

San Francisco Conservatory of Music

Student Coverage With Care



Eligibility

All full-time undergraduate and graduate students are automatically enrolled in the SFCM Student Health Insurance Plan (SHIP). For comprehensive coverage, SFCM SHIP is highly recommended. If you have health insurance that is comparable to SFCM SHIP, you can request permission to substitute your health insurance for SFCM SHIP by requesting an "insurance waiver".

All new and returning full-time undergraduate and graduate students for the upcoming term at SFCM must choose to enroll in/waive the SFCM Student Health Insurance Plan for the policy year, 2026-2027.

Failure to waive or enroll in the Student Health Insurance Plan may result in auto enrollment of coverage which will appear on your tuition statement.

For more information, visit sfcmyahpcare.com.

Coverage Periods - All Students

	FALL 08/01/2026 - 12/31/2026	SPRING 01/01/2027 - 07/31/2027
Enrollment Periods	07/01/2026 - 09/21/2026	12/15/2026 - 01/30/2027

Rates - Undergraduate & International Students

	FALL 08/01/2026 - 12/31/2026	SPRING 01/01/2027 - 07/31/2027	TOTAL ANNUAL COST
Student	\$1,011	\$1,399	\$2,410
Spouse/Domestic Partner	\$1,011	\$1,399	\$2,410
Each Child ¹	\$1,011	\$1,399	\$2,410

Rates - Graduate Students

	FALL 08/01/2026 - 12/31/2026	SPRING 01/01/2027 - 07/31/2027	TOTAL ANNUAL COST
Student	\$1,753	\$2,430	\$4,183
Spouse/Domestic Partner	\$1,753	\$2,430	\$4,183
Each Child ¹	\$1,753	\$2,430	\$4,183

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 sfcmyahpcare.com

WHAT'S INCLUDED?

UnitedHealthcare Choice Plus PPO Network
In-Network Urgent Care facilities close to campus

ADD ON'S:

Optional Dental coverage, provided by Guardian, and optional Vision coverage, provided by VSP, for an added cost



Questions

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



ID Cards

To access your ID Card, please visit sfcmyahpcare.com

San Francisco Conservatory of Music 2026-2027

Benefits

(Deductible applies unless otherwise stated below)

	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	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$200	\$600
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$7,500	\$15,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$13,700	N/A
Physician's Visits	80%	50%
Medical Emergency Expenses (Deductible waived) Copay waived if admitted to Hospital	80% after a \$150 Copay per visit	80% after a \$150 Copay per visit
Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Prescription Drugs Up to 31-day supply per prescription (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy: 100% after a: Tier 1: \$25 Copay Tier 2: \$60 Copay Tier 3: \$75 Copay	100% after a: Generic: \$25 Copay Brand-Name: \$60 Copay
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	50%

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 sfcmyahpcare.com upon approval by federal and state authorities.