

## 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*

### Western Washington University

Maximum Per Injury or Sickness	\$500,000
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

[www.lewermark.com/www](http://www.lewermark.com/www)  
[lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com) | 1-800-821-7710



### Find a Doctor in Aetna Network

[www.lewermark.com/find-a-doctor-or-pharmacy-aetna/](http://www.lewermark.com/find-a-doctor-or-pharmacy-aetna/)



### Claims & Insurance ID Card

[www.lewermark.com/student-login/](http://www.lewermark.com/student-login/)