

University of Kentucky 2020-2021 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, all visiting J-scholars, UK Medical students 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 Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

-  [uky.myahpcare.com](https://www.uky.myahpcare.com)
-  ukhealthcare.uky.edu/uhs/



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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	\$300 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. Individual pays 20% coinsurance after deductible.	65% of Preferred Allowance Covered. Individual pays 35% coinsurance after deductible.	50% of Usual & Customary Charges Covered. Individual pays 50% coinsurance after out-of-network provider deductible.
Outpatient Physician's Visits/ Specialist Visits	\$25 co-pay/\$45 co-pay	\$30 Copay/\$50 Copay	50% of Usual & Customary Charges Covered. Individual pays 50% coinsurance after out-of-network provider deductible.
Outpatient Surgery, X-rays and Laboratory, and Medical Emergency	80% of Preferred Allowance Covered. Individual pays 20% coinsurance after deductible. \$200 Copay per visit for Emergency Room only (waived if admitted)	65% of Preferred Allowance Covered. Individual pays 35% coinsurance after deductible. \$200 Copay per visit for Emergency Room only (waived if admitted)	50% of Usual & Customary Charges Covered. Individual pays 50% coinsurance after out-of-network provider deductible. \$200 deductible per visit for Emergency Room only (waived if admitted)
Urgent Care	N/A	\$75 Copay	50% of Usual & Customary Charges Covered. Individual pays 50% coinsurance after out-of-network provider deductible.
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, and prescription coverage, please visit uky.myahpcare.com.

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS		
Covered Individual Type	Fall** 08/15/2020 through 12/31/2020	Spring/Summer** 01/01/2021 through 08/14/2021
Open Enrollment Periods	07/31/2020 through 09/14/2020	12/01/2020 through 02/05/2021
Student	\$ 1,053	\$ 1,720
Spouse	\$ 1,053	\$ 1,720
Child	\$ 1,053	\$ 1,720
Children	\$ 2,106	\$ 3,440

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