# University of South Carolina

## Voluntary Student Coverage With Care

### Eligibility

All registered Undergraduate students taking six (6) or more credit hours; Graduate or professional students taking at least one (1) graduate-level course, in good academic standing and making appropriate progress toward graduation; and students enrolled in the SCLIFE Program are eligible to enroll in the Student Health Insurance Plan on a voluntary basis.

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

## Coverage Periods & Rates

| | FALL<br>08/01/2025 - 12/31/2025 | SPRING/SUMMER<br>01/01/2026 - 07/31/2026 | SUMMER<br>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 Voluntary 2025-2026

| 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* | | $9,200 | $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, then 100% | $40 Copayment, then 100% | $40 Copayment, then Deductible, 70% |
| Prescription Drug Benefit<br>*Up to a 31-day supply*<br>*Includes diabetic supplies - no charge for contraceptives at SHC and In-Network*<br>*Prescription Deductible: $100*<br><br>*[1]Prescription deductible does not apply* | [1]Prescriptions filled at the on-campus pharmacy:<br>100% after a:<br>Generic Drug: $10 Copayment<br>Preferred Drug: $20 Copayment<br>Non-Preferred Brand Drug: $20 Copayment<br>Specialty Drug: $20 Copayment | Prescriptions should be filled at an OptumRx participating Pharmacy:<br>100% after a:<br>Generic Drug: $20 Copayment<br>Preferred Brand Drug: $40 Copayment<br>Non-Preferred Brand Drug: $100 Copayment<br>Specialty Drug: $100 Copayment | 100% after a:<br>Generic Drug: $20 Copayment<br>Preferred Brand Drug: $40 Copayment<br>Non-Preferred Brand Drug: $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 18 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 Vision Care<br>*Age 19 and older*<br>*(Limit one pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year)*<br>*Coverage is through the EyeMed Insight Network* | N/A | Exams: $20 Copay<br>Lenses: $20 Copay<br>Frames: $0 Copay, up to $150<br>Contacts: $0 Copay, up to $150 | Reimbursed up to:<br>Exams: $30<br>Frames: $75<br>Contacts: $150 |
| Wellness/Preventive Benefits<br>For more information, please visit healthcare.gov/coverage/preventive-care-benefits | 100% | 100% | 100% |

**Plan Deductible Waived

**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.**