

The University of the Arts 2019-2020 Student Health Insurance Plan



Eligibility

All registered undergraduate and graduate students taking six (6) or more credit hours are required to complete the health insurance information form at <https://myuarts.uarts.edu/ahpins> either to opt into the insurance provided through the University of the Arts and Academic HealthPlans or opt out and provide proof of health insurance coverage prior to the waiver deadline date of **August 1, 2019** for Fall and **January 1, 2020** for Spring.

Please view the complete brochure on-line at uarts.myahpcare.com for full details of participation in the plan. Dependent coverage is not available.

BENEFIT MAXIMUMS & DEDUCTIBLES

BENEFIT MAXIMUM	Unlimited, per Insured Person, per Policy Year
Deductible	In-Network Provider: \$100 per Insured Person, per Policy Year Out-of-Network Provider: \$500 per Insured Person, per Policy Year
Out-of-Pocket Maximum	In-Network Provider: \$6,600 per Insured Person, per Policy Year Out-of-Network Provider: \$7,600 per Insured Person, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	100% after a \$500 Copayment	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Services Includes specialist	100% after a \$10 Copayment per visit	60%
Diagnostic X-ray Services & Laboratory Procedures	100% after a \$30 Copayment per visit	60%
Emergency Services Expense	80%	80%
Outpatient physical, occupational, speech, and cognitive therapies Combined for short-term rehabilitation services and habilitation therapy services	80%	60%
Prescription Drugs Up to 30-day supply	At pharmacies contracting with Aetna 100% after a \$10 Copayment per Preferred Generic Drug \$20 Copayment per Preferred Brand Name Drug \$40 Copayment per Non-Preferred Brand Name Drug	100% after a \$10 Copayment per Preferred Generic Drug \$20 Copayment per Preferred Brand Name Drug \$40 Copayment per Non-Preferred Brand Name Drug
*Preventive Care Services	100% Deductible waived	60%

*Please visit www.healthcare.gov/coverage/preventive-care-benefits/ for more information.

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2019 through 08/14/2020	Spring/Summer 01/01/2020 through 08/14/2020
Student	\$ 2,376	\$ 1,474

To view all enrollment and coverage periods available, please visit uarts.myahpcare.com or call Academic HealthPlans at 1-855-856-3141.



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 uarts.myahpcare.com.