

# Clemson University - J1 Program

## Student Health Insurance Plan 2024-2025



### Eligibility

An eligible person is an individual who meets all the requirements of one of the covered classes shown below:

#### Class 1

- A registered full time undergraduate or a graduate student attending classes who is a minimum age of 16 years and maximum of 64 years;
- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid J1 visa. OPT coverage is not eligible.

#### Class 2

- The spouse or domestic partner of a Class 1 Insured Person.

#### Class 3

- The Dependent child(ren) of a Class 1 Insured Person.

### What's Included?

- Access to Telehealth Services
- Urgent Care Benefits
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services\*

\*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, a Risk Strategies Company.

### More Information

For full details of participation in the plan, please view the complete brochure online at: [clemsonu.myahpcare.com](http://clemsonu.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please [click here](#).

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This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Options PPO**.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [clemsonu.myahpcare.com](http://clemsonu.myahpcare.com).

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## Benefits

(Deductible applies unless otherwise stated below)

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum

	IN-NETWORK PROVIDER Payments are based on the Preferred Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual, Customary & Reasonable Charges
Maximum Benefit Per Insured Person, Per Period of Insurance		Unlimited
Individual Deductible Per Insured Person, Per Period of Insurance	\$500	\$500
Family Deductible Per Insured Family, Per Period of Insurance	2x Individual	2x Individual
Individual Out-of-Pocket Maximum Per Insured Person, Per Period of Insurance	\$5,000	Unlimited
Family Out-of-Pocket Maximum Per Insured Family, Per Period of Insurance	2x Individual	2x Individual
Student Health Center	100% (Deductible waived)	No Benefits
Physician Visit or Consultation by Specialist (Deductible waived)	80% after a \$20 Copayment	60% after a \$20 Copayment
Urgent Care Center (Deductible waived)	80% after a \$35 Copayment	60% after a \$35 Copayment
Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy	80%	60%
Emergency Room & Medical Services (Copayment waived if admitted)	80% after a \$200 Copayment	60% after a \$200 Copayment
Hospitalization (Room & Board)	80% after a \$50 Copayment	60% after a \$50 Copayment
Inpatient/Outpatient Surgery	80%	60%
Diagnostic Testing X-Ray and Laboratory	80%	60%
	At pharmacies contracting with CVS/Caremark:	
Prescription Drugs Up to a 31-day supply per prescription	Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment	60%
Preventive Care & Annual Exams Student Health Center payable at UCR For more information please visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	No Benefits
Mental Health Office Visit Maximum Benefit per Period of Insurance: 30 visits	80% after a \$20 Copayment	60% after a \$20 Copayment
Sports and Other Activities	80%	60%

## Rates & Coverage Periods

	J1 EXTENSIONS (GRADUATING) 08/01/2024 - 08/31/2024	FALL 08/01/2024 - 12/31/2024	SPRING / SUMMER 01/01/2025 - 07/31/2025	SUMMER 05/01/2025 - 07/31/2025
Student	\$169.19	\$835.01	\$1,156.99	\$502.10
Spouse/Domestic Partner	\$348.56	\$1,720.31	\$2,383.69	\$1,034.44
Each Child	\$348.56	\$1,720.31	\$2,383.69	\$1,034.44

To view all enrollment and coverage periods available, please visit [clemsonu.myahpcare.com](https://clemsonu.myahpcare.com)