



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.

BENEFITS

Deductible applies unless otherwise stated below

IN-NETWORK PROVIDER Participating Provider Member Responsibility	OUT-OF-NETWORK PROVIDER Non-Participating Provider Member Responsibility
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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
\$15 Copay per prescription

N/A

Tier 2 - Preferred/Brand Drug
\$30 Copay per prescription

N/A

Tier 3 - Non-Preferred Brand and Specialty Drug
\$70 Copay per prescription

N/A

Tier 4 - Specialty Drug (Brand and Generic)
\$200 Copay per Specialty

N/A

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