



## 2025-2026 International Student Insurance Plan Summary

The services below are included in your plan with 24/7 translation assistance.



### Scholastic Emergency Services (SES) An Assist America Partner 1-877-488-9833

In the event of an emergency, SES offers a wide variety of services at no additional charge to the student.

- Medical Evacuation or Transport
- Compassionate Family Visit
- Repatriation of Mortal Remains



### Teladoc Telehealth 1-800-835-2362

Speak with a licensed doctor by web, phone, or mobile app in minutes.

- 24/7 anytime, anywhere
- Treats general medical conditions
- Can prescribe medicine over the phone

### Mental Healthcare 1-877-419-2378

Speak with a licensed counselor or psychiatrist by web, phone, or mobile app.

- Manage anxiety, depression, negative thoughts and more
- Live coaching, digital programs, diverse language providers
- 24/7 Crisis Care



**Plan & Contact Information**  
[www.lewermark.com/nwmissouri](http://www.lewermark.com/nwmissouri)  
[lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)  
1-800-821-7710



**Find a Doctor in Aetna Network**  
[www.lewermark.com/find-a-doctor-or-pharmacy-aetna/](http://www.lewermark.com/find-a-doctor-or-pharmacy-aetna/)



**Claims & Insurance ID Card**  
[www.lewermark.com/student-login/](http://www.lewermark.com/student-login/)

### Northwest Missouri State University

|                                                                             |                                                                   |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Annual Maximum                                                              | \$500,000                                                         |
| Annual Deductible                                                           | \$0                                                               |
| Pre-Existing Condition Benefit<br>(6 months)                                | \$5,000                                                           |
| Student Health Center, Telehealth Visit or CVS Walk-in Clinic               | 100%, \$0 Copay for Eligible Benefits                             |
| Office Visit                                                                | In-Network: 100%, \$20 Copay<br>Out-of-Network: 80%, \$20 Copay   |
| Hospital Visit                                                              | In-Network: 100%, \$100 Copay<br>Out-of-Network: 80%, \$100 Copay |
| Emergency Room Visit                                                        | In-Network: \$100 Copay<br>Out-of-Network: \$100 Copay            |
| Wellness                                                                    | 100% up to \$500 per Policy Year                                  |
| Emergency Ambulance Services<br>(Air & Ground)                              | 100% In and Out-of-Network                                        |
| In-Network Prescription Drugs<br>(up to \$2,500 per Policy Year-Outpatient) | 100% Dispensed as Inpatient<br>50% Dispensed as Outpatient        |
| Self-Inflicted Benefit                                                      | Maximum Benefit per Policy Year: \$15,000                         |
| Medical Treatment of a Mental Condition<br>(per Policy Year)                | Maximum of 30 Days Inpatient<br>Maximum of 30 Outpatient Visits   |
| Physiotherapy (only when prescribed by a Physician)                         | Maximum of 20 Visits per Policy Year                              |

