

# We are pleased to bring you the 2016-2017 Lone Star College System (LSCS) Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation

The actuarial value of this plan is 82%, which would meet or exceed a gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)\*
- Covers you at school, at home and while traveling abroad
- Access to the broad BCBSTX Blue Choice PPO<sup>SM</sup> network
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

## Who can enroll?

### International Students

All LSCS F-1 visa international students, with a LSCS issued I-20, are required to enroll in health insurance coverage as a condition of enrollment. An international F-1 visa student may request a waiver to the SHIP by providing alternative health insurance coverage. Students may be eligible for an approved waiver by documenting current, comparable employee or U.S. sponsored insurance by the waiver deadline. To process a waiver request, refer to [lonestar.myahpcare.com](http://lonestar.myahpcare.com). Please see side two of this flier for important dates.

### Internship Students

All students participating in clinical, practicum, internship or co-operative course work related to technical training, allied health occupations, child care, interpreting and cosmetology are eligible to enroll in this SHIP. Payment for the SHIP must be made directly to Academic HealthPlans and may not be billed to the student's tuition and fee statement.

## Dependent Coverage

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis through Academic HealthPlans at [lonestar.myahpcare.com](http://lonestar.myahpcare.com). There is no automatic re-enrollment. The student must re-enroll their dependent(s) each semester by the semester deadline. To view rates and enrollment information, please go to [lonestar.myahpcare.com](http://lonestar.myahpcare.com).

## You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download eligibility/enrollment information
- Download a temporary ID card
- Customer service, claims and benefit information



For additional information, go to  
[lonestar.myahpcare.com](http://lonestar.myahpcare.com) or call **855-825-3980**

\* Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

# Lone Star College System 2016-2017 Plan Highlights<sup>1,2</sup>

Benefit Maximum & Deductibles		
	Network Provider	Out-of-Network Provider
<b>Benefit Maximum</b>	Unlimited	Unlimited
<b>Deductible (Individual/Family)</b>	\$350/\$1,200	\$700/\$2,100
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$6,850/\$13,700	\$13,700/\$27,400
Benefit Coverage		
	Network Provider (deductible applies unless otherwise noted)	Out-of-Network Provider (deductible applies unless otherwise noted)
<b>Hospital Expenses</b>	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Doctor's Visits</b>	100% after: \$35 primary care physician copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
<b>Emergency Care and Accidental Injury</b>	80% after \$150 copayment (deductible waived)	
<b>Facility Services – Copayment</b> <i>is waived if the insured is admitted; inpatient hospital expenses will apply.</i>	80% after \$150 copayment (deductible waived)	
<b>Physician Services</b>	80%	
<b>Diagnostic X-Rays &amp; Laboratory Procedures</b>	80%	60%
<b>Prescription Drugs</b> <i>Per 30-day Retail Supply (deductible waived)</i>	At pharmacies contracting with Prime Therapeutics <sup>3</sup> , 100% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$30 copayment for each brand-name drug**</li> <li>\$40 copayment for each non-preferred brand-name drug**</li> </ul>	50% after: <ul style="list-style-type: none"> <li>\$15 copayment for each generic drug</li> <li>\$30 copayment for each brand-name drug**</li> <li>\$40 copayment for each non-preferred brand-name drug**</li> </ul>
<i>**Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i>	Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.	
<b>Preventive Care Services</b>	100% (deductible waived)	60%

## Deadlines, Coverage Periods and Premium Costs\*\*\*

	Annual	Fall	Spring/Summer	Summer
<b>Open Enrollment</b>	04/13/2016-10/03/2016	04/13/2016-10/03/2016	11/01/2016-01/31/2017	05/01/2017-06/15/2017
<b>Waiver Deadline</b>	10/03/2016	10/03/2016	01/31/2017	04/28/2017
<b>Dates Covered</b>	08/10/2016-08/09/2017	08/10/2016-12/31/2016	01/01/2017-08/09/2017	06/01/2017-08/09/2017
<b>Student Rate</b>	\$2,116	\$835	\$1,281	\$406
<b>Spouse Rate</b>	\$2,116	\$835	\$1,281	\$406
<b>All Children Rate</b>	\$4,608	\$1,817	\$2,791	\$884

\*\*\*A \$12 AES fee is included.

Students who are enrolled in health insurance for the fall semester will automatically be re-enrolled in the spring semester. It is the student's responsibility to notify Lone Star College System Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

<sup>1</sup> This document 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 expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSTX BlueChoice Preferred Provider Organization Network.

<sup>2</sup> Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your Brochure Booklet or Policy.

<sup>3</sup> The relationship between Blue Cross and Blue Shield of Texas (BCBSTX) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.