

Lamar University 2016-2017 Student Health Insurance Plan

Eligibility

All registered **domestic** students taking six (6) or more credit hours (three (3) or more during summer sessions) are eligible to participate in the Student Health Insurance Plan on a voluntary basis.

Distance Learning students taking six (6) or more credit hours with at least three (3) or more credit hours in on-campus credit courses and paying the Student Health Center fee are eligible to enroll in the Student Health Insurance Plan.

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account.

Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to lamar.myahpcare.com.

Please view the complete brochure on-line at lamar.myahpcare.com for full details of participation in the plan.



Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 lamar.myahpcare.com
- ☎ (855) 357-0239

Lamar University 2016-2017

Student Health Insurance Plan

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. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

| | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Benefit Maximum | Unlimited, per Insured Person, per Policy Year |
| Individual Deductible | Network Provider: \$500 per Insured Person, per Policy Year Non-Network Provider: \$1,000 per Insured Person, per Policy Year |
| Family Deductible | Network Provider: \$1,500 per Insured Person, per Policy Year Non-Network Provider: \$3,000 per Insured Person, per Policy Year |
| Individual Out-of-Pocket Maximum | Network Provider: \$6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year |
| Family Out-of-Pocket Maximum | Network Provider: \$12,700 per Insured Person, per Policy Year Non-Network Provider: \$25,400 per Insured Person, per Policy Year |

| BENEFIT CATEGORY | Network Provider | Non-Network Provider |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| | <i>Payments are based on the PPO Allowance</i> | <i>Payments are based on Usual and Reasonable Charges</i> |
| Hospital Room & Board Expense | 80% | 60% |
| Inpatient/Outpatient Surgery | 80% | 60% |
| In-Office Physician Fees | 100% after: \$30 Copayment per visit | 60% |
| Diagnostic X-Ray Services & Laboratory Procedures | 80% | 60% |
| Emergency Services Expenses <i>\$150 Copayment/Deductible per visit</i> | 80% | 80% |
| Prescription Drugs | At pharmacies contracting with UnitedHealthcare Pharmacy 100% after: • \$20 Copayment for Tier 1 • \$40 Copayment for Tier 2 • \$60 Copayment for Tier 3 | 60% |
| Preventive Care Services | 100% | 60% |

2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

| Coverage Periods | Annual 08/21/2016 through 08/20/2017 | Fall 08/21/2016 through 12/31/2016 | Spring/Summer 01/01/2017 through 08/20/2017 | Summer 05/10/2017 through 08/20/2017 |
|------------------------|--------------------------------------------|------------------------------------------|---------------------------------------------------|--------------------------------------------|
| Open Enrollment | 06/30/2016 through 09/30/2016 | 06/30/2016 through 09/30/2016 | 12/01/2016 through 02/15/2017 | 05/01/2017 through 06/30/2017 |
| Student | \$ 2,424 | \$ 882 | \$ 1,542 | \$ 682 |
| Spouse | \$ 2,424 | \$ 882 | \$ 1,542 | \$ 682 |
| Child | \$ 2,424 | \$ 882 | \$ 1,542 | \$ 682 |