

# Lamar University 2017-2018 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](http://lamar.myahpcare.com).

Please view the complete brochure on-line at [lamar.myahpcare.com](http://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](http://lamar.myahpcare.com)

1-855-357-0239

# Lamar University 2017-2018

# 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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$500 per Insured Person, per Policy Year Non-Network Provider: \$1,000 per Insured Person, per Policy Year
<b>Family Deductible</b>	Network Provider: \$1,500 for all insureds in a family, per Policy Year Non-Network Provider: \$3,000 for all insureds in a family, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$12,700 for all insureds in a family, per Policy Year Non-Network Provider: \$25,400 for all insureds in a family, 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 Customary 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 per visit</i>	80%	80%
Prescription Drugs <i>31 day supply per prescription</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copayment for Tier 1 \$40 Copayment for Tier 2 \$60 Copayment for Tier 3	60%
*Preventive Care Services	100%	60%

*\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information.*

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/21/2017 through 08/20/2018	Fall 08/21/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/20/2018	Summer 05/10/2018 through 08/20/2018
<b>Open Enrollment</b>	06/30/2017 through 09/29/2017	06/30/2017 through 09/29/2017	12/01/2017 through 02/15/2018	05/01/2018 through 06/29/2018
<b>Student</b>	\$ 2,424	\$ 882	\$ 1,542	\$ 682
<b>Spouse</b>	\$ 2,424	\$ 882	\$ 1,542	\$ 682
<b>Child</b>	\$ 2,424	\$ 882	\$ 1,542	\$ 682