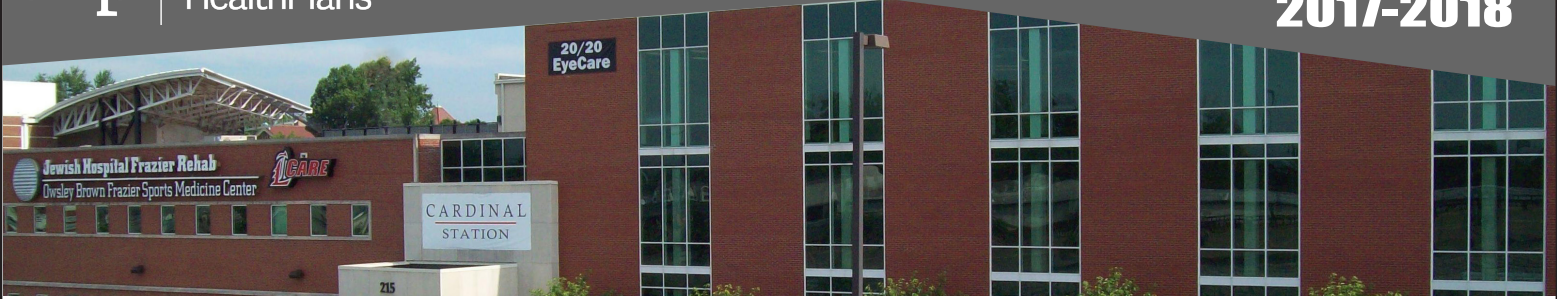


STUDENT HEALTH INSURANCE



Academic HealthPlans™

2017-2018



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

PLAN HIGHLIGHTS

	Preferred Providers (ULP)	In-Network Provider	Out-of-Network Provider
Out-of-Pocket Maximum (Unless otherwise noted)	\$5,000 per Insured Person, per Policy Year and \$10,000 for all Insured in a Family, per Policy year		
*Plan Deductible (per Policy Year)	\$200 per Insured Person	\$500 per Insured Person	\$1,000 per Insured Person

BENEFIT CATEGORY	Campus Health	Preferred Providers (ULP) Payment based upon Preferred Allowance	In-Network Provider Payment based upon Preferred Allowance	Out-of-Network Provider Payment based upon Usual and Customary Charges
Hospital Expense	N/A	90%	80%	70%
Inpatient/Outpatient Surgery	N/A	90%	80%	70%
Outpatient Physician's Visits	100%	90% \$30 Copay per visit	80% \$30 Copay per visit	70% \$30 Copay per visit
Medical Emergency Expenses	N/A	90% \$150 Copay per visit	80% \$150 Copay per visit	70% \$150 Copay per visit
Diagnostic X-Ray Services	N/A	90% \$25 Copay per visit	80% \$25 Copay per visit	70% \$25 Copay per visit
Laboratory Procedures	In-House @ 100%	90% \$20 Copay per visit	80% \$20 Copay per visit	70% \$20 Copay per visit
Prescription Drugs	N/A	UnitedHealthcare Pharmacy \$15 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$30 Copay per prescription for Tier 3 up to a 31-day supply per prescription (Mail order through UHCP at 2 times the retail Copay up to a 90 day supply.)	UnitedHealthcare Pharmacy \$15 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$30 Copay per prescription for Tier 3 up to a 31-day supply per prescription (Mail order through UHCP at 2 times the retail Copay up to a 90 day supply.)	75% of Usual and Customary Charges (The Insured would need to pay for the prescription in full and submit the receipt to the company for reimbursement.)
Preventive Care Services <small>*(No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider or an In-Network Provider.)</small>	100%	100%	100%	75% (Policy Deductible applies)

See Full Plan Brochure at Louisville.myahpcare.com

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?

Download the enrollment form at Louisville.myahpcare.com
The premium will be added to students tuition account

Open enrollment periods

Fall enrollment period: 07/10/2017 - 08/31/2017
Spring/Summer enrollment period: 11/13/2017 - 01/31/2018
Summer enrollment period: 04/17/2018 - 06/05/2018

PREMIUM	
2017-2018 Premium Costs and Coverage Periods	
	Student
Fall 08/01/2017 through 12/31/2017	\$ 1,275
Spring/Summer 01/01/2018 through 07/31/2018	\$ 1,275
Summer 05/01/2018 through 07/31/2018	\$ 649

Need additional information? Contact Camille Smith at stuins@louisville.edu or (502) 852-6519 or contact AHP at Louisville.myahpcare.com or 1-855-850-4191

