

Western Kentucky University 2021-2022

Student Health Insurance Plan



Eligibility

- All domestic undergraduate students taking 12 or more credit hours or 3 in the summer.
- All domestic undergraduate 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)	
Deductible (Per Insured Person, Per Policy Year)	Individual: \$500	Individual: \$1,000
Out-of-Pocket Maximum (For All Insureds in a Family, Per Policy Year)	Individual: \$6,850 Family: \$12,000	Not Applicable

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 Copay per visit	60%, after a \$50 Copay per visit
Diagnostic X-ray Services	100%	80% after a \$50 Copay per visit	60% after a \$50 Copay per visit
Laboratory Procedures	100%	100% after a \$50 Copay per visit	75% after a \$50 Copay per visit
Medical Emergency Services	N/A	80% after a \$250 Copay per visit	60% after a \$250 Copay per visit
Prescription Drugs, Deductible Waived 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	Tier 1: \$20 Copay Tier 2: \$35 Copay Tier 3: \$60 Copay	Generic Drug: \$20 Copay Brand Name: \$35 Copay <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%	60%
Surgery	N/A	80%	60%
Preventive Care Services No Deductible, Copays or Coinsurance will be applied when the services are received from a Preferred Provider. <i>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</i>	100%	100%	75%

2021-2022 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/01/21 - 12/31/21	Spring/Summer 01/01/22 - 07/31/22	Summer 05/04/22 - 07/31/22
Open Enrollment	07/01/21 - 09/16/21	12/02/21 - 02/15/22	04/16/22 - 06/17/22
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.

