



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/treeoflife lewermarksupport@lewer.com 1-800-821-7710



Find a Doctor in Aetna Network www.lewermark.com/find-a-doctor-or-pharmacy-aetna/



Claims & Insurance ID Card www.lewermark.com/student-login/

Tree of Life Christian Schools

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 Out-of-Network: 80%, \$20 Copay
Hospital Visit	In-Network: 100%, \$100 Copay Out-of-Network: 80%, \$100 Copay
Emergency Room Visit	In-Network: \$100 Copay 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% 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 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

