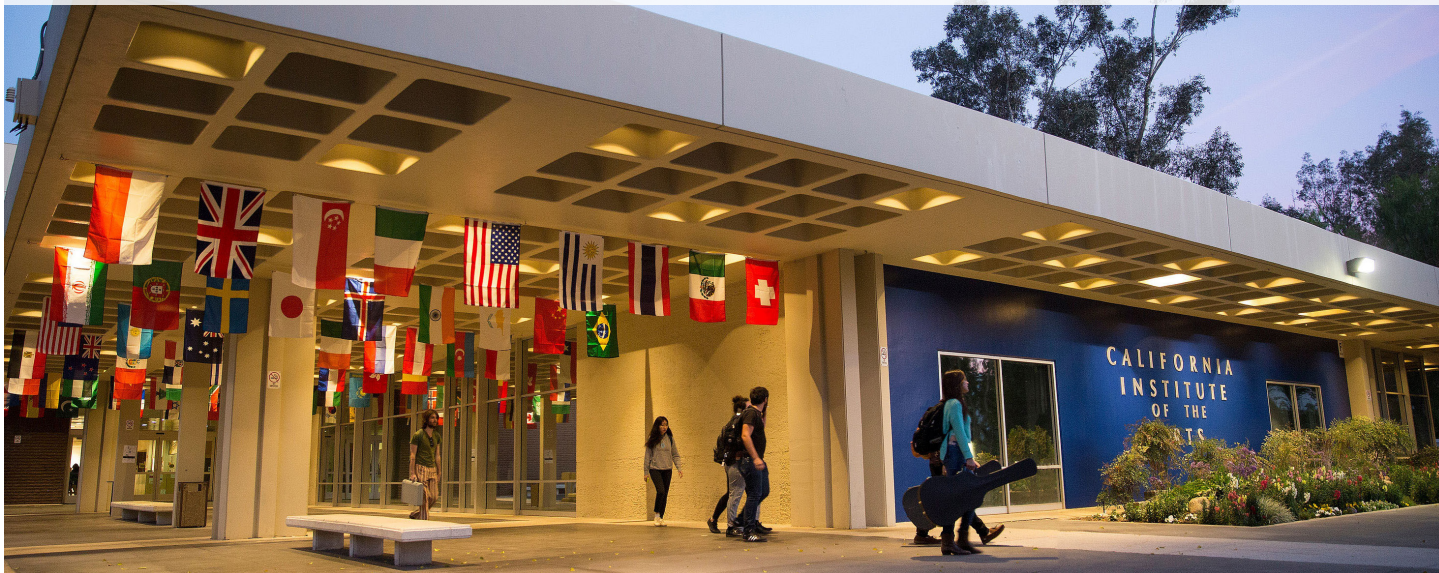


Student Health Insurance Plan



Please Note: The new insurance carrier for the 2020-2021 academic year is UnitedHealthcare StudentResources.

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.

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 at calarts.myahpcare.com.

Dependent coverage is available. Payment must be paid 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.

Free for All Insured Students

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

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services
- Optional Dental & Vision Coverage
- Discount Prescription Drug Program

California Institute of the Arts 2020-2021

Student Health Insurance Plan

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.

Student Health Center: Benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses when treatment is rendered at the Student Health Center.

BENEFIT MAXIMUMS & DEDUCTIBLES		
Benefit Maximum	Unlimited, per Member, per Policy Year	
Deductible	Preferred Provider:	\$150 per Insured Person, per Policy Year
	Out-of-Network Provider:	\$500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Preferred Provider:	\$5,000 per Insured Person, per Policy Year
	Out-of-Network Provider:	\$10,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Preferred Provider:	\$7,500 for all Insureds in a Family, per Policy Year
	Out-of-Network Provider:	N/A

BENEFIT CATEGORY <i>(Deductible applies unless otherwise stated below)</i>	Preferred Provider	Out-of-Network Provider
	<i>Payments are based on the Preferred Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80% after a \$50 Copay per admission <i>(deductible waived)</i>	60%
Inpatient/Outpatient Surgery	80%	60%
Physician's Visit	100% after a \$20 Copay per visit <i>(deductible waived)</i>	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expenses <i>Copay waived if admitted (deductible waived)</i>	80% after a \$150 Copay per visit	80% after a \$150 Copay per visit
Urgent Care Center	80% after a \$20 Copay per visit <i>(deductible waived)</i>	60%
Prescription Drugs <i>31-day supply (deductible waived)</i>	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a \$10 Copay per Tier 1 \$30 Copay per Tier 2 \$50 Copay per Tier 3	100% after a \$10 Copay per Generic Drug \$30 Copay per Brand-Name Drug <small>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.</small>
Preventive Care Services <i>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</i>	100% <i>(deductible waived)</i>	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Fall 09/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 08/31/2021
Open Enrollment	06/26/2020 through 09/18/2020	11/02/2020 through 01/15/2021
Waiver Deadline	09/18/2020	01/15/2021
Student	\$895	\$1,786
Spouse	\$895	\$1,786
Child¹	\$895	\$1,786

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.

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.