



# Campus Health Services

## Cardinal Station Center

215 Central Avenue - Suite 110  
502-852-6479

## Health Science Center

401 E Chestnut Street - Suite 110  
502-852-6446

### Who Can Enroll?

- Undergraduate students enrolled in (6) six or more credit hours with on campus classes.
- Graduate students enrolled in (3) three or more credit hours with on campus classes.
- Dependent coverage is available if student is insured.

### How To Enroll?

Enroll online at [louisville.myahpcare.com](http://louisville.myahpcare.com).

The premium will be added to the students tuition account.

Dependent Coverage is paid directly to AHP.

### Open Enrollment Periods

- Fall - 07/17/2020 - 08/31/2020
- Spring/Summer - 11/13/2020 - 02/01/2021
- Summer - 04/16/2021 - 06/04/2021

University of Louisville, in partnership with Academic HealthPlans (AHP) and Anthem BlueCross and BlueShield, offers an affordable, comprehensive Student Health Insurance Plan for students. Staying healthy is important to your success at the University of Louisville.

### BENEFIT MAXIMUMS & DEDUCTIBLES

Deductible *Applies toward In-Network Deductible	*Preferred Providers (ULP): \$200 per person In-Network Providers: \$700 per person Out-of-Network Providers: \$1,000 per person
Out-Of-Pocket Maximum	\$5,000 per person / \$10,000 family

BENEFIT CATEGORY	Campus Health	Preferred Providers (ULP)	In-Network Provider	Out-of-Network Provider
		Student pays based upon Allowable Amount	Student pays based upon Allowable Amount	Student pays based upon Allowable Amount
Preventive Care Services (Deductible Waived if In-Network) For more information please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	No Charge	No Charge	No Charge	25% coinsurance after deductible is met
Primary Care Office Visits	No Charge	\$30 copay per visit 10% coinsurance	\$30 copay per visit 30% coinsurance	\$30 copay per visit 35% coinsurance
Hospital Stay	N/A	10% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Outpatient Surgery	N/A	10% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Urgent Care (Office Setting)	N/A	\$50 copay per visit 10% coinsurance	\$50 copay per visit 30% coinsurance	\$50 copay per visit 35% coinsurance
Emergency Room Facility Services Copay waived if admitted.	N/A	\$150 copay per visit 10% coinsurance	\$150 copay per visit 30% coinsurance	\$150 copay per visit 35% coinsurance
Diagnostic X-ray Services	N/A	\$25 copay per visit 10% coinsurance	\$25 copay per visit 30% coinsurance	\$25 copay per visit 35% coinsurance
Laboratory Procedures	In-House No Charge	100% Covered	100% Covered	\$20 copay per visit 35% coinsurance
Prescription Drug Coverage	N/A	\$15 copay per prescription - Tier 1 \$30 copay per prescription - Tier 2 \$50 copay per prescription - Tier 3 up to a 30-day supply (retail pharmacy) up to a 90-day supply (home delivery program)	\$15 copay per prescription - Tier 1 \$30 copay per prescription - Tier 2 \$50 copay per prescription - Tier 3 up to a 30-day supply (retail pharmacy) up to a 90-day supply (home delivery program)	25% coinsurance (The Insured would need to pay for the prescription in full and submit the receipt to the company for reimbursement.)

