

University of Kentucky

Student Health Plan 2024-2025



Eligibility

Eligible students fall into one of three enrollment types:

Voluntary Enrollment Students: UK and BCTC undergraduate students enrolled in six (6) or more hours, all visiting J-scholars, UK Health Sciences and Law students and enrolled UK graduate students enrolled in two (2) or more credit hours, may elect to purchase this Student Health Plan (SHP) for themselves and their dependents.

Funded Graduate Students: Qualifying fully-funded graduate students are automatically enrolled in the Student Health Plan at no cost to themselves. NOTE: Only the SHP Office can verify eligibility of fully-funded status.

International and ESL Students: J1, J2, F1 visa holders are enrolled in the Student Health Plan when they register for classes, unless proof of comparable coverage is provided. The cost is added to their student bill.

Dependents: Eligible students who enroll may enroll their eligible dependents. Eligible dependents are the student's spouse and dependent children under age 26.

What's Included?

- The Maximum Benefit per Person, per Policy Year is Unlimited
- UK Healthcare and Anthem, Blue Card Access are the In-Network Preferred Providers and will provide maximum benefits at lowest cost
- Access to telemedicine services
- Coverage when traveling

More Information

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

This is for informational purposes only and is neither an offer of coverage nor medical advice. 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 **Blue Access**.

*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.

This document contains a summary of your school's student health policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy is accessible upon approval at uky.myahpcare.com.

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Benefits (Deductible applies unless otherwise stated below)

	UNIVERSITY OF KENTUCKY PREFERRED PROVIDERS	**ANTHEM, BLUE CARD ACCESS IN-NETWORK PREFERRED PROVIDERS	OUT-OF-NETWORK PROVIDER
Maximum Benefit	Unlimited per Injury or Illness per Policy Year		
Deductible per Covered Individual, per Policy Year	\$300	\$500	\$1,000
Inpatient Hospital Stay	80% of Preferred Allowance Covered. Individual pays 20% Coinsurance after Deductible.	65% of Preferred Allowance Covered. Individual pays 35% Coinsurance after Deductible.	50% of Usual & Customary Charges Covered. Individual pays 50% Coinsurance after Out-of Network Provider Deductible.
Primary Care Office Visit/ Specialist Care Office Visit	\$25 Copay/ \$45 Copay	\$30 Copay/ \$50 Copay	50% of Usual & Customary Charges Covered. Individual pays 50% Coinsurance after Out-of Network Provider Deductible.
Outpatient Surgery, X-rays and Laboratory, and Medical Emergency	80% of Preferred Allowance Covered. Individual pays 20% Coinsurance after Deductible. \$200 Copay per visit for Emergency Room only (waived if admitted)	65% of Preferred Allowance Covered. Individual pays 35% Coinsurance after Deductible. \$200 Copay per visit for Emergency Room only (waived if admitted)	50% of Usual & Customary Charges Covered. Individual pays 50% Coinsurance after Out-of Network Provider Deductible. \$200 Copay per visit for Emergency Room only (waived if admitted)
Urgent Care	\$75 Copay	\$75 Copay	50% of Usual & Customary Charges Covered. Individual pays 50% Coinsurance after Out-of Network Provider Deductible.
University Health Service	The Deductible does not apply and Covered Medical Expenses are paid at 100%. Services covered by your health fee are not submitted to SHP.		

** To obtain information about the Anthem Blue Card Access network and prescription coverage, please visit uky.myahpcare.com.

Voluntary Enrollment Rates & Coverage Periods

	FALL*** 08/15/2024 - 12/31/2024	SPRING/SUMMER*** 01/01/2025 - 08/14/2025
Enrollment Periods	07/15/2024 - 09/13/2024	12/02/2024 - 02/21/2025
Student	\$1,244	\$2,034
Spouse	\$1,244	\$2,034
Child	\$1,244	\$2,034
Children	\$2,488	\$4,068

***Monthly installments available when purchasing this coverage.
Dependent coverage is available on this plan. You may enroll online at uky.myahpcare.com.