

# UPIke - Kentucky College of Osteopathic Medicine and Kentucky College of Optometry

## 2024-2025 Student Plan Highlights

<https://app.hsac.com/upike>

**Policy Number: 198838**

**(888) 978-8355**



### What is the Plan about?

HSAC Consulting and Aetna Student Health, working with University of Pikesville offers a student-focused health insurance plan with access to Aetna's nationwide network of participating doctors, hospitals, pharmacies and specialists throughout the country.

### Learn More!

For questions regarding the enrollment process, contact HSA Consulting at 888-978-8355, or visit <https://app.hsac.com/upike>.

Read all the Plan documents to learn about the full Plan benefits, what things are not covered and eligibility rules. To view online, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

*All insurance coverage is subject to the terms of the relevant Master Policy and applicable state filings. In case the benefits or any terms described in this Proposal conflict with the relevant Master Policy, the benefits and terms of the Master Policy shall govern. Aetna reserves the right to modify our products, services, and/or premium rates in response to legislation, regulation or requests of government authorities which could result in material changes to enrollment/risk composition or the plan of benefits.*

### Who is eligible?

**ALL** KYCOM and KYCO students are automatically enrolled in the student-sponsored health plan at registration unless proof of other acceptable health coverage is provided before your required deadline (see the portal <https://app.hsac.com/upike>)

**All** students must enroll in the student-sponsored health plan or provide proof of other acceptable health coverage.

### How much does it cost?

Annual Rates*	Continuing	KYCOM Incoming	KYCO Incoming
	7/1/24	7/15/24	8/14/24
Student	\$4,382	\$4,214	\$3,855

*\*All coverage ends on 6/30/2025*

## QUESTIONS?

Contact HSA Consulting at 888-978-8355, or visit <https://app.hsac.com/upike>



## Summary of plan benefits

	In-network Coverage**	Out-of-network Coverage***
<b>Annual Deductible Individual*</b>	\$750 Per Individual Per Policy Year	\$1,500 Per Individual Per Policy Year
<b>Annual Out-of-Pocket Limit</b>	\$7,150 Per Individual Per Policy Year	None Per Individual Per Policy Year
<b>Physician or Specialist Office Visit</b>	<b>100%</b> after a <b>\$30</b> per visit Copay (Deductible does not apply)	<b>60%</b>
<b>Inpatient Hospitalization</b>	<b>80%</b> after a <b>\$200</b> copay per admission	<b>60%</b>
<b>Emergency Room</b>	<b>100%</b> after a <b>\$150</b> per visit Copay	Paid same as In-network
<b>Urgent Care</b>	<b>80%</b> after a <b>\$30</b> per visit Copay (Deductible does not apply)	<b>60%</b>
<b>Walk-in clinic visits</b>	<b>100%</b> after a <b>\$30</b> per visit Copay (Deductible does not apply)	<b>60%</b>
<b>Laboratory and X-ray</b>	<b>80%</b>	<b>60%</b>
<b>Prescription Drugs</b> (100% after Copay; No policy year Deductible applies)	<b>Retail (30-day supply):</b> Preferred Generic Prescription Drug \$20, Preferred Brand Prescription Drug \$40, Non-Preferred Brand Prescription Drug \$60, Non-Preferred Generic Prescription Drug \$60. <b>Mail Order (90-day supply):</b> Preferred Generic Prescription Drug \$60, Preferred Brand Prescription Drug \$120, Non-Preferred Brand Prescription Drug \$180, Non-Preferred Generic Prescription Drug \$180. <i>Out-of-network mail order benefits: Not Covered</i>	
<b>Preventive Care</b>	<b>100%</b> (Deductible does not apply)	<b>60%</b>
<b>Services Your Plan Generally Does NOT Cover</b> (Check your policy or Plan document for more information and a list of any other excluded services.)	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care</li> <li>• Routine Eye Care (Adult)</li> <li>• Routine Foot Care</li> </ul>

\* All benefits listed are subject to the deductible unless noted above.

\*\* Of the negotiated charge.

\*\*\* Of the recognized charge.

These are brief highlights of the Student Health Plan. The Plan is available for Kentucky College of Osteopathic Medicine and Kentucky College of Optometry students. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If there is a difference between this Plan Highlights and the Master Policy, the Policy will control.

The Kentucky College of Osteopathic Medicine and Kentucky College of Optometry Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).



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If you need a qualified interpreter, written information in other formats, translation or other services, call 1-877-626-2308.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

To access language services at no cost to you, call 1-877-626-2308.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-626-2308. (Spanish)

如欲使用免費語言服務，請致電 1-877-626-2308。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-877-626-2308. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-626-2308. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-626-2308 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-626-2308. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-877-626-2308. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877-626-2308. (Italian)

言語サービスを無料でご利用いただくには、1-877-626-2308 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-###-#### 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-626-2308 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-877-626-2308. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-626-2308. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-877-626-2308. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-626-2308. (Vietnamese)