LewerMark

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/vchs
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/

Valley Christian High School

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

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