



A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

All registered International Students taking one (1) or more credit hours are required to participate in this insurance plan on a mandatory basis.

Dependent enrollment is available for international students only.

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*

*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.

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

LAMAR STATE COLLEGE - PORT ARTHUR INTERNATIONAL 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 Policy Year	\$ 500	\$ 1,000
Family Deductible all Insureds in a Family, per Policy 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 PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
Hospital Room & Board 80%	60%	Prescription Drugs , including specialty drugs. (Deductible waived) 30-day supply per prescription	
Inpatient/Outpatient Surgery 80%	60%	At pharmacies contracting with Aetna Pharmacy	
Physician Visits Physician, specialist including Consultants Office visits 100% after a \$30 copayment per visit (Deductible waived)	60%	100% after a Generic Drug: \$20 copayment Preferred Brand-Name Drug: \$40 copayment Non-Preferred Brand-Name Drug: \$60 copayment	60%
Diagnostic Imaging Services, including lab and radiological services 80%	60%		
Hospital Emergency Room 80% after a \$150 copayment per visit (Deductible waived)	80% after a \$150 copayment per visit (Deductible waived)		
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits 100% (Deductible waived)	60%		

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	\$ 1,080.50	Student	\$ 1,080.50	Student	\$ 575.00
Spouse	\$ 1,080.50	Spouse	\$ 1,080.50	Spouse	\$ 575.00
Child ¹	\$ 1,080.50	Child ¹	\$ 1,080.50	Child ¹	\$ 575.00

¹Coverage 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.

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 lamarpa.myahpcare.com.