

California Institute of the Arts

Student Health Insurance Plan

2026-2027



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.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. 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.

For more information, visit calarts.myahpcare.com.

What's Included?

- UnitedHealthcare Select PPO Network
- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Vision Care (AVC)
- Optional Dental Coverage
- Coverage while traveling with Academic Emergency Services (AES)*
- Discount Prescription Drug Program
- Access to Academic Student Assistance Program (ASAP)

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 document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at calarts.myahpcare.com upon approval by federal and state authorities.



Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$300	\$600
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$7,000	\$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%
Outpatient 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: \$15 Copay Tier 2: \$40 Copay Tier 3: \$80 Copay	100% after a Generic Drug: \$15 Copay Brand-Name Drug: \$40 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 09/01/2026 - 12/31/2026	SPRING/SUMMER (New Students) 01/01/2027 - 08/31/2027
Enrollment Periods	05/27/2026 - 09/11/2026	10/30/2026 - 01/15/2027
Waiver Deadline	05/27/2026 - 09/11/2026	10/30/2026 - 01/15/2027
Student	\$933	\$1,858
Spouse	\$933	\$1,858
Each Child¹	\$933	\$1,858

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.