

# Western Kentucky University 2020-2021 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	PREFERRED PROVIDER	OUT-OF-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	\$12,000

BENEFIT CATEGORY <small>deductible applies unless otherwise stated below</small>	Graves Gilbert Clinic @ WKU	Preferred Provider <i>Payments are based on the Preferred Provider Allowance</i>	Out-of-Network Provider <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	100%	80% after a \$50 Copayment	60% after a \$50 Copayment per visit
Laboratory Services	100%	100% after a \$50 Copayment	75% after a \$50 Copayment
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 <i>(deductible waived)</i>	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 <i>Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.</i>
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 <i>For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a></i>	100%	100%	60% after Plan Deductible

### 2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 07/31/2021	Summer 05/04/2021 through 07/31/2021
Open Enrollment	07/01/2020 through 09/16/2020	12/02/2020 through 02/15/2021	04/16/2021 through 06/17/2021
Student	\$ 1,111.00	\$ 1,111.00	\$ 542.00



Please view the complete brochure on-line at [wku.myahpcare.com](http://wku.myahpcare.com) for full details of participation in the plan.



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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 [wku.myahpcare.com](http://wku.myahpcare.com).

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