



## A STUDENT HEALTH PLAN **FOR YOU!**

### AM I ELIGIBLE?

All registered **Domestic Undergraduate Students** taking nine (9) or more credit hours (six (6) or more during summer sessions) are eligible to participate in the Student Health Insurance Plan on a voluntary basis.

All registered **Domestic Graduate Students** taking six (6) or more credit hours (three (3) or more during the summer sessions) are eligible to participate in the plan on a voluntary basis.

Academic Partnership and Distance Learning students are not eligible for the plan.

Dependents are not eligible to enroll in the Student Health Insurance Plan.

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 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*

# LAMAR UNIVERSITY - DOMESTIC 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**

## BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Family Out-of-Pocket Maximum</b> all Insureds in a Family, per Policy Year	\$ 7,350	\$ 15,000

## BENEFITS Deductible applies unless otherwise stated below

IN-NETWORK PROVIDER <small>Payments are based on the negotiated charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the recognized charge</small>
<b>Hospital Room &amp; Board</b> 80%	60%
<b>Inpatient/Outpatient Surgery</b> 80%	60%
<b>Physician Visits Physician, specialist including Consultants Office visits</b> 100% after a \$30 Copay per visit (Deductible waived)	60%
<b>Diagnostic Imaging Services, including lab and radiological services</b> 80%	60%
<b>Hospital Emergency Room</b> , \$150 Copayment per visit (Deductible waived) 80%	80%
<b>Preventive Care Services</b> For more information, please visit <a href="https://www.healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a> 100% (Deductible waived)	60%

## BENEFITS

IN-NETWORK PROVIDER <small>Payments are based on the negotiated charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the recognized charge</small>
<b>Prescription Drugs</b> including specialty drugs. Deductible waived. 31-day supply per prescription	
At pharmacies contracting with Aetna Pharmacy 100% after a	60%
Generic: \$20 Copayment	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.
Preferred Brand-Name: \$40 Copayment	
Non-Preferred Brand-Name: \$60 Copayment	

## COVERAGE PERIOD & COST

<b>Fall</b>	<b>08/17/21 - 12/31/21</b>	<b>Spring/ Summer</b>	<b>01/01/22 - 08/16/22</b>	<b>Summer</b>	<b>05/10/22 - 08/16/22</b>
Enrollment Deadline	06/29/21 - 09/28/21	Enrollment Deadline	11/30/21 - 02/15/22	Enrollment Deadline	04/30/22 - 06/28/22
Student	\$ 1,548	Student	\$ 2,576	Student	\$ 1,118

To view all enrollment and coverage periods available, please visit [amar.myahpcare.com](https://amar.myahpcare.com)