



University of Kentucky

Student Coverage With Care 2025-2026

What's Included?



Unlimited
Maximum Benefit
per person, per
Policy Year



Access to
Telemedicine
Services through
Anthem
LiveHealth
Online



Coverage when
traveling with
Academic
Emergency
Services (AES)*



UK Healthcare &
Anthem Blue Card
Access are the
In-Network Preferred
Providers & will
provide maximum
benefits at lowest cost



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 Health Sciences and Law students and enrolled UK graduate students enrolled in two (2) or more credit hours, 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.

For more information, visit uky.myahpcare.com.

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit uky.myahpcare.com/additionalresources

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.



Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Anthem.

Benefits

(Deductible applies unless otherwise stated below) **To obtain information about the Anthem Blue Card Access network & prescription coverage, please visit uky.myahpcare.com.

	UNIVERSITY OF KENTUCKY PREFERRED PROVIDERS	**ANTHEM, BLUE CARD ACCESS IN-NETWORK PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDER
Maximum Benefit	Unlimited per Injury or Illness per Policy Year		
Deductible Per Covered Individual, per Policy Year	\$300	\$500	\$1,000
Inpatient Hospital Stay	75% of Preferred Allowance Covered. Individual pays 25% Coinsurance after Deductible	60% of Preferred Allowance Covered. Individual pays 40% Coinsurance after Deductible	45% of Usual & Customary Charges Covered. Individual pays 55% Coinsurance after Out-of-Network Deductible
Primary Care Office Visit/Specialist Care Office Visit	\$25 Copay/\$45 Copay	\$30 Copay/\$50 Copay	45% of Usual & Customary Charges Covered. Individual pays 55% Coinsurance after Out-of-Network Deductible
Outpatient Surgery, X-rays & Laboratory, & Medical Emergency	75% of Preferred Allowance Covered. Individual pays 25% Coinsurance after Deductible. \$200 Copay & 25% Coinsurance per visit for Emergency Room only (waived if admitted)	60% of Preferred Allowance Covered. Individual pays 40% Coinsurance after Deductible. \$200 Copay & 40% Coinsurance per visit for Emergency Room only (waived if admitted)	45% of Usual & Customary Charges Covered. Individual pays 55% Coinsurance after Out-of-Network Deductible. \$200 Copay & 55% Coinsurance per visit for Emergency Room only (waived if admitted)
Urgent Care	\$75 Copay	\$75 Copay	45% of Usual & Customary Charges Covered. Individual pays 55% Coinsurance after Out-of-Network 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.		

Voluntary Coverage Periods & Rates

	FALL *** 08/15/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 08/14/2026
Enrollment Periods	07/15/2025 - 09/13/2025	12/02/2025 - 02/21/2026
Student	\$1,323	\$2,163
Spouse	\$1,323	\$2,163
Child	\$1,323	\$2,163
Children	\$2,646	\$4,326

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

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at uky.myahpcare.com upon approval by federal and state authorities.