

# Western Kentucky University - International

## 2026-2027 [wku.myahpcare.com](http://wku.myahpcare.com)

The New Insurance Carrier is UnitedHealthcare Insurance Company

### 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](http://wku.myahpcare.com) upon approval by federal and state authorities.

### BENEFITS MAXIMUMS & DEDUCTIBLES

|                                                              | PREFERRED PROVIDER<br>Payments based on the Allowed Amount | OUT-OF-NETWORK PROVIDER<br>Payments based on the Allowed Amount |
|--------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|
| Overall Plan Maximum<br>Per Insured Person, Per Policy Year  | There is No Overall Maximum Dollar Limit On the Policy     |                                                                 |
| Plan Deductible<br>Per Insured Person, Per Policy Year       | \$500                                                      | \$1,000                                                         |
| Out-of-Pocket Maximum<br>Per Insured Person, Per Policy Year | \$6,850                                                    | \$12,000                                                        |

### BENEFITS

(Deductible applies unless otherwise stated below) **The PPO Network is UnitedHealthcare Choice Plus.**

|                                                                                                                                                                                         | MED CENTER<br>HEALTH<br>@ WKU HEALTH<br>SERVICES | PREFERRED<br>PROVIDER<br>Payments based on the Allowed Amount                                           | OUT-OF-NETWORK<br>PROVIDER<br>Payments based on the Allowed Amount     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Outpatient Physician's Visits                                                                                                                                                           | 100%                                             | 100% after a \$50 Copayment<br>(Deductible waived)                                                      | 60%                                                                    |
| Diagnostic X-ray Services                                                                                                                                                               | 100%                                             | 80%                                                                                                     | 60%                                                                    |
| Laboratory Procedures                                                                                                                                                                   | 100%                                             | 80%                                                                                                     | 60%                                                                    |
| Medical Emergency Services<br>(Copayment waived if admitted)                                                                                                                            | N/A                                              | 80% after a \$250 Copayment per visit                                                                   | 60% after a \$250 Copayment per visit                                  |
| Prescription Drugs<br>(Deductible waived)<br>Up to 30-day supply per prescription                                                                                                       | N/A                                              | 100% after a<br>Tier 1:<br>\$20 Copayment<br>Tier 2:<br>\$35 Copayment<br>Tier 3: 50%<br>Specialty: 50% | 100% after a<br>Tier 1:<br>\$20 Copayment<br>Tier 2:<br>\$35 Copayment |
| Room & Board Expense                                                                                                                                                                    | N/A                                              | 80%                                                                                                     | 60%                                                                    |
| Inpatient/Outpatient Surgery                                                                                                                                                            | N/A                                              | 80%                                                                                                     | 60%                                                                    |
| Preventive Care Services<br>For more information, please visit <a href="http://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> | 100%                                             | 100%                                                                                                    | 75%                                                                    |

### COVERAGE PERIODS & RATES

|                  | FALL<br>08/01/2026 - 12/31/2026 | SPRING/SUMMER<br>01/01/2027 - 07/31/2027 | SUMMER<br>05/04/2027 - 07/31/2027 |
|------------------|---------------------------------|------------------------------------------|-----------------------------------|
| Coverage Periods |                                 |                                          |                                   |
| Open Enrollment  | 07/22/2026 - 09/18/2026         | 12/02/2026 - 02/15/2027                  | 04/16/2027 - 06/17/2027           |
| Student          | \$1,254                         | \$1,737                                  | \$729                             |

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company.

\*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), Part of the Brown & Brown Team.



### ELIGIBILITY

All international students including ESLI, F-1, J1, visiting faculty and scholars are automatically enrolled in the this plan at registration, unless proof of comparable coverage is furnished.

### DO YOU HAVE YOUR INSURANCE CARD?

Digital ID cards can be accessed 24/7 by creating an account with UHCSR online at [uhcsr.com/myaccount](http://uhcsr.com/myaccount) or by downloading the UHCSR mobile app to your smart phone or device. To create your account, you will need to use your student ID number.

### WHAT'S INCLUDED?

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

For more information, visit [wku.myahpcare.com](http://wku.myahpcare.com).