

Lone Star College System 2020-2021 International Students Student Health Insurance Plan



Please note: The new insurance carrier for the 2020-2021 school year is Aetna.

Eligibility

All Lone Star College (LSC) F-1 visa international students, with a LSC issued I-20, are required to maintain health insurance coverage, and one on campus credit hour per semester, as a condition of enrollment in the LSC Student Health Insurance Plan. Payment for the SHIP must be made directly to Academic HealthPlans and may not be billed to the student's tuition and fee statement. 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.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis through Academic HealthPlans. 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.

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

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



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 lonestar.myahpcare.com.

Lone Star College System 2020-2021 International Students 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 Aetna PPO.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Member, per Policy Year
Individual Deductible	Network Provider: \$350 per Insured Person, per Policy Year Non-Network Provider: \$700 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$1,050 per Insured Person, per Policy Year Non-Network Provider: \$2,100 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$13,700 per Family, per Policy Year Non-Network Provider: \$27,400 per Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80% per visit	60% per visit
Physician and specialist services	100% after a \$35 Copayment per visit (deductible waived)	60% per visit
Diagnostic Testing	80% per visit	60% per visit
Emergency Services Expense	80% after a \$150 Copayment per visit (deductible waived)	80% after a \$150 Copayment per visit (deductible waived)
Prescription Drugs (deductible waived)	At pharmacies contracting with Aetna 100% after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand-Name Drug \$40 Copayment per Non-Preferred Brand-Name Drug	50% after a \$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand-Name Drug \$40 Copayment per Non-Preferred Brand-Name Drug
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% per visit (deductible waived)	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall 08/10/2020 through 12/31/2020	Spring/Summer 01/01/2021 through 08/09/2021	Summer 06/01/2021 through 08/09/2021
Open Enrollment	04/15/2020 through 10/09/2020	11/02/2020 through 03/05/2021	03/15/2021 through 06/11/2021
Waiver Deadline	10/02/2020	02/01/2021	N/A
Student	\$ 781.00	\$ 1,199.00	\$ 380.00
Spouse	\$ 781.00	\$ 1,199.00	\$ 380.00
Each Child, 2x Max ¹	\$ 781.00	\$ 1,199.00	\$ 380.00

To view all enrollment and coverage periods available, please visit lonestar.myahpcare.com