



# Premium Indication for Global Student Access



Prepared Exclusively For  
**Test Test**  
12 September 2019



# Premium Indication for Global Student Access

## Personal Details

First Name: Test Email: mjlewer@lewer.com  
Last Name: Test Best Contact Number: 8008217715  
Date of Birth: 01-Jan-2003 Country of Residence: China  
Gender: Male

## Agent Details

Agent Number: JC2956

## Quote Details

Reference Number: 2019091205580666 Quote Date: 12-Sep-2019  
Quote Expiration Date: 12-Sep-2019

Product Name	Premium
Global Student Access	\$929.62

Summary of Coverage	
Start Date	12-Sep-2019
End Date	15-Jun-2020
Country of Study	United States of America
State	Iowa
Name of School	Diocese of Davenport
Include Sports Coverage?	No
Visa Type	TPS, M1 or F1
Are you a full-time student?	Yes



# Schedule of Benefits

## GENERAL FEATURES AND PLAN SPECIFICATIONS

U.S. Provider Network	Aetna
Area of Coverage	Worldwide
Home Country Coverage	Up to \$1,000 per period of insurance
Maximum Benefit Payable per Period of Insurance	\$1,000,000
Lifetime Maximum	Unlimited
Individual Deductible • Family is 2x Individual	\$0
Office Visit Co-payment, including Student Health Center	\$25
Emergency Room Deductible (waived if admitted)	\$250 per Occurrence
Out-of-Pocket-Maximum	Unlimited
Pre-Existing Conditions	Waiting Period of 180 Days
<b>Covered Services And Benefit Levels:</b> Subject to Deductible, Coinsurance, and Maximum Benefit per Period of Insurance	<b>Covered Services And Benefit Levels:</b> <b>WHAT THE INSURANCE PLAN COVERS</b> The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. Coinsurance reduces to 60% when Out-of-Network Providers in the U.S. are used.

## HOSPITALIZATION AND INPATIENT BENEFITS

Accommodations including semi-private room	100%
Intensive Care/Cardiac Care	100%
Inpatient Consultation by a Physician or Specialist	100%
Hospital Miscellaneous Expenses	100%
Pre-Admission Testing	100%
Extended Care/Inpatient Rehabilitation • Maximum Benefit per period of Insurance: 45 days • Must be confined to facility immediately following a hospital stay	100%



# Schedule of Benefits

OUTPATIENT BENEFITS	
Physician Visit/Consultation by Specialist <ul style="list-style-type: none"><li>• General Practitioner or Specialist</li><li>• Urgent Care Center</li><li>• Maximum Benefit per Period of Insurance: 30 visits per injury or illness</li></ul>	100% up to \$80 per visit
Diagnostic Testing <ul style="list-style-type: none"><li>• X-Ray and Laboratory</li><li>• MRI, PET, and CT Scans</li><li>• Inpatient and Outpatient</li></ul>	100% up to \$15,000
Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy <ul style="list-style-type: none"><li>• Maximum Benefit per Period of Insurance: 12 visits per injury or illness</li></ul>	100% up to \$50 per visit
SURGICAL BENEFITS (OUTPATIENT/INPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes; <ul style="list-style-type: none"><li>• Surgeon's Fees</li><li>• Assistant Surgeon and Anesthesiologist</li><li>• Facility fees</li><li>• Laboratory tests</li><li>• Medications and dressings</li><li>• Other medical services and supplies</li></ul>	100% up to \$50,000
EMERGENCIES	
Emergency Room and Medical Services <ul style="list-style-type: none"><li>• \$250 Deductible waived if admitted</li><li>• 50% coinsurance for non-emergency use</li></ul>	100% after Deductible
Ambulance Services <ul style="list-style-type: none"><li>• Emergency Local Ground Ambulance</li></ul>	100% up to \$2,500
Emergency Dental <ul style="list-style-type: none"><li>• Limited to accidental injury of sound natural teeth sustained while covered</li></ul>	100% up to \$200 per tooth
MATERNITY CARE	
Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	\$7,500 Maximum Benefit for normal delivery; \$10,000 for medically necessary C-Section delivery



# Schedule of Benefits

OTHER BENEFITS	
Inpatient Mental Health • To treat a covered diagnosis	100% up to \$25,000
Outpatient Mental Health • Maximum Benefit per Period of Insurance: 30 visits	100% up to \$3,000
Preventive Care and Annual Exams • 0-12 months: 5 visits maximum • Child/Adult: Annual Exam, immunizations • Deductible does not apply	100% up to \$100
Palliative Dental Care • Sudden onset of pain	100% up to \$600
Homeopathic Care and Acupuncture	100% up to \$500
Chemotherapy, Radiotherapy • Inpatient and Outpatient	100% up to \$15,000
Home Health Care • Maximum Benefit per Period of Insurance: 120 Days	100%
Diabetic Medical Supplies • Includes Insulin Pumps and associated supplies	Covered under Prescription Drugs
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +) , AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions • Benefit is not covered if condition was diagnosed a pre-existing condition.	100%
Durable Medical Equipment • Reimbursement of rental up to purchase price	100% up to \$5,000
Alcohol and Drug Abuse • Rehabilitative treatment only	100% up to \$5,000
Prescription Drugs • Up to 31-day supply per prescription • Includes contraceptives • CVS/Caremark network pharmacy is required	100% up to \$10,000
Motor Vehicle Accident • Injuries caused by accident	100% up to \$10,000
Sports Activities • Injuries arising from interscholastic, intramural, and club sports	100% up to \$15,000



# Schedule of Benefits

ADDITIONAL BENEFITS	
Lost Baggage • Expense reimbursement due to flight delays • \$100 Deductible applies	\$150 per item \$500 Maximum Benefit per Period of Insurance
Passport Recovery	Up to \$750 Maximum Benefit per Period of Insurance
Compassionate Care Visit	\$1,000 Maximum Benefit per Period of Insurance
ATM Safe • Provides lost cash replacement for losses occurring during a robbery at an ATM.	\$500 per Occurrence
Medical Evacuation and Repatriation	\$250,000 Maximum Benefit per Period of Insurance
Return of Mortal Remains	\$50,000 Maximum Benefit
Accidental Death and Dismemberment	\$25,000 Maximum Benefit
ACCIDENTAL DEATH AND DISMEMBERMENT	
Principal Sum	\$25,000
Time Period for Loss	90 days
<b>Loss of:</b>	<b>Benefit: Percentage of Principal Sum</b>
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%