



The PPO Network is Aetna PPO

ADDITIONAL BENEFITS

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Access to ASAP - Academic Student Assistance Program
- Coverage when traveling
- Academic Emergency Services*

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. 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

	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	OUT-OF-NETWORK PROVIDER
Payments are based on the negotiated charge	Payments are based on the recognized charges

Hospital Room & Board

80% 60%

Inpatient/Outpatient Surgery

80% 60%

Physician, specialist including Consultants Office visits

100% after a \$30 Copayment per visit (Deductible waived) 60%

Diagnostic Imaging Services, including lab and radiological services

80% 60%

Hospital Emergency Room, \$150 Copayment per visit (Deductible waived)

80% 80%

Preventive Care Services

For more information, please visit healthcare.gov/preventive-care-benefits/

100% (Deductible waived) 60%

Prescription Drugs, including specialty drugs. Deductible waived. 31-day supply per prescription

At pharmacies contracting with Aetna Pharmacy

100% after a 60%

Generic: \$20 Copayment

Preferred Brand-Name: \$40 Copayment

Non-Preferred Brand-Name: \$60 Copayment

(Deductible Waived)

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.

COVERAGE PERIOD & COST

Fall	08/15/22 - 12/31/22
Enrollment Deadline	06/29/22 - 09/28/22
Student	\$ 1080.50
Spouse	\$ 1080.50
Child1	\$ 1080.50
Spring/Summer	01/01/23 - 08/14/23
Enrollment Deadline	11/30/22 - 02/15/23
Student	\$ 1080.50
Spouse	\$ 1080.50
Child1	\$ 1080.50
Summer	05/10/23 - 08/14/23
Enrollment Deadline	05/01/23 - 06/28/23
Student	\$ 575.00
Spouse	\$ 575.00
Child ¹	\$ 575.00

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

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 lamar.myahpcare.com.

*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.