

California Institute of the Arts

Student Health Insurance Plan 2024-2025



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.

What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Vision Coverage through Academic Vision Care (AVC)
- Optional Dental Coverage
- Coverage when traveling
- Academic Emergency Services*
- 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, Inc. (AHP), a Risk Strategies Company 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 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.

More Information

For full details of participation in the plan, please view the complete brochure online at: calarts.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit calarts.myahpcare.com/additionalresources

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus**.

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Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on Allowed Amount
Benefit Maximum Per Insured Person, per Policy Year		Unlimited
Deductible Per Insured Person, per Policy Year	\$150	\$550
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
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 (Deductible waived)	80% after a \$150 Copay	80% after a \$150 Copay
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.

Coverage Periods & Rates

	FALL 09/01/2024 - 12/31/2024	SPRING/SUMMER (New Students) 01/01/2025 - 08/31/2025
Enrollment Periods	05/10/2024 - 09/20/2024	11/01/2024 - 01/17/2025
Waiver Deadline	09/13/2024	01/10/2025
Student	\$889	\$1,769
Spouse	\$889	\$1,769
Each Child ¹	\$889	\$1,769

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.