



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. However, under limited circumstances, SDBOR may waive this requirement if a student provides adequate proof of coverage by completing the Health Insurance Waiver Request Form.

For more information, visit sdbor.myahpcare.com.

Coverage Periods & Rates

	ANNUAL 08/01/2025 - 07/31/2026	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026
Enrollment Periods - USD	06/20/2025 - 09/01/2025	06/20/2025 - 09/01/2025	11/14/2025 - 01/19/2026
Enrollment Periods - SDSU	06/20/2025 - 09/05/2025	06/20/2025 - 09/05/2025	11/14/2025 - 01/31/2026
Enrollment Periods - All Other Schools	06/20/2025 - 09/20/2025	06/20/2025 - 09/20/2025	11/14/2025 - 01/31/2026
Student	\$1,316.00	\$548.33	\$767.67
Spouse/Domestic Partner	\$2,733.00	\$1,138.75	\$1,594.25
Each Child ¹	\$2,733.00	\$1,138.75	\$1,594.25

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

WHAT'S INCLUDED?

- Telehealth solutions through AcademicLiveCare (ALC)

Access to Academic Student Assistance Program (ASAP)

The PPO Network is UnitedHealthcare Choice Plus
- Coverage while traveling with Academic Emergency Services (AES)*

Access to Academic Vision Care (AVC)

Small Copayment for approved prescription medications



Questions

To view Frequently Asked Questions or submit a request, please visit help.ahpcare.com



ID Cards

To access your ID Card, please visit sdbor.myahpcare.com

South Dakota Board of Regents 2025-2026

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 For each Injury or Sickness	\$1,000,000	
Deductible Per Insured Person, Per Policy Year	\$500	\$1,000
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	
Room & Board Expense	90% after a \$250 Copay	70% after a \$500 Copay
Intensive Care	90%	70%
Inpatient Physician's Visit	90% after a \$20 Copay per visit	70% after a \$40 Copay per visit
Inpatient/Outpatient Surgery	90%	70%
Diagnostic X-Ray Services	90% after a \$250 Copay per visit	70% after a \$500 Copay per visit
Medical Emergency Expenses Copay waived if admitted to the Hospital	90% after a \$250 Copay per visit	70% after a \$500 Copay per visit
Prescription Drugs Up to 30-day supply	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a: Tier 1: \$10 Copay Tier 2: \$20 Copay Tier 3: \$20 Copay (Deductible waived)	80% after a: Generic: \$10 Copay Brand-Name: \$20 Copay

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 sdbor.myahpcare.com upon approval by federal and state authorities.



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.

*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.

AHP (25) UHC-SDBOR
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