### AM I ELIGIBLE?

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 ClemsonLIFE Program are eligible to enroll in the Student Health Insurance Plan on a voluntary basis.

Please view the complete brochure on-line at [clemson.myahpcare.com](http://clemson.myahpcare.com) for full details of participation in the plan.

### COVERAGE PERIOD & COST

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring/Summer</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Deadline</td>
<td>08/01/21 - 12/31/21</td>
<td>01/01/22 - 07/31/22</td>
<td>05/01/22 - 07/31/22</td>
</tr>
<tr>
<td>Student</td>
<td>$1,499</td>
<td>$2,050</td>
<td>$928</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,499</td>
<td>$2,050</td>
<td>$928</td>
</tr>
<tr>
<td>Each Child</td>
<td>$1,499</td>
<td>$2,050</td>
<td>$928</td>
</tr>
<tr>
<td>Three or more Children</td>
<td>$4,497</td>
<td>$6,150</td>
<td>2,784</td>
</tr>
</tbody>
</table>

To view all enrollment and coverage periods available, please visit [clemson.myahpcare.com](http://clemson.myahpcare.com).

### ADDITIONAL BENEFITS

- Access to after hours nurse line
- Telehealth Services
- Urgent Care Benefits
- Coverage when traveling
- Emergency Medical and Travel Assistance*

*Academic Emergency Services and AD&D coverage are underwritten by 4Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Anthem BlueCross BlueShield.
This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of Preferred Blue PPO Network.

**Plan Deductible Waived**

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [clemson.myahpcare.com](http://clemson.myahpcare.com).

### BENEFIT MAXIMUMS & DEDUCTIBLES

<table>
<thead>
<tr>
<th>Benefit Maximum</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual Deductible</strong></td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Family Deductible</strong></td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Individual Out-of-Pocket Maximum</strong></td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>Family Out-of-Pocket Maximum</strong></td>
<td>$15,000</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

### BENEFIT CATEGORY

**In Office Physician’s Visits**

- **Primary Care and Specialist**
  - 100% after Deductible, Preventive: 100%
  - Payments are based on the Preferred Allowance

**Physician Services in the Office**

- Includes Lab, X-Ray, Office Surgery, Allergy, Injections, Treatment Modalities, IV’s, Breathing Treatments and Other Diagnostic Services. Includes Mental Health (MH) Benefits and Substance Use (SU) Office Visits
  - 100% after Deductible, Preventive: 100%

**Emergency Room Facility Charges**

- Copayment waived if admitted

**Diagnostic Imaging Services & Outpatient Lab Services**

- 100% after Deductible, Preventive: 100%

**Durable Medical Equipment**

- $20 Copay, 100%

**Mental Health & Substance Use**

- Inpatient/Outpatient Facility Charges
  - N/A

**Prescriptions Drug Benefit**

- Includes diabetic supplies - no charge for contraceptives at SHC and In-Network
- Prescription Deductible: $100
  - 100% after Deductible
  - Payments are based on Usual and Reasonable Charges (U&R)

**Pediatric Dental Care Benefit**

- Under age 19 (Limited to one dental exam every six months)
  - N/A

**Adult Dental Care**

- Age 19 and older (Limited to one dental exam every six months)
  - N/A

**Children’s Eye Exam & Glasses**

- Under age 19 (Limit one Visit & one Pair of Prescribed Lenses & Frames per Policy Year)
  - N/A

**Adult Eye Exam**

- Age 19 and older (Limit one Routine Eye Exam per Policy Year)
  - N/A

**Adult Glasses**

- Age 19 and older (Limit one Pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year)
  - N/A

**Wellness/Preventive Benefits**

- For more information, please visit [healthcare.gov/coverage/preventive-care-benefits/](http://healthcare.gov/coverage/preventive-care-benefits/)
  - 100%

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**Notes:**

- **Plan Deductible Waived**
- **STUDENT HEALTH SERVICES**
- **PARTICIPATING PROVIDER & STUDENT HEALTH SERVICES**

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