University of South Carolina

Student Health Insurance Plan
2024-2025

Eligibility
All students who meet the following criteria are considered eligible and are required to provide proof of health insurance:

- all undergraduate students enrolled in six (6) or more credit hours;
- all graduate students enrolled in six (6) or more credit hours;
- all graduate students with assistantships regardless of credit hours;
- USC School of Medicine students enrolled in one (1) or more credit hours; and
- all International students enrolled in one (1) or more credit hours.

Students are automatically enrolled in the Student Health Insurance Plan, unless proof of other comparable coverage is provided.

OPT-OUT / WAIVER
To waive out of the Student Health Insurance Plan go to sc.myahpcare.com/waiver and enter your health insurance information. Students that are not required to show proof of health insurance and are enrolled in six (6) or more hours and in a degree seeking program are eligible to purchase the student health insurance plan. Eligible students can voluntary enroll by visiting sc.myahpcare.com/enrollment and selecting the voluntary student option.

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

Rates & Coverage Periods

	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025
Enrollment Periods	06/03/2024 - 09/09/2024	11/04/2024 - 02/03/2025
Student	$1,355.29	$1,849.71
Spouse	$1,355.29	$1,849.71
Each Child	$1,355.29	$1,849.71
Three or More Children	$4,065.87	$5,549.13

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

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

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.

University of South Carolina 2024-2025

BENEFITS		PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Benefit Maximum per Insured Person, per Policy Year		Unlimited	
Individual Deductible per Insured Person, per Policy Year		$500	$3,000
Family Deductible 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 per Insured Person, per Policy Year		$9,450	$15,000
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year		$15,000	$30,000
	**STUDENT HEALTH SERVICES Payments are based on the Allowable Charge	PARTICIPATING PROVIDER Payments are based on the Allowable Charge	NON-PARTICIPATING PROVIDER Payments are based on the Allowable Charge
In Office Physician's Visits Primary Care and Specialist	100%, $20 Copayment (if applicable)	$25 Copayment, then Deductible, 80%	$40 Copayment, 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.	100%	$25 Copayment, then Deductible, 80%	$40 Copayment, then Deductible, 70%
Emergency Room Facility Charges Copayment waived if admitted	N/A	$200 Copayment, then Deductible, 80%	$450 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 Inpatient/Outpatient Facility Charges	N/A	Deductible, 80%	Deductible, 70%
Mental Health & Substance Abuse Office Visits	$20 Copayment, 100%	$40 Copayment, 100%	$40 Copayment, then 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: Generic: $10 Copayment Preferred: $20 Copayment Non-Preferred: $20 Copayment Specialty: $20 Copayment	Prescriptions should be filled at an OptumRx participating Pharmacy 100% after a: Generic: $20 Copayment Preferred: $40 Copayment Non-Preferred: $100 Copayment Specialty: $100 Copayment	100% after a: Generic: $20 Copayment Preferred: $40 Copayment Non-Preferred: $100 Copayment
Pediatric Dental Care Benefit Under age 18 (Limited to one dental exam every six months)	N/A	Preventive: 100% Basic & Major Services: 50%	Preventive: 100% Basic & Major Services: 50%
Adult Dental Care Age 19 and older (Limited to one dental exam every six months)	N/A	Preventive: 100% Basic Services: 80%	Preventive: 100% Basic Services: 80%
Children's Eye Exam & Glasses Under age 18 (Limit one Visit & one Pair of Prescribed Lenses & Frames per Policy Year)	N/A	100%	100%
Adult Eye Exam Age 19 and older (Limit one Routine Eye Exam per Policy Year)	N/A	$20 Copayment, 100%	Deductible, 100% Up to $75 (balance billing may apply)
Adult Glasses Age 19 and older (Limit one Pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year)	N/A	100% after a: Lenses: $20 Copayment, Up to Single - $50; Bifocal - $70; Trifocal - $400 Frames: $20 Copayment, Up to $150 Contact Lenses: $20 Copayment, Up to $100	100% after Deductible (balance billing may apply) Lenses: Up to: Single - $50; Bifocal - $70; Trifocal - $400 Frames: Up to $150 Contact Lenses: Up to $100
Wellness/Preventive Benefits For more information, please visit 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.