

Western Kentucky University 2021-2022 Student Health Insurance Plan



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**.

DO YOU HAVE YOUR INSURANCE CARD?

1. Go to www.uhcsr.com.
2. Click on "Create Your Account".
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#.
4. Click Continue
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.

BENEFIT MAXIMUMS & DEDUCTIBLES

	Preferred Provider	Out-of-Network Provider
Policy Aggregate Maximum	Unlimited per Insured Person, Per Policy Year (for Essential Benefits Only)	
Deductible	Individual: \$500	Individual: \$1,000
Out-of-Pocket Maximum	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
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 <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>	Generic Drug: \$20 Copay Brand Name: \$35 Copay
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. For more information, please visit healthcare.gov/coverage/preventive-care-benefits/	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.



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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.