



# A STUDENT HEALTH PLAN **FOR YOU!**

## AM I ELIGIBLE?

All registered undergraduate and graduate students taking six (6) or more credit hours are required to complete the health insurance information form at [uarts.edu/students/health-insurance-university-arts](https://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.

**Dependent coverage is not available.**

Please view the complete brochure on-line at [uarts.myahpcare.com](https://uarts.myahpcare.com) for full details of participation in the plan.

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 **Aetna PPO**.

## BENEFIT MAXIMUMS & DEDUCTIBLES

IN-NETWORK PROVIDER      OUT-OF-NETWORK PROVIDER

<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 6,600	\$ 7,600

## COVERAGE PERIODS & COST

<b>Annual</b>	08/15/21 - 08/14/22
Student	\$ 4,241
<b>Spring/Summer</b>	01/01/22 - 08/14/22
Student	\$ 2,626

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



## BENEFITS Deductible applies unless otherwise stated below

IN-NETWORK PROVIDER <small>Payments are based on the negotiated charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the recognized charge</small>
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### Hospital Room and Board

100% after a \$500 Copayment per admission	60% per admission
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### Inpatient/Outpatient Surgery

80%	60%
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### Physician, Specialist including Consultants Office Visits

100% after a \$10 Copayment per visit	60% per visit
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### Diagnostic Testing

100% after a \$30 Copayment per visit	60% per visit
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### Hospital Emergency Room

80% per visit	80% per visit
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### Outpatient physical, occupational, speech, and cognitive therapies

80% per visit	60% per visit
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### Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits/](https://healthcare.gov/preventive-care-benefits/)

100% (deductible waived)	60%
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### Prescription Drug, includes specialty drugs. Up to 30-day supply (Deductible waived)

At pharmacies contracting with Aetna

100% after a Preferred Generic Drug: \$10 Copayment Preferred Brand-Name Drug: \$20 Copayment Non-Preferred Brand-Name Drug: \$40 Copayment	100% after a Preferred Generic Drug: \$10 Copayment Preferred Brand-Name Drug: \$20 Copayment Non-Preferred Brand-Name Drug: \$40 Copayment
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