

The University of the Arts 2020-2021 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 www.uarts.edu/students/health-insurance-university-arts 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.

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:	\$500 per Insured Person, per Policy Year
	Out-of-Network Provider:	\$1,000 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 per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician Office Hour Visits <i>Includes specialist</i>	100% after a \$10 Copayment per visit	60% per visit
Diagnostic Testing	100% after a \$30 Copayment per visit	60% per visit
Hospital Emergency Room	80% per visit	80% per visit
Outpatient physical, occupational, speech, and cognitive therapies <i>Combined for short-term rehabilitation services and habilitation therapy services</i>	80% per visit	60% per visit
Prescription Drugs <i>Up to 30-day supply (deductible waived)</i>	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 <i>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</i>	100% (deductible waived)	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2020 through 08/14/2021	Spring/Summer 01/01/2021 through 08/14/2021
Student	\$ 4,031	\$ 2,497

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