

University of Louisville 2019-2020 Student Health Insurance Plan

Campus Health Services

Cardinal Station Center

215 Central Avenue - Suite 110
502-852-6479

Health Science Center

401 E Chestnut Street - Suite 110
502-852-6446

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 the students tuition account.

Open Enrollment Periods

Fall enrollment period: 07/18/2019 - 08/31/2019
Spring/Summer enrollment period: 11/13/2019 - 01/31/2020
Summer enrollment period: 04/17/2020 - 06/05/2020

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 <i>(Unless otherwise noted)</i>	\$5,000 per Insured Person, Per Policy Year and \$10,000 for all Insureds in a family, per Policy year		
Individual Deductible <i>(per Policy Year)</i>	\$200 per Insured Person	\$700 per Insured Person	\$1,000 per Insured Person

BENEFIT CATEGORY	Campus Health	Preferred Providers (ULP) <i>Payment based upon Preferred Allowance</i>	In-Network Provider <i>Payment based upon Preferred Allowance</i>	Out-of-Network Provider <i>Payment based upon Usual and Customary Charges</i>
Hospital Expense	N/A	90%	70%	65%
Inpatient/Outpatient Surgery	N/A	90%	70%	65%
Outpatient Physician's Visits	100%	90% \$30 Copay per visit	70% \$30 Copay per visit	65% \$30 Copay per visit
Medical Emergency Expenses	N/A	90% \$150 Copay per visit	70% \$150 Copay per visit	65% \$150 Copay per visit
Diagnostic X-ray Services	N/A	90% \$25 Copay per visit	70% \$25 Copay per visit	65% \$25 Copay per visit
Laboratory Procedures	In-House @ 100%	90% \$20 Copay per visit	70% \$20 Copay per visit	65% \$20 Copay per visit
Prescription Drugs <i>(Deductible waived)</i>	N/A	UnitedHealthcare Pharmacy \$15 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$50 Copay per prescription for Tier 3 up to a 31-day supply per prescription <i>(Mail order through UHCP at 2 times the retail Copay up to a 90 day supply.)</i>	UnitedHealthcare Pharmacy \$15 Copay per prescription for Tier 1 \$30 Copay per prescription for Tier 2 \$50 Copay per prescription for Tier 3 up to a 31-day supply per prescription <i>(Mail order through UHCP at 2 times the retail Copay up to a 90 day supply.)</i>	75% of Usual and Customary Charges <i>(The Insured would need to pay for the prescription in full and submit the receipt to the company for reimbursement.)</i>
Preventive Care Services <i>*(No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider or an In-Network Provider.)</i>	100%	100%	100%	75% <i>(Policy Deductible applies)</i>

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

	Student
Fall 08/01/2019 - 12/31/2019	\$ 1,492
Spring/Summer 01/01/2020 - 07/31/2020	\$ 1,492
Summer 05/01/2020 - 07/31/2020	\$ 752

See Full Plan Brochure at louisville.myahpcare.com.

Need additional information? Contact AHP at
support@ahpcare.com or 1-855-850-4191.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.

