

**LewerMark Copay Health Plan for International Students
A.C.E. LANGUAGE INSTITUTES**

Medical Benefits	
Lifetime Maximum Benefit	Unlimited
Annual Maximum Benefits	\$50,000
Maximum Benefit per injury or Sicknesses	\$50,000
Annual Out-of-Pocket Limit	\$3,000
Annual Deductible	None

Covered Services – Inpatient	Network Benefits	Out of Network Benefits
Hospital Room & Board (including general nursing care.)	80% after \$100 copay for admission.	60% after \$100 copay for admission.
Hospital Intensive Care (including 24 hour nursing care.)		
Hospital Miscellaneous Inpatient (services and supplies including but not limited to: the cost of the operating room; laboratory test; x-ray examinations; anesthesia; drugs-excluding take home drugs or medications; supplies' pre-admission testing.)		
Hospital Emergency Room	\$100 copay.	\$100 copay.
Surgical Treatment	80% of allowable charges after copay.	60% of usual and customary charges after copay.
Physicians Non-Surgeon (80% at SHC – no copay)		
Motor Vehicle Injury		
Maternity Benefits (subject to pre-existing condition limitations)	80% after copay (same as sickness.)	60% after copay (same as sickness.)
Mental & Nervous Disorders	10 inpatient days per year; 3 outpatient visits per year.	10 inpatient days per year; 3 outpatient visits per year.
Substance Abuse		
Covered Services – Outpatient		
Hospital Outpatient Surgical Miscellaneous	80% of allowable charges after copay.	60% of usual and customary charges after copay.
Surgical Treatment		
Chemotherapy & Radiation Therapy		
Diagnostic, X-ray & Lab Services		
Maternity Benefits (subject to pre-existing condition limitations)		
Motor Vehicle Injury		
Physician's Non-surgical visits	80% after \$25 co-pay	60% after \$25 co-pay
Mental & Nervous Disorders	10 inpatient days per year; 3 outpatient visits per year	10 inpatient days per year; 3 outpatient visits per year
Substance Abuse		
Prescription Drugs (does not include birth control or infertility drugs)	100% at SHC; 50% at retail pharmacy	100% at SHC; 50% at retail pharmacy
Ambulance Services (Professional & Air Service)	80% up to \$500 (see evacuation benefits.)	80% of U&C, up to \$500 (see evacuation benefits.)
Consultant Physician (when requested by the attending physician)	80% after co-pay	60% of U&C after co-pay
Dental Treatment (injury to sound, natural teeth, includes X-ray)	\$100 limit per natural tooth up to \$500.	\$100 limit per natural tooth up to \$500.

Plan benefits are subject to the terms and conditions of the insurance policy. See plan document for a complete list of exclusions.

Covered Services – Other

Orthopedic Appliances & Medical Supplies (requiring Physician's written prescription.)	80% of U&C	60% of U&C
Intercollegiate Sports	none	
Repatriation Benefit	Maximum of \$25,000 for expenses incurred. (additional benefits with Assist America)	
Medical Evacuation Benefit	Maximum of \$50,000 for air evacuation of injured or sick insured as well as provider or escort. (additional benefits with Assist America)	

Exclusions & Limitations: The following expenses are not covered:

- Medical care, treatment, supplies or services not listed on the policy
- Medical care, treatment, supplies or services for the insured at his home country
- Elective, cosmetic, or reconstructive surgery
- Treatment in student's home country
- Routine physical exams
- For any care in connection with teeth, gum, jaw unless for an injury to natural teeth
- In excess of Reasonable and Customary charge
- For medical treatment or prescription drugs which are not medically necessary
- Hearing aids, eyeglasses and contact lenses
- For injury or bodily Infirmity if covered under Workers Compensation
- Birth control or infertility
- Professional sports injuries
- Intentional self-inflicted injury
- For diagnosis treatment and all other care related to infertility
- Injury while parachuting, hang gliding or while driving illegally
- For injury resulting from a motor vehicle accident if an insured was operating vehicle without a **valid driver's license** in the state where the individual resides while attending school;
- Expenses due to pre-existing injury or sickness
- Other expenses specified in the policy

Important Note: See plan document for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance policy.