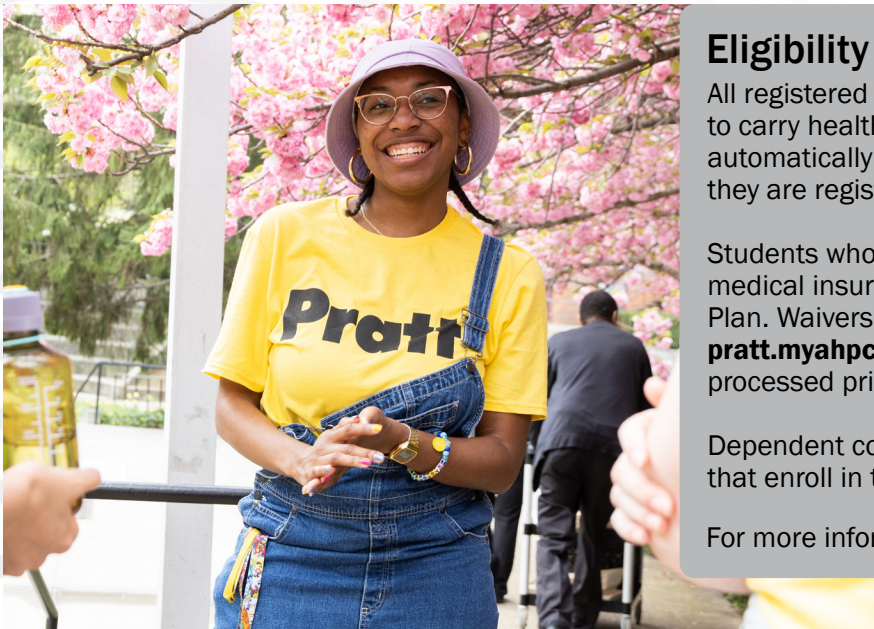


# Pratt Institute

Brooklyn & Manhattan Campuses



## Student Coverage With Care



### Eligibility

All registered full-time and part-time students are required to carry health insurance. All registered students are automatically charged a student health insurance fee, once they are registered for a class.

Students who are currently insured under family or private medical insurance may waive the Student Health Insurance Plan. Waivers can be processed by visiting [pratt.myahpcare.com/waiver](http://pratt.myahpcare.com/waiver). All waivers must be processed prior to the deadline.

Dependent coverage is also available to all eligible students that enroll in the Student Health Insurance Plan.

For more information, visit [pratt.myahpcare.com](http://pratt.myahpcare.com).

### Coverage Periods & Rates\*

	FALL 08/18/2026 - 01/14/2027	SPRING/SUMMER 01/15/2027 - 08/17/2027
Enrollment Periods	06/09/2026 - 09/25/2026	12/04/2026 - 02/09/2027
Student	\$1,403	\$1,956
Spouse	\$1,403	\$1,956
Each Child	\$1,403	\$1,956

\*Rates are subject to regulatory approval and may change

To view all enrollment and coverage periods available, please visit [pratt.myahpcare.com](http://pratt.myahpcare.com)

### WHAT'S INCLUDED?

Telehealth solutions through AcademicLiveCare (ALC)

Access to Academic Student Assistance Program (ASAP)

UnitedHealthcare Choice Plus PPO Network

Optional Dental Coverage with Guardian



### Questions

To view Frequently Asked Questions or submit a request, please visit [help.ahpcare.com](http://help.ahpcare.com)



### ID Cards

To access your ID Card, please visit [pratt.myahpcare.com](http://pratt.myahpcare.com)

# Pratt Institute 2026-2027

## Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Individual Deductible Per Insured Person, Per Policy Year	\$250	\$500
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$7,000	\$14,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$9,000	\$12,000
Physician's Visits	100% after a \$15 Copayment (Deductible waived)	70%
Urgent Care Center	100% after a \$75 Copayment (Deductible waived)	70%
Room & Board Expense	80% per admission	60% per admission
Medical Emergency Expense (Copay waived if admitted)	80% after a \$150 Copayment	80% after a \$150 Copayment
Inpatient/Outpatient Surgery	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Prescription Drugs Up to 30-day supply per prescription (Deductible waived)	100% after a Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$80 Copayment	70% after a Generic: \$20 Copayment Brand-Name: \$40 Copayment
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible waived)	70%

**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 [pratt.myahpcare.com](https://pratt.myahpcare.com) upon approval by federal and state authorities.**