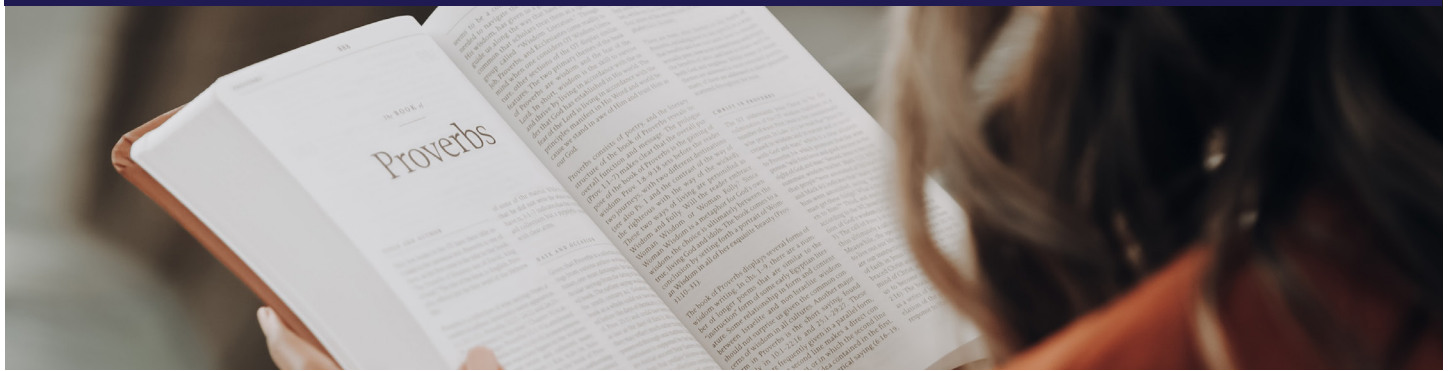


Full-Time Training in Anaheim 2022-2023

Student Health Insurance Plan



Eligibility

All full-time Undergraduate, Domestic, and International students taking six (6) or more credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students taking three (3) credit hours enrolled in a degree-granting program are eligible for coverage. All registered students who are actively attending classes are required to enroll in the plan unless proof of coverage is furnished. Students may waive coverage under this plan by submitting an online waiver application.

Waiver

Students who do have comparable coverage and would like to submit an online waiver can go to ftta.myahpcare.com to submit their waiver by 12/09/22 for the Fall and 05/31/23 for the Spring.

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/22 - 01/31/23	Spring/Summer 02/01/23 - 07/31/23
Open Enrollment Periods	07/01/22 - 12/09/22	12/16/22 - 07/31/23
Student	\$2,110.71	\$2,076.29
Spouse	\$2,110.71	\$2,076.29
Each Child ¹	\$2,110.71	\$2,076.29

¹The cost for three or more children will be three times the child rate.

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

PLAN BASICS

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. **The Preferred Provider Network is Cigna OAP.**

BENEFIT MAXIMUMS & DEDUCTIBLES

	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Medical Deductible (Individual)	\$300	\$300
Out-Of-Pocket Maximum	\$8,550 Individual / \$17,100 Family	\$8,550 Individual / \$17,100 Family

BENEFIT CATEGORY <i>(Deductible applies unless otherwise stated below)</i>	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Care, Including Room & Board <i>Pre-Certification Required</i>	80%	60%
Physician's Office Visit (<i>Deductible Waived</i>)	80%	60%
Surgery (Inpatient and Outpatient) <i>Pre-Certification Required</i>	80%	60%
Emergency Services Expense	80%	80%
Diagnostic Imaging Services <i>Pre-Certification Required</i>	80%	60%
Laboratory Procedures	80%	60%
Prescription Drugs	At pharmacies contracting with Wellfleet RX 100% after Tier 1: \$20 Copayment Tier 2: \$50 Copayment Tier 3: \$100 Copayment Specialty Drugs: \$100 Copayment <i>Deductible Waived</i>	100% after a Tier 1: \$20 Copayment Tier 2: \$50 Copayment Tier 3: \$100 Copayment Specialty Drugs: \$100 Copayment
Preventive Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% <i>Deductible Waived</i>	60%

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 ftta.myahpcare.com.