

2023-2024 International Student Insurance Plan Summary

The services below are included in your plan with 24/7 translation assistance.



Scholastic Emergency Services* (SES) An Assist America Partner

1-877-488-9833

In the event of an emergency, SES offers a wide variety of services at no additional charge to the student.

- Medical Evacuation or Transport
- Compassionate Family Visit
- Repatriation of Mortal Remains



Teladoc* Medical Help Line

1-800-835-2362

Speak with a licensed doctor by web, phone, or mobile app in minutes.

- Available anytime, anywhere
- Treats general medical conditions
- Can prescribe medicine over the phone



TELUS Health Student Support* Counseling Services 1-866-743-7732

Student Support Advisors can help you anytime, anywhere with:

- Adapting to new cultures
- Being successful at school
- · Relationships with friends and family
- Stress, anxiety, sadness, loneliness, and more

*These services are not insurance and are not affiliated with Crum & Forster, SPC



Green River College Maximum Per Injury or Sickness \$500,000 Annual Deductible \$0 **Pre-Existing Condition Benefit** \$2,500 (6 months) Student Health Center or 100%, \$0 copay for eligible benefits CVS Walk-in Clinic In-Network: 100%, \$20 copay Office Visit Out-of-Network: 80%, \$20 copay In-Network: 100%, \$100 copay Hospital Visit Out-of-Network: 80%, \$100 copay In-Network: \$100 copay **Emergency Room Visit** Out-of-Network: \$100 copay Wellness 100% up to \$300 per policy year Treatment for COVID-19 is covered. COVID-19 Coverage Medically necessary, diagnostic testing for COVID-19 is covered. The COVID-19 vaccine is covered up to COVID-19 Vaccine \$100 per policy year Emergency Ambulance Services In-Network: 100% of Preferred Allowance (Air & Ground) Out-of-Network: 100% of URC 100% dispensed as inpatient **Prescription Drugs** 50% dispensed as outpatient (In-Network) In-Network: 100% of Preferred Allowance Self-Inflicted Benefit (up to Out-of-Network: 80% of URC \$10,000 per policy year) Mental, Behavioral & Maximum of 30 days inpatient Neurodevelopmental Disorder Maximum of 30 visits outpatient **Outpatient Physiotherapy** In-Network: 100%, after applicable copay (20 visits per policy year, Out-of-Network: 80%, after applicable copay

Plan & Contact Information

physician referral needed)



http://www.lewermark.com/greenriver lewermarksupport@lewer.com | 1-800-821-7710



Find a Doctor in Aetna Network

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Claims & Insurance ID Card

www.lewermark.com/student-login/