

Western Kentucky University 2020-2021 Student Health Insurance Plan



Eligibility

- All domestic undergraduate students taking 12 or more credit hours or 3 in the summer.
- All domestic graduate students taking 9 or more credit hours are eligible to enroll in this insurance plan.
- All undergraduate and graduate students who have applied for graduation, have been approved by the registrar's office and are taking a minimum of 3 hours of coursework during their final semester are considered full-time students by WKU and are eligible to enroll in the SHIP.

Students may enroll themselves and their dependents online by using check or credit card at wku.ahpcare.com.

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**.

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 <i>deductible applies unless otherwise stated below</i>	Graves Gilbert Clinic @ WKU	Preferred Provider	Out-of-Network Provider
		<i>Payments are based on the Preferred Provider Allowance</i>	<i>Payments are based on the Usual & 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 per visit	60% after a \$50 Copayment per visit
Laboratory Services	100%	100% after a \$50 Copayment per visit	75% 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 drug \$35 Copayment per prescription for brand name drug <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 For more information, please visit healthcare.gov/coverage/preventive-care-benefits/	100%	100%	75% 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 for full details of participation in the plan.

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.



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