ by transplantation of a healthy human organ from a donor. Those transplants covered under this benefit include, but are not limited to the following:

- a. Heart Transplants
- b. Liver Transplants
- c. Heart-Lung Transplants
- d. Pancreas Transplants
- e. Kidney Transplants
- f. Corneal Transplants

Pre-certification by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director is required before benefits are payable. See Section VI.D.14 for limitations and exclusions.

Hospital:

Inpatient and Outpatient: Benefits will be provided for recipient expenses directly related to the transplant procedure, including pre-operative and post-operative care.

Physician:

Inpatient and Outpatient: Benefits will be provided for recipient expenses directly related to the transplant procedure including pre-operative and post-operative care. Benefits will also be provided for surgical costs directly related to the donation of the organ used in a covered organ transplant procedure.

#### **11. Maternity & Delivery Care**

Services that are required by either female Members or spouses of male Members for the diagnosis and care of a pregnancy and for delivery services. See Section VI.D.16 for limitations and exclusions.

Delivery services include the following:

- a. Normal delivery.
- b. Caesarean section.
- c. Spontaneous termination of pregnancy prior to full term.



- d. Therapeutic or elective termination of pregnancy prior to full term.
- e. Ectopic pregnancies.

"Newborn" services include the following: (only when dependent is added within 31 days of birth)

- a. Routine nursery charges for a newborn well baby billed by a Hospital.
- b. Routine care of a newborn well baby billed by a Physician.

*CampusCare* shall not:

- a. Require preauthorization or restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, following a normal vaginal delivery, to less than 48 hours, or require preauthorization or restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, following a cesarean section, to less than 96 hours;
- b. Deny to the mother or her newborn child eligibility, to enroll or to renew coverage under *CampusCare*, solely for the purpose of avoiding the requirements of this Section;
- c. Provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum afforded length of stay as outlined in this section;
- d. Penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an individual participant or beneficiary in accordance with this section;
- e. provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section; or
- f. restrict benefits for any portion of a period within a hospital length of stay required under this section in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

#### **12. Mental Health Care & Substance Abuse Care**

All in network services for Mental Health Care & Substance Abuse Care that are considered Medically Necessary and pre-authorized by the *CampusCare* Health Center Physician and the *CampusCare* Medical Director are a covered benefit. A Health Center Physician referral is required for all services.

#### **13. Obesity and Weight Loss**

Obesity in itself is not considered an illness or disease, and benefits are not allowed for the evaluation and treatment of obesity alone. The only situation under which benefits will be allowed for obesity is when a surgical procedure is required due to morbid obesity. See Section VI.D.18 for limitations and exclusions. Benefits will only be paid when:

- a. The Member is twice or more the ideal weight, or 100 pounds or more above the ideal weight, whichever is greater. This is determined by accepted standard weight tables for frame, age, height, and sex.
- b. The condition of morbid obesity must be of at least five years duration.
- c. Non-surgical methods of weight reduction must have been unsuccessfully attempted for at least five years under a Physician's supervision
- d. Pre-authorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director

**NOTE: The number of gastric bypass procedures covered under the Certificate of Coverage is limited to a lifetime maximum of one (1) per Member.**

#### **14. 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. See Section VI.D.11 for limitations and exclusions.



### 15. 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 and the *CampusCare* Medical Director are covered. This includes all professional services, primary care, consultation, referral, surgical procedures, reconstructive cosmetic surgery, anesthesia, and medical supplies used in the hospital or physician's office. See Section VI.D. for limitations and exclusions.

- a. Second Surgical Opinion: Benefits will be provided for the Physician's services, as well as for any charges for tests necessary to receive a second surgical opinion before undergoing any Surgery. If possible, Members should provide any test results provided by their Physician when they obtain the second surgical opinion. **If the first and second opinions differ, benefits will also be provided for covered expenses incurred for a third opinion.** See Section VI.D.23 for limitations and exclusions.

### 16. Preventative Health Services

Services 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 for more information. See Section VI.D. for limitations and exclusions.

Immunizations, when covered, will be administered according to The Advisory Committee on Immunization Practices (ACIP) guidelines, excluding those services outlined in Section VI.D.15. for limitations and exclusions.

### 17. Rehabilitative and Habilitative Services

Services primarily for the purpose of receiving therapeutic or rehabilitative treatment (such as physical, occupational, speech, or oxygen therapy, etc.) are covered when authorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director.

Limitations on services:

- a. Occupational Therapy
  - i. Inpatient benefits will be provided to a maximum of forty-five (45) days per academic year per Member.
  - ii. Outpatient benefits will be provided to a maximum of twenty (20) visits per academic year per Member.
- b. Physical Therapy
  - i. Inpatient benefits will be provided unlimited
  - ii. Outpatient benefits will be provided to a maximum of forty (40) visits per academic year per Member.
- c. Speech Therapy
  - i. Inpatient benefits will be provided to a maximum of forty-five (45) days per academic year per Member.
  - ii. Outpatient benefits will be provided to a maximum of twenty (20) visits per academic year per Member.
- d. Spinal Manipulations
  - i. Limited to fifteen (15) visits per Member, per Academic Year.

### 18. 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.



**19. Transgender Healthcare**

Covered only when Medically Necessary and preauthorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director. The lifetime maximum benefit amount for this Covered Service is \$117,096. 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). Out of Network services must be approved by the *CampusCare* Medical Director and 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 VI.D.29 of this Certificate of Coverage, services must be rendered within the continental United States. Individuals 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.

**20. Vision, Dental and AD&D Program**

Through a third party vendor (United Health Programs), *CampusCare* provides members with a discounted vision and dental program. All related links can be found on the *CampusCare* website under Benefits. In addition, each Member will receive a \$2,500 Term Life and \$2,500 Accidental Death and Dismemberment benefit.

**a. Vision**

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 United Health Program for vision, Members are eligible for discounts on eyeglasses, non-prescription sunglasses and contact lenses (excluding disposables). This program is a multi-tiered fee-for-service vision program. Discounts range from 10%- 50% for your Ophthalmology and Lasik care. In-network providers are able to offer pediatric vision services. To obtain additional information, locate a provider, and print out your UHP ID Card log in at: <http://uoi.mymemberinfo.com/Feature.aspx?htmlId=110> or call 1-800-290-7602.

In accordance with 45 CFR 147.150 and 156.115(a)(1) for pediatric patients UHP provides a free routine eye exam with refraction by a preferred provider. UHP also provides, at a discounted rate, the following services:

- i.** Single vision, conventional (lined) bifocal, conventional (lined) trifocal and lenticular lenses.
- ii.** Polycarbonate lenses for monocular patients and patients with prescriptions  $\geq$  +/- 6.00 diopters.
- iii.** Frames
- iv.** Contact Lenses
- v.** Laser Vision Correction

**b. Dental**

Under the United Health Program for dental Members are eligible for one free cleaning and x-ray per annual policy period plus discounts on additional dental care. This program is a multi-tiered fee-for-service dental program. Discounts range from 25%- 60% for your dental care. In-network providers are able to offer pediatric dental services. To obtain additional information, locate a provider, and print out your UHP ID Card log in at: <http://uoi.mymemberinfo.com/Feature.aspx?htmlId=109> or call 1-800-290-7602.



#### 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, therapeutic devices, garments, 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 are considered non-covered under this policy, with the exception of the following procedures:

- a. Restorative cosmetic surgery to correct an Injury or birth abnormality for which benefits are otherwise payable under this policy when medically necessary and preauthorized by a *CampusCare* Health Center Physician and the *CampusCare* Medical Director.
- b. In accordance with section 2727 of the Public Health Service Act and section 713 of the Employee Retirement Income Security Act of 1974, reconstructive surgery following mastectomies is a covered benefit.

**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.

In accordance with Section 2709 of the Public Health Service Act, *CampusCare* shall not deny participation in a clinical trial or deny (or limit or impose additional conditions on) coverage for routine patient costs for items and services furnished in connection with participation in the trial. The following services associated with a clinical trial shall remain excluded from coverage under *CampusCare*: investigational item, device, or service, itself; items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis; Non-authorized routine patient care services provided outside of the *CampusCare* network of providers. For the purposes of this section the term “approved clinical trial” means a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition.



**9. Fertility/Infertility Services**

Including, but not limited to 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: artificial conception, 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, the reversal of vasectomy, or other artificial methods of conception.

**10. Foot Care**

All foot care (except capsular or bone surgery).

**11. General Dentistry**

Dental treatment or services caused by accident or illnesses. This excludes any discounts afforded to *CampusCare* members under the vision and dental discount program, as administered by *CampusCare* contracted third party vendor.

**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. Human Organ Transplants**

- a. Transportation, meals, lodging: The cost of transportation, meals, and lodging related to a human organ transplant are not covered.
- b. Coverage of these services is subject to all *CampusCare* pre-admission review and pre-certification requirements, including the use of designated facility providers.

**15. 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.

**16. Maternity and Delivery Care**

Genetic and chromosomal testing or counseling: Genetic molecular testing is not covered except when there are signs and/or symptoms of an inherited disease in the affected individual, when there has been a physical examination, pre-test counseling, and other diagnostic studies, and when the determination of the diagnosis in the absence of such testing remains uncertain and would impact the care and management of the individual on whom the testing is performed. As used herein, "genetic molecular testing" means the analysis of nucleic acids to diagnose a genetic disease, including, but not limited to, sequencing, methylation studies, and linkage analysis.

**17. Member Responsibility**

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

**18. Obesity and Weight Loss**

Surgery for removal of excess skin or fat.



### **19. 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, except as provided for under Appendix A of this Certificate of Coverage and as defined by USPSTF guidelines
- b. Therapeutic non-medical substances, regardless of intended use
- c. Contraceptive intrauterine or implantable devices except when medically necessary and approved by the treating *CampusCare* Health Care Physician or a Woman's Health Provider . In the absence of medical necessity Member will be liable for 100% of the cost.
- d. Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs
- e. Products used for approved or unapproved cosmetic indications
- f. 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
- g. Anorectics- drugs used for the purpose of suppressing appetites and weight loss control
- h. Fertility agents or sexual enhancements drugs, such as but not limited to Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra
- i. Growth hormones
- j. Refills in excess of the number specified or those dispensed after one (1) year of the date of the original prescription
- k. 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, except as provided for under Appendix A of this Certificate of Coverage and as defined by USPSTF guidelines
- l. Vitamins, minerals, herbs and or other nutritional supplements, except as provided for under Appendix A of this Certificate of Coverage and as defined by USPSTF guidelines
- m. 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.
- n. Medications reflecting amounts above the generally accepted pharmaceutical guidelines, manufacturer's packaging, and/or FDA guidelines, unless local standard treatment guidelines have been established
- o. 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.

### **20. 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.

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

Except as provided for under Appendix A of this Certificate of Coverage and as defined by USPSTF guidelines.

### **22. 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 for more information.

### **23. Second Surgical Opinion**

Staff Consultations: Consultations that are required by rules and regulations of a Hospital or other facility are not covered.



**24. 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 and/or the *CampusCare* Medical Director, 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.

**25. 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.

**26. 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.

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

**28. Workers' Compensation**

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

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

*E. Excess Provision*

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.

*F. Third Party Liability*

Services and supplies covered under this Certificate of Coverage are provided for you if you are injured by acts or 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 VII **Grievance and Appeal Procedures**

### A. Grievance Process

#### **If You Have A Problem Or Complaint**

*CampusCare* wants you to get the best possible service. When something goes wrong or you are not treated well, we want to know.

#### **What is a Grievance?**

A grievance is defined as a complaint against *CampusCare* or dissatisfaction with care or services, expressed by a member, family member, or member representative that is communicated verbally or in writing to *CampusCare* Member Services or directly to a *CampusCare* Employee, other than a denied, reduced or terminated service or medical item.

*CampusCare* takes member grievances very seriously. We want to know what is wrong so we can make our services better. *CampusCare* has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your problem or concern. Filing a grievance will not affect your health care services or your benefits coverage.

Members and member representatives are encouraged to communicate problems, complaints, concerns, and special needs as they relate to care and services provided any a *CampusCare* provider. Voicing such a complaint or grievance shall not subject the member to coercion, discrimination, reprisal or unreasonable interruption of care.

These are examples of when you might want to file a grievance with *CampusCare*:

1. Your medical provider or a *CampusCare* staff member did not respect your rights.
2. You had trouble getting an appointment or speaking with your provider in an appropriate amount of time.
3. You were unhappy with the quality of care or treatment you received.
4. Your provider or a *CampusCare* staff member was rude to you.
5. Your provider or a *CampusCare* staff member was insensitive to your cultural needs or other special needs you may have.

The following are **not** considered grievances, according to policy:

1. If you are satisfied with care but a family member is not
2. Information obtained from a member satisfaction survey that is not accompanied by a written request for resolution.
3. Billing inquiries are not generally grievances

#### **Grievance Process**

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 Grievance Committee.

If you have a grievance about your Primary Care Provider, *CampusCare*, or the service you have received:



1. You can email your grievance to *CampusCare* at [cchealth@uic.edu](mailto:cchealth@uic.edu)
2. You can call *CampusCare* Administration at **1-312-996-4915 opt 3** to report it.
3. You can put your grievance in writing and mail, email or fax it to:

*CampusCare*  
**Attn: Grievances.**  
**820 S. Wood St. Suite W310**  
**Chicago, IL 60612**  
**Fax: 312-413-0254**  
**Email: [cchealth@uic.edu](mailto:cchealth@uic.edu)**

When you file your grievance, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved, and details about what happened. Be sure to include your name and your *CampusCare* member ID number (UIN).

### **Reviewing your Grievance.**

We will make a record of your grievance. We will have someone not involved with the matter review your grievance and try to find a solution. Your satisfaction is important to us.

1. Informal review: *CampusCare* shall attempt to resolve all Grievances informally. An example of informal review is at the customer service level and resolved over the phone or via email response.
2. Formal review: Grievances that are not resolved through the informal process. These shall be submitted in writing and review by *CampusCare* administration. *CampusCare* administration shall review and provide a formal written response within thirty (30) days of receipt.
3. Member have the right to submit any decision for external review to the *CampusCare* Grievance Committee.

## ***B. Grievance Appeal Process***

### **Grievance Appeal Process:**

We will try to resolve your grievance right away. If we cannot, it will go to the *CampusCare* Grievance Committee for review. The Grievance Committee consists of *CampusCare* representation, Medical Director, representation from the Vice Chancellor of Student Affairs' office, University of Illinois Medical Service Plan and the University of Illinois Hospital.

1. A formal appeal must be in writing, list the facts and circumstance giving rise to the original grievance, and be filed within 90 days from the date the Member received a formal response by *CampusCare* on their initial grievance. Formal Appeals should be submitted to:

*CampusCare*  
**Attn: Grievance Committee**  
**820 S. Wood St. Suite W310**  
**Chicago, IL 60612**  
**Fax: 312-413-0254**  
**Email: [cchealth@uic.edu](mailto:cchealth@uic.edu)**

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 shall convene to review all formal appeals.
  4. After discussing the matter for further information 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 appeal 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.
  5. The Member will receive a written notification of the determination within five (5) business days of that determination.

**The decision of the Grievance Committee shall be final.**

### *C. Claim Appeal Process*

#### **Filing a Claims Appeal**

You may not agree with a decision or an action made by *CampusCare* about your services or an item you requested. A claims appeal is a way for you to ask for a review of our actions.

A Member/Provider may appeal a denied or pended claim by providing a detailed letter explaining the circumstances surrounding the accident/illness. A copy of the medical records pertaining to the accident/illness must also be submitted. All information must be submitted within one year of occurrence.

The list below includes examples of when you might want to file a claims appeal. You may want to appeal if *CampusCare*:

1. Stops your benefits (coverage)
2. Not approving or paying for a service that you or your provider asks for

You can also appeal if you think *CampusCare* made a mistake about any action or decision. You may not get a hearing on your appeal if the decision of *CampusCare* was due to a change in the law.

When you file your claims appeal, tell *CampusCare* what action or decision you disagree with and want them to review. Be sure to include your name, address, phone number, email, your *CampusCare* Medical Card Identification Number (UIN) and medical records along with a letter explaining your circumstances.

If you want to file a claims appeal related to your medical services or items, send your request in writing via mail to:

***CampusCare***  
**Attn: Claims Appeal Department**  
**1240 E. Diehl Rd Suite 100**  
**Naperville, IL 60563**

A letter will be sent to the Member or Provider who appealed the claim within 30 business days of receipt of the appeal.



*Section VIII*  
***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.campuscare.uic.edu>

Please visit our web site listed above for:

1. ID Cards
2. Claim Status
3. To locate a Physician
4. Dental and Vision plan benefits
5. Other important information.

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



## Appendix A

	<u>Birth to 2 Years</u>	<u>Ages 3 to 10</u>	<u>Ages 11 to 21</u>	<u>Ages 22 and older</u>
Abdominal Aortic Aneurysm				Adults, ages 65-75
Alcohol and Drug Use Screening			Ages 11-18	
* Alcohol Misuse screening, intervention and behavior counseling			Ages 19-21	Ages 22 and over
Anemia screening				Adult Women
* Annual Wellness/Physical Exam	Ages 0-1	Ages 3-10	Ages 11-21	Ages 22 and over
* Aspirin to prevent cardiovascular disease: men-Long term (Current) Use of Aspirin				Men: ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage
* Aspirin to prevent cardiovascular disease: women-Long term (Current) Use of Aspirin				Women: ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage
Autism	18, 24 months			
Bacteriuria screening				Adult Women
* Blood Pressure		At each visit	Once a year	every 2 years or as doctor advises
* BRCA counseling (does not include services for genetic testing)				Adult Women
Breast Cancer screening mammography				Adult Women
Breast Feeding education and coaching				Adult Women
Cervical Cancer screening				3 years of sexual activity or ages 24 and older and older women at risk; the USPSTF recommends screening for women ages 21 to 65 years every three years or women ages 30 to 65 every five years



	Cervical Dysplasia screening for children	Should not be performed in women/adolescents under age 21			
	Chemoprevention- Patient at High risk for breast cancer, defined as first degree relative with known cancer				Adult Women
*	Chlamydia Infection screening				Women age 24 years and younger, older women who are at increased risk.
*	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 35 and older or ages 20-45 if risk factors. All women ages 45 and older or ages 20-45 if risk factors
	Colorectal 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 deoxyribonucleic
	Congenital Hypothyroidism Screening	Newborns			
*	Contraceptive - Counseling			Ages 11-21	Ages 22-55
*	Contraceptive - Emergency			Ages 18-21	Ages 22-55
*	Contraceptive - Injection			Ages 18-21	Ages 22-55
*	Contraceptive - Patch			Ages 11-21	Ages 22-55
*	Contraceptive - Trans cervical Sterilization				Ages 22-55
*	Contraceptive - Urine pregnancy test (medically necessary at change of contraceptive type)			Ages 11-21	Ages 22-55
*	Counseling for (STI) sexually transmitted infections annually			Ages 11-21	Ages 22 and over



*	Counseling for HIV (all sexually active women)			Ages 11-21	Ages 22 and over
*	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, Type 2 screening (patients with high blood pressure)				Ages 45 and older, or at any age if asymptomatic with sustained BP greater than 135/80, every 3 years
*	Dental Caries Prevention (evaluate water source for sufficient fluoride)	Children older than 6 months	Children older than 6 months	Children older than 6 months	
	Diphtheria, Tetanus Toxoids & Acellular Pertussis (DTaP)	2-18 months	4 to 6 years of age	11 to 16 years of age	
*	Falls prevention in older adults: exercise or physical therapy				The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls
*	Falls prevention in older adults: vitamin D				The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls
*	Folic acid supplementation:				The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid
	Gestational diabetes mellitus screening after 24 weeks of gestation in asymptomatic woman			All Ages within Adolescence	Women, ages 21-55
*	Gonorrhea Screening				Ages 21-25
	Gonorrhea Screening (Children)				Ages 21-25

	Gonorrhea prophylactic medication	Newborns: The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum			
	Haemophilus Influenza type b conjugate (Hib)	2-18 months			
*	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 disease or diet-related chronic disease
*	Hemoglobin or Hematocrit	12 months		Once a year for females after Menarche	
	Hepatitis A (Adult)			Ages 11-21, as needed	Ages 22 and over, as needed
	Hepatitis A (Children Immunization)	2-18 months, As Needed	Ages 3-10, as Needed	Ages 11-21, as needed	
	Hepatitis B (Adult/Women)			Ages 11-21. Catch up, if needed	Ages 22 and over. Catch up, if needed
	Hepatitis B (Child immunization)	0-1 Years of Age	Ages 3-10. Catch up, if needed		
*	Hepatitis C virus infection screening: adults: The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965			Ages 18-21	Ages 22 and over once or as needed in high-risk population
	Herpes Zoster				Ages 60 and over
	HIV Screening (Children)			Adolescents at risk	
*	HIV Screening (Adult)			Adults at risk	Adults at risk
	HPV testing in women age 30 and over (to be done in conjunction with Pap Smear)				Ages 30 and over



	Human Papillomavirus (HPV) Adult		Ages 9 and up		
	Human Papillomavirus (HPV) Children			Ages 11 to 22	Ages 22 to 27
*	Hyperlipidemia, Intensive dietary counseling for other known factors for cardiovascular disease. Pairs with Obesity counseling	Ages 0-1	Ages 3-10	Ages 11-21	Ages 22 and over
	Immunization Administration for Routine Vaccines - Adult			Ages 11-21	Ages 22 and over
	Immunization Administration for Routine Vaccines - Children	Ages 0-1	Ages 3-10	Ages 11-21	
	Influenza	Ages 0-1	Ages 3-10	Ages 11-21	Ages 22 and over
	Iron supplementation in children: The USPSTF recommends routine iron supplementation for asymptomatic children ages 6 to 12 months	Ages 6-12 months, who are at increased risk for iron deficiency anemia;			
*	Lead Screening	12 & 24 months			
*	Lung cancer screening				Adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
	Measles, Mumps and Rubella (MMR)	Ages 1-2	Ages 4-6	Ages 11-21	
	Meningococcal (*MCV) Adult			Ages 11-21	Ages 22 and over
	Meningococcal (MCV) Children	Ages 1-2	Ages 3-10	Ages 11-21	
	Metabolic/Hemoglobinopathies (according to state law)	Newborns			
*	Obesity Screening		Ages 6 and older	Ages 11-21	Ages 22 and over
	Osteoporosis screening				Women over age 60
*	Oral Health Evaluation/Asses for Dental referral	12,18 & 24 months	30 months, 3 & 6 years		
	Preventive Pediatric Health Care Exams	Ages 0-2	Ages 3-10	Ages 11-18	
	Phenylketonuria (PKU) screening	Ages 0-1			
	Pneumococcal (Adult)			Ages 11-21	Ages 22 and over
	Pneumococcal (Children)	Ages 0-1	N/A, unless with chronic medical disease	N/A, unless with chronic medical disease	
	Poliovirus (IPV)	Ages 0-2	Ages 3-10		



	Prophylactic Ocular (Eye) Medication to Prevent Blindness	Newborns			
	Prostate Cancer Screening (PSA)				Once a year for men 50 and older
	Rh (D) Incompatibility screening and Rh (D) antibody repeat testing for all unsensitized Rh (D) negative women at 24-48 weeks gestation, unless biological father is known to be Rh (D) negative			Ages 11-21	Ages 22 and over
	Rotavirus	Ages 0-2			
*	Screening and counseling for interpersonal and domestic violence			Ages 18-21	Ages 22 and over
*	Sexually Transmitted Infections (STI)			All sexually active adolescents	All adults at risk
*	Sickle Cell Disease Screening	Newborns			
	Skin cancer behavioral counseling		Age 10	Ages 11-21	Ages 22 and over
	Syphilis Screening			Individuals at risk	Adults at risk
	Tetanus, Diphtheria, Pertussis	Ages 1-2	Ages 4-6	Ages 11-21	Ages 22 and over
*	Tobacco intervention counseling		Ages 4-10	Ages 11-21	Ages 22 and over
*	Tobacco Use screening (children and adolescents)		Ages 4-10	Ages 11-21	
	Tuberculin Test	Children at risk	Children at risk	Adolescents at risk	
*	Ultrasound AAA Screening				Men ages 65-75 who have ever smoked
	Varicella	Ages 1-2	Ages 4-6	Ages 11-21	Ages 22 and over
	Varicella (Chickenpox)	Ages 1-2	Ages 4-6	Ages 11-21	Ages 22 and over
	Vision screening, younger than 5 years		Ages 3-15		
*	Well woman exam			Age 21	Ages 22 and over

\* 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. Gender dysphoria 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 *CampusCare* Medical Director or designee. In accordance with Section VI.D.4 of this Certificate of Coverage, services that are cosmetic in nature and not medically necessary are excluded from coverage. Services covered under this Certificate of Coverage must be determined to be Medically Necessary and preauthorized by the *CampusCare* Medical Director.



## 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. Pre-prosthetic 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.



**\* APPENDIX D**  
**Birth Control Formulary**

All contraceptive options listed in the Female Birth Control Formulary will be covered at 100% with a \$0 co-pay. Non-formulary contraceptives are not covered by *CampusCare* and the member will be responsible for 100% of the cost. However, if your Women's Health Provider or Primary Care Physician determines that any non-formulary contraceptive is medically necessary, then the non-formulary contraceptive will be covered by *CampusCare* at 100% with a \$0 co-pay

**Female Birth Control Formulary**  
**\$0 co-pay for the following prescription contraception:**

- Alesse®
- Ortho-Cyclen®
- Ortho Tri-Cyclen®
- Ortho Novum 7/7/7®
- Ortho Novum 1/35®
- Ortho Micronor®
- Lo-estrin Fe 1/20®
- Depo-Provera® injection
- PlanB One Step®
- Ortho Tri Cyclen - Lo®
- Ortho Evra® Patch
- Diaphragms