



LONE STAR COLLEGE SYSTEM

INTERNS

2021 - 2022 | AETNA

Administered by **Academic HealthPlans**

The insurance is limited to students who are actively enrolled in a clinical, practicum, internship, or co-operative course that requires proof of coverage as a condition of participation.

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
- Online enrollment in the health insurance plan

Lone Star College System - Interns 2021-2022

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.**

MAXIMUMS & DEDUCTIBLES

	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum Per Member, per Policy Year	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$ 500	\$ 1,000
Family Deductible Per Family, per Policy Year	\$ 1,500	\$ 3,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 6,850	\$ 13,700
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$ 13,700	\$ 27,400

COVERAGE & COST

Fall	08/10/21 - 12/31/21
Open Enrollment	04/12/21 - 10/08/21
Student	\$ 844.00
Spouse	\$ 844.00
Each Child ¹	\$ 844.00
Spring/Summer	01/01/22 - 08/09/22
Open Enrollment	11/02/21 - 03/04/22
Student	\$ 1,295.00
Spouse	\$ 1,295.00
Each Child ¹	\$ 1,295.00
Summer	06/01/22 - 08/09/22
Open Enrollment	03/15/22 - 06/10/22
Student	\$ 410.00
Spouse	\$ 410.00
Each Child ¹	\$ 410.00

¹Coverage for two (2) or more children is calculated at the child rates times two (2).

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

BENEFITS *(deductible applies unless otherwise stated below)*

NETWORK PROVIDER <i>Payments are based on the Negotiated Charge</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on the 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 <i>(deductible waived)</i>	60% per visit
Diagnostic Testing	
80% per visit	60% per visit
Hospital Emergency Room <i>(deductible waived)</i>	
80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
Preventive Care Services	
100% per visit <i>(deductible waived)</i>	60% per visit
Prescription Drugs <i>(deductible waived)</i>	
At pharmacies contracting with Aetna	
100% after a \$15 Copayment per Generic Drug	50% after a \$15 Copayment per Generic Drug
\$30 Copayment per Preferred Brand-Name Drug	\$30 Copayment per Preferred Brand-Name Drug
\$40 Copayment per Non-Preferred Brand-Name Drug	\$40 Copayment per Non-Preferred Brand-Name Drug