

## 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



# 2024-2025 International Student Insurance Plan Summary

| Youngstown State University  |  |
|--|--|
| Maximum per Injury or Sickness   | \$300,000  |
| Annual Deductible  | \$0  |
| Pre-Existing Condition Benefit<br>(6 months)                                   | \$2,500  |
| Student Health Center,<br>Telehealth Visit or<br>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.<br>Medically necessary, diagnostic testing for<br>the coronavirus is covered. |
| COVID-19 Vaccine   | Maximum Benefit per Policy Year: \$100   |
| Emergency Ambulance Services<br>(Air & Ground)                                 | 100% In and Out-of-Network   |
| In-Network Prescription Drugs<br>(up to \$2,500 per Policy<br>Year Outpatient) | 100% Dispensed as Inpatient<br>50% Dispensed as Outpatient   |
| Self-Inflicted Benefit   | Maximum Benefit per Policy Year: \$10,000  |
| Medical Treatment of<br>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/ysu lewermarksupport@lewer.com | 1-800-821-7710



#### Find a Doctor in Aetna Network

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



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

www.lewermark.com/student-login/