



# SCI-Arc

## Student Health Insurance Plan (SHIP)

### 2023-2024

## Questions

### Eligibility & Enrollment

Academic Health Insurance Services  
(800) 537-1777

### Benefits

Aetna Customer Service  
(855) 236-2138

## Insurance ID Card

Download your ID card from [aetnastudenthealth.com](https://aetnastudenthealth.com). You can also download your temporary insurance ID card by going to [sciarc.mycare26.com](https://sciarc.mycare26.com).

**Carry your ID card with you at all times!**

## More Information

For more information, please visit [sciarc.mycare26.com](https://sciarc.mycare26.com)

## Eligibility

SCI-Arc requires that all full-time and part-time degree-seeking students who are enrolled in academic units have health insurance coverage.

International students engaged in Optional Practical Training (OPT) through the Institute are eligible to enroll in the plan for up to one year (or the length of the OPT term, whichever is the lesser) beyond their regular course of study, provided they:

1. Were enrolled in the coverage described in this brochure in the immediately preceding term; and submit an enrollment form and payment (by mail) to Academic Health Insurance Services within 30 days of the termination date of the immediately preceding term; and
2. Submit proof of Optional Practical Training (either a copy of the second page of their I-20 which lists their OPT dates, their Employment Authorization Card, or an official letter from the Institute stating their OPT dates).

Students on a qualified leave of absence may also enroll in the plan for up to one year. Please contact Student Services Specialist Tea Bogue at [tea\\_bogue@sciarc.edu](mailto:tea_bogue@sciarc.edu) or at (213) 356-5388 for more information.

The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met.

Coverage for dependents is not available under this plan.

## Aetna Network

This plan utilizes the Aetna Open Choice PPO Network. To learn more about the network or to find a provider, view the Aetna DocFind® online provider directory by visiting [aetnastudenthealth.com](https://aetnastudenthealth.com).

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 90% of the Negotiated Charge (NC) when you use Aetna Open Choice PPO providers, and 70% of the Recognized Charge when you use Non-Preferred Providers, after deductible.

If there are any discrepancies between this document and the Plan Design and Benefits Summary, the Plan Design and Benefits Summary will govern.

## Getting Care

To locate a primary care physician or provider in the Aetna Open Choice PPO Network, visit [aetnastudenthealth.com](https://aetnastudenthealth.com) or call (855) 236-2138.

## Prescription Drugs

Always use an Aetna pharmacy. To locate a pharmacy, visit [aetnastudenthealth.com](https://aetnastudenthealth.com) or call (855) 236-2138.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Design and Benefits Summary. The final Plan Design and Benefits Summary may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Design and Benefits Summary is accessible upon approval at [sciarc.mycare26.com](https://sciarc.mycare26.com).

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for Student Health Insurance Plans.  
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## RATES & IMPORTANT DATES

RATES INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

STUDENT

Annual  
09/01/2023 to 08/31/2024  
Enrollment Deadline: 09/15/2023  
\$3,054

Spring/Summer  
01/01/2024 to 08/31/2024  
Enrollment Deadline: 01/18/2024  
\$2,036

## BENEFITS

	AETNA OPEN CHOICE PPO PREFERRED PROVIDER YOU WILL PAY:	NON-PREFERRED PROVIDER YOU WILL PAY AT LEAST <sup>1</sup>
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Deductible	\$350 per Policy Year	\$350 per Policy Year
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Office Visit	10%, then \$10 Copay per visit	30% Coinsurance per visit
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Urgent Care	\$50 Copay per visit	30% Coinsurance per visit
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Emergency Room	10%, then \$100 Copay per visit (Copay waived if admitted)	Paid the same as In-Network coverage
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Prescription Drugs	\$10 Copay Generic \$35 Copay Preferred Brand \$50 Copay Non-Preferred Generic & Brand \$100 Copay Specialty (Deductible waived; contraceptives covered at 100%)	Not covered
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Out-of-Pocket Maximum	\$6,350 per Policy Year	\$6.350 per Policy Year
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<sup>1</sup> Using Out-of-Network providers may cost you more money! Coinsurance is payable for Recognized Charge, the normal cost the provider would charge for services in the absence of insurance. Some Out-of-Network providers charge more than Recognized Charge and you will be responsible for these excess amounts over the listed Coinsurance.

## What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services through AcademicLiveCare at no additional cost
- Coverage when traveling
- Academic Emergency Services\*