IL Tech Student Health Insurance Plan

2020-2021 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CHECKLIST

To waive SHIP enrollment, you will need to enter the following into the online electronic waiver form: policyholder first/last name; relationship to insured (i.e., self, spouse, parent); subscriber ID (member #), insurance company name, state, and phone number; and insurance type (e.g., HMO, PPO, etc.); in addition to the information noted below.

<table>
<thead>
<tr>
<th>COMPARABLE COVERAGE CHECKLIST</th>
<th>Your Plan</th>
<th>Comparison to IL Tech SHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Plan: Individual/ Family*</td>
<td></td>
<td>Individual*</td>
</tr>
<tr>
<td>Annual deductible</td>
<td></td>
<td>$300</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (per ACA, individual plans must be no more than $7,350 for individuals; family plans must be $14,700)</td>
<td></td>
<td>$6,850 (in network)</td>
</tr>
</tbody>
</table>

Please note: The requirements below are included in all ACA compliant insurance plans (i.e., employer-based, marketplace)

**Plan Requirements:**

In-network routine, non-emergency care, as well as emergency care, **provided in the Chicagoland area** (or local area where student will be residing and studying for the academic year)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Your Plan</th>
<th>IL Tech SHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment for pre-existing conditions (with no waiting periods or exclusions)</td>
<td>Yes/ No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Essential health benefits as defined by the Affordable Care Act (ACA):**

- Preventive services, wellness services, and chronic disease treatment. Yes/ No | Yes |
- Outpatient care (ambulatory patient services) Yes/ No | Yes |
- Emergency Services Yes/ No | Yes |
- Care for incidents related to alcohol or drug use without limitations Yes/ No | Yes |
- Hospitalization (treatment for inpatient care) Yes/ No | Yes |
- In-patient/ out-patient mental health services and addiction treatment Yes/ No | Yes |
- Prescription drugs Yes/ No | Yes |
- Rehabilitative services and devices Yes/ No | Yes |
- Laboratory services Yes/ No | Yes |
- Maternity and newborn care Yes/ No | Yes |
- Pediatric services Yes/ No | Yes |
- 100% coverage for immunizations and screening test such as blood test screenings for Tuberculosis. Yes/ No | Yes |
- Coverage for sexually transmitted infections and diseases; as any other illness or injury Yes/ No | Yes |
- Care with $0 upfront out of pocket costs (copays do not apply) Yes/ No | Yes |
- Plan has a U.S.-based claims administrator, a U.S. telephone number and address for submission of claims, and the policy was issued in the U.S. Yes/ No | Yes |

**Coverage for medical evacuation and repatriation expenses:**

- Required for all F-1 / J-1 students Yes/ No/ NA | Yes |
- Required for other students ONLY when they are studying/ traveling out of the U.S. during the current academic year Yes/ No | Yes |

**Active coverage from the day student arrives on campus through August 9, 2021 OR the end of their academic program (whichever comes first)**

Yes/ No | Yes |

This Checklist is provided for reference purposes only. Students still must waive SHIP enrollment online.

*Students may enroll dependents into the SHIP to provide family coverage.*