

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

Academic Partnership and Distance Learning Students are not eligible to enroll.

To view rates and enrollment information, please go to lamarpa.myahpcare.com.

Please view the complete brochure online at lamarpa.myahpcare.com for full details of participation in the plan.

#### **ADDITIONAL BENEFITS**

- · Access to Telemedicine
- Access to ASAP Academic Student Assistance Program
- Coverage when traveling
- Academic Emergency Services\*

<sup>\*</sup>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.

### LAMAR STATE COLLEGE - PORT ARTHUR DOMESTIC STUDENTS 2022-2023

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
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Individual Deductible per Insured Person, per Poilcy Year	\$ 500	\$ 1,000
Family Deductible all Insureds in a Family, per Poilcy Year	\$ 1,000	\$ 2,000
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 7,350	\$ 15,000
Family Out-of-Pocket Maximum all Insureds in a Family, per Policy Year	\$ 14,700	\$ 30,000

**BENEFITS** (Deductible applies unless otherwise stated below)

IN-NETWORK **OUT-OF-NETWORK** IN-NETWORK **OUT-OF-NETWORK PROVIDER PROVIDER** PROVIDER **PROVIDER** 

Payments are based on the Negotiated Charge Payments are based on the Recognized Charge Payments are based on the Negotiated Charge Payments are based on the Recognized Charge

Hospital Room & Board

Prescription Drugs, including specialty drugs. (Deductible waived) 80% 60% 30-day supply per prescription

At pharmacies contracting with

Inpatient/Outpatient Surgery

Aetna Pharmacy 80% 60%

100% after a 60% Physician Visits Physician, specialist including Consultants

Office visits

Generic Drug: \$20 copayment 60% 100% after a

\$30 copayment per visit Preferred

Brand-Name Drug: Diagnostic Imaging Services, including lab and \$40 copayment

radiological services Non-Preferred

60% 80% Brand-Name Drug:

Hospital Emergency Room \$60 copayment

80% after a 80% after a \$150 copayment per visit \$150 copayment per visit

(Deductible waived) (Deductible waived)

**Preventive Care Services** For more information, please visit healthcare.gov/preventive-care-benefits

60% 100%

(Deductible waived)

(Deductible waived)

## **COVERAGE PERIOD & COST**

Fall	08/15/22 - 12/31/22	Spring/Summer	01/01/23 - 08/14/23	Summer	05/10/23 - 08/14/23
Enrollment Deadline	06/29/22 - 09/16/22	Enrollment Deadline	11/30/22 - 02/15/23	Enrollment Deadline	04/30/23 - 06/28/23
Student	\$ 1,720.00	Student	\$ 2,796.00	Student	\$ 1,201.00
Spouse	\$ 1,720.00	Spouse	\$ 2,796.00	Spouse	\$ 1,201.00
Child <sup>1</sup>	\$ 1.720.00	Child <sup>1</sup>	\$ 2,796.00	Child <sup>1</sup>	\$ 1,201.00

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

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