

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

***Certificate  
Of  
Coverage***

***2012-2013***



**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***

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

\* All benefits and stated coverage levels are exclusively for Medically Necessary services authorized or provided by a *CampusCare* Health Center physician. All Medical Necessary services must be provided at the University of Illinois Medical Center and Clinics or a contracted network provider, unless they meet Emergency Care guidelines or as preauthorized by the *CampusCare* Medical Director or designee. This Plan will pay as a secondary payor 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 Member 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 opened.

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 the period of time beginning at 12:01 a.m. the first day of classes Fall term and ending at 12:01 a.m. the first day of classes the next Fall Term.

***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.

***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**

Shall mean the rental or purchase as pre-approved and at the discretion of *CampusCare* when prescribed by a Health Center Physician and the *CampusCare* Medical Director, obtained through a *CampusCare* Provider and requested for therapeutic use. Replacement equipment is not covered.

- a. Durable Medical Equipment consists of, but is not restricted to, the following:
  - 1. is primarily and customarily used to serve a medical purpose
  - 2. can withstand repeated use
  - 3. generally is not useful to a person in the absence of Injury or Sickness
  - 4. hospital-type beds
  - 5. traction equipment
  - 6. regular wheelchairs (not electric)
  - 7. walkers
- b. The following items are not considered Durable Medical Equipment:
  - 1. exercise equipment
  - 2. air conditioners
  - 3. electric scooters and wheelchairs
  - 4. ramps or other environmental devices
  - 5. dehumidifiers
  - 6. whirlpool baths
  - 7. other equipment that has both a non-therapeutic and therapeutic use

**Discharge Planning**

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.

**Enrollee**

Shall mean the same as Member.

**Enrollment Period**

Shall mean the first twenty eight (28) days of the Fall and Spring Term and the first fifteen (15) of the summer term as established by UIC.

**Formulary**

Shall mean a listing of accepted outpatient drugs for various disease states as determined by the *CampusCare* Medical Director and the Pharmacy and Therapeutics Committee.

**Group**

Shall mean a Member and their eligible dependents enrolled in *CampusCare*.



**Health Center Physician**

Shall mean an approved or contracted *CampusCare* Health Center Physician who is responsible for primary medical care and coordinating a Member's health care needs.

**Home Health Care**

Shall mean skilled nursing and/or therapeutic services, determined by a *CampusCare* 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.

**Hospital**

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.

**Inpatient**

Shall mean a Member who is a registered bed patient and is treated as such in a Hospital.

**Medically Necessary**

Shall mean essential health care services, as determined by a *CampusCare* Health Center Physician, necessary to improve and/or maintain the health of a Member.

**Medical Emergency**

Shall mean use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of injury or first onset of sickness.

**Member**

Shall mean a person meeting the Eligibility and Enrollment requirements of Section III who has enrolled in *CampusCare* and for whom the current Premium payment has been received.

**Outpatient**

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.

**Out of Network**

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 other than emergency room claims must be pre-authorized by the *CampusCare* Medical Director

**Physician**

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.

**Premium**

Shall mean the amount charged by *CampusCare* for benefits under this Certificate of Coverage.

**Preventive Health Care Services**

Shall mean those services listed in Appendix A. It is understood that part of these services are paid for by the Health Service fee the balance paid for by *CampusCare*. In the case of dependents the entire cost is paid for by *CampusCare*.



**Prosthetic Devices**

Initial Prosthetic Devices are covered when medically necessary and pre-approved by a *CampusCare* Health Center Physician and the *CampusCare* 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 *CampusCare* 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 *CampusCare* Health Center Physician.

**Provider**

Shall mean a Hospital, Physician, or other entity, which provides approved medical services to *CampusCare* Members.

**RN**

Shall mean Registered Nurse.

**Referral Specialist**

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 *CampusCare* Health Center Physician.

**Service Area**

Shall mean the geographic area within thirty (30) miles of the *CampusCare* Health Service Center.

**Term**

Shall mean the academic session, semester, or summer session as defined by the 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.

**UIC**

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

**Usual and Customary Fees**

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 other tuition and 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 is eligible to enroll in *CampusCare* as a subscriber for the summer Term if he or she was enrolled during the previous spring Term and pays the premium.

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.

**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), or
- b. Civil Union Partner (Copy of Civil Union Partnership Certificate must be submitted)
- 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, 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 legal Certificate;
- 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 newborn is covered from the moment of birth only if requested in writing and, provide a copy of the birth certificate (complimentary birth certificate accepted) and pay the required premium to *CampusCare***

**Administration within thirty-one (31) days following the date of birth.**

*CampusCare* offers no 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 tuition, and have not exempted from the program, you are 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 and 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 change periods will be effective the first day of the term. Students who request reinstatement after the enrollment change 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 and 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 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. They will then be subject to change on a yearly basis on the Group's anniversary date, which is the beginning of the Fall Term. Notice to members of changes in Premium rates will be provided by UIC or *CampusCare* at least sixty-days (60) before the effective date of the changes.

## *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 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 MEDICAL CENTER AND CLINICS, 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 compliant 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 emergency health care services up to the limits provided under this Certificate of Coverage.

**In the event of an 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 emergency, all follow-up care must be provided 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. 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, including all professional services, primary care, consultation, referral, surgical procedures, anesthesia, and medical supplies used in the hospital or physician's office.

### **2. 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.

### **3. Preventive Health Services**

Service must be provided in network by a *CampusCare* Health Center Physician to be covered. Services will be provided for all covered members at no cost for these preventive services. For a complete listing of these services see appendix A



#### **4. Inpatient Hospital Care**

Hospital Services are provided for an unlimited number of days 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.

#### **5. 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 loss of all benefits for any and all days at the out of network Hospital.

#### **6. 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.

#### **7. 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.

#### **8. Vision Exam**

No cost one per academic year routine vision exam, including refraction with select provider only.  
(See *CampusCare* web page for a complete listing of provider and locations.)



**9. 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.

**10. 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.

**11. 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.

**12. Non-Surgical Transgender Treatment and Care**

All reasonable non-surgical services for the diagnosis and treatment of transgender care according to the local standard. This would include needles and syringes. All care must be ordered and monitored under the direction of a *CampusCare* Health Center Physician or a preauthorized referral provider.

**13. Maximum Annual Benefit**

The Maximum Academic Year Benefit payable for all *CampusCare* benefit coverage afforded under this Certificate of Coverage is \$2,000,000.

**D. Limitations & Exclusions**

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

**1. 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.

**2. 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.

**3. 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.



- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. General Dentistry**  
Dental treatment or services cause by accident or illnesses.
- 10. 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.
- 11. 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 addition, procedures, services or supplies related to sex transformation are not covered.
- 12. 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;
  - 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.
- 13. 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; sexual reassignment surgery.
- 14. Prescription Medicine and supplies related to or intended for treatment of nicotine or alcohol addiction or any other potentially addictive substances or conditions.**
- 15. Biofeedback treatment, services and supplies related to biofeedback**
- 16. Elective Surgery and treatment**  
Services and any related charges including facility charges.
- 17. 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
- 18. Injections and Immunizations**  
Immunization needed to meet educational requirements such as college entrance clerkships, internships, residencies, etc., and/or injections needed for planned travel.
- 19. Workers' Compensation**  
Injury or sickness for which benefits are paid or payable under Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
- 20. Foot Care**  
All foot care (except capsular or bone surgery).
- 21. Transfer Policy**  
Refusing to transfer to another Hospital or health care facility for other than medical reasons, as requested by *CampusCare* will result in loss of benefits for any and all days and charges at the non-approved facility from the date of refusal.
- 22. 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.





**23. High Risk physical activities**

a) 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;

**24. 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.  
 b) Services and supplies related to myopia, astigmatism, or normal aging processes of the eye or surgical or laser correction of the conditions.

**25. 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.

**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.

	<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
<b>Student</b>	<b>\$401.00</b>	<b>\$401.00</b>	<b>\$264.00</b>
<b>Spouse*</b>	<b>\$1,068.00</b>	<b>\$1,068.00</b>	<b>\$710.00</b>
<b>All Children *</b>	<b>\$538.00</b>	<b>\$538.00</b>	<b>\$355.00</b>

**Student must also be insured. Should the University provide a full refund after the change deadline period a \$50 cancellation fee will be charged.**

**F. 2012-2013 Important Dates**

	<u>Fall Term</u>	<u>Spring Term</u>	<u>Summer Term</u>
<b>Coverage</b>			
<b>Periods:</b>	<b>8/16/12- 1/13/13</b>	<b>1/14/13- 5/19/13</b>	<b>5/20/13- 8/15/13</b>
<b>Enrollment/</b>			
<b>Change Periods:</b>	<b>8/16/12-9/12/12</b>	<b>1/14/13-2/10/13</b>	<b>5/20/13-6/3/13</b>
<b>Exemptions/</b>			
<b>Reinstatements/</b>			
<b>Dependent Periods</b>			
<b>and Deadlines:</b>	<b>8/16/12-9/12/12</b>	<b>1/14/13-2/10/13</b>	<b>5/20/13-6/3/13</b>

Deadlines are dates by which exemptions, extensions or enrollment of Dependents must be accomplished.

Dates are based on the University Academic Year and are subject to change.

**G. Excess Provision**

This Plan contains an "Excess Provision". No benefits are payable under this coverage for any incurred Injury or Sickness expenses that are payable or paid by other valid and collectible group insurance.



#### 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.
5. If the resolution is not satisfactory, after following the above procedures, the member has the right to file a formal 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; or
  - 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/chicago/>  
<http://www.uic.edu/hsc/campuscare/peroria/>  
<http://www.uic.edu/hsc/campuscare/rockford/>

Please visit our web site listed above for:

Brochures, Enrollment Cards, Claim Status, Dental and Vision plan benefits and other important information. Question regarding claims or benefits should be directed to customer service at 312-996-4915.

## Appendix A

### Wellness Exams and Immunizations

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Well-baby/Well-child/Well-person exams (includes height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24, & 30 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery	Well child exams; once a year	Once a year	Periodic visits, depending on age
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP)	2, 4, & 6 months and 15-18 months	Ages 4-6	Tetanus, diphtheria, acellular pertussis (Tdap) given once ages 11-64	Tetanus and diphtheria toxoids booster (Td) every 10 years; Tdap given once, ages 11-64
Haemophilus Influenzae type b conjugate (Hib)	2, 4, & 6 months and 12-15 months			
Hepatitis A (HepA)				May be required for persons at risk
Hepatitis B (HepB)	At birth, 1-4 months and 6-18 months	Ages 3-10 if not previously immunized	Ages 11-18 if not previously immunized	May be required for persons at risk
Human Papillomavirus (HPV) <sup>1</sup>		Ages 9-10 as doctor advises	Ages 11-12 catch-up, ages 13-26	Catch-up, through age 26
Influenza Vaccine		Annually 6 month through 18 years	Ages 19-49 as doctor advises	Ages 19-49 as doctor advises; ages 50 and older, annually
Measles, Mumps and Rubella (MMR)	Ages 12-15 months	Ages 4-6 or 11 & 12 if not given earlier	If not already immune	Rubella for women of childbearing age if not immune
Meningococcal (MCV)			All persons ages 11-18	
Pneumococcal (Pneumonia)	2, 4 & 6 months and 12-15 months			Ages 65 & older, once (or younger than 65 for those with risk factors)
Poliovirus (IPV)	2 & 4 months and 6-18 months	Ages 4-6		
Rotavirus	Ages 6-24 weeks			
Varicella (Chickenpox)	Ages 12-18 months	Ages 4-6	Second dose catch-up or if no evidence of prior immunization	Second dose catch-up or if no evidence of prior immunization or chickenpox
Zoster				Ages 60 +

<sup>1</sup> Gender Criteria apply depending on vaccine brand

## Health Screenings and Interventions

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Alcohol misuse				All adults
Autism	18, 24 months			
Blood Pressure		At each visit	Once a year	every 2 years or as doctor advises
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 acid (DNA) test . Flexible sigmoidoscopy every 5 years. Double-contrast barium enema (DCBE) copy every 5 years. Colonoscopy every 10 years. Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years
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 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		
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 disease or diet-related chronic disease
Hemoglobin or Hematocrit	12 months		Once a year for females after Menarche	
HIV Screening			Adolescents at risk	Adults at risk
Lead Screening	12 & 24 months			

## Health Screenings and Interventions

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
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 or any age with risk factors
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
Vision Screening		Ages 3, 4, 5, 6, 8 & 10 or as doctor advises	Ages 12, 15 & 18 or as doctor advises	

## 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 Preventive 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