

2019-2020 Lone Star College System Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Texas (BCBSTX)

This plan meets or exceeds 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 a broad Participating Provider Option (PPO) Network from BCBSTX
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

Who can enroll?

Domestic Voluntary Students

All Domestic/Voluntary students must take at least twelve (12) credit hours per full semester (six (6) hours per summer session; only three (3) online credit hours can go towards meeting the eligibility requirement.

Payment for the SHIP must be made directly to Academic HealthPlans. Enrollment in the voluntary SHIP may be either annual or by semester. If the student purchases the SHIP on a per semester basis, there is no automatic reenrollment.

The student and their dependent(s) must re-enroll for each semester by the semester deadline. Please see side two of this flier for important dates.

To view rates and enrollment information, please go to 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 or call 855-825-3980.



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

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Texas.

Lone Star College System 2019-2020 Plan Highlights^{1,2}

Benefit Maximum & Deductibles

	Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$350/\$1,050	\$700/\$2,100
Out-of-Pocket Maximum (Individual/Family)	\$6,850/\$13,700	\$13,700/\$27,400

Benefit Coverage

<i>Deductible applies unless noted below:</i>	Network Provider	Out-of-Network Provider
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits	100% after: \$35 primary care physician copayment per visit; \$35 specialist copayment per visit (deductible waived)	60%
Emergency Care and Accidental Injury Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will apply	80% after \$150 copayment (deductible waived)	
Physician Services	80%	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Prescription Drugs <i>Per 30-day Retail Supply (deductible waived)</i> <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>	At pharmacies contracting with Prime Therapeutics ³ , 100% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$30 copayment for each brand-name drug** \$40 copayment for non-preferred brand-name drug** 	50% after: <ul style="list-style-type: none"> \$15 copayment for each generic drug \$30 copayment for each brand-name drug** \$40 copayment for non-preferred brand-name drug** 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.
Preventative Care Services	100% (deductible waived)	60%

Deadlines, Coverage Periods and Premium Costs***

	Annual	Fall	Spring/Summer	Summer
Open Enrollment	05/03/2019-10/02/2019	05/03/2019-10/02/2019	11/01/2019-01/31/2020	02/05/2020-06/12/2020
Waiver Deadline	10/02/2019	10/02/2019	01/31/2020	06/12/2020
Dates Covered	08/10/2019-08/09/2020	08/10/2019-12/31/2019	01/01/2020-08/09/2020	06/01/2020-08/09/2020
Student Rate	\$3,681	\$1,448	\$2,233	\$704
Spouse Rate	\$3,681	\$1,448	\$2,233	\$704
All Children Rate	\$5,896	\$2,319	\$3,577	\$1,128

***A \$18 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 the LSCS Student Insurance Office BEFORE the waiver deadline if there is a reason he or she should not be re-enrolled.

¹ 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 Participating Provider Option (PPO) Network.

² 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.

³ 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 LLC is a separate company that 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.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. The final policy is pending approval by applicable federal and state regulatory authorities, which may result in differences between this summary and the actual policy of insurance issued to you. For specific details about your plan, please refer to your policy of insurance.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex orientation, gender identity or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

For the full list of languages, see your specific school brochure.