



A STUDENT HEALTH PLAN **FOR YOU!**

AM I ELIGIBLE?

All degree seeking students enrolled in BFA and MFA programs are required to have health insurance. All currently enrolled students are automatically enrolled in Otis College's Student Health Insurance Plan, unless a waiver is completed.

OPT-OUT / WAIVER

If you have other adequate health insurance and would like to waive the Student Health Insurance Plan, you must go online to otis.myahpcare.com/waiver and complete the online waiver by the deadline dates each semester.

BFA/MFA

The Fall waiver period begins **April 30, 2021** and the waiver deadline is **August 16, 2021**. The waiver period for students admitted in the Spring semester opens **December 1, 2021** and the deadline to waive is **February 01, 2022**.

MFA Graphic Design

The Fall waiver period begins **April 30, 2021** and the waiver deadline is **August 16, 2021**.

Please view the complete brochure on-line at otis.myahpcare.com for full details of participation in the plan.



OTIS COLLEGE BFA AND MFA STUDENTS 2021 - 2022

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 PPO network is Prudent Buyer PPO, an Anthem Student Advantage network.**

BENEFIT MAXIMUMS & DEDUCTIBLES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Overall Deductible per Insured Person, per Policy Year	\$ 250	\$ 750
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 5,900	\$ 12,700
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year	\$ 11,800	\$ 25,400

COVERAGE PERIOD & COST

BFA/ MFA

Fall 1	08/15/21 - 01/06/22
Student	\$ 933
Spouse	\$ 933
Each Child ¹	\$ 933
Spring	01/07/22 - 08/14/22
Student	\$ 1,417
Spouse	\$ 1,417
Each Child ¹	\$ 1,417

MFA Graphic Design Students

Fall 1	08/15/21 - 01/06/22
Student	\$ 934
Spouse	\$ 934
Each Child ¹	\$ 934
Spring	01/07/22 - 06/08/22
Student	\$ 985
Spouse	\$ 985
Each Child ¹	\$ 985
Summer 2	06/09/22 - 08/14/22
Student	\$ 431
Spouse	\$ 431
Each Child ¹	\$ 431
Fall 2*	08/15/22 - 01/06/23
Student	\$ 590
Spouse	\$ 934
Each Child ¹	\$ 934

¹The child rate is up to two children. The cost for two or more children will be two times the child rate.
*Fall 2 student rate is subsidized by the school, thus it is different than the dependent rates.

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

BENEFITS		
Deductible applies unless otherwise stated below		
IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	
Participating Provider Member Responsibility	Non- Participating Provider Member Responsibility	
Hospital Stay, All inpatient stays including maternity, mental/ behavioral health, and substance abuse		
20%	50%	
Outpatient Surgery		
80%	50%	
Doctor Home and Office Services: Primary care visit to treat an injury or illness		
Deductible does not apply to In-Network providers.		
\$0 copay for services rendered at the Student Health Center		
\$20 Copay per visit	50%	
Rehabilitation and Habilitation Services (for example, physical/speech/occupational therapy)		
Deductible does not apply to In-Network providers.		
Costs may vary by site of service.		
\$20 Copay per visit then 20%	\$20 Copay per visit then 50%	
Diagnostic Services, Including Lab and X-ray Office		
Deductible waived with referral for In-Network providers		
20%	50%	
Emergency Room Facility Services		
\$150 Copay per admission and then 20%	\$150 Copay per admission and then 20%	
Urgent Care (Office Setting)		
Deductible does not apply to In-Network providers		
\$20 Copay per visit	50%	
Preventive Care Services		
For more information, please visit healthcare.gov/preventive-care-benefits/		
In-network preventive care is not subject to deductible.		
No charge	50%	
Prescription Drugs		
Covers up to a 30 day supply (retail pharmacy)		
At pharmacies contracting with Anthem Pharmacy:		
100% after:		
Tier 1 - Generic Drug	N/A	
\$15 Copay per prescription		
Tier 2 - Preferred/Brand Drug	N/A	
\$30 Copay per prescription		
Tier 3 - Non-Preferred Brand and Specialty Drug	N/A	
\$70 Copay per prescription		
Tier 4 - Specialty Drug (Brand and Generic)	N/A	
\$200 Copay per Specialty		