



Summary of Benefits This is only a brief description of the benefits available. Full benefits and details are contained in the individual brochure.		Accident & Sickness Insurance Plans			Dental & Vision Plan
		GEO-BLUE NAVIGATOR for Long Term Education	Pioneer Elite	Trailblazer Tourer or Explorer	Ameritas
J Visa Requirements		Brochure	Brochure	Brochure	Brochure
\$100,000	Maximum Benefit Per Injury or Illness	Unlimited	\$500,000	\$150,000 or \$250,000	\$2,000
\$500	Deductible	your choice - zero to \$5,000	\$350	\$100 or \$90	\$50
\$25,000	Repatriation	100% to \$25,000	100% to \$500,000	\$50,000	Not Applicable
\$50,000	Medical Evacuation	100% to \$250,000	100% to \$500,000	\$500,000	Not Applicable
* Please note your school may have insurance requirements which exceed your visa requirements.	Co-Insurance In-Network U.S.A.	80% to maximum selected, then 100%	80% to \$25,000; 100% of balance	100% as allocated	0% for Basic Services
	Co-Insurance Non-Network U.S.A.	60%	n/a (no coverage outside USA)	n/a (no coverage outside of USA)	Not Applicable
	Co-Insurance Outside U.S.A.	100%	n/a (no coverage outside USA)	n/a (no coverage outside of USA)	Not Applicable
	Provider Network U.S.A.	Blue Cross	Multiplan	no Network; paid at usual and customary	Ameritas Dental
	Provider Network Outside of the U.S.A.	Blue Cross	none	none	Not Applicable
	Personal Liability Protection	No Coverage	No Coverage	No Coverage	Not Applicable
	Benefit Period	while insured	while insured	while insured	While Insured
	Physician Visits	Policy Maximum; \$30 copay per visit	Policy Maximum; \$30 co-pay	\$50 or \$60 per visit/30 visits	
	Prescription Medication	100% to \$5,000	Drug Card \$25/\$50 co-pay	\$1,000 maximum \$25 co-pay per script	
	Hospitalization	Policy Maximum	Policy Maximum; \$150 co-pay	up to \$1500/day room & board/misc.	
	Surgery	Policy Maximum	Policy Maximum	\$25,000 or \$50,000	
	Emergency Room	Policy Maximum	Policy Maximum; \$150 co-pay	75% to \$10,000	Not Applicable
	Diagnostic	Policy Maximum	Policy Maximum; \$150 co-pay	\$250	
	Ambulance	Policy Maximum	\$750 Per Injury or Illness	\$400	
	Intercollegiate Sports	Policy Maximum	options of \$10,000, \$15,000, \$20,000 per injury	No Coverage	
	Maternity	after 364 days of continuous coverage after 12 months continuous coverage (prior creditable coverage will satisfy waiting period)	after 9 months of coverage	\$5,000 max after 9 months of coverage	
	Pre-Existing Conditions		after 6 months of continuous coverage	after 6 months of continuous coverage	
	Dependent Coverage Available	Yes	Yes	Yes	Yes
	Eligibility	Student isas, scholars, faculty, OPT	F, J, M, and Q Visas	Must be Traveling Out of Home Country	Anyone Can Buy
	Renewability	Renewable to age 75	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	\$241 to \$157 depending on deductible and co-insurance selection	\$197 to \$147 depending upon coverage selected for intercollegiate sports	\$44 to \$58	\$36
	Female	\$241 to \$157 depending on deductible and co-insurance selection	\$197 to \$147 depending upon coverage selected for intercollegiate sports	\$44 to \$58	\$36
Get Your Personalized Quote By Clicking the Button to the Right					
<p>* The Minimum Visa Option's Benefits Differ From Shown</p> <p>* PPO - Preferred Provider Organization</p> <p>* SHC - Student Health Center</p> <p>* URC - Usual, Reasonable & Customary</p> <p>* Plan Highlights</p>		Groups of 5 or More Click the Follow Button for a Custom Quote			