

## 2022-2023 International Student Insurance Plan Summary

For additional information, please visit [www.lewermark.com/sfasu](http://www.lewermark.com/sfasu) or call 1-800-821-7710. This is a brief description of the insurance plan. Full terms and conditions of coverage are set forth in the Plan on file with your school.

**Carry your LewerMark Insurance ID Card with you at all times**

2022-2023 Benefits	Medical Insurance Benefits Per Policy Year For Stephen F. Austin State University (\$200,000— 90% of Allowed Charge/70% of Reasonable and Customary Expenses)
Maximum Per Injury or Sickness	\$200,000
Policy Year Maximum Benefit	\$200,000
Annual Deductible	\$100
Pre-Existing Condition Benefit (6 months)	\$1,000
Student Health Center or approved Walk-in Clinic	\$0 copay for eligible benefits
Copay Per Office Visit	In-Network: 90% after \$20 copay Out-of-Network: 70% after \$35 copay
Copay Per Hospital Visit	In-Network: 90% after a \$50 admittance copay Out-of-Network: 70% after a \$70 admittance copay
Wellness Benefit	100% up to \$250 per policy year
COVID-19 Coverage	Treatment for COVID-19 (coronavirus) is covered. Medically necessary, diagnostic testing for the coronavirus is covered.
COVID-19 Vaccine	The COVID-19 (coronavirus) vaccine is covered up to \$100 per policy year
Emergency Ambulance Services (Air & Ground)	Up to policy year maximum
Emergency Room Visit	In-Network: \$100 copay Out-of-Network: \$200 copay
Prescription Drugs (up to \$2,500 per policy year outpatient)	90% covered if dispensed as inpatient in the hospital or 50% covered if dispensed as outpatient at an in-network pharmacy
Self-Inflicted Benefit	\$10,000
Medical Treatment of a Mental Condition	Maximum of 30 days inpatient, maximum of 30 outpatient visits
Physiotherapy (only when prescribed by a Physician)	20 visits per policy year
Medical Evacuation	\$50,000*
Repatriation	\$25,000*

\*Scholastic Emergency Services provides additional benefits.

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.

- 24/7 anytime, anywhere
- Treats general medical conditions
- Can prescribe medicine over the phone

**LifeWorks**  
*Counseling Services  
(Formerly Morneau Shepell)*

**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

**What network does LewerMark use?** Stephen F. Austin State University uses Aetna, a nationwide provider network. If you choose to go to a provider outside of the Aetna network, you may have to pay extra money out of pocket.

**How do I find a doctor?** Go to your school's LewerMark webpage (address can be found at the top of this document). Click on the 'Search for a Doctor' link. Click 'Aetna' then 'Start Now' and type the zip code of the area in which you would like to search. You will need to search by provider type (e.g. Physician, Urgent Care Center, Hospital).

**What is a copay?** The amount of out-of-pocket expenses you must pay the healthcare provider for each visit.

**What is included in the Wellness Benefit?** The Wellness Benefit covers 100% (up to \$250 per school year) of any combination of routine/sports physicals, gynecologic health screenings, immunizations, and tuberculosis tests. See plan brochure for more details.

**The provider says I am not on the insurance list. What do I do?** The school must send us notification that you are enrolled in the insurance plan. If a provider tells you that you are not on the insurance list at the beginning of a term, we may not have received enrollment information from your school yet. If the provider requires payment up front, we will reimburse your eligible visit. You may contact us at 1-800-821-7710.

**What is an EOB?** An EOB, or Explanation of Benefits, is a form you will receive online if you visit a provider. It shows the charges, discounts, and any amount owed. You will also receive an email that your EOB is available online to review. An EOB is not a bill.

**When should I use the Emergency Room?** Hospital Emergency Rooms (ERs) are designed to focus on medical emergencies, not routine health care. Many health problems are not emergencies. If you are unsure whether the problem is an emergency:

- Call or chat **TelaDoc** 24/7 at 1-800-835-2362 or [www.teladoc.com](http://www.teladoc.com) — no additional charge
- Call **Nurseline** 24/7 at **1-866-549-5076** — *no additional charge and available in over 200 languages*
- Go to your Student Health Center or walk-in clinic, if open
- Go to the **ER** if you feel the problem is so serious that it cannot wait until your Student Health Center or walk-in clinic is open

**What is Togetherall?** It is a safe, online community to share feelings anonymously and get support to improve mental health and wellbeing. In the community people support each other, safely monitored by licensed and registered mental health practitioners. Join the community today - <https://togetherall.com/en-us/>

**What happens if my claim is rejected?** Call LewerMark at 1-800-821-7710 or email [lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com). Occasionally, claims can be rejected if the doctor provides the wrong number or information. We will research the claim and let you know the status. If you receive a Claims Questionnaire, this must be completed and returned before your claim can be processed.

**What is the 'Make Your Mark' Scholarship Program?** It's a scholarship contest available for international students. Please visit [www.lewermark.com](http://www.lewermark.com) for more information.

**Exclusions & Limitations:** The following is a partial list of examples of expenses not covered:

- Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring and sleep studies
- Medical Treatment received in connection with teeth, gums, or jaw unless for an injury to sound natural teeth
- Hearing aids, eyeglasses and contact lenses
- Medical Treatment for Alopecia (loss of hair), Acne, or excessive sweating
- Medical Treatment related to infertility
- Medical Treatment for injuries sustained while participating in hazardous or adventure sports
- Medical Treatment for injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted suicide, while sane or insane (in excess of benefits provided elsewhere in the coverage, if any)
- Testing for allergies
- Medical Treatment for injury or sickness sustained while the Covered Person was intoxicated or under the influence of illegal narcotics or a non-prescribed controlled substance
- Medical Treatment received due to a Pre-Existing Condition or complication thereof. However, Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months
- After hours and weekend facility fees, unless related to Emergency Services

**Note:** This list of examples is not complete; see your plan brochure for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance policy.