

# South Dakota Board of Regents

## International Student Medical Insurance Plan - Enhanced 2023-2024



### 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.

### What's Included?

- Telehealth solutions through AcademicLiveCare
- Academic Emergency Services\*
- Access to Academic Student Assistance Program (ASAP)
- Small Copayment for approved prescription medications

\*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). Not affiliated with Crum & Forster, SPC.

### More Information

For full details of participation in the plan, please view the complete brochure online at: [sdbor.mycare26.com](http://sdbor.mycare26.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 visit [sdbor.mycare26.com/additionalresources](http://sdbor.mycare26.com/additionalresources)

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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 **Cigna PPO**.



Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

This document contains a summary of your school's International student medical 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 [sdbor.mycare26.com](http://sdbor.mycare26.com).

Notice: For further information on this Plan, visit [sdbor.mycare26.com](http://sdbor.mycare26.com). Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to South Dakota Board of Regents. For a detailed plan description, exclusions, and limitations please view the plan on file. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

## Benefits

Deductible applies unless otherwise stated below. Deductible waived when treatment is rendered at the Student Health Center.

	IN-NETWORK PROVIDER Payments are based on the Preferred Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual, Reasonable & Customary Charges
Benefit Maximum Per Insured Person, per Policy Year		\$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
Hospital Room & Board	90% after a \$250 Copayment	70% after a \$500 Deductible (in addition to Plan Deductible)
Intensive Care/Cardiac Care Unit	90%	70%
Physician Visit (Inpatient)	90% after a \$20 Copayment	70% after a \$40 Deductible (in addition to Plan Deductible)
Physician Visit (Outpatient)	90% after a \$20 Copayment	70% after a \$50 Deductible (in addition to Plan Deductible)
Diagnostic X-Ray & Lab	90% after a \$250 Copayment	70% after a \$500 Deductible (in addition to Plan Deductible)
Emergency Room Benefit Copayment/Deductible waived if admitted	90% after a \$250 Copayment	70% after a \$500 Deductible (in addition to Plan Deductible)
Prescription Drugs Expense Up to a 30-day supply	At pharmacies contracting with Wellfleet Rx/ESI  80% after a: Generic: \$10 Copayment Brand-Name: \$20 Copayment	80% after a:  Generic: \$10 Deductible Brand-Name: \$20 Deductible (Deductibles are in addition to the Policy Deductible)
Wellness Benefit	90% of Covered Expenses up to \$500	70% of Covered Expenses up to \$500

## Rates & Coverage Periods

	ANNUAL 08/01/2023 - 07/31/2024	FALL 08/01/2023 - 12/31/2023	SPRING/SUMMER 01/01/2024 - 07/31/2024
Enrollment Periods	06/22/2023 - 08/31/2023	06/22/2023 - 08/31/2023	11/15/2023 - 01/31/2024
Student	\$1,380	\$575	\$805
Spouse	\$2,988	\$1,245	\$1,743
Each Child	\$2,988	\$1,245	\$1,743

To view all enrollment and coverage periods available, please visit [sdbor.mycare26.com](https://sdbor.mycare26.com)

In the event that you remain dissatisfied and wish to make a complaint you can do so to Academic HealthPlans at [help.ahpcare.com](https://help.ahpcare.com).

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust. Plans are underwritten by Wellfleet. C&F and Crum & Forster are registered trademarks Wellfleet.

Benefits are provided for eligible students. Terms and conditions are briefly outlined in this document. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this [[summary of coverage]] and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to SDBOR. For a detailed plan description, exclusions, and limitations please view the plan at [sdbor.mycare26.com](https://sdbor.mycare26.com). This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by visiting us at [ahpcare.com/privacy-statement](https://ahpcare.com/privacy-statement).

Underwritten by Crum & Forster, SPC  
Policy #CC008747