South Dakota Board of Regents

Student Health Insurance Plan 2024-2025



The new insurance carrier for 2024-2025 is UnitedHealthcare Insurance Company.

Eligibility

South Dakota Board of Regents (SDBOR) requires all International students to have health insurance as a condition of enrollment at a University. SDBOR requires that students purchase University-approved health insurance. Eligible participants who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age.

What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Academic Emergency Services*
- Access to Academic Student Assistance Program (ASAP)
- Vision benefits through Academic Vision Care (AVC)
- Small Copayment for approved prescription medications













More Information

For full details of participation in the plan, please view the complete brochure online at: sdbor.myahpcare.com

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 sdbor.myahpcare.com/additionalresources

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 Choice Plus**.

^{*}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.

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Benefits

(Deductible applies unless otherwise stated below)

The Deductible will be waived for Covered Medical Expenses incurred when treatment is rendered at a Student Health Center. The Copays will be reduced to \$125 for Preferred Provider and \$250 for Out-of-Network Provider when treatment is referred by the Student Health Center for the following medical services: Medical Emergency Expenses.

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount		
Maximum Benefit Per Insured Person, per Policy Year	\$1,00	\$1,000,000		
Deductible Per Insured Person, per Policy Year	\$500	\$1,000		
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$5	\$5,000		
Room & Board Expense	90% after a \$250 Copay	70% after a \$500 Copay		
Intensive Care	90%	70%		
Inpatient Physician's Visits	90% after a \$20 Copay	70% after a \$40 Copay		
Inpatient/Outpatient Surgery	90%	70%		
Diagnostic X-Ray Services	90% after a \$250 Copay	70% after a \$500 Copay		
Medical Emergency Expenses Copay waived if admitted to the Hospital	90% after a \$250 Copay	90% after a \$250 Copay 70% after a \$500 Copay		
Prescription Drugs Up to 30-day supply	At pharmacies contracting with UnitedHealthcare Pharmacy			
	100% after a:	80% after a:		
	Tier 1: \$10 Copay Tier 2: \$20 Copay Tier 3: \$20 Copay (Deductible waived)	Generic: \$10 Copay Brand-Name: \$20 Copay		

Rates & Coverage Periods

	ANNUAL 08/01/2024 - 07/31/2025	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025
Enrollment Periods	06/21/2024 - 09/20/2024	06/21/2024 - 09/20/2024	11/15/2024 - 01/31/2025
Student	\$1,092.00	\$457.75	\$634.25
Spouse	\$2,304.00	\$965.80	\$1,338.20
Each Child ¹	\$2,304.00	\$965.80	\$1,338.20

¹Coverage for two (2) or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit sdbor.myahpcare.com