



J Visa Requirements	<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 Plan
		Student Secure Budget	Liason Student	Patriot Travel	Ameritas
		Brochure	Brochure	Brochure	Brochure
\$100,000	Maximum Benefit Per Injury or Illness	\$250,000	\$250,000 Base (Options to \$500,000)	\$50,000 Base (Options to \$1,000,000)	\$2,000
\$500	Deductible	\$45 PPO & SHC / \$90 Non-PPO	\$25 PPO / \$50 Non PPO / \$5 *SHC	Options to \$2,500	\$50
\$25,000	Repatriation	\$25,000	\$50,000	\$50,000	Not Applicable
\$50,000	Medical Evacuation	\$250,000	Policy Maximum	\$500,000	Not Applicable
* Please note your school may have insurance requirements which exceed your visa requirements.	Co-Insurance U.S.A. (Your Responsibility)	20% to \$25,000 then 0%	Non USA Citizens 20% to \$10,000 Then 0%	10% to \$5,000 then 0%	0% for Basic Services
	Co-Insurance Non-Network U.S.A.	No Coverage	0%	20% to \$5,000 then 0%	Not Applicable
	Co-Insurance Outside U.S.A.	0%	USA citizens 0%	0%	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	6 Months Per Injury or Illness	While Insured	
Physician Visits	Policy Maximum	Policy Maximum	Policy Maximum	Not Applicable	
Prescription Medication	50% of Actual Charges	Non-USA Citizens \$10/\$20 co-pay USA citizens \$0 co-pay	Policy Maximum (Deductible Applies)		
Hospitalization	Policy Maximum	Policy Maximum	Policy Maximum		
Surgery	Policy Maximum	Policy Maximum	Policy Maximum		
Emergency Room	Policy Maximum (Additional \$350 Deductible Applies)	Policy Maximum	Policy Maximum (Additional Deductible Non-Admittance)		
Diagnostic	Excluded	Policy Maximum	Policy Maximum		
Ambulance	\$500 Per Injury or Illness	Options to Policy Maximum	Policy Maximum		
Intercollegiate Sports	\$3,000	No Coverage	No Coverage		
Maternity	PPO 80% to \$5,000 / 60% to \$5,000	Options to Policy Maximum	No Coverage		
Dependent Coverage Available	No Coverage	Yes	Yes		Yes
Eligibility	Must Be a Student	Must Be a Student	Must be Traveling Out of Home Country	Anyone Can Buy	
Renewability	Underwritten	Renewable	Underwritten	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	\$44.95 / \$29.45 * Minimum Visa Option	\$45.92	\$41.40	\$36	
Female	\$44.95 / \$29.45 * Minimum Visa Option	\$45.92	\$41.40	\$36	
Get Your Personalized Quote By Clicking the Button to the Right					
* The Minimum Visa Option's Benefits Differ From Shown * PPO - Preferred Provider Organization * SHC - Student Health Center * URC - Usual, Reasonable & Customary * Plan Highlights		Groups of 5 or More Click the Follow Button for a Custom Quote			