California College of the Arts

2026-2027 Student Health Insurance Plan Highlights

www.aetnastudenthealth.com

(877) 480-4161

What is the Plan about?

Aetna Student Health, working with California College of the Arts offers a student-focused health insurance plan that covers students at school and at home.

You get access to Aetna's nationwide network of participating doctors, hospitals, pharmacies and specialists throughout the country.

Who is eligible?

All undergraduate and graduate students and dependents, who are enrolled at California College of the Arts, and who actively attend classes for at least the first 31 days, after the date when coverage becomes effective.

	Annual	Fall	Spring/Summer
Coverage Dates	**08/01/2026 - 07/31/2027**	**08/01/2026 - 12/31/2026**	**01/01/2027 - 07/31/2027**
Student Rate	**$4,373**	**$1,833**	**$2,540**
Deadline Date	**09/15/2026**	**09/15/2026**	**02/01/2027**

Coverage for your eligible dependents is also available- please visit www.aetnastudenthealth.com for more information on pricing and eligibility.

Refunds All refund requests must be sent to the University who will confirm nonstudent status with Gallagher Student Health and submit the refund request on behalf of the student. Only refunds submitted by the University before the refund deadline will be considered. Credit card **refunds** must be requested within **120 days** of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a $35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. Pro-rated/partial refunds are not allowed. **NOTE:** You can check to see if your return has been processed by logging in to your Gallagher Student Health account.

Learn More!

Read all the Plan documents before deciding whether to enroll. You'll learn about the full Plan benefits, what things are not covered, enrollment and waiver dates, and eligibility rules. To view online, go to **www.aetnastudenthealth.com** and select your school.

Policy Number: 686151

Disclaimer: These rates and benefits are pending approval by the California Department of Insurance and can change. If they change, we will update this information.

Here's a brief description of the Plan benefits:		
	In-network Provider	**Out-of-network Provider**
Plan Maximum	Unlimited	NA
Annual Deductible		
Individual:	$100 Per Policy Year	NA
Family:	$100 Per Policy Year per dependent	NA
Annual Out-of-Pocket Limit		
Individual:	$6,000 Per Individual	N/A
Family:	$12,000 Per Family	N/A
Physician's Office Visit	100% (of the Negotiated Charge) after $25 copay	N/A
Inpatient Hospitalization	90% (of the Negotiated Charge) Per Admission	N/A
Emergency Room	90% (of the Negotiated Charge) after $150 copay	Payable the same as in-network coverage
Prescription Drugs	Prescriptions paid at 100% of the Negotiated Charge with the following copays: $10 Copay for Preferred Generic Drugs $40 Copay for Preferred Brand Drugs $70 Copay for Non-Preferred Generic Drugs	N/A
Generic Prescription Drug Substitution	If you or your prescriber requests a covered brand-name prescription drug when a covered generic prescription drug equivalent is available, you will be responsible for the cost difference between the generic prescription drug and the brand-name prescription drug, plus the cost sharing that applies to the brand-name prescription drug. The cost difference is not applied towards your policy year deductible or maximum out-of-pocket limit.	

Services Your Plan Generally Does NOT Cover (Check your policy or Plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care (Adult)
- Long Term Care
- Infertility Treatment Except for charges made by a physician to diagnose and surgically treat the underlying medical cause.
- Routine Foot Care
- Fitness Exercise Program
- Weight Loss Programs

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These are brief highlights of the Student Health Plan. The Plan is available for California College of the Arts students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at **www.aetnastudenthealth.com.** If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The California College of the Arts Student Health Insurance Plan is insured by Aetna Life Insurance Company. Aetna Student Health℠ is the brand name for products and services provided by Aetna Life Insurance Company and its affiliates (Aetna).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-480-4161.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

To access language services at no cost to you, call 1-877-480-4161.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-480-4161. (Spanish)
如欲使用免費語言服務，請致電 1-877-480-4161。(Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-480-4161. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-480-4161. (Tagalog)

무료 언어 서비스를 이용하려면 1-877-480-4161 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-877-480-4161 հեռախոսահամարով: (Armenian)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1- 877-480-4161 تماس بگیرید. (Persian-Farsi)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-480-4161. (Russian)

言語サービスを無料でご利用いただくには、1-877-480-4161 までお電話ください。(Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-480-4161. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-877-480-4161 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-877-480-4161 ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-877-480-4161. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-877-480-4161 पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-877-480-4161 (Thai)

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