

J Visa Requirements AM Best Rating of A- or Greater	<u>Summary of Benefits</u> This is only a brief description of the benefits available. Full benefits and details are contained in the individual brochure.	Accident & Sickness Insurance Plans For Individuals					Dental / Vision Plans	
		Student Health Advantage Standard Students & Dependents	Student Health Advantage Platinum Students & Dependents	Student Secure Students	Liason Student Students	Patriot Exchange Program Students & Dependents	Multiple Coverage Options	
								
\$100,000	Maximum Benefit Per Injury or Illness	\$300,000	\$500,000	\$100,000 Base (Options to \$500,000)	\$250,000 Base (Options to \$500,000)	\$50,000 Base (Options to \$500,000)	\$2,000	
\$500	Deductible	\$100 per condition; SHC \$5	\$25 *PPO / \$50 Non *PPO / \$5 *SHC	Base \$50 *PPO & *SHC / \$100 Non *PPO	\$25 *PPO / \$50 Non *PPO / \$5 *SHC	\$100	\$50	
\$25,000	Repatriation	\$50,000	\$50,000	\$25,000	\$50,000	\$25,000	Not Applicable	
\$50,000	Medical Evacuation	\$300,000	\$300,000	\$250,000	Policy Maximum	\$50,000	Not Applicable	
* Please note your school may have insurance requirements which exceed your visa requirements.	Co-Insurance U.S.A. (Your Responsibility)	0% Plan Pays 100%	0% Plan Pays 100%	20% Plan Pays 80%	Non USA Citizens 20% to \$10,000 Then	0% Plan Pays 100%	0% for Basic Services	
	Co-Insurance Non-Network U.S.A.	80% to \$5,000, 100% of balance	80% to \$5,000, 100% of balance	20% Plan Pays 80%	0% Plan Pays 80% then 100%	0% Plan Pays 100%	Not Applicable	
	Co-Insurance Outside U.S.A.	100% coverage	100% coverage	0% Plan Pays 100%	USA citizens 0% Plan Pays 100%	0% Plan Pays 100%	Not Applicable	
	Provider Network U.S.A.	First Health	First Health	First Health	Multiplan	First Health	Ameritas Dental	
	Provider Network Outside of the U.S.A.	none	none	Equian	WellAbroad	IMG	Not Applicable	
	Personal Liability Protection	No Coverage	No Coverage	No Coverage	\$100,000	No Coverage	Not Applicable	
Benefit Period	Benefit Period	While Insured & 60 Days After Policy Termination	While Insured & 60 Days After Policy Termination	While Insured & 60 Days After Policy Termination	While Insured	60 Days per Injury or Illness	While Insured	
	Physician Visits	Policy Maximum	Policy Maximum	Policy Maximum	Policy Maximum	*URC 1 Per Day	Not Applicable	
	Prescription Medication	50% of Actual Charges	50% of Actual Charges	50% of Actual Charges	Non-USA Citizens \$10/\$20 co-pay USA citizens \$0 co-pay	*URC		
	Hospitalization	Policy Maximum	Policy Maximum	Policy Maximum	Policy Maximum	Policy Maximum		
	Surgery	Policy Maximum	Policy Maximum	Policy Maximum	Policy Maximum	Policy Maximum		
	Emergency Room	Policy Maximum (Additional \$250 Deductible Applies)	Policy Maximum	Policy Maximum (Additional \$350 Deductible Applies)	Policy Maximum	*URC		
	Diagnostic Testing	Policy Maximum	Policy Maximum	Excluded	Policy Maximum	Policy Maximum		
	Ambulance	\$350 Per Injury or Illness	\$750 Per Injury or Illness	Options to \$750	Options to Policy Maximum	Policy Maximum		
	Intercollegiate Sports	\$5,000 per injury	\$5,000 per injury	Options to \$5,000	No Coverage	No Coverage		
	Maternity	No Coverage	Policy Maximum	Options to Policy Maximum	Options to Policy Maximum	No Coverage		
	Dependent Coverage Available	Yes	Yes	No Coverage	Yes	Yes		Yes
	Eligibility	F, J, M, and Q Visas	F, J, M, and Q Visas	Must Be a Student	Must Be a Student	Student or a Dependent of a Student		Anyone to Age 65
	Pre-Existing Condition Waiting Period	after 12 months of continuous coverage	after 6 months of continuous coverage	Base No Coverage (6 mo. Option)	No Coverage	12 mo. \$500 limit		
Renewability	Renewable	Renewable	Renewable	Renewable	Renewable	Renewable		
Pricing Information Below For All Plans Average Monthly Price for a Student 20 Years Old Purchasing Minimum J Visa Requirements (Dental & Vision Coverage Alone Does Not Satisfy Your Visa Requirement)								
Male	\$87.00	\$146.00	Plans Begin at \$29.45	\$45.92	\$56.45	\$36		
Female	\$87.00	\$146.00	Plans Begin at \$29.45	\$45.92	\$56.45	\$36		
Get Your Personalized Quote and Enroll By Clicking the Button to the Right								
* PPO - Preferred Provider Organization * SHC - Student Health Center * URC - Usual, Reasonable & Customary * Plan Highlights		GROUP PLANS Groups of 5 or More Click on the Custom Quote Button for a Quote						