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*

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.

Rates & Coverage Periods

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

*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 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

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Particpating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per Insured Person, per Policy Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>$500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$1,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Individual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per Insured Person, per Policy Year</td>
<td></td>
<td></td>
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<tr>
<td>$9,450</td>
<td>$15,000</td>
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<tr>
<td><strong>Family Out-of-Pocket Maximum</strong></td>
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<td></td>
</tr>
<tr>
<td>for all Insureds in a Family, per Policy Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating Provider &amp; Student Health Services</td>
<td></td>
<td>Non-Participating Provider</td>
</tr>
<tr>
<td>$15,000</td>
<td>$30,000</td>
<td></td>
</tr>
</tbody>
</table>

#### Payments are based on the Allowable Charge

- **In Office Physician’s Visits**
  - Primary Care and Specialist: 100%, $20 Copayment (if applicable)
  - N/A

- **Physician Services in the Office**
  - Includes Lab, X-Ray, Office Surgery, Allergy Injections, Treatment Modalities, IV’s, Breathing Treatments and Other Diagnostic Services.
  - Payments are based on the Allowable Charge

- **Emergency Room Facility Charges**
  - Copayment waived if admitted

- **Diagnostic Imaging Services & Outpatient Lab Services**
  - 100%

- **Durable Medical Equipment**
  - $20 Copayment, 100%

- **Mental Health & Substance Use**
  - Inpatient/Outpatient Facility Charges
  - N/A
  - Deductible, 80%
  - Deductible, 70%

- **Prescriptions Drug Benefit**
  - Prescriptions should be filled at an OptumRx participating Pharmacy
  - 100 after a:
    - Generic: $10 Copayment
    - Preferred: $20 Copayment
    - Non-Preferred: $20 Copayment
  - Specialty: $20 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

- **Adult Dental Care**
  - Age 19 and older
    - (Limited to one dental exam every six months)
  - N/A

- **Children’s Eye Exam & Glasses**
  - Under age 18
    - (Limit one Visit & one Pair of Prescribed Lenses & Frames per Policy Year)
  - N/A

- **Adult Eye Exam**
  - Age 19 and older
    - (Limit one Routine Eye Exam per Policy Year)
  - N/A

- **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

- **Wellness/Preventive Benefits**
  - For more information, please visit [healthcare.gov/coverage/preventive-care-benefits/](http://healthcare.gov/coverage/preventive-care-benefits/)
  - 100%

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**Plan Deductible Waived**

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*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.*