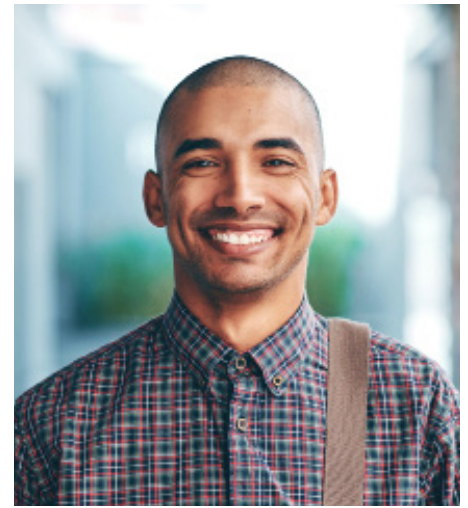


Western Kentucky University - International

Student Health Insurance Plan 2023-2024

Do You Have Your Insurance Card?

1. Go to wellfleetstudent.com.
2. Type in school name.
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# and DOB
4. Continue with other account information.
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.



Benefits Maximims & Deductibles

	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Usual & Customary Charges</small>
Policy Aggregate Maximum	Unlimited per Insured Person, Per Policy Year (for Essential Benefits Only)	
Deductible <small>Per Insured Person, Per Policy Year</small>	Individual: \$500	Individual: \$1,000
Out-of-Pocket Maximum <small>For All Insureds in a Family, Per Policy Year</small>	Individual: \$6,850 Family: \$12,000	N/A

Benefits *(Deductible applies unless otherwise stated below)*

	MED CENTER HEALTH @ WKU HEALTH SERVICES	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Usual & Customary Charges</small>
Physician Office Visits <small>Including specialist and consultant visits</small>	100%	100%, after a \$50 Copayment Deductible waived	60%
Diagnostic X-ray Services	100%	80% after a \$50 Copayment per visit	60% after a \$50 Copayment per visit
Laboratory Procedures	100%	80%	60%
Medical Emergency Services <small>(Copayment waived if admitted)</small>	N/A	80% after a \$250 Copayment per visit	80% after a \$250 Copayment per visit
Prescription Drugs, Deductible Waived <small>up to 31-day supply per prescription</small>	N/A	Tier 1: \$20 Copayment Tier 2: \$35 Copayment Tier 3: \$60 Copayment Tier 4: \$60 Copayment	Tier 1: \$20 Copayment Tier 2: \$35 Copayment Tier 3: \$60 Copayment Tier 4: \$60 Copayment
Hospital Room and Board Expense <small>Including Intensive Care Units</small>	N/A	80%	60%
Surgery	N/A	80%	60%
Preventive Care Services <small>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</small>	100%	100%	80%

Premium Costs & Coverage Periods

Coverage Periods	FALL 08/01/23 - 12/31/23	SPRING/SUMMER 01/01/24 - 07/31/24	SUMMER 05/04/24 - 07/31/24
Open Enrollment	07/21/23 - 09/18/23	12/02/23 - 02/15/24	04/16/24 - 06/17/24
Student	\$ 914.00	\$ 1,269.00	\$ 532.00

More Information

For full details of participation in the plan, please view the complete brochure online at:
wku.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit:
help.ahpcare.com

Insurance ID Card

To access your ID card, please visit
wku.myahpcare.com/additionalresources

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 PPO network is Cigna.**

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

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.