

The University of the Arts 2018-2019 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, 2018** for Fall and **January 1, 2019** 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%

*For more information, please visit healthcare.gov/preventive-care-benefits/

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2018 through 08/14/2019	Spring/Summer 01/01/2019 through 08/14/2019
Student	\$ 2,171	\$ 1,346

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



@ahpcare



Academic HealthPlans



Academic HealthPlans

Aetna Student Health™ is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna). Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company. Self insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company.