



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

Educational Partners International TEACHER Health Insurance - Plan E Plus Frequently Asked Questions

www.visitinsurance.com/epi.html.

What IS Covered by VISIT® Plan E Plus?

- **Medical Expenses - \$100,000 per each accident or illness**
Plan E Plus provides coverage for Accidents & Illness and medical emergencies. Your Plan will cover visits to a Doctor, Specialist, Minute Clinic, Urgent Care, Emergency Room and Hospital, as well as associated X-rays, Lab work and Prescriptions.

VISIT® Plan E Plus uses the UnitedHealthcare Medical Provider Network. **Be sure to have your doctor notify UnitedHealthcare in the event of any scheduled Hospitalization, Surgery and MRI/CAT Scans.**

An Emergency Room should only be used in the event of a life-threatening Medical Emergency.
- **Home Country Coverage** - *Your plan includes coverage for Incidental Trips to your Home Country:* Up to \$50,000. A maximum of 60 days per year.
- **Dental** - The plan will pay up to \$500 for repair to a tooth due to an accident. Coverage is for accidents only.
- **Repatriation and Medical Evacuation are included in your Plan E Plus.**

The policy details are available for download on our website at www.visitinsurance.com/epi.html.

What is NOT Covered by VISIT® Plan E Plus?

- **Preventive Care** - Preventive care and vaccinations are NOT covered by Plan E Plus. However, EPI teachers will receive a separate **Crescent Health Solutions** insurance card that **will be used for Preventive care and Vaccines**. **This coverage is for EPI Teachers ONLY.** When you are visiting the doctor for these services, please present the **Crescent Health Solutions** insurance card, rather than then the VISIT® Plan E Plus UnitedHealthcare ID Card. (When visiting the doctor for an accident and/or illness, then you will present the VISIT® Plan E Plus UnitedHealthcare ID card.) If you have any questions regarding the Preventive Care coverage, please contact **Crescent Health Solutions at 828-670-9145 and enter extension 104 directly.**
- We also offer optional health plans (the SHA and GEO BLUE Plans) that provide some coverage for pre-existing conditions, mental health and maternity. These optional plans have higher premiums.
- **Pre-existing conditions** - Any medical condition, sickness, injury, illness, disease that existed at the time of application or any time during the 36 months **prior** to the effective date of coverage under this policy is NOT covered. The SHA and GEO BLUE Plans provide some coverage for pre-existing conditions. Please contact **VISIT® at 703-660-9062** for more information.



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- **Mental Health** - Any mental and nervous disorders or rest cures are NOT covered. This includes treatment for anxiety, depression, and stress related conditions. Treatments by a Psychologist, Psychiatrist, Counselor or Medical Physician that has diagnosed a mental/nervous condition are not covered. The SHA and GEO BLUE Plans provide some coverage for Mental Health. Please contact VISIT® at 703-660-9062 for more information.
- **Maternity** - Maternity including Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage is NOT covered by Plan E Plus. **The SHA Plan** provides coverage for maternity, however, you MUST be on the plan **prior to conception**. The **GEO BLUE** Plan is available for coverage if you are already pregnant. Please contact VISIT® at 703-660-9062 for more information.
- **Dental** - Regular dental care, treatment for cavities, root canals, and any other dental condition is not covered. Damage to a tooth due to an accident is covered to a maximum of \$500.
- **Vision** - Glasses and Eye Exams are not covered. Infections and medical conditions like Pink Eye may be covered. Please contact the Claims Office with any specific medical condition questions.
- **Team Sports** - Injury due to competitive team sports is not covered. Recreational sports injuries are covered under the medical coverage on the policy.

How to Use Your VISIT® Plan E Plus Insurance

- **What Doctors Can I See?**

The **NEW** PPO Network for Plan E Plus is the **UnitedHealthcare Network**. To find a local doctor, please go to <http://sevendcorners.welcometouhc.com/find-a-doctor>

When calling your medical provider or presenting your ID card say:

"My healthcare coverage uses the *UnitedHealthcare Network* and I found your name in the directory."

- **Health Insurance ID card**

In the event you need medical attention, present your VISIT® Plan E Plus Health Insurance ID Card to your attending doctor. Your UnitedHealthcare ID card includes a **Member ID Number** and a **Group Number** that the Doctor's Office or Hospital will need to submit your claim electronically to UnitedHealthcare. If you need a copy of your UnitedHealthcare Health Insurance Card, please contact VISIT® Insurance at 703-660-9062 or by email at epi@visitinsurance.com.

- **Deductible**

Your policy has a **\$100 ANNUAL DEDUCTIBLE**. This means you are responsible for the first \$100 of medical expenses each year. The policy year is **August 1, 2018 – July 31, 2019**.

- **Co-insurance**

Your policy has 80/20 Co-insurance to the first \$5,000 of Medical Expenses. This means that you will pay 20% and the Insurance Company will pay 80% of covered medical expenses for the first \$5,000 (after you pay the deductible). After the first \$5,000 of Medical Expenses the Insurance Company thereafter will pay 100% of covered Medical expenses up to the policy maximum of \$100,000 per accident or illness.

For each policy year, your maximum out of pocket expense is \$1,100 including the deductible and co-insurance.



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Filing a Claim

- **DOCTOR Claim Form**

Be sure your Doctor files your claim through **UnitedHealthcare** using the information found on your VISIT® Plan E Plus ID Card. This will allow your doctor to file your claim electronically which will help expedite the claims process. Your ID card includes a Member ID Number and a Group Number your Doctor must use to file the claim properly. Improperly filed claims may be delayed or denied.

UnitedHealthcare Member ID: xxxxx

(This number is found on your ID Card and is unique for each person)

UnitedHealthcare Group Number: 908211

Your Doctor may contact UnitedHealthcare at **1-855-263-0524** with any questions on how to submit a claim.

- **PATIENT Claim Form**

You must also complete a **Patient Claim Form**. This is a separate form than the Claim information provided by your Doctor. **Claim Forms** can be downloaded at www.visitinsurance.com/epi.html or for dependents, please go to www.visitinsurance.com/epij2.html. You must submit the completed PATIENT Claim Forms to VISIT® by email: epi@visitinsurance.com or fax: 703-991-9164.

- **How can I be reimbursed for medical payments I paid?**

Any medical expense you have paid may be submitted to the claims office for reimbursement. Please complete and submit a PATIENT Claim Form and include all receipts for expenses you have paid.

- **How do I Pay for My Prescriptions?**

In addition to your VISIT® Plan E Plus Health Insurance ID card, you will receive two **Discount Drug Cards (WellCard and AllyHealth)** for your Prescriptions. When going to the pharmacy, please present both Discount Drug Cards. If the prescription is eligible for either discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. **To be reimbursed for the remaining balance of the prescription, please submit a PATIENT Claim Form with your receipt and a copy of your prescription.** The deductible and co-insurance apply.

Important Contact Information

Please feel free to contact VISIT® for enrollment, renewal, coverage questions, or for general assistance with your claim.

- **VISIT® International Health Insurance**

PO Box 210, Mount Vernon, VA 22121

Contact: Lori Pederson

Email: lori@visitinsurance.com or epi@visitinsurance.com

Phone: (703) 660-9062

Fax: (703) 991-9164

Hours: Monday – Friday 9:00am to 6:00 pm

After hours please contact us by Email at lori@visitinsurance.com or epi@visitinsurance.com

***Please be sure to note in your email that you are an EPI Teacher.**

- **For emergency and other assistance services** call Assist 24/7:

1-800-690-6295 (toll free) or

0-317-818-2808 (collect)



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Educational Partners International SPOUSE/DEPENDENT Health Insurance - Plan E Plus Frequently Asked Questions

www.visitinsurance.com/epij2.html

As required by the U.S. State Department, all Spouse/Dependent(s) must maintain continuous Health Insurance while they have an active J-2 visa, regardless of whether the dependent is within the United States. The VISIT® Plan E Plus for Dependents is the same Plan that is provided to the EPI Teachers.

Plan E Plus Spouse/Dependent Monthly Rates:

\$100,000 Medical Per Accident or Illness / \$100 Annual Deductible

Age	Monthly Rate
0-29	\$53.94
30-39	\$71.30
40-49	\$112.53
50-59	\$168.95
60-69	\$213.59

How do I Purchase NEW Health Insurance for my Spouse/Dependent(s)?

If your Spouse/Dependent(s) are new to the USA, please go to <http://www.visitinsurance.com/epij2.html> and choose the **NEW PURCHASE** option. The **Start Date** of the Insurance should be the date your Spouse/Dependent(s) are scheduled to arrive in the USA. The **END DATE** should be the last day of the month. As an example, if your Spouse/Dependent arrives in the USA on August 1, 2018 the **Start Date will be August 1** and the **End Date will be August 31, 2018**. **Be sure you are purchasing the \$100,000 Medical Plan with \$100 Deductible.**

If you need assistance purchasing the Health Insurance, or the Start Date you need has already passed, please contact VISIT® at 703-660-9062 or by email epi@visitinsurance.com.

How do I RENEW the Health Insurance for my Spouse/Dependent(s) each month?

- Each month you will receive an email Renewal Notice reminding you to Renew your spouse/dependent(s) Insurance for the upcoming month. **IMPORTANT:** The Renewal month must be paid in advance by the end of the current month. As an example, for the month of September, the Renewal must be paid by August 31.
- If you do not receive the Renewal reminder email, please go to www.visitinsurance.com/epij2.html and choose the RENEWAL option to renew. Contact VISIT® Insurance for assistance at 703-660-9062 or by email at epi@visitinsurance.com.
- You may Renew Monthly, or for several months at one time. If paying MONTHLY, please put the **Select New Coverage End Date** as the last date of that renewal month. As an example, use **09/30/2018** as the "end date" for SEPTEMBER 2018. Each month you will receive an email reminder to pay for the next, upcoming month.

Your Health Insurance is required to be purchased IN ADVANCE. For most Teachers and Dependents, the monthly expiration/renewal deadline is the **LAST DAY** of the current month (such as August 31).



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Therefore, the **DEADLINE** for your insurance payment is on or before the last day of the current month, to purchase coverage in advance for the following month. Please remember you **MUST RENEW NO LATER THAN** the expiration/renewal date, so that the insurance will continue for the following month without any interruption. Any payment after the Deadline will cause a LAPSE in coverage and is a violation of your US State Department J-Visa status.

If you have missed the deadline to Renew, please contact VISIT[®] Insurance at 703-660-9062 or by email at epi@visitinsurance.com. We will need to process the payment for you after the deadline. Please **DO NOT Purchase** a new policy as this will cause a lapse in coverage and may affect any outstanding claims.

NOTE: Your credit card will not be automatically charged each month unless you sign-up for the AUTOMATIC PAYMENT option (see below). You will need to Renew each month by using the link you receive by email (or the Renewal Link on the webpage www.visitinsurance.com/epij2.html).

- **SPOUSE/DEPENDENT(S) AUTOMATIC RENEWAL FORM**

We offer the option to have your Spouse/Dependent(s) Renewal processed automatically each month. If you would like us to renew for you each month, please complete the [AUTOMATIC RENEWAL FORM](#). Completed forms can be emailed to us at epi@visitinsurance.com. A completed form with your signature is required to activate the autorenewal process. Automatic Payment renewal ensures continuous coverage and compliance with insurance regulations. **Sign up Today!**



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VISIT[®] PLAN E Plus Overview

Coverages	E ^{PLUS}
Accident & Sickness Medical Routine physical exams and vaccinations are <u>not</u> covered by the Plan E Plus.	\$100,000 Medical Maximum per injury or illness Illnesses (examples of illnesses typically covered: cold, flu, pneumonia, infection, new allergies, bronchitis, urinary tract infection, conjunctivitis, pelvic pain, cyst, rash, eye swelling, nausea/vomiting, animal bites, ear infection, sinus pain, cuts, heart attack, stroke, high fever, sudden/severe stomach pains, etc.) Accidents (examples of injuries typically covered by the Plan: medical expenses related to a car accident (max \$50,000), broken bone, back injury due to a fall, injury from recreational sports, twisted or sprained ankle or wrist, etc.)
Deductible For a covered medical expense, the Deductible is the portion of your medical bill that is your responsibility.	\$100 Annual Deductible (one time per year)
Co-insurance Your share of the costs of a covered health care service, calculated as a percent (20%) of the allowed amount for the service.	After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical maximum
Prescriptions Prescription expenses are covered on a reimbursement basis after deductible and any applicable discount.	In addition to your Health Insurance ID card, you will receive two Discount Drug Cards (WellCard and AllyHealth) for your Prescriptions. When going to the pharmacy, please present both Discount Drug Cards. If the prescription is eligible for a discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. To be reimbursed for the remaining balance of the prescription, please submit a Claim Form with your receipt and a copy of your prescription. The deductible and co-insurance apply.
Local Ambulance	\$5,000
Emergency Medical Evacuation	up to \$100,000
Repatriation of Mortal Remains	up to \$25,000
Pre-existing condition coverage	No coverage for any medical condition, sickness, Injury, Illness, disease that existed at the time of application or any time during the 36 months prior to the effective date of coverage under this policy.
AD&D - Accidental Death & Dismemberment	\$25,000 per Insured/Spouse \$5,000 per Dependent Child
Maternity coverage	no coverage Coverage available through the SHA and GEO BLUE Plans.



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Home Country coverage	60 days per 12 months of coverage up to \$50,000
Dental (Accident Coverage only)	To a maximum of \$500 (available only if purchased for 1 month or more)
Personal Liability	\$100,000 / \$25,000 Property Damage
Hazardous Sports (Includes: Hang gliding, parachuting, bungee jumping, and snowmobiling, jet skiing, water skiing, snow skiing, spelunking, parasailing, and snowboarding.)	Optional coverage (must be added to be covered)
Trip Interruption	up to \$5,000
Return of minor child	up to \$10,000
Lost baggage	up to \$250
Assistance Services	Included



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Educational Partners International Optional Health Plan #1 STUDENT HEALTH ADVANTAGE (SHA)

www.visitinsurance.com/episha.html

What IS Covered?

- **Medical Expenses - \$500,000 per accident or illness**

The **Student Health Advantage Plan** provides coverage for Accidents & Illness and medical emergencies. Your Plan will cover visits to a Doctor, Specialist, Minute Clinic, Urgent Care, Emergency Room and Hospital as well as associated X-rays, Lab work and Prescriptions.

The SHA Plan uses the IMG/First Health Medical Provider Network. **Be sure to have your doctor notify the IMG Claims Office in the event of any scheduled Hospitalization, Surgery and MRI/CAT Scans.**

An Emergency Room should only be used in the event of a life-threatening Medical Emergency

The following Additional Coverages ARE included by the Student Health Advantage Plan that are NOT included on Plan E PLUS:

- **Maternity coverage** (You must be enrolled in the SHA Plan **before** Conception for maternity.)
- **Pre-existing conditions covered after 6 months**
- **Mental Health Coverage** – Outpatient: \$500 Maximum (\$50 per visit); Inpatient: \$10,000
- **Team Sports Coverage** - \$5,000 per accident/injury related to team sports (recreational sports are covered under the regular medical coverage)

Student Health Advantage Monthly Rates:

The Teacher must be enrolled for their Spouse and/or Child to be eligible.

Age	Teacher Monthly Rate	Spouse Monthly Rate
19-23	\$116	\$472
24-30	\$135	\$522
31-40	\$242	\$695
41-50	\$395	\$718
51-64	\$527	\$718
Dependent Child 30 days to 18 years old (or 25 if a full-time student) Monthly Rate	\$101	

*\$65 EPI monthly fee will also be charged each month.



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Educational Partners International Optional Health Plan #2 GEO BLUE

www.visitinsurance.com/epi-geoblue.html

What IS Covered?

- **Medical Expenses - Unlimited Medical coverage**

The **GEO BLUE** provides coverage for Accidents & Illness and medical emergencies. Your Plan will cover visits to a Doctor, Specialist, Minute Clinic, Urgent Care, Emergency Room and Hospital as well as associated X-rays, Lab work and Prescriptions.

The GEO BLUE Plan uses the Blue Cross/Blue Shield Medical Provider Network. **Be sure to have your doctor notify Blue Cross/Blue Shield in the event of any scheduled Hospitalization, Surgery and MRI/CAT Scans.**

An Emergency Room should only be used in the event of a life threatening Medical Emergency

The following Additional Coverages ARE included by the GEO BLUE Plan that are NOT included on Plan E PLUS:

- **Maternity coverage** (You may enroll in the GEO BLUE plan even if you are already pregnant)
- **Pre-existing conditions covered with NO waiting period**
- **Mental Health Coverage** – Covered as any other illness
- **Preventive Care** – paid at 100% In Network

GEO BLUE Monthly Rates:

The Teacher must be enrolled for their Spouse and/or Child to be eligible.

Age	Teacher	Teacher & Spouse	Teacher & Child	Family
All ages	\$517	\$1,240	\$952	\$1,912