



INT'L STUDENT ACCIDENT & SICKNESS PLAN
 TRUSTMARK-LewerMark Insurance Company
 2016-2017 Student Expense Summary Guide
 Policy Number LM-223344-628

BENEFIT	HOSPITAL/CLINIC IN NETWORK	HOSPITAL/CLINIC OUT OF NETWORK
Maximum Benefit (Student)	\$500,000	
Maximum Benefit (Spouse/Child)	\$250,000	
Out of Pocket Expense Maximum	\$6,000.00	
Pre-Existing Condition Benefit (6 months)	\$2,500 max	YOU PAY: 20% of U & C, \$2,500 max
Doctor Office <u>Visit</u>	YOU PAY: \$20 co-pay, 100% PA	YOU PAY: \$35 co-pay, 20% U&C
Doctor Office <u>Consultation</u>	YOU PAY: \$20 co-pay, 100% PA	YOU PAY: \$35 co-pay, 20% U&C
Hospital Room & Board, Misc.	100% of Preferred Allowance, plus \$50 co-pay	80% of U & C, plus \$70 co-pay
Emergency Room	YOU PAY: \$100 co-pay	YOU PAY: \$200 co-pay, 80% U&C
Preventive Care Services	50% of charges, up to \$250 per policy year	
X-ray and Laboratory Services	100% of Preferred Allowance	YOU PAY: 20% of U & C
Prescriptions	100% covered if dispensed as inpatient in the hospital 50% covered if dispensed as outpatient at an in-network Pharmacy up to \$2,500 policy year maximum	NO BENEFITS
Emergency Ambulance Service	100% Up to a maximum of \$1,000 by ground, Up to a maximum of \$10,000 by air	
Coinsurance: (the percentage of covered expenses which the company pays) U & C: (Usual & Customary)	100% of Preferred Allowance	80% of U & C

****Please visit www.studentinsuranceusa.com to find In-Network Pharmacies, Laboratories and Providers**

PLEASE BE AWARE THAT IF YOU ARE TREATED AT A PPO HOSPITAL, IT DOES NOT MEAN THAT ALL PROVIDERS AT THE HOSPITAL ARE PPO DR'S. IF YOU ARE REFERRED BY A DOCTOR TO ANOTHER FACILITY OR DOCTOR, THIS DOES NOT MEAN THAT THEY ARE ALSO PPO PROVIDERS. YOU WILL BE RESPONSIBLE FOR ALL CO-PAYS AND 20% COINSURANCE COSTS.

Updated May 2016