Clemson University Student Insurance Overview

PLAN BROCHURE: www.studentinsurance.com/Apps/Schools/Default.aspx?Id=40

Plan Coverage Dates

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Dates</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>August 1, 2016 – July 31, 2017</td>
<td>$2,537</td>
</tr>
<tr>
<td>Fall Only</td>
<td>August 1 – December 31, 2016</td>
<td>$1,068*</td>
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<tr>
<td>Spring/Summer</td>
<td>January 1 – July 31, 2017</td>
<td>$1,469*</td>
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</tbody>
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*eligible Graduate Assistants receive a $963 Student Insurance Subsidy in the fall and spring/summer for Clemson University Student Insurance

Students who have paid the health fee are not charged for office visits for illness, injury or counseling services. Charges apply for psychiatrist regardless of fee paid status.

Medical, Counseling and Psychiatry Services

1. Student Insurance will pay 100% eligible labs and X-rays done at Redfern Health Center with no deductible or copay. Students who have not paid the health fee will have a $20 copay for eligible office visits. Office visits for preventive services are covered 100% by Student Insurance.
2. Prescriptions filled at Student Health Services (SHS) Pharmacy: $10 copay plus 20% of the cost of the drug for covered prescriptions. Prescriptions for approved birth control are covered 100%. Prescriptions filled outside SHS Pharmacy are subject to $100 deductible and tiered copays. See Plan Brochure for details.
3. While covered by Student Insurance, the student/spouse must use SHS (located in Redfern Health Center) as the primary care provider. To use Student Insurance outside of SHS, it must be 1) referral by SHS, 2) medical emergency or 3) covered enrollee is more than 30 miles from Redfern Health Center and requires medical care. When a covered enrollee receives services outside of SHS, there are applicable deductibles, copays and coinsurance applied. In-network deductible is $750; out-of-network deductible is $1,500. In-network copays are $25 for visits and $150 for diagnostic radiology (CT, MRI or PET scan). Out-of-network copays are $40 per visit and $300 copay for diagnostic radiology. In-network coinsurance is 20%; out-of-network coinsurance is 30%. In-network also includes a PPO discount for eligible services.
4. There are higher copays for Urgent Care ($75) and Emergency Room ($450).
5. Maximum out-of-pocket is $6,350 in-network and $15,000 out-of-network.
6. Preventive services – as specified by the Affordable Care Act – are covered at 100% R&C and not subject to deductible, copay or coinsurance. To view a list of preventive services, log onto www.healthcare.gov.
7. Pre-existing conditions are covered from the time of enrollment.

Dental Benefit

Preventive Services: Oral exam limited to 2 per Policy Year; Bitewing X-ray limited to 1 per Policy Year; Biopsy of Oral Tissue; Prophy (Adult cleaning) limited to 1 procedure per 6 month period
Basic Services: Amalgam (silver filling) up to 4 covered at 80% R&C
Injury to Sound Natural Teeth: 80% R&C up to $1,000 per Policy Year
Impacted Wisdom Teeth: 80% R&C up to $1,000 per Policy Year
Pediatric Dental Coverage: Per Affordable Care Act Requirements (for Covered Persons under age 19)

Vision Benefit for Covered Persons age 19 and older, limited to $300 per Policy Year
Eye exam: 100% R&C after $20 copay per visit
Materials (frame, lens, contact lens): 100% R&C after $20 copay per visit
Benefits are limited to one pair of lenses and one frame per Policy Year

Insurance Office
Questions? Email Redfern@clemson.edu or call 864-656-3568.

Please visit our website at clemson.edu/studenthealth.