

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*

University of Washington

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



Plan & Contact Information

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



Find a Doctor in Aetna Network

www.lewermark.com/find-a-doctor-or-pharmacy-aetna/



Claims & Insurance ID Card

www.lewermark.com/student-login/