## 2018-2019 International Student Insurance Plan Summary

For additional information, please visit us at [www.lewermark.com/alaska](http://www.lewermark.com/alaska) or call 1-800-821-7710.

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

<table>
<thead>
<tr>
<th>2018-2019 Benefits</th>
<th>Medical Insurance Benefits Per Policy Year For University of Alaska ($500,000 — 100% of Allowed Charge/80% of Reasonable and Customary Expenses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Per Injury or Sickness</td>
<td>$500,000</td>
</tr>
<tr>
<td>Policy Year Maximum Benefit</td>
<td>$500,000</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$100</td>
</tr>
<tr>
<td>Pre-Existing Condition Benefit (6 months)</td>
<td>$2,500</td>
</tr>
<tr>
<td>Student Health Center or approved Walk-in Clinic</td>
<td>$0 copay for eligible benefits</td>
</tr>
<tr>
<td>Copay Per Office Visit</td>
<td>In Network: 100% after $20 copay                                               Out of Network: 80% after $35 copay</td>
</tr>
<tr>
<td>Copay Per Hospital Visit</td>
<td>In Network: 100% after a $50 admittance copay                                                                           Out of Network: 80% after a $70 admittance copay</td>
</tr>
<tr>
<td>Wellness Benefit</td>
<td>100% up to $250 per policy year</td>
</tr>
<tr>
<td>Emergency Ambulance Services</td>
<td>Up to policy maximum by ground                                               Up to a maximum of $10,000 by air</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$100 in network copay/$200 out of network copay</td>
</tr>
<tr>
<td>Prescription Drugs (up to $5,000 per policy year outpatient)</td>
<td>100% covered if dispensed as inpatient in the hospital or 50% covered if dispensed as outpatient at a Cigna pharmacy</td>
</tr>
<tr>
<td>Medical Treatment of a Mental Condition</td>
<td>Maximum of 30 days inpatient, maximum of 30 outpatient visits</td>
</tr>
<tr>
<td>Physiotherapy (only when prescribed by a Physician)</td>
<td>20 visits per policy year</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>$50,000*</td>
</tr>
<tr>
<td>Repatriation</td>
<td>$25,000*</td>
</tr>
</tbody>
</table>

*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

#### MyNurse 24/7
*Medical Help Line*

**1-866-549-5076**

Speak with a nurse about your health, illness or where to go if you feel sick or are injured.

- Friendly, experienced, Registered Nurses help you decide what your best choices are.
- Assistance with any Health Issues or Questions
- General Health and Wellness Information

#### Morneau Shepell
*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
What is the network LewerMark uses? University of Alaska uses CIGNA, a nationwide provider network. If you choose to go to a provider outside of the CIGNA network, you may have to pay extra money out of pocket.

How do I find a doctor? Go to www.lewermark.com. Click on ‘Customer Resources’, then click on ‘Find a Doctor or Pharmacy’. Under “Search Location”, type the zip code of the area in which you would like to search. Click “Pick” under “Select a Plan”. Click on “Medical Plans”, and then select “PPO, Choice Fund PPO”. You can then search by specialty or provider name.

What is a copay? This is the amount of out-of-pocket expenses that you must pay the doctor, clinic, or hospital 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. There is a chance at the beginning of the term that we have not received the enrollment information from your school. The school needs to send us notification that you are enrolled in the insurance plan. We will reimburse your eligible visit if the provider requires payment up front. 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 that is still 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 set up 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 MyNurse 24/7 for help 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 happens if my claim is rejected? Call LewerMark at 1-800-821-7710 or email 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 an 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 for more information.

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

- Medical Treatment received by the Covered Person in his or her home country or country of regular domicile
- Medical Treatment or diagnosis of sleep disorders, including but not limited to apnea monitoring & 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)
- Antibody testing for immunizations and testing for allergies
- Medical Treatment for injury or sickness sustained while the Covered Person was under the influence of illegal narcotics or a non-prescribed controlled substance, or as the result of the legal or illegal consumption of alcohol
- 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. Please note that a pregnancy which begins prior to Policy’s Effective Date will not be covered under the Policy
- 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.