

STUDENT COVERAGE WITH CARE

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [wku.myahpcare.com](#) upon approval by federal and state authorities.

BENEFITS MAXIMUMS & DEDUCTIBLES

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

BENEFITS

(Deductible applies unless otherwise stated below) The PPO Network is Cigna.

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

COVERAGE PERIODS & RATES

|                  | FALL<br>08/01/2025 -<br>12/31/2025 | SPRING/SUMMER<br>01/01/2026 -<br>07/31/2026 | SUMMER<br>05/04/2026 -<br>07/31/2026 |
|------------------|------------------------------------|---------------------------------------------|--------------------------------------|
| Coverage Periods |                                    |                                             |                                      |
| Open Enrollment  | 07/22/2025 -<br>09/18/2025         | 12/02/2025 -<br>02/15/2026                  | 04/16/2026 -<br>06/17/2026           |
| Student          | \$1,169                            | \$1,620                                     | \$680                                |

For more information, visit [wku.myahpcare.com](#).

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

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.



ELIGIBILITY

Health insurance is required at Western Kentucky University for **ALL** international students. A **MANDATORY** health insurance plan offered by Western Kentucky University is available to **ALL** international students. All of Western Kentucky University’s international students are automatically enrolled in Academic HealthPlans, Inc. insurance and it will appear on your university bill.

DO YOU HAVE YOUR INSURANCE CARD?

1.

Go to [wellfleetstudent.com](#).
2.

Type in school name.
3.

Enter your First Name, Last Name, and Date of Birth, then 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.

After setting up your account, you’ll be able to view or print your ID card or request that a physical card be mailed to you.
7.

Once logged in, click “ID Card Information” in the left navigation. From there, you can select “Request Permanent ID Card” or “View or Print ID Card.”

WHAT’S INCLUDED?

- Access to Academic Vision Care (AVC)
- Telehealth solutions through AcademicLiveCare (ALC)
- Coverage while traveling with Academic Emergency Services (AES)\*
- Optional Dental Coverage