



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 **May 02, 2022** and the waiver deadline is **August 01, 2022**. The waiver period for students admitted in the Spring semester opens **December 01, 2022** and the deadline to waive is **January 16, 2023**.

MFA Graphic Design

The Summer 1 waiver period begins **May 02, 2022** and the waiver deadline is **June 01, 2022**.

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

ADDITIONAL BENEFITS

- Access to Dental Benefits
- Access to Vision Benefits
- 24/7 Nurseline available
- Virtual Visits through LiveHealth Online

Administered by Academic HealthPlans



OTIS COLLEGE BFA AND MFA STUDENTS 2022 - 2023

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	08/15/22 - 01/06/23
Student	\$ 961
Spouse	\$ 961
Each Child ¹	\$ 961
Spring	01/07/23 - 08/14/23
Student	\$ 1,459
Spouse	\$ 1,459
Each Child ¹	\$ 1,459

MFA Graphic Design Students

Summer 1	06/13/22 - 08/31/22
Student	\$ 544
Spouse	\$ 544
Each Child ¹	\$ 544
Fall	09/01/22 - 01/06/23
Student	\$ 870
Spouse	\$ 870
Each Child ¹	\$ 870
Spring	01/07/23 - 06/08/23
Student	\$ 1,040
Spouse	\$ 1,040
Each Child ¹	\$ 1,040
Summer 2	06/09/23 - 08/31/23
Student	\$ 571
Spouse	\$ 571
Each Child ¹	\$ 571

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

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

20% 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, including physical, speech and 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, copay waived if admitted

\$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.