

University of Kentucky 2017-2018 Student Health Plan



Eligibility

Eligible students fall into one of three enrollment types:

Voluntary Enrollment Students: UK and BCTC undergraduate students enrolled in six (6) or more hours and all visiting J-scholars and enrolled UK graduate students may elect to purchase this Student Health Plan (SHP) for themselves and their dependents.

Funded Graduate Students: Qualifying fully-funded graduate students are automatically enrolled in the Student Health Plan at no cost to themselves. NOTE: Only the SHP Office can verify eligibility of fully-funded status.

International and ESL Students: J1, J2, F1 visa holders are enrolled in the Student Health Plan when they register for classes, unless proof of comparable coverage is provided. The cost is added to their student bill.

Dependents: Eligible students who enroll may enroll their eligible dependents. Eligible dependents are the student's spouse and dependent children under age 26.

UK SHP Office

UK provides on-campus staff in the SHP Office to offer plan information and answer student questions. This relationship presents an opportunity for students to learn valuable tips as consumers of health care and health coverage.

What is included?

- The Maximum Benefit per Person, per Policy Year is Unlimited
- UK Healthcare and Anthem, Blue Card Access are the In-Network Preferred Providers and will provide maximum benefits at lowest cost

Additional Information

- 🌐 uky.myahpcare.com
- 🌐 ukhealthcare.uky.edu/uhs/
- 📞 1-855-856-2385

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Below is a brief summary of the plan benefits and costs. All enrollees are responsible for understanding and abiding by the information provided in the policy, available online at uky.myahpcare.com. Read the policy carefully for details on coverage, exclusions, and limitations.

MAXIMUM BENEFIT	UNLIMITED PER INJURY OR ILLNESS PER POLICY YEAR		
Benefit Category	University of Kentucky Preferred Providers	*Anthem, Blue Card Access In-Network Preferred Providers	Out-of-Network
Deductible	\$100 per Covered Individuals per Policy Year	\$500 per Covered Individuals per Policy Year	\$1,000 per Covered Individuals per Policy Year
Inpatient Hospital Services	80% of Preferred Allowance Covered Individuals pays 20% coinsurance	65% of Preferred Allowance Covered Individuals pays 35% coinsurance after network provider deductible	50% of Usual & Customary Charges Covered Individuals pays 50% coinsurance after out-of-network provider deductible
Outpatient Surgery	80% of Preferred Allowance Covered Individuals pays 20% coinsurance	65% of Preferred Allowance Covered Individuals pays 35% coinsurance after network provider deductible	50% of Usual & Customary Charges Covered Individuals pays 50% coinsurance after out-of-network provider deductible
Outpatient Physician's Visits, X-rays and Laboratory, and Medical Emergency	80% of Preferred Allowance Covered Individuals pays 20% coinsurance \$150 Copay per visit for Emergency Room only (waived if admitted)	65% of Preferred Allowance Covered Individuals pays 35% coinsurance after network provider deductible \$150 Copay per visit for Emergency Room only (waived if admitted)	50% of Usual & Customary Charges Covered Individuals pays 50% coinsurance after out-of-network provider deductible \$150 deductible per visit for Emergency Room only (waived if admitted)
Prescription Drugs	Applicable at the Kentucky Clinic Pharmacies Only \$10 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$75 Copay per prescription for Tier 3 (up to a 31 day supply per prescription)	Express Scripts \$30 Copay per prescription for Tier 1 \$50 Copay per prescription for Tier 2 \$75 Copay per prescription for Tier 3 (up to a 31 day supply per prescription) Mail order Prescription Drugs through Express Scripts Pharmacy at 2 times the retail Copay up to a 90 day supply	Out-of-Network Pharmacies 70% of Usual and Customary Charges after a \$30 Deductible per prescription for generic drugs or a \$50 Deductible per prescription for brand name drugs (up to a 31 day supply per prescription)
University Health Service	The Deductible does not apply and Covered Medical Expenses are paid at 100%. Services covered by your health fee are not submitted to SHP .		

* To obtain information about the Anthem, Blue Card Access network, please visit uky.myahpcare.com.

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS			
Covered Individual Type	Annual**	Fall	Spring/Summer**
	08/15/2017 through 08/14/2018	08/15/2017 through 12/31/2017	01/01/2018 through 08/14/2018
Open Enrollment Periods	06/30/2017 through 09/15/2017	06/30/2017 through 09/15/2017	12/01/2017 through 01/31/2018
Student	\$ 2,166	\$ 823	\$ 1,343
Spouse	\$ 2,166	\$ 823	\$ 1,343
Child	\$ 2,166	\$ 823	\$ 1,343
Children	\$ 4,332	\$ 1,646	\$ 2,686

**Monthly installments available when purchasing this coverage
Dependent coverage is available on this plan. You may enroll online at uky.myahpcare.com.