

## International Student Plan Options

Annual Benefit Maximum	\$300,000	\$500,000	\$1,000,000
Coinsurance	80% in-network/ 60% out-of-network	90% in-network/ 70% out-of-network	100% in-network/ 80% out-of-network
Copays for Participating Providers	\$0 Student Health Center, \$20 Office Visit, \$100 Hospital, \$100 Emergency Room		
Annual Deductible	\$250	\$100	\$0
Maximum Out-of-Pocket	\$6,000	\$5,000	\$3,000
Prescription Drug Coverage	50%	60%	70%
Emergency Ground Ambulance Service	80%	90%	100%
Self-Inflicted Injury	\$10,000	\$10,000	\$10,000
Wellness Benefit	\$0	\$300	\$500
Intercollegiate Sports	\$0	\$5,000	\$10,000
Club/Intramural/Recreational Sports	Included up to annual maximum		
Mental Health Benefit	30 days inpatient/30 visits outpatient		
Physiotherapy	20 visits per policy year		
Acupuncture and Chiropractic	\$50 maximum benefit per visit, up to \$500 per policy year		
Dental Injury Treatment	\$2,500 per policy year		
Repatriation & Medical Evacuation	Unlimited		
30-Day Extended Coverage	Included		



**Scholastic Emergency Services** (SES) An Assist America Partner



**Teladoc** Medical Help Line



**Student Support** Counseling Services



**Togetherall**Online Community Support



Aetna PPO Network



**30-Day** Extended Coverage