



College of Charleston - F1 Students

Student Coverage With Care 2025-2026



What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)*



Student 24/7 Nurseline



Tuition Reimbursement through Tuition Secure



UnitedHealthcare Options is the Preferred Provider Network

Eligibility

All International students in F-1 or J-1 immigration status are automatically enrolled in the plan provided by the school.

Students may enroll their eligible dependent(s) during the Open enrollment period or as a result of a Qualifying event. Payment is required at the time of enrollment.

For more information, visit cofc-f1students.myahpcare.com.

To find a provider, click below [Find a provider](#).

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: cofc-f1students.myahpcare.com/additionalresources

*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. International Student Health Insurance is underwritten by Pan-American International Insurance Corporation.



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

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charges
Total Maximum Per Accident or Sickness		\$500,000
Pre-Existing Condition Limitation \$5,000 Maximum Benefit During the first 6 Months of Continuous Coverage. After the first 6 Months of Continuous Coverage, Plan Maximum Applies	80%	70%
Deductible Per Covered Person, per Policy Year	\$250	\$400
Out-of-Pocket Maximum Per Covered Person, per Policy Year	\$6,350	\$6,350
Hospital Room & Board Expense	80%	70%
Inpatient/Outpatient Surgery	80%	70%
Outpatient Physician Office Visits*	80% after a \$30 Copay	70%
X-Rays & Laboratory	80%	70%
Emergency Room Treatment Copay waived if admitted	80% after a \$250 Copay per visit	70% after a \$250 Copay per visit
Urgent Care	100% after a \$30 Copay	70%
Wellness Expense Benefit	\$500 per policy year Not subject to Copay or Deductible	No Benefits
Prescription Drugs Expense Based on a 30-day supply per prescription	100% after a \$30 Copay per prescription	100% of actual charges after a \$30 Copay per prescription

*All Physician Visit Copays or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.

Coverage Periods & Rates

	FALL 08/10/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 08/09/2026	SPRING GRADUATION 01/01/2026 - 05/15/2026
Enrollment Deadline	09/01/2025	02/01/2026	02/01/2026
Student	\$521.50	\$801.50	\$489.75
Spouse	\$1,088.25	\$1,670.75	\$1,020.75
Each Child	\$1,088.25	\$1,670.75	\$1,020.75

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 cofc-f1students.myahpcare.com upon approval by federal and state authorities.

These benefits are not subject to, and do not provide some of the benefits required by, the United States Patient and Affordable Care Act (PPACA). In no event will We provide benefits in excess of those specified in the Policy, and these benefits are not subject to guaranteed issuance or renewal.