Plan Coverage Dates and Cost*:  
Spring/Summer 2016: January 1 – August 14, 2016 $1,275  
Spouse and dependents may be covered at the same rate.

**How the Plan works:** (No office visit charge for students who have paid the health fee)  
1. Redfern Health Center (RHC) will file eligible lab and radiology charges to Student Insurance. Accepted claims are paid at 100% with no deductible for labs and radiology at RHC.  
2. Prescriptions filled at RHC: Eligible plan enrollees pay $10 co-pay plus 20% for covered prescriptions and insurance pays 80% of the remaining charge.  

Prescriptions for approved birth control covered 100% at RHC Pharmacy.  
Prescriptions filled outside of Redfern Health Center will be subject to $100 policy year deductible and $20 generic copay/$40 brand name copay/$100 for Non-Preferred or Specialty drugs. Present your insurance card at a participating pharmacy. Participating pharmacies are listed on the web site.  
While covered by the SHP student/spouse must use Redfern Health Center as the primary doctor. To use Student Insurance outside of RHC, it must be 1) a referral by RHC, 2) medical emergency or 3) covered enrollee is more than 30 miles from Clemson and requires medical care. In the event the eligible enrollee receives medical care outside of RHC for any of these reasons, there is a $500 annual deductible, $20 co-pay per office visit, and then the insurance will pay 80% with participating "in network" doctors and hospitals. We have participating network providers all over the country and you can search these on the student insurance web site at, AIG Insurance for Clemson University to "Find Doctor/Hospital". If the eligible enrollee chooses to use an out of network provider, there is a $750 annual deductible; $35 co-pay per visit, insurance pays 70% of R&C (no PPO discount applied).  
3. Higher co-pays apply for Urgent Care ($75 co-pay) and Emergency Room ($350 co-pay) when covered person is not admitted to the hospital.  
4. Maximum out of pocket: In-network $5,000; Out of network $12,500.  
5. Preventive Services – as specified by the Patient Protection and Affordable Care Act (PPACA) are covered at 100% R&C not subject to deductible, copayment or coinsurance. To view a list of covered preventive services, log onto www.healthcare.gov.  
6. Pre-existing conditions are covered from enrollment.

**Dental benefit (per policy year):**  
**Preventive Service(s):** Oral exam/cleaning – 2 per policy year with one bitewing x-ray – 100% R&C  
Students and dependent(s). Must wait 6 months between cleanings.

**Basic Dental Services:** 80% of R&C up to four surfaces (amalgam). Covered persons under age 19: 50% R&C for cavities involving 1,2,3, or 4 surfaces (amalgam restorations – permanent or primary teeth).

**Pediatric Dental and Vision per ACA requirements**

**Other Dental Treatment:** For injury to sound natural teeth or removal of impacted wisdom teeth: 80% R&C - Maximum of $1,000 per policy year

**Vision benefit (per policy year):** Routine non-medical vision exam and eyeglasses/contacts up to $300 per policy year (subject to $15 co-pay). Vision exam for medical problems are subject to deductibles and copays. Covered persons under age 19: 100% R&C, after a $15 copay per visit for examination/materials, subject to limitations.