# University of South Carolina Satellite Campus



**Student Coverage With Care** 



### 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 voluntarily enroll by visiting **sc.myahpcare.com/enrollment** and selecting the voluntary student option.

For more information, visit **sc.myahpcare.com**.

## **Coverage Periods & Rates**

	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026	SUMMER 05/01/2026 - 07/31/2026
Enrollment Periods	06/09/2025 - 09/08/2025	11/03/2025 - 02/02/2026	04/01/2026 - 05/15/2026
Student	\$2,186.15	\$3,000.85	\$1,344.98
Spouse	\$2,186.15	\$3,000.85	\$1,344.98
Each Child	\$2,186.15	\$3,000.85	\$1,344.98
Three or More Children	\$6.558.45	\$9,002.55	\$4,034.94

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

WHAT'S INCLUDED? Telehealth solutions through AcademicLiveCare (ALC)

Access to after-hours Nurse Line

Coverage while traveling with Academic Emergency Services (AES)\* Access to Academic Student Assistance Program (ASAP)

**Urgent Care Benefits** 

The PPO network is Preferred Blue PPO Network



#### Questions

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



## **ID Cards**

To access your ID Card, please visit sc.myahpcare.com

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.

\*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.

# **University of South Carolina Satellite Campus 2025-2026**

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For more information, please visit 100% 100% 100%	Age 19 and older (Limit one pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year)	N/A	Lenses: \$20 Copay Frames: \$0 Copay, up to \$150	Exams: \$30 Frames: \$75
**Plan Deductible Waived	For more information, please visit healthcare.gov/coverage/preventive-care-benefits	100%	100%	100%

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 **sc.myahpcare.com** upon approval by federal and state authorities.

