

Western Kentucky University 2018-2019 Student Health Insurance Plan

PLAN HIGHLIGHTS

It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the policy. The Preferred Provider (PPO) network is [UnitedHealthcare C+ PPO](#).

DO YOU HAVE YOUR INSURANCE CARD?

- Go to www.uhcsr.com.
- Click on "Create Your Account".
- Type in your First Name, Last Name, Date of Birth and click the button "School Assigned ID". In the field below, type in your 800#.
- Click Continue
- The next page will ask you for an email address and then a password.
- Once you set up your account, you will be able to view/print a card and also request a card be sent to you.
- Once logged in, you may select "Request Permanent ID Card" or "View or Print ID Card" after clicking the "ID Card Information" link in the left navigation.

BENEFIT MAXIMUMS & DEDUCTIBLES	NETWORK PROVIDER	NON-NETWORK PROVIDER
Policy Aggregate Maximum	Unlimited per Insured Person, Per Policy Year (for Essential Benefits Only)	
Individual Deductible	\$500	\$1,000
Individual Out-of-Pocket Maximum	\$6,850	N/A

BENEFIT CATEGORY	Graves Gilbert Clinic @ WKU	Network Provider	Non-Network Provider
		<i>Payments are based on the Preferred Provider Allowance</i>	<i>Payments are based on the Usual & Customary Charges</i>
Physician's Visits - Outpatient	100%	80% after a \$50 Copayment per visit	60% after a \$50 Copayment per visit
Diagnostic X-ray Services & Laboratory Testing Expense	100%	80% after a \$50 Copayment	60% after a \$50 Copayment per visit
Medical Emergency Services	N/A	80% after a \$250 Copayment per visit	60% after a \$250 Copayment per visit
Prescription Drugs, up to 31 day supply per prescription Mail order Prescription Drugs through UHCP at 2.5 times the retail Copayment up to a 90 day supply	N/A	\$20 Copayment per prescription Tier 1 \$35 Copayment per prescription Tier 2 \$60 Copayment per prescription Tier 3	\$20 Copayment per prescription for generic drugs \$35 Copayment per prescription for brand name
Hospital Room and Board Expense Including Intensive Care Units	N/A	80% after Plan Deductible	60% after Plan Deductible
Surgery	N/A	80% after Plan Deductible	60% after Plan Deductible
*Preventive Care Services No Deductible, Copayments or Coinsurance will be applied when the services are received from a Network Provider	100%	100%	60% after Plan Deductible

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

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 07/31/2019	Summer 05/01/2019 through 07/31/2019
Open Enrollment	07/02/2018 through 09/17/2018	12/03/2018 through 02/15/2019	04/17/2019 through 06/17/2019
Student	\$ 1,024.00	\$ 1,024.00	\$ 516.00



Please view the complete brochure on-line at wku.myahpcare.com for full details of participation in the plan or contact Academic HealthPlans at 1-855-871-9860 or email benefits@wku.edu.



DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.



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