

## 2019-2020 STUDENT HEALTH INSURANCE PLAN FOR Kansas State University College of Veterinary Medicine

KSU College of Veterinary Medicine students and their dependents (legal spouses and children under 26 years of age) are eligible to enroll in a special voluntary health insurance plan sponsored by the Kansas Board of Regents and underwritten by UnitedHealthcare Student Resources Insurance Co. at a **reduced premium rate**. This plan is available due to the requirement for insurance for health profession students at the Regent universities. To review the entire plan, go to <a href="www.uhcsr.com/k-state">www.uhcsr.com/k-state</a> and click on the Health Science Students tab.

## To enroll in the plan, complete the online form at:

https://requestcoverage.uhcsr.com/Custom.aspx?encryptedUrl=Ef9rryyMWNi0O1gqevOoZKov3XGaNKjycezcUtT0JNsxJ8fHYHDr8Ejnb7pWETQdJT0JILhT%2FLPvW2%2F%2B7Gbll1Lr%2FGRdSVStbOXa%2BEWilpQ%2Ffc%2BTkEww14%2FB6djMXoBZrJoFOUYUzKcAZAkshArEp%2F3r3%2BnZGXAP3l1R0qkCCaCoaD8rOq%2B4bHoGh8%2F6zQKkA91sRKCY2qwD51tuBRker3lhcyJh65Y46Kg0kKrPVzanZw1E96refwctjlPt2wFoizqUxMw5x1TF3EBvibiyfukJpoRB99vD9BW2mxlaATDrhnE%2BDLK4z9WWDhFf%2F6BXLAR6ilfarcbeZMQru%2Fz1Pw%3D%3D

Student eligibility for this plan will then be verified by university staff. When verified, UHCSR will send the student an email with a premium payment link. Insurance is activated when premium payment has been received by UHCSR.

For questions, please contact the Peggy Schmidt, Associate Dean, at <a href="mailto:peggyschmidt@vet.k-state.edu">peggyschmidt@vet.k-state.edu</a> or 785-532-5660.

This non-renewable one year term plan runs annually from August, 2019 through July, 2020 available either annually or by the semester.

Open Enrollment Periods: Fall – August; Spring – January; Summer – May/June

**Premium – Sum of Selected Coverage** 

Plan 02 - Health Profession Students	Aug 1 – Jul 31 Annual	Aug 1 – Dec 31 Fall	Jan 1 – May 31 Spring	Jan 1 – July 31 Spring/Summer	Jun 1 – July 31 Summer
Student	\$1,772.00	\$738.00	\$738.00	\$1,034.00	\$296.00
Spouse	\$1,772.00	\$738.00	\$738.00	\$1,034.00	\$296.00
Each Child	\$1,772.00	\$738.00	\$738.00	\$1,034.00	\$296.00
All Children	\$3,544.00	\$1,476.00	\$1,476.00	\$2,068.00	\$592.00
All Dependents	\$5,316.00	\$2,214.00	\$2,214.00	\$3,102.00	\$888.00

**Eligibility for plan:** University must verify that student is enrolled in health profession program.

**Eligible programs:** ESU School of Nursing; FHSU College of Health Sciences; KSU College of Veterinary Medicine; KU School of Pharmacy; KU Medical Center Schools of Health Professions, Medicine & Nursing; Pittsburg State Department of Nursing; and WSU College of Health Professions

## **Highlights of Coverage:**

- There is no overall maximum dollar limit on the policy.
- \$500 Deductible for Preferred Providers; \$1,000 Deductible for Out-of-Network Providers per Insured Person, Per Policy Year.
- \$250 Copay per visit for Outpatient Emergency Room treatment, waived if admitted to the hospital.
- \$250 Copay on Room and Board per Hospital confinement.
- Covered Medical Expenses payable at:
  - Preferred Providers 80% of Preferred Allowance
  - Out of Network Providers 60% of Usual and Customary charges
- Benefits subject to satisfaction of the Deductible, specific limitations, maximums and Copays as described in the policy.
- Preferred Provider Out-of-Pocket Maximum: \$6,350 Per Insured Person; \$12,700 for all Insureds in a Family Per Policy Year.
- Out-of-Network Out-of-Pocket maximum: \$20,000 Per Insured Person; \$40,000 for all Insureds in a Family Per Policy Year.
- After the Out-of-Pocket is satisfied, Covered Medical Expenses paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to plan for details for how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: At Student Health Center \$5 Copay-generic prescriptions; 40% Copay-brand name prescriptions. At outside UnitedHealthcare Pharmacy (UHCP) \$15 Copay-Tier 1, 40% Copay for Tier 2, 40% Copay for Tier 3, for up to a 31-day supply per prescription. Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply.
  Out-of-network pharmacy -\$20 Copay-generic drugs/ 50% Copay-brand name up to a 31-day supply.
  - The Policy Deductible does not apply.
- Preventive Care Services which include, but are not limited to, annual physicals, gynecological exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- Online Services: UnitedHealthcare StudentResources provides online access to claims status, explanation of benefits, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at <a href="www.uhcsr.com/myaccount">www.uhcsr.com/myaccount</a>. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.