

University of Kentucky

# **Student Coverage With Care** 2025-2026

What's Included?



Maximum Benefit per person, per **Policy Year** 



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



#### Questions

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



### Insurance ID Card

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



## **Eligibility**

Eligible students fall into one of three enrollment types:

Voluntary Enrollment Students: UK and 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.

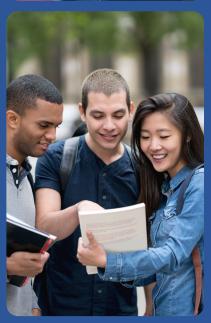
International and ESL Students: J1, J2, F1 visa holders are enrolled in the Student Health Plan when they register for classes, unless proof of comparable coverage is provided. The cost is added to their student bill.

**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.







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**

Bollollo				
(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% Coinsuranc 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% Coinsuranc after Out-of-Network Deductible	
	75% of Preferred Allowance Covered. Individual pays 25%	60% of Preferred Allowance Covered.	45% of Usual & Customary Charges Covered. Individual	

Outpatient Surgery, X-rays & Laboratory, & Medical Emergency

Individual pays 25% Coinsurance after Deductible. \$200 Copay & 25% Coinsurance per visit for Emergency Room only (waived if admitted)

\$75 Copay

Individual pays 40% Coinsurance after Deductible. \$200 Copay & 40% Coinsurance per visit for Emergency Room only (waived if admitted)

pays 55% Coinsurance after Out-of-Network Deductible.\$200 Copay & 55% 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

University Health Service

**Urgent Care** 

The Deductible does not apply and Covered Medical Expenses are paid at 100%. Services covered by your health fee are not submitted to SHP.

\$75 Copay

## **Voluntary Coverage Periods & Rates**

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	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.