



HEALTH FEE/STUDENT HEALTH INSURANCE BENEFIT SUMMARY

University policy requires all students registered for seven or more credit hours (three hours for each summer session) to pay the University health fee. The health fee supports all services at Redfern Health Center and includes:

- Professional services of primary health care providers, psychologists, and health educators
- Reduced costs on pharmaceuticals, laboratory, and X-ray services
- \$500 urgent care EXCESS benefit for after-hours urgent care (insurance carrier determines covered benefit). Contact Student Insurance office the next business day for information.

If the student has the Clemson Student Health Insurance, any eligible lab, X-ray, or prescription charges are filed to the student insurance company by Redfern. Accepted claims are paid at 100% with no deductible for labs and X-rays. Students pay 20% co-pay for covered prescriptions and insurance pays 80% up to an annual maximum of \$1,000.

Under the student insurance, the student must use Redfern Health Center as their primary doctor. To use the insurance outside of Redfern, it must be 1) a referral by Redfern, 2) medical emergency or 3) student is more than 30 miles from Clemson and requires medical care. In the event the student receives medical care outside of Redfern for any of these reasons, there is a \$300 annual deductible, \$15 co-pay per office visit, and then the insurance will pay 80% with participating doctors and hospitals.

There is a dental benefit included as follows:

Students will be reimbursed 100% of:

- a. Two Annual Comprehensive Oral Exam
- b. Two Annual Adult/Child Cleaning
- c. Annual bitewing x-rays (up to 4)

Student goes to the dentist of his/her choice, pay for services up front, turn the receipt in to the Student Insurance Office and reimbursement check will be mailed to you (4-6 weeks turnaround time).

Additionally we have added a \$300 Wellness Benefit that the student can use for any type of preventive or wellness service such as vision exam, immunizations, routine physical examination, etc.

Pre-existing conditions are not covered during the first twelve (12) months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if: (a) the Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the current Policy; or (b) the Covered Person transferred from an institution of higher learning where he or she was previously covered under a sponsored University plan for 12 consecutive months and (1) he or she did not have a break in coverage of more than 31 days between the previous sponsored plan and enrolling in this Policy; and (2) the condition was covered under the previous plan and eligible for benefits under this Policy. Prior coverage under the previous sponsored plan of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation; or (c) the individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible for coverage under this policy with 63 days of termination of prior Creditable Coverage ; and the individual's most recent prior Creditable Coverage was under an employer group plan; and the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her; and the individual is not eligible for coverage under any other group health plan, Medicare or Medicaid; and the individual does not have other health insurance.

