

Lamar University- International 2020-2021 Student Health Insurance Plan



Eligibility

All registered **International Students** taking one (1) or more credit hours are required to participate in this insurance plan on a mandatory basis. Enrollment will no longer be online direct pay. International Students must enroll through the school and the insurance premium will be charged to your student account. Dependent enrollment is available for International Students.

Please view the complete brochure on-line at lamarintl.myahpcare.com for full details of participation in the plan. To view rates and enrollment information, please go to lamarintl.myahpcare.com.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Preferred Provider: \$ 500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 1,000 per Insured Person, per Policy Year
Family Deductible	Preferred Provider: \$ 1,500 for all insureds in a family, per Policy Year Out-of-Network Provider: \$ 3,000 for all insureds in a family, per Policy Year
Individual Out-of-Pocket Maximum	Preferred Provider: \$ 7,350 per Insured Person, per Policy Year Out-of-Network Provider: \$ 15,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Preferred Provider: \$ 14,700 for all insureds in a family, per Policy Year Out-of-Network Provider: \$ 30,000 for all insureds in a family, per Policy Year

BENEFIT CATEGORY <i>(Deductible applies unless otherwise stated below)</i>	Preferred Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room & Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician's Visits	100% after \$30 Copay per visit (Deductible Waived)	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Medical Emergency Expense \$150 Copayment per visit (Deductible Waived)	80%	80%
Prescription Drugs <i>31 day supply per prescription</i>	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copay for Tier 1 \$60 Copay per Tier 2 80% Coinsurance for Tier 3 (Deductible Waived)	60%
Preventive Care Services <i>For more information, please visit healthcare.gov/coverage/preventive-care-benefits/</i>	100% (Deductible Waived)	60% 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.

The PPO Network is UnitedHealthCare Choice Plus.

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS	
Fall 08/17/2020 through 12/31/2020	
Open Enrollment	06/29/2020 - 09/28/2020
Student	\$904.00
Spouse	\$904.00
Child ¹	\$904.00
Spring/Summer 01/01/2021 through 08/16/2021	
Open Enrollment	11/30/2020 - 02/15/2021
Student	\$904.00
Spouse	\$904.00
Child ¹	\$904.00
Summer 05/10/2021 - 08/16/2021	
Open Enrollment	04/30/2021 - 06/28/2021
Student	\$490.00
Spouse	\$490.00
Child ¹	\$490.00

¹The cost for two or more children will be two times the child rate.

Additional Benefits

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- 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 lamarintl.myahpcare.com.