

Western Kentucky University 2017-2018 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?

1. Go to www.uhcsr.com.
2. Click on "Create Your Account".
3. 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#.
4. Click Continue
5. The next page will ask you for an email address and then a password.
6. Once you set up your account, you will be able to view/print a card and also request a card be sent to you.
7. 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
		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 Deductible per visit
Diagnostic X-ray Services & Laboratory Testing Expense	100%	100% after a \$50 Copayment	75% after a \$50 Deductible per visit
Medical Emergency Services	N/A	100% after a \$250 Copayment per visit	75% after a \$250 Deductible per visit
Prescription Drugs, up to 31 day supply per prescription Mail order Prescription Drugs through HealthSmart RX [®] at 2.5 times the retail Copayment up to a 90 day supply	N/A	\$20 Copayment per prescription for generic drugs \$35 Copayment per prescription for preferred brand \$60 Copayment per prescription for non-preferred brand	\$20 Deductible per prescription for generic drugs \$35 Deductible 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	Fall	Spring/Summer	Summer
	08/01/2017 through 12/31/2017	01/01/2018 through 07/31/2018	05/01/2018 through 07/31/2018
Open Enrollment	07/01/2017 through 09/15/2017	12/01/2017 through 02/15/2018	04/17/2018 through 06/15/2018
Student	\$ 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.