

University of Louisville

Student Health Insurance Plan - International Students 2023-2024

The new insurance carrier is *UnitedHealthcare Insurance Company*

Who Can Enroll?

- All international students are required to have ACA-compliant health insurance.
- Students are automatically billed for the university-sponsored student insurance.
- Enrollment may be waived if certain criteria are met.

How to Enroll (or Waive)?

- Emails will be sent to your Louisville.edu account with the option to either **Enroll** or **Request to Waive** coverage.
- Waiver requests must be submitted before the deadline in order to be considered.

Benefits

Deductible applies unless otherwise stated below

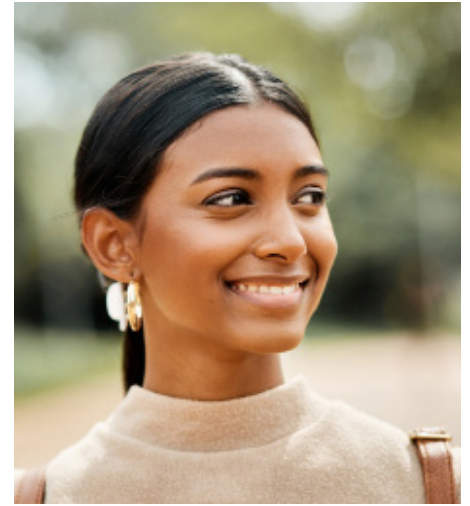
	CAMPUS HEALTH	PREFERRED PROVIDERS (UOFL HEALTHCARE) Payments based on the PPO Allowance	IN-NETWORK PROVIDER Payments based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments based on Usual & Customary Charges
Deductible <small>*Applies toward In-Network Deductible</small>	N/A	*\$200 per Person	\$700 per Person	\$1,000 per Person
Out-of-Pocket Maximum	N/A	\$5,000 per Person / \$10,000 Family		
Preventive Care Services <small>(Deductible Waived if In-Network) For more information please visit healthcare.gov/preventive-care-benefits</small>	100%	100%	100%	50%
Physician's Visits	100%	80% after a \$30 Copay per visit	70% after a \$30 Copay per visit	50% after a \$30 Copay per visit
Hospital Room & Board Expense	N/A	80%	70%	50%
Inpatient/Outpatient Surgery	N/A	10%	30%	35%
Urgent Care Center	N/A	80% after a \$50 Copay per visit	70% after a \$50 Copay per visit	50% after a \$50 Copay per visit
Medical Emergency Expenses <small>Copay waived if admitted</small>	N/A	80% after a \$150 Copay per visit	70% after a \$150 Copay per visit	50% after a \$150 Copay per visit
Diagnostic X-ray Services	N/A	80% after a \$25 Copay per visit	70% after a \$25 Copay per visit	50% after a \$25 Copay per visit
Laboratory Procedures	In-House 100%	100%	100%	50% after a \$20 Copay per visit
Prescription Drug Coverage <small>Up to a 31-day supply per prescription</small>	N/A	Tier 1: \$15 Copay Tier 2: \$30 Copay Tier 3: 80%	At pharmacies contracting with UnitedHealthcare Pharmacy Tier 1: \$15 Copay Tier 2: \$30 Copay Tier 3: 80%	50% <small>(The Insured would need to pay for the prescription in full and submit the receipt to the company for reimbursement.)</small>

Open Enrollment Periods

FALL	SPRING/SUMMER	SUMMER
07/18/2023 - 08/31/2023	11/14/2023 - 02/01/2024	04/17/2024 - 06/05/2024

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

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at louisville.myahpcare.com.



More Information

For full details of participation in the plan, please view the complete brochure online at: louisville.myahpcare.com

Campus Health Services

Cardinal Station Center
215 Central Avenue - Suite 110
1 (502) 852-6479

Health Sciences Center
401 E Chestnut Street - Suite 110
1 (502) 852-6446

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 louisville.myahpcare.com/additionalresources

Preferred Hospitals/Providers

- University of Louisville Hospital
- James Graham Brown Cancer Center
- Jewish Hospital
- Frazier Rehab
- Mary & Elizabeth Hospital
- Shelbyville Hospital
- Peace Hospital

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Choice Plus**.