



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			Dental / Vision Plans
		Plan A (A++ Rated) / Student Insurance With Multiple Coverage Options	Plan B (A Rated)/ Our Most Comprehensive Student Option	Plan C (A Rated)/ Affordable Option for Dependents of Students	Multiple Coverage Options
\$100,000	Maximum Benefit Per Injury or Illness	\$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	\$45 *PPO & *SHC / \$90 Non-*PPO	\$25 *PPO / \$50 Non *PPO / \$5 *SHC	\$100	\$50
\$25,000	Repatriation	\$25,000	\$50,000	\$2,500	Not Applicable
\$50,000	Medical Evacuation	\$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)	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.	20% Plan Pays 80%	0% Plan Pays 80% then 100%	0% Plan Pays 100%	Not Applicable
	Co-Insurance Outside U.S.A.	0% Plan Pays 100%	USA citizens 0% Plan Pays 100%	0% Plan Pays 100%	Not Applicable
	Provider Network U.S.A.	First Health	Multiplan	First Health	Ameritas Dental
	Provider Network Outside of the U.S.A.	Equian	WellAbroad	IMG	Not Applicable
	Personal Liability Protection	No Coverage	\$100,000	No Coverage	Not Applicable
	Benefit Period	While Insured & 60 Days After Policy Termination	While Insured	60 Days per Injury or Illness	While Insured
	Physician Visits	Policy Maximum	Policy Maximum	*URC 1 Per Day	Not Applicable
	Prescription Medication	50% of Actual Charges	Non-USA Citizens \$10/\$20 co-pay USA citizens \$0 co-pay	*URC	
	Hospitalization	Policy Maximum	Policy Maximum	Policy Maximum	
	Surgery	Policy Maximum	Policy Maximum	Policy Maximum	
	Emergency Room	Policy Maximum (Additional \$350 Deductible Applies)	Policy Maximum	*URC	
	Diagnostic Testing	Excluded	Policy Maximum	Policy Maximum	
	Ambulance	Options to \$750	Options to Policy Maximum	Policy Maximum	
	Intercollegiate Sports	Options to \$5,000	No Coverage	No Coverage	
	Maternity	Options to Policy Maximum	Options to Policy Maximum	No Coverage	
	Dependent Coverage Available	No Coverage	Yes	Yes	
	Eligibility	Must Be a Student	Must Be a Student	Student or a Dependent of a Student	Anyone to Age 65
	Renewability	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	Plans Begin at \$29.45	\$45.92	\$56.45	\$36
	Female	Plans Begin at \$29.45	\$45.92	\$56.45	\$36
	Get Your Personalized Quote By Clicking the Button to the Right				
* PPO - Preferred Provider Organization * SHC - Student Health Center * URC - Usual, Reasonable & Customary * Plan Highlights		<b>GROUP PLANS</b> Groups of 5 or More Click on the Custom Quote Button for a Quote			