



Kansas City University

Student Health Insurance Plan (SHIP)

2023-2024

Questions

Eligibility & Enrollment

Academic HealthPlans, Inc.
(800) 955-1991
educlientservices@ahpcare.com

Benefits

Blue Cross Blue Shield of Kansas City
(800) 654-0155
www.MyBlueKC.com

Insurance ID Card

You will receive a permanent ID card in the mail directly from **Blue Cross Blue Shield**. If you need to seek treatment prior to this, you can print a temporary ID card by visiting www.MyBlueKC.com.

Carry your ID card with you at all times!

Getting Care

If you need to access care away from campus, visit www.MyBlueKC.com to locate a **Preferred-Care Blue Network** provider.

Prescription Drugs

Always use a Blue Cross Blue Shield **RxPremier** pharmacy. To locate a pharmacy, visit www.MyBlueKC.com.

More Information

For more information, please visit kansascity.mycare26.com

You may enroll in SHIP at kansascity.mycare26.com

Eligibility

All students must meet these minimum medical coverage requirements:

- Insurance company must be operated and based in the U.S.
- ACA compliant plan
- \$3,000 deductible or less (for individuals)
- Unlimited plan maximum
- State-specific Medicaid may be accepted upon review
- International students required to have KCU plan.

You may submit a SHIP waiver request by visiting kansascity.mycare26.com

Rates & Important Dates

Rates are effective 08/01/2023 to 07/31/2024. The cost of coverage includes insurance premium and administrative fees.

MEDICAL	STUDENT	SPOUSE	CHILDREN	FAMILY
Annual 08/01/2023 to 07/31/2024	\$3,389.76	\$3,728.40	\$3,050.88	\$5,762.52
Fall 08/01/2023 to 12/31/2023	\$1,412.40	\$1,553.50	\$1,271.50	\$2,401.05
Spring/Summer 01/01/2024 to 07/31/2024	\$1,977.36	\$2,174.90	\$1,779.68	\$3,361.47
DENTAL	STUDENT	SPOUSE	CHILDREN	FAMILY
Annual 08/01/2023 to 07/31/2024	\$296.04	\$295.08	\$384.72	\$736.08
VISION	STUDENT	SPOUSE	CHILDREN	FAMILY
Annual 08/01/2023 to 07/31/2024	\$66.48	\$73.08	\$59.76	\$123.00

What's Covered

- Physician office visits
- Emergency services
- Surgery, in- and out-patient
- Test, procedures, and lab services, such as X-rays
- Physical therapy (20 visits maximum)
- Chiropractic care
- Maternity and prenatal care
- Preventive care
- Prescription drugs

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Health Benefit Plan Summary for full benefit details. If there are any discrepancies between this document and the Member Certificate, the Member Certificate will govern.

Medical Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Allowable Charges when you use **Blue Cross Blue Shield** providers, and 60% of Allowable Charges when you use Out-of-Network providers.

Dental and Vision Benefits: Refer to the applicable Benefit Summary posted at kansascity.mycare26.com

Medical Benefits

	BLUE CROSS BLUE SHIELD PPO IN-NETWORK PROVIDER YOU WILL PAY	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST ¹
Deductible	Individual \$250 Family \$500	Individual \$500 Family \$1,000
Physician Visits	\$35 Copay per visit (Deductible waived)	40%
Specialist Visits	\$70 Copay per visit (Deductible waived)	40%
Urgent Care Center	\$70 Copay per visit (Deductible waived)	40%
Emergency Services	20% after \$100 Copay per visit Deductible applies; Copay waived if admitted	20% after \$100 Copay per visit In-Network Deductible applies
Inpatient Hospital	20%, Deductible applies	40%, Deductible applies; Copay waived if admitted
Prescription Drugs ²	Generic: \$12 Copay Preferred: \$35 Copay Non-Preferred: \$70 Copay Contraceptives: No cost share	Generic: \$12 Copay, then 50% Preferred: \$35 Copay, then 50% Non-Preferred: \$70 Copay, then 50%
Out-of-Pocket Limits	Individual \$4,500 Family \$9,000	Individual \$5,000 Family \$10,000

¹Using Out-of-Network providers may cost you more money! Coinsurance is payable for Allowable Charges, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some Out-of-Network providers charge more than Allowable Charges and you will be responsible for these excess amounts over the listed Coinsurance.

²If you use an Out-of-Network pharmacy, you must pay for prescriptions in full and then submit a claim for reimbursement.

This document contains a summary of your school's Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Certificate. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate is accessible upon approval at kansascity.mycare26.com.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the Student Health Insurance Plan.