

# 2025-2026

# KANSAS CITY UNIVERSITY STUDENT HEALTH INSURANCE

All students, regardless of their program of study, are required to maintain personal health insurance. Kansas City University sponsors a Student Health Insurance Plan (SHIP). All students must submit proof of personal health insurance through Wellfleet's online portal should they wish to request to waive SHIP.

All international students must purchase the KCU-sponsored SHIP. Canadian students cannot use their Canadian Health Service policy as acceptable coverage while enrolled at KCU. All students must report any break in coverage or change in health insurance while enrolled at KCU. Eligible students who do enroll may also insure their eligible dependents. Dependents must be enrolled at the same time and for the same term as the student's enrollment.

While the costs of healthcare continue to rise, KCU is doing as much as possible to keep the costs down. While doing so, KCU has evaluated benefit changes that are outlined on the following pages.

## Kansas City University Student Medical Rates

	Annual 08/01/2025 to 07/31/2026	Fall 08/01/2025 to 12/31/2025	Spring/Summer 01/01/2026 to 07/31/2026
Student	\$3,747	\$1,570	\$2,177
Student + Spouse	\$7,494	\$3,140	\$4,354
Student + Children	\$7,494	\$3,140	\$4,354
Family	\$11,241	\$4,710	\$6,531

### WAIVER REQUIREMENTS

Every student's health insurance policy should have minimum coverage levels, which include coverages of chronic health issues, acute health issues, emergent care, and catastrophic events. Alternative health plan(s) must meet the following criteria to be accepted as a waiver:

- ▶ Insurance company must be based and operated in the United States.
- ▶ Affordable Care Act compliant plan.
- ▶ State-specific Medicaid is acceptable if the student is covered in the state where they reside while attending KCU.
- ▶ Must provide in-network coverage in the state where the student resides while attending KCU.
- ▶ Policies which only cover catastrophic events are not acceptable. Policies which are provided through healthcare co-ops are not acceptable.

# Student Health Insurance Plan Benefit Summary

Kansas City University is committed to offering competitive and comprehensive health insurance benefits for students. Continuing for the 2025/2026 plan year, medical and prescription drug coverage is offered through Wellfleet, utilizing the Cigna OAP network. Below is a high-level snapshot of your medical and pharmacy benefits.

Wellfleet	In-Network	Out-of-Network
Medical Benefit Maximum per Member		
	Unlimited	
Deductible		
Per Member	\$500	\$1,000
Family	\$1,000	\$2,000
Out-of-Pocket Maximum (includes deductibles, copayments, and coinsurance)		
Per Member	\$7,000	\$14,000
Family	\$14,000	\$28,000
Coinsurance		
Member Pays	20%	40%
Office Visits		
Preventive Care	100% not subject to deductible	40% after deductible
Primary Care	\$35 copay/visit, no deductible	40% after deductible
Specialist	\$35 copay/visit, no deductible	40% after deductible
Urgent Care	\$100 copay/visit, no deductible	\$100 copay/visit, no deductible
Hospital Services		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
X-Ray/Imaging	20% after deductible	40% after deductible
Emergency Room	\$200 copay then 20% after ded.	\$200 copay then 20% after ded.
Prescription Drug Coverage		
Retail (up to 30 day supply)		
Generic/Generic Specialty	\$12 copay/fill	\$12 copay/fill, then 50% coinsurance
Preferred/Preferred Specialty	\$35 copay/fill	\$35 copay/fill, then 50% coinsurance
Non-Preferred/Non-Preferred Specialty	\$70 copay/fill	\$70 copay/fill, then 50% coinsurance
Specialty	80% coinsurance	80% coinsurance
Mail Order (30-61 day supply)		
Generic	\$24 copay/fill	\$24 copay/fill, then 50% coinsurance
Preferred	\$70 copay/fill	\$70 copay/fill, then 50% coinsurance
Non-Preferred	\$140 copay/fill	\$140 copay/fill, then 50% coinsurance



# Dental Benefits Summary

Kansas City University provides the option to enroll in a voluntary dental plan. New for the 2025-2026 plan year, voluntary dental will now be offered through Wellfleet utilizing their internal partner Ameritas.

All students enrolled at KCU can opt into this voluntary dental plan. Students must manually sign up for annual coverage each Fall during open enrollment. Only newly enrolled students in the Spring can enroll for just the Spring/Summer semester.

Below is a high level overview of the benefits offered. To find an In-Network provider visit [myplan.ameritas.com](https://myplan.ameritas.com).

	In-Network Providers	Out-of-Network Providers
Annual Maximum (Applied to Preventive, Basic and Major Services)		
	\$1,000	\$1,000
Calendar Year Deductible (Applied to Basic and Major Services)		
Per Member	\$50 Individual	\$50 Individual
Family	\$150 Family	\$150 Family
Preventive Care		
Bitewing X-Rays, 2 per Benefit Period	100%	80%
Full Mouth/Panoramic X-rays, 1 in 3 Years		
Routine Exam, 2 per Benefit Period		
Periapical X-Rays		
Prophylaxis (cleanings), 2 per Benefit Period		
Sealants (age 13 and under)		
Space Maintainers		
Fluoride for Children 18 and Under, 2 per Benefit Period		
Basic Services		
Endodontics (nonsurgical and surgical)	80%	60%
Fillings		
Anesthesia		
Simple Extractions		
Restorative Composites		
Major Services		
Onlays	50%	40%
Crowns, 1 in 5 Years		
Crown Repair		
Non-Surgical Periodontics		
Periodontics (surgical)		
Denture Repair		
Prosthodontics (fixed bridge; removable complete/partial dentures)		
Complex Extractions		
Orthodontia		
Orthodontia	Not covered	Not covered
MAX Rollover		
A portion of the unused annual maximum will roll over to the next benefit period when qualified claims are submitted by any provider. Please refer to plan documents for additional details.		

	Annual 08/01/2025 to 07/31/2026
Student	\$297.60
Student + Spouse	\$598.56
Student + Children	\$685.44
Family	\$1,021.92

# Vision Benefit Summary

Kansas City University provides the option to enroll in a voluntary vision program. New for the 2025-2026 plan year, voluntary vision coverage will now be offered through Wellfleet utilizing their internal partner Ameritas.

All enrolled students can opt into this voluntary vision plan. Students must manually sign up for annual coverage each Fall during open enrollment. Only newly enrolled students in the Spring can enroll for just the Spring/Summer semester.

Below is a high level overview of the benefits offered. To find an In-Network provider visit [eyemedvision.com](https://eyemedvision.com).

	U.S. In-Network	U.S. Out-of-Network
Exam (once every calendar year)		
Annual Eye Exam	Covered in full	Up to \$35
Retinal Imaging	Up to \$39	Not covered
Lenses (once every calendar year)		
Single vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Frames (once every other calendar year)		
	\$0 copay, \$150 allowance	Up to \$75
Contacts (once every calendar year)		
Elective	Up to \$150 allowance	Up to \$120
Medically Necessary	Covered in full	Up to \$200

	Annual 08/01/2025 to 07/31/2026
Student	\$109.91
Student + Spouse	\$205.95
Student + Children	\$233.69
Family	\$308.67

