

Agnes Scott College

Student Coverage With Care 2025-2026

What's Included?



Academic Student Assistance Program (ASAP)



Access to Dental and Vision Options



Academic Emergency Services (AES)*



Telehealth solutions through AcademicLiveCare (ALC)



Coverage when traveling



PPO network is UnitedHealthcare Choice Plus



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 agnesscott.myahpcare.com/additionalresources



Eligibility

The Classes eligible for coverage available under the Certificate are shown below:

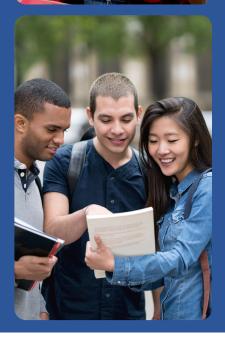
Class I: An international student, scholar, visiting faculty, or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and is engaged in educational activities of the Member; has not obtained permanent residency status in the United States; and is not a U.S. Citizen.

The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund premium.

For more information, visit agnesscott.myahpcare.com.







Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company (UHC).

Benefits

(Deductible applies unless otherwise stated below)

| (Deductible applies diffess otherwise stated below) | | | | | | |
|---|--|---|--|--|--|--|
| | PREFERRED PROVIDER Payments are based on the Allowed Amount: | OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount: | | | | |
| Benefit Maximum Per Insured Person, per Policy Year | Unlimited | | | | | |
| Overall Deductible Per Insured Person, per Policy Year | \$250 | \$600 | | | | |
| Student Out-of-Pocket Maximum Per Insured Person, per Policy Year | \$7,500 | \$15,000 | | | | |
| Family Out-of-Packet Maximum For all Insureds in a Family, per Policy Year | \$13,700 | N/A | | | | |
| Outpatient Physician's Visits | 80% after a \$25 Copay per visit (Deductible waived) | 60% | | | | |
| Room and Board Expense | 80% | 60% | | | | |
| Inpatient/Outpatient Surgery | 80% | 60% | | | | |
| Medical Emergency Expense Copay waived if admitted (Deductible waived) | 80% after a \$150 Copay per visit | 80% after a \$150 Copay per visit | | | | |
| Diagnostic X-ray Services & Laboratory Procedures | 80% | 60% | | | | |
| Durable Medical Equipment | 80% | 80% | | | | |
| Mental Illness/Substance Use Disorder Treatment Except Medical Emergency and Prescription Drugs | 80% after a \$25 Copay per visit (Deductible waived) | 60% | | | | |
| Preventive Care Services For more information, please visit: healthcare.gov/coverage/preventive-care-benefits | 100% (Deductible waived) | No Benefits | | | | |
| Prescription Drugs Up to 31-day supply per prescription Copayments or Coinsurance combined shall not exceed \$200 per Prescription Order (Deductible waived) | At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$25 Copay Tier 2: \$60 Copay Tier 3: \$75 Copay | 100% after a Generic: \$25 Copay Brand-name: \$45 Copay | | | | |

Coverage Periods & Rates - Undergraduate

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|---------|--------------|----------------|---------------|
| | ANNUAL | FALL | SPRING/SUMMER |
| | 08/01/2025 - | 08/01/2025 - | 01/01/2026 - |
| | 07/31/2026 | 12/31/2025 | 07/31/2026 |
| | | | ± |
| Student | \$2,539 | \$1,064 | \$1,475 |

Coverage Periods & Rates - Graduate

| | ANNUAL 08/01/2025 - 07/31/2026 | FALL 08/01/2025 - 12/31/2025 | SPRING/SUMMER 01/01/2026 - 07/31/2026 | NEW INCOMING GRAD STUDENT - SUMMER 06/01/2026 - 07/31/2026 |
|---------|--------------------------------------|------------------------------------|---|---|
| Student | \$3,584 | \$1,502 | \$2082 | \$600 |

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at agnesscott.myahpcare.com upon approval by federal and state authorities.