VISIT® International Health Insurance

www.visitinsurance.com/scholar
703-660-9062 * info@visitinsurance.com

J-1 Scholar Compliant Basic & Enhanced Plans

Benefit	Explorer	Patriot Exchange	Scholar/Premier	CROMO/Premier	StudentSecure	UHC Basic
Age	Up to age 69	Up to age 64	Up to age 45	Up to age 45	Up to age 64	Up to 30+
Dependents	Yes (rate same as J-1. J-1 not required)	Yes (rate same as J-1)	Yes	Yes	No	Yes
Medical Maximum	$100,000 to $1 Million	$100,000 to $500,000	$250,000 or $500,000	$100,000 or $250,000	$100,000 to $500,000	$500,000
Maximum Out-of-Pocket	Deductible and copays only	$1,000 + Deductible	$6,950	$6,950	$2,000 to $20,000	No cap
Deductible	$0, $100, $250, or $500 Annual	$0, $100, $250, or $500 per illness/injury	$100 or $500 per illness/injury	$100 per illness/ injury	$0	$100 or $500 Annual
Coinsurance	100%	90%	80%	80%	80%	80%
Copays	Walk-in: $15 Urgent Care: $25	Walk-in: $15 Urgent Care: $25	Office Visit: $0 to $25 Urgent Care: $0 or $45	Office visit: $25 or $0 Urgent Care: $45 or $0	Office Visit: $20-$75 Urgent Care: $30-$100	Office Visit: $20-$75 Urgent Care: $50
ER Coverage	Up to Med Max $250 Deductible	Up to Medical Max $500 Deductible	Up to Medical Max. $250 Deductible	Up to Med Max $250 Deductible	Up to Medical Max. ER: $100 to $350	Up to Medical Max. $200-$300
Telehealth	Included	Included	Included	Included 10 visits/year	Included	Included
Prescription	80% Reimbursement	90% Reimbursement	$20/$40/$60 copay	$20/$40/$60 copay	50% Reimbursement	$20/30%/45%
Mental Health	Outpatient: $500 ($50 per visit) In-Patient: $10,000 Mental Telehealth (Optional)	Outpatient: $500 ($50 per visit) In-Patient: $10,000	Outpatient: 80% $25 Copay In-Patient: 80%	80% $25 copay	Outpatient: 30-40 visits Inpatient: 30-40 Days	Paid as any other sickness
Preventive Care	No Coverage	No Coverage	$250 Max (Premier)	No Coverage	$250 (Elite Only)	$1,000 Maximum
Pre-existing conditions	No Coverage	Period of coverage limit (after 12 months): $500 $1,500 max	No Coverage	6-month waiting period	6-month waiting period (Select & Elite only)	6-month waiting period
Maternity	No Coverage	No Coverage	80% (Premier)	$7,000 (Premier only)	$15,00 (Elite Only) $10,000 (Select Only)	Paid as any other sickness
Medical Evacuation	$50,000	$50,000	$50,000	$50,000	$50,000 to $300,000	Unlimited
Repatriation	$25,000	$25,000	$25.000	$25,000	$25,000 to $50,000	Unlimited
Accidental Death	$25,000	$25,000	$10,000	$10,000	$25,000 (Select & Elite)	$5,000
PPO Network	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Minimum Enrollment	No Minimum	1-Months Minimum	5-Months Minimum	5-Months Minimum	1-Months Minimum	3-Months Minimum
AM Best Rating	SiriusPoint Specialty "A-" AM Best Rating	SiriusPoint Specialty "A-" AM Best Rating	Arch R. Arch Capital Group Ltd. "A+" AM Best Rating	Arch R. Arch Capital Group Ltd. "A+" AM Best Rating	TMHCC (CI) Insurance SPC Ltd A++ AM Best Rating	UnitedHealthcare "A+" AM Best Rating

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J-1 Compliant – Unlimited Medical Plans

*J-1 must be engaged in academic work at a College or University. Credit Hours not required but must show proof of program.

Benefit	ROYAL	UHC Global PLUS	UHC Global ELITE	BCBS Navigator
Age	Up to age 45	Up to age 45	Up to age 45	Up to age 45
Dependents	No	Yes	Yes	Yes
Medical Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Out-of-Pocket	$6,000 to $8,000	$6,850	$5,000	$5,000
Deductible	$0, $100 or $500 per illness/injury	$100 or $500 Annual	$100 or $500 Annual	$0 to $500 Annual
Coinsurance	80% or 90%	80%	90%	80%
Copays	Office Visits: $30 Urgent Care: $50	Office Visit: $30 Urgent Care: $50	Office Visit: $25 Urgent Care: $50	Office Visit: $30 Urgent Care: $75
ER Coverage	Up to Med Max $250 Deductible	Up to Medical Max $250 Deductible	Up to Medical Max $200 Deductible	Up to Medical Max. paid at 80%
Telehealth	Included	Included	Included	Included
Prescription	$10/$20/$40	$15/30%/45%	$15/30%/45%	$5,000 Max coverage
Mental Health	80% or 100%	80%	90%	80% ($30 copay)
Preventive Care	Included	Included	Included	80%
Pre-existing conditions	Included no waiting period	Included no waiting period	Included no waiting period	12-month waiting period unless prior insurance. Plan is medically underwritten.
Maternity	Included as any other illness	Included as any other illness	Included as any other illness	Available to add after 12 months. Will increase rate.
Medical Evacuation	$100,000	Unlimited	Unlimited	$250,000
Repatriation	$25,000	Unlimited	Unlimited	$25,000
Accidental Death	$30,000	$5,000	$5,000	$10,000
PPO Network	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	BCBS
Minimum Enrollment	Minimum 5-Months	Minimum 3-Months	Minimum 3-Months	Minimum 3-Months
AM Best Rating	Arch R. Arch Capital Group Ltd. "A+" AM Best Rating	UnitedHealthcare "A+" AM Best Rating	UnitedHealthcare "A+" AM Best Rating	Blue Cross Blue Shield "A" AM Best Rating