



ELIGIBILITY

All registered domestic and international students taking one (1) credit are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual family plan.

Students are automatically enrolled in the Student Health Insurance Plan at registration and the premium is added to the student's tuition fees unless proof of comparable coverage is provided by completing the waiver request form at calarts.myahpcare.com.

All international students are required to have a J-1, F-1 or M-1 Visa to be eligible for this insurance plan. The premium will be added to the student's tuition fees unless proof of comparable coverage is provided by completing an online waiver request form at calarts.myahpcare.com.

J-1 scholars and F-1's on OPT are eligible to enroll in this insurance plan.

Dependent coverage is available. Payment must be made directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline.

To view rates and enrollment information, please go to calarts.myahpcare.com.

HEALTHIESTYOU

Your Student Health Insurance Plan also includes HealthiestYou. HealthiestYou offers 24/7/365 access to board-certified physicians via phone and/or video chat. HealthiestYou also offers notifications via smart phone app - students may receive a notification when they arrive at an Emergency Room or Urgent Care Center.

Please view the complete brochure online at calarts.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Coverage when traveling
- Academic Emergency Services*
- Optional Dental & Vision Coverage
- Discount Prescription Drug Program
- ASAP - Academic Student Assistance Program

*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.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare StudentResources.

California Institute of the Arts 2022-2023

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of UnitedHealthcare Choice Plus.

MAXIMUMS & DEDUCTIBLES

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	\$ 150	\$ 500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 6,000	\$ 12,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$ 7,500	N/A

COVERAGE & COST

Fall	09/01/22 - 12/31/22
Open Enrollment	05/09/22 - 09/16/22
Waiver Deadline	09/16/22
Student	\$ 921
Spouse	\$ 921
Each Child ¹	\$ 921
Spring/Summer (New Students)	01/01/23 - 08/31/23
Open Enrollment	11/01/22 - 01/13/23
Waiver Deadline	01/13/23
Student	\$ 1,834
Spouse	\$ 1,834
Each Child ¹	\$ 1,834

¹Coverage for two (2) or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit calarts.myahpcare.com.

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 policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at calarts.myahpcare.com.

BENEFITS (Deductible applies unless otherwise stated below)

PREFERRED PROVIDER <i>Payments are based on the Preferred Allowance</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on Usual & Customary Charges</i>
Room and Board Expenses	
80% after a \$50 Copay (deductible waived)	50%
Inpatient/Outpatient Surgery	
80%	50%
Physician's Visits	
100% after a \$20 Copay (deductible waived)	50%
Diagnostic X-ray Services & Laboratory Procedures	
80%	50%
Medical Emergency Expenses , Copay waived if admitted	
80% after a \$150 Copay (deductible waived)	80% after a \$150 Copay (deductible waived)
Urgent Care Center	
80% after a \$20 Copay (deductible waived)	50%
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits	
100% (deductible waived)	50%
Prescription Drugs , 30-day supply (deductible waived)	
At pharmacies contracting with UnitedHealthcare Pharmacy	
100% after a Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay	100% after a Generic Drug: \$10 Copay Brand-Name Drug: \$30 Copay
Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.	