

Western Kentucky University 2017-2018 Student Health Insurance Plan

Eligibility

- All domestic undergraduate students taking 12 or more credit hours.
- All domestic graduate students taking 9 or more credit hours are eligible to enroll in this 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**.

Enrollment

Option 1: Student may enroll online by using a check or credit card at wku.myahpcare.com.

Option 2: To enroll by mail, please download the enrollment form at wku.myahpcare.com.

Option 3: To enroll by fax, please go to wku.myahpcare.com to download the enrollment form; fax completed form to Academic HealthPlans at 1-855-858-1964

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
		Payments are based on the Preferred Provider Allowance	Payments are based on the Usual & Customary Charges
Physician's Visits - Outpatient	100%	100% after a \$50 Copayment per visit	75% after a \$50 Copayment per visit
Diagnostic X-ray Services & Laboratory Testing Expense	100%	100% after a \$50 Copayment	75% after a \$50 Copayment per visit
Medical Emergency Services	N/A	100% after a \$250 Copayment per visit	75% 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%	75% after Plan Deductible

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2017 through 07/31/2018	Fall 08/01/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 07/31/2018	Summer 05/01/2018 through 07/31/2018
Open Enrollment	07/01/2017 through 09/15/2017	07/01/2017 through 09/15/2017	12/01/2017 through 02/15/2018	04/17/2018 through 06/15/2018
Student	\$ 1,810.00	\$ 905.00	\$ 905.00	\$ 456.00



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.

