



# 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/ohiodominican](http://www.lewermark.com/ohiodominican)  
[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/)

Ohio Dominican University	
Annual Maximum	\$300,000
Annual Deductible	\$300
Pre-Existing Condition Benefit (6 months)	\$2,500
Student Health Center, Telehealth Visit or CVS Walk-in Clinic	100%, \$0 Copay for Eligible Benefits
Office Visit	In-Network: 80%, \$20 Copay Out-of-Network: 60%, \$20 Copay
Hospital Visit	In-Network: 80%, \$100 Copay Out-of-Network: 60%, \$100 Copay
Emergency Room Visit	In-Network: \$100 Copay Out-of-Network: \$100 Copay
Wellness	100% up to \$500 per Policy Year
Emergency Ambulance Services (Air & Ground)	80% In and Out-of-Network
In-Network Prescription Drugs (up to \$2,500 per Policy Year-Outpatient)	80% Dispensed as Inpatient 50% Dispensed as Outpatient
Self-Inflicted Benefit	Maximum Benefit per Policy Year: \$15,000
Medical Treatment of a Mental Condition (per Policy Year)	Maximum of 30 Days Inpatient Maximum of 30 Outpatient Visits
Physiotherapy (only when prescribed by a Physician)	Maximum of 20 Visits per Policy Year



License # 13970