

# Western Kentucky University 2018-2019 Student Health Insurance Plan

## PLAN HIGHLIGHTS

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 Preferred Provider (PPO) network is [UnitedHealthcare C+ PPO](#).

### DO YOU HAVE YOUR INSURANCE CARD?

1. Go to [www.uhcsr.com](http://www.uhcsr.com).
2. Click on "Create Your Account".
3. Type in your First Name, Last Name, Date of Birth and click the button "School Assigned ID". In the field below, type in your 800#.
4. Click Continue
5. The next page will ask you for an email address and then a password.
6. Once you set up your account, you will be able to view/print a card and also request a card be sent to you.
7. Once logged in, you may select "Request Permanent ID Card" or "View or Print ID Card" after clicking the "ID Card Information" link in the left navigation.

BENEFIT MAXIMUMS & DEDUCTIBLES	NETWORK PROVIDER	NON-NETWORK PROVIDER
Policy Aggregate Maximum	Unlimited per Insured Person, Per Policy Year (for Essential Benefits Only)	
Individual Deductible	\$500	\$1,000
Individual Out-of-Pocket Maximum	\$6,850	N/A

BENEFIT CATEGORY	Graves Gilbert Clinic @ WKU	Network Provider	Non-Network Provider
		<i>Payments are based on the Preferred Provider Allowance</i>	<i>Payments are based on the Usual &amp; Customary Charges</i>
Physician's Visits - Outpatient	100%	80% after a \$50 Copayment per visit	60% after a \$50 Copayment per visit
Diagnostic X-ray Services & Laboratory Testing Expense	100%	80% after a \$50 Copayment	60% after a \$50 Copayment per visit
Medical Emergency Services	N/A	80% after a \$250 Copayment per visit	60% after a \$250 Copayment per visit
Prescription Drugs, up to 31 day supply per prescription Mail order Prescription Drugs through UHCP at 2.5 times the retail Copayment up to a 90 day supply	N/A	\$20 Copayment per prescription Tier 1 \$35 Copayment per prescription Tier 2 \$60 Copayment per prescription Tier 3	\$20 Copayment per prescription for generic drugs \$35 Copayment per prescription for brand name
Hospital Room and Board Expense Including Intensive Care Units	N/A	80% after Plan Deductible	60% after Plan Deductible
Surgery	N/A	80% after Plan Deductible	60% after Plan Deductible
*Preventive Care Services No Deductible, Copayments or Coinsurance will be applied when the services are received from a Network Provider	100%	100%	60% after Plan Deductible

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

### 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/2018 through 12/31/2018	Spring/Summer 01/01/2019 through 07/31/2019	Summer 05/01/2019 through 07/31/2019
Open Enrollment	07/02/2018 through 09/17/2018	12/03/2018 through 02/15/2019	04/17/2019 through 06/17/2019
Student	\$ 1,024.00	\$ 1,024.00	\$ 516.00



Please view the complete brochure on-line at [wku.myahpcare.com](http://wku.myahpcare.com) for full details of participation in the plan or contact Academic HealthPlans at 1-855-871-9860 or email [benefits@wku.edu](mailto:benefits@wku.edu).

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



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