

Lewerglobal F-1 International Student Summary of Benefits

Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit

Maximum Limit	Primary insured: \$500,000; Spouse or child: \$100,000
Per Illness or Injury Limit	Primary insured: \$300,000; Spouse or child: \$100,000
Deductible	\$0 or \$100 per illness or injury Student health center: \$5 copay per visit
Coinsurance	Outside of the U.S.: Company pays 100% In PPO network or student health center within the U.S.: Company pays 100% Out of PPO network within the U.S.: Company pays 80% of eligible expenses up to \$5,000; then 100% thereafter
Eligible Medical Expenses	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally
COVID-19/SARS-CoV-2 Coverage	COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance
Teleconsultation (Groups only)	Company pays 100% within the U.S.; mental and nervous disorders not covered
Physician Visits / Services	Company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally; maximum of one visit per day, surgery is not subject to the maximum visit limit
Hospital Emergency Room Injury	Company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally. Not subject to emergency room deductible
Hospital Emergency Room Illness	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally. Subject to a \$250 deductible for each visit that doesn't result in a direct hospital admission
Hospitalization / Room & Board	Average semi-private room rate, including nursing and ancillary services
Prescription Drugs and Medication	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally; \$250,000 period of coverage limit for primary insured and \$100,000 period of coverage limit for spouse or child. Retail pharmacy prescription drugs and medication are paid at 50% out-of-network and international with a 90 day dispensing maximum.
Preventative Care	\$100 period of coverage maximum limit; must initially purchase 4 months of coverage to receive the benefit
Mental or Nervous/Substance Abuse	Outpatient: \$50 per day; \$1,000 maximum limit. Inpatient: After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally up to \$10,000 maximum limit
Remote Mental Health Student Support Program (Optional Add-On for Groups)	Company pays 100%*

*Coverage for a Remote Mental Health consultation is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a Remote Mental Health Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance

All coverage and benefits in this Policy are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided. Eligible medical expenses are limited to usual, reasonable and customary.

Lewerglobal F-1 International Student Summary of Benefits (Continued)

Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit

Intensive Care	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally
Physical Therapy (Medical order or treatment plan required)	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network (U.S.) and internationally; limit one visit per day
Emergency Local Ambulance	\$350 per illness resulting in an inpatient hospitalization or injury
Dental	Non-emergency treatment at a dental provider due to an accident - \$500 period of coverage limit per injury; unexpected pain to sound, natural teeth - \$350 period of coverage limit
Emergency Medical Evacuation	\$500,000 maximum limit
Emergency Reunion	\$50,000 maximum limit
Return of Mortal Remains	\$50,000 maximum limit
Political Evacuation and Repatriation	\$10,000 maximum limit
Intercollegiate/Interscholastic/Intramural or Club Sports	After deductible is met, company pays 80% of expenses out-of-network (U.S.) or 100% in-network and internationally; \$5,000 period of coverage limit per illness or injury
Incidental Trip Coverage	Up to a cumulative 14 days (available for non-U.S. residents only)
Pre-existing Conditions	Charges excluded until after 12 months of continuous coverage
Terrorism	\$50,000 maximum limit
Accidental Death & Dismemberment	Primary insured: \$25,000 principal sum; Spouse: \$10,000 principal sum; Dependent child: \$5,000 principal sum Accidental dismemberment percentage of principal sum
Personal Liability (Secondary to any other insurance)	\$10,000 combined maximum limit Injury to third person: subject to a \$100 per injury deductible Damage to third person's property: subject to a \$100 per damage deductible

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