



Study Well, Stay Well

**INTERNATIONAL STUDENT
INSURANCE PLAN**

Student Insurance for a Healthy Future California Lutheran University



Aetna Provider Network with Dedicated Customer Service Team

Aetna International is making health care more affordable, more accessible and less complicated with the combined resources and scale of CVS Health® and Aetna®. It's broad networks offers access to quality care from over 1 million doctors, hospitals, clinics, pharmacies and other health services providers across the United States and offers one of the largest and most widely accepted medical networks. Our U.S.-based customer service helps international students decipher and navigate the U.S. healthcare system. Our representatives can communicate in various languages to help students better understand the coverage and many other personal health topics.

2026/2027 California Lutheran University International Student Medical Plan

All International students enrolled at California Lutheran University are eligible for and are required to purchase this insurance plan. The cost of insurance will be added to your tuition and fees at registration.

Your Cal Lutheran International Student Medical Insurance Plan is serviced by Student Insurance. Vision and Dental Insurance is not included in your plan. If you would like to inquire about coverage for Vision and Dental, please contact your Student Healthcare Expert at (800) 367-5830 or email info@studentinsuranceusa.com.

International Student Medical Plan:
Convex Insurance UK Limited

Telehealth/Peer-to-Peer Provider: Oryn
Health and Kindly Human

Medical Network Provider:
Aetna

The insurance coverage being offered is issued by an insurer that is not licensed by the state of California. These companies are called "nonadmitted" or "surplus line" insurers.

	Effective Date	Term Date	Student Contribution
Undergraduate	08/01/26	07/31/27	\$1,818
Graduate	08/24/26	07/23/27	\$1,818

Summary of Benefits

	In-Network	Out-of-Network
Annual Plan Maximum	\$500,000	
Lifetime Maximum	\$1,000,000	
Annual Deductible	\$0 per individual	\$300 per individual
Out-of-Pocket Maximum	\$0 per individual	\$2,000 per individual
Coinsurance	100% of the PA**	80% of URC* after Deductible
Hospital Room & Board (In-Patient)	100% of the PA**	80% of URC* after Deductible
Surgery (In-Patient & Out-Patient)	100% of the PA**	80% of URC* after Deductible
Physician Office Visit (specialists and consultant visits)	100% of the PA**	80% of URC* after Deductible
Student Health Center	100% Deductible/Copay Waived	
Emergency Services Expense	100% of the PA**	
Urgent Care	100% of the PA**	80% of URC* after Deductible
Outpatient Prescription Drugs (Copay per drug; per 30-day supply)	\$15 Generic Copay	N/A
	\$50 Brand Copay	N/A
	\$75 Preferred Copay	N/A

* URC: Usual, Reasonable and Customary for Covered Medical Expenses

**PA: Preferred Allowance for Covered Medical Expenses

Contact a Student Healthcare Expert

How can we help? Contact us.

Michael Conway

Senior Vice President, Student Insurance

858-361-6550

mconway@studentinsuranceusa.com

Jessica MacDonald

Senior Vice President, Sales

617-388-4168

jmacdonald@studentinsuranceusa.com



Youth Insurance Agency, Inc. DBA Student Insurance | CA License 0386216

6320 Canoga Ave, 12th Floor • Woodland Hills, CA 91367 • studentinsuranceusa.com

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