

Lamar University - International

Student Health Insurance Plan 2024-2025



Eligibility

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

You must actively attend classes for at least the first 31 days after the date your coverage becomes effective. You cannot meet this eligibility requirement if you take courses through:

- Home Study
- Correspondence
- The internet
- Television (TV)

What's Included?

- Access to 24-Hour Medical and Mental Health Telemedicine Service
- Access to ASAP - Academic Student Assistance Program
- Vision Coverage through Academic Vision Care (AVC)
- 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, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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.

More Information

For full details of participation in the plan, please view the complete brochure online at: lamar.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit lamar.myahpcare.com/additionalresources

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

The PPO network is Aetna PPO.

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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 Recognized Charge
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Individual Deductible Per 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
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 (Deductible waived)	80% after a \$150 Copayment per visit	60% after a \$150 Copayment per visit
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60%
Prescription Drugs including specialty drugs 31-day supply per prescription (Deductible waived)	At pharmacies contracting with Aetna: 100% after a Generic: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$60 Copayment	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.

Coverage Periods & Cost

	EARLY ARRIVAL FALL 08/01/2024 - 08/14/2024	FALL 08/15/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 8/14/2025	SUMMER 05/10/2025 - 08/14/2025
Enrollment Deadline	07/01/2024 - 08/14/2024	07/01/2024 - 09/27/2024	12/02/2024 - 02/14/2025	05/01/2025 - 06/27/2025
Student	\$88	\$1,149	\$1,149	\$610
Spouse	\$88	\$1,149	\$1,149	\$610
Child ¹	\$88	\$1,149	\$1,149	\$610

¹The cost for two (2) or more children will be two (2) times the child rate.
To view rates and enrollment information, please go to lamar.myahpcare.com.