



## 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 therapist or psychologist 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/mlhs](http://www.lewermark.com/mlhs)  
[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/)

### Manitowoc Lutheran High School

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|--------------------------------------------------------------------------|-------------------------------------------------------------------|
| Annual Maximum                                                           | \$500,000                                                         |
| Annual Deductible                                                        | \$0                                                               |
| Pre-Existing Condition Benefit (6 months)                                | \$1,000                                                           |
| 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            |
| Interscholastic, Intramural & Club Sports                                | Maximum Benefit per Policy Year: \$10,000                         |
| Recreational Sports (Copay applies for Eligible Benefits)                | In-Network: 100%<br>Out-of-Network: 80%                           |
| Emergency Ambulance Services (Air & Ground)                              | 100% In and Out-of-Network                                        |
| In-Network Prescription Drugs (up to \$5,000 per Policy Year-Outpatient) | 100% Dispensed as Inpatient<br>100% Dispensed as Outpatient       |
| Self-Inflicted Benefit                                                   | Maximum Benefit per Policy Year: \$10,000                         |
| Medical Treatment of a Mental Condition - Inpatient                      | Maximum Benefit per Policy Year: \$25,000                         |
| Medical Treatment of a Mental Condition - Outpatient                     | Up to 10 Visits per Policy Year                                   |
| Preventive Care, Annual Exams, and Immunizations                         | Maximum Benefit per Policy Year: \$300                            |

