

## 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



# Portland Community College

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Maximum Per Injury or Sickness	\$500,000
Annual Deductible	\$100
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: 90%, \$20 copay Out-of-Network: 70%, \$20 copay
Hospital Visit	In-Network: 90%, \$100 copay Out-of-Network: 70%, \$100 copay
Emergency Room Visit	In-Network: \$100 copay Out-of-Network: \$100 copay
Wellness	100% up to \$500 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: 90% of Preferred Allowance Out-of-Network: 90% of URC
Prescription Drugs	90% dispensed as inpatient 50% dispensed as outpatient (In-Network)
Self-Inflicted Benefit (up to \$10,000 per policy year)	In-Network: 90% of Preferred Allowance Out-of-Network: 70% of URC
Mental, Behavioral & Neurodevelopmental Disorder	Maximum of 30 days inpatient Maximum of 30 days outpatient
Outpatient Physiotherapy (20 visits per policy year, physician referral needed)	In-Network: 90%, after applicable copay Out-of-Network: 70%, after applicable copa

#### **Plan & Contact Information**



www.lewermark.com/portlandcc lewermarksupport@lewer.com | 1-800-821-7710

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#### Find a Doctor in Aetna Network

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



#### **Claims & Insurance ID Card**

www.lewermark.com/student-login/