

## 2024-2025 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.

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



### TELUS Health (Formerly known as LifeWorks) 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

| Edmonds College   |  |
|---|--|
| Maximum per Injury or Sickness  | \$500,000  |
| Annual Deductible   | \$0  |
| Pre-Existing Condition Benefit (6 months)   | \$2,500  |
| Student Health Center, Telehealth Visit or CVS Walk-in Clinic                         | 100%, \$0 Copay for Eligible Benefits  |
| Office Visit  | In-Network: 100%, \$20 Copay<br>Out-of-Network: 80%, \$20 Copay  |
| Hospital Visit  | In-Network: 100%, \$100 Copay<br>Out-of-Network: 80%, \$100 Copay  |
| Emergency Room Visit  | In-Network: \$100 Copay<br>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 the coronavirus is covered. |
| COVID-19 Vaccine  | Maximum Benefit per Policy Year: \$100   |
| Emergency Ambulance Services (Air & Ground)   | 100% In and Out-of-Network   |
| In-Network Prescription Drugs (Up to Annual Max per Policy Year Inpatient/Outpatient) | 100% Dispensed as Inpatient<br>50% Dispensed as Outpatient   |
| Self-Inflicted Benefit  | Maximum Benefit per Policy Year: \$10,000  |
| Medical Treatment of a Mental Condition   | Maximum of 30 Days Inpatient<br>Maximum of 30 Outpatient Visits  |
| Physiotherapy (only when prescribed by a Physician)                                   | Maximum of 20 Visits   |



### Plan & Contact Information

[www.lewermark.com/edmondsc](http://www.lewermark.com/edmondsc)  
[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/)