

## 2026-27 International Student Insurance Plan Summary

The services below are included in your plan for no extra fee.



### 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.

- 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

**1-800-835-2362**

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

### Bishop State Community College

|                                                                          |                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------|
| Annual Maximum                                                           | \$300,000                                                        |
| Annual Deductible                                                        | \$100                                                            |
| 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: 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/Preventative Care                                               | 100% up to \$500 per Policy Year                                 |
| Emergency Ambulance Services (Air & Ground)                              | 90% In and Out-of-Network                                        |
| In-Network Prescription Drugs (up to \$2,500 per Policy Year-Outpatient) | 90% Dispensed as Inpatient<br>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<br>Maximum of 30 Outpatient Visits  |
| Physiotherapy (only when prescribed by a Physician)                      | Maximum of 20 Visits per Policy Year                             |



### Plan & Contact Information

[www.lewermark.com/bssc](http://www.lewermark.com/bssc)  
[lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)  
 1-800-821-7710



### Find a Doctor in Aetna Network

[lewermark.com/find-a-doctor-or-pharmacy-aetna](http://lewermark.com/find-a-doctor-or-pharmacy-aetna)



### Claims & Insurance ID Card

[lewermark.com/student-login](http://lewermark.com/student-login)