



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

### Portland Community College

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|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Annual Maximum                                                                         | \$500,000                                                        |
| Annual Deductible                                                                      | \$100                                                            |
| Pre-Existing Condition Benefit<br>(6 months)                                           | \$2,500                                                          |
| Student Health Center, Telehealth Visit or CVS Walk-in Clinic                          | 100%, \$0 Copay for Eligible Benefits                            |
| Office Visit                                                                           | In-Network: 90%, \$20 Copay<br>Out-of-Network: 70%, \$20 Copay   |
| Hospital Visit                                                                         | In-Network: 90%, \$100 Copay<br>Out-of-Network: 70%, \$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)                                         | 90% In and Out-of-Network                                        |
| In-Network Prescription Drugs<br>(up to Annual Maximum per Policy Year-<br>Outpatient) | 90% Dispensed as Inpatient<br>50% Dispensed as Outpatient        |
| Self-Inflicted Benefit                                                                 | Maximum Benefit per Policy Year: \$15,000                        |
| Medical Treatment of a<br>Mental Condition (per Policy Year)                           | Maximum of 30 Days Inpatient<br>Maximum of 30 Outpatient Visits  |
| Physiotherapy (only when prescribed<br>by a Physician)                                 | Maximum of 20 Visits per Policy Year                             |

