University of South Carolina 2019-2020 Satellite Campuses
Student Health Insurance Plan

Eligibility

All students attending USC Aiken, USC Beaufort, USC Upstate, USC Lancaster, USC Salkehatchie, USC Sumter, and USC Union who meet the following criteria are considered eligible:

- enrolled in a degree seeking program.
- enrolled in six (6) or more credit hours.

Eligible students can voluntary enroll by visiting sc.myahpcare.com and selecting the voluntary student option.

Please view the complete brochure on-line at sc.myahpcare.com for full details of the health benefits offered through participation in the plan.

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods	Annual 08/01/2019 through 07/31/2020	Fall 08/01/2019 through 12/31/2019	Spring/Summer 01/01/2020 through 07/31/2020	Summer Only 05/01/2020 through 07/31/2020
Open Enrollment	06/03/2019 through 09/13/2019	06/03/2019 through 09/13/2019	11/01/2019 through 01/31/2020	04/01/2020 through 06/01/2020
Student	$ 2,981.55	$ 1,257.42	$ 1,724.13	$ 782.36
Spouse	$ 2,981.55	$ 1,257.42	$ 1,724.13	$ 782.36
Each Child	$ 2,981.55	$ 1,257.42	$ 1,724.13	$ 782.36
Three or More Children	$ 8,944.65	$ 3,772.26	$ 5,172.39	$ 2,347.08

To view all enrollment and coverage periods available, please visit sc.myahpcare.com or call Academic HealthPlans at 1-855-844-3015.

Additional Benefits

- Access to after hours nurse line
- Coverage when traveling
- Emergency Medical and Travel Assistance*

Additional Information

sc.myahpcare.com
1-855-844-3015
support@ahpcare.com

UNIVERSITY OF SOUTH CAROLINA

South Carolina
BlueCross BlueShield of South Carolina is an independent licensee of the

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

AHP-OF(18) BCBSSC-SC

University of South Carolina 2019-2020 - Satellite Campuses

Student Health Insurance Plan

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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of Preferred Blue PPO Network.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: $750 per Insured Person, per Policy Year Non-Network Provider: $1,500 per Insured Person, per Policy Year
Family Deductible	Network Provider: $1,500 for all Insureds in a Family, per Policy Year Non-Network Provider: $3,000 for all Insureds in a Family, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider & Student Health Services: $6,350 per Insured Person, per Policy Year Non-Network Provider: $15,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider & Student Health Services: $12,700 for all Insureds in a Family, per Policy Year Non-Network Provider: $30,000 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	*Student Health Services	Network Provider	Non-Network Provider
	Payments are based on the Preferred Allowance	*Payments are based on the Preferred Allowance*	*Payments are based on Usual and Reasonable Charges (U&R)*
In Office Physician's Visits Primary Care and Specialist	100%, $20 Copay (if applicable)	$25 Copay, then Deductible, 80%	$40 Copay, then Deductible, 70%
Physician Services in the Office Includes Lab,X-Ray, Office Surgery, Allergy Injections, Treatment Modalities, IV's, Breathing Treatments and Other Diagnostic Services Includes Mental Health (MH) Benefits and Substance Use (SU) Office Visits	100%	$25 Copay, then Deductible, 80%	$40 Copay, then Deductible, 70%
Emergency Room Facility Charges Copayment waived if admitted	N/A	$450 Copay, then Deductible, 80%	$450 Copay, then Deductible, 80%
Diagnostic Imaging Services & Outpatient Lab Services	100%	$25 Copay, then Deductible, 80%	$40 Copay, then Deductible, 70%
Durable Medical Equipment	$20 Copay, 100%	$25 Copay, then Deductible, 80%	$40 Copay, then Deductible, 70%
Mental Health & Substance Use Inpatient/Outpatient Facility Charges	N/A	Deductible, 80%	Deductible, 70%
Prescriptions Drug Benefit Includes diabetic supplies - no charge for contraceptives at SHC and In-Network Prescription Deductible: $100 Retail (31 day supply) [1]Prescription deductible does not apply	[1]Prescriptions filled at the on-campus pharmacy: 100% after a: $10 Copay for Generic Drug $20 Copay for Preferred, Non-Preferred, and Specialty Drug	Prescriptions should be filled at a Caremark participating Pharmacy: 100% after a: $20 Copay for Generic Drug $40 Copay for Preferred Brand Drug $100 Copay for Non-Preferred Drug $100 Copay for Specialty Drug	100% after a: $20 Copay for Generic Drug $40 Copay for Preferred Brand Drug $100 Copay for Non-Preferred Drug
Pediatric Dental Care Benefit Under age 19 (Limited to 1 dental exam every 6 months)	N/A	Preventive: 100% Basic, Major, and Orthodontic Services: 50%	Preventive: 100% Basic, Major, and Orthodontic Services: 50%
Adult Dental Care Age 19 and older (Limited to 1 dental exam every 6 months)	N/A	Preventive: 100% Basic Services: 80%	Preventive: 100% Basic Services: 80%
Children's Eye Exam & Glasses Under age 19 (Limit 1 Visit & 1 Pair of Prescribed Lenses & Frames per Policy Year)	100%	100%	100%
Adult Eye Exam & Glasses Age 19 and older (Limit 1 Routine Eye Exam & 1 Pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year)	$20 Copay, 100%	$20 Copay, then Deductible, 100%	$20 Copay, then Deductible, 100%
[2]Wellness/Preventive Benefits	100%	100%	100%

*Plan Deductible Waived

[2]Please visit www.healthcare.gov/coverage/preventive-care-benefits/ for more information.

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.