# University of South Carolina English Program for Internationals

## Student Health Insurance Plan
**2024-2025**

## Eligibility
All EPI students enrolled in one (1) or more credit hours are considered eligible and are required to provide proof of health insurance.

Students are automatically enrolled in the Student Health Insurance Plan, unless proof of other comparable coverage is provided. To waive out of the Student Health Insurance Plan go to sc.myahpcare.com/waiver and enter your health insurance information.

## What's Included?
- Access to After Hours Nurse Line
- Telehealth Services
- Urgent Care Benefits
- Coverage when traveling
- Emergency Medical and Travel Assistance*

## More Information
For full details of participation in the plan, please view the complete brochure online at: sc.myahpcare.com

## Insurance ID Card
To access your ID card, please click here.

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 **Preferred Blue PPO Network**.

## Rates

| | FALL 1<br>08/01/2024 - 10/15/2024 | FALL 2<br>10/16/2024 - 01/07/2025 | SPRING 1<br>01/08/2025 - 03/11/2025 | SPRING 2<br>03/12/2025 - 05/13/2025 | SUMMER<br>05/14/2025 - 07/31/2025 |
|---|---|---|---|---|---|
| Student | $685 | $676 | $543 | $616 | $685 |

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

UNIVERSITY OF South Carolina

South Carolina

*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.

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 sc.myahpcare.com.

AHP (24) BCBSSC-USC
REV 01/2025

# University of South Carolina | EPI 2024-2025

| BENEFITS | | PARTICIPATING PROVIDER | NON-PARTICIPATING PROVIDER |
|---|---|---|---|
| **Benefit Maximum**<br>per Insured Person, per Policy Year | | Unlimited | |
| **Individual Deductible**<br>per Insured Person, per Policy Year | | $500 | $3,000 |
| **Family Deductible**<br>for all Insureds in a Family, per Policy Year | | $1,000 | $6,000 |
| | | PARTICIPATING PROVIDER & STUDENT HEALTH SERVICES | NON-PARTICIPATING PROVIDER |
| **Individual Out-of-Pocket Maximum**<br>per Insured Person, per Policy Year | | $9,450 | $15,000 |
| **Family Out-of-Pocket Maximum**<br>for all Insureds in a Family, per Policy Year | | $15,000 | $30,000 |
| | **STUDENT HEALTH SERVICES<br>Payments are based on the Allowable Charge | PARTICIPATING PROVIDER<br>Payments are based on the Allowable Charge | NON-PARTICIPATING PROVIDER<br>Payments are based on the Allowable Charge |
| **In Office Physician's Visits**<br>Primary Care and Specialist | 100%, $20 Copayment (if applicable) | $25 Copayment, then Deductible, 80% | $40 Copayment, then Deductible, 70% |
| **Physician Services in the Office**<br>Includes Lab, X-Ray, Office Surgery, Allergy Injections, Treatment Modalities, IV's, Breathing Treatments and Other Diagnostic Services. | 100% | $25 Copayment, then Deductible, 80% | $40 Copayment, then Deductible, 70% |
| **Emergency Room Facility Charges**<br>Copayment waived if admitted | N/A | $200 Copayment, then Deductible, 80% | $200 Copayment, then Deductible, 80% |
| **Diagnostic Imaging Services & Outpatient Lab Services** | 100% | Deductible, 80% | Deductible, 70% |
| **Durable Medical Equipment** | $20 Copayment, 100% | $25 Copayment, then Deductible, 80% | $40 Copayment, then Deductible, 70% |
| **Mental Health & Substance Use**<br>Inpatient/Outpatient Facility Charges | N/A | Deductible, 80% | Deductible, 70% |
| Mental Health & Substance Abuse Office Visits | $20 Copayment, 100% | $40 Copayment, 100% | $40 Copament, then Deductible, 70% |
| **Prescriptions Drug Benefit**<br>Includes diabetic supplies - no charge for contraceptives at SHC and In-Network<br>Prescription Deductible: $100<br><br>Retail 31-day supply<br>[1]Prescription deductible does not apply | [1]Prescriptions filled at the on-campus pharmacy<br>100% after a:<br>Generic: $10 Copayment<br>Preferred: $20 Copayment<br>Non-Preferred: $20 Copayment<br>Specialty: $20 Copayment | Prescriptions should be filled at an OptumRx participating Pharmacy<br>100% after a:<br>Generic: $20 Copayment<br>Preferred: $40 Copayment<br>Non-Preferred: $100 Copayment<br>Specialty: $100 Copayment | 100% after a:<br>Generic: $20 Copayment<br>Preferred: $40 Copayment<br>Non-Preferred: $100 Copayment |
| **Pediatric Dental Care Benefit**<br>Under age 18<br>(Limited to one dental exam every six months) | N/A | Preventive: 100%<br>Basic & Major Services: 50% | Preventive: 100%<br>Basic & Major Services: 50% |
| **Adult Dental Care**<br>Age 19 and older<br>(Limited to one dental exam every six months) | N/A | Preventive: 100%<br>Basic Services: 80% | Preventive: 100%<br>Basic Services: 80% |
| **Children's Eye Exam & Glasses**<br>Under age 18<br>(Limit one Visit & one Pair of Prescribed Lenses & Frames per Policy Year) | N/A | 100% | 100% |
| **Adult Eye Exam**<br>Age 19 and older<br>(Limit one Routine Eye Exam per Policy Year) | N/A | $20 Copayment, 100% | Deductible, 100%<br>Up to $75<br>(balance billing may apply) |
| **Adult Glasses**<br>Age 19 and older<br>(Limit one Pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year) | N/A | 100% after a:<br>Lenses: $20 Copayment, Up to Single - $50; Bifocal - $70; Trifocal - $400<br>Frames: $20 Copayment, Up to $150<br>Contact Lenses: $20 Copayment, Up to $100 | 100% after Deductible<br>(balance billing may apply)<br>Lenses: Up to: Single - $50; Bifocal - $70; Trifocal - $400<br>Frames: Up to $150<br>Contact Lenses: Up to $100 |
| **Wellness/Preventive Benefits**<br>For more information, please visit<br>healthcare.gov/coverage/preventive-care-benefits/ | 100% | 100% | 100% |

**Plan Deductible Waived

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 BCBSSC.