

## How Do I Apply?

Apply Online at [www.visitinsurance.com](http://www.visitinsurance.com)  
or Complete this Application

### VISIT® Insurance Application

**INSTRUCTIONS:** Please complete all information on the following application. Incomplete applications may cause a delay in processing your application. **Please print clearly.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please indicate an address in the USA)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Tel (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

VISA Status: J1 F1 J2 F2 Other: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Number of Coverage Days: \_\_\_\_\_ Renewal: Yes / No  
(Include the first and last day of coverage)

E<sup>PLUS</sup>

**Medical Maximum: Choose:**  \$50,000  \$100,000

\$250,000  \$500,000  \$1,000,000

**Deductible:**  \$0  \$100  \$250  \$500 per policy period

with Hazardous Sports

Type of Insurance Plan: **Student or Spouse or Child**

Economy \$100K  Economy \$250K

Standard \$100K  Standard \$250K

Super \$100K  Super \$250K

Platinum \$100K  Platinum \$250K

**VISIT® Lite:** Please contact us for rates

Name of the University or College in which you are enrolled: (please complete if you are a student):  
\_\_\_\_\_

Family Members to be covered on this policy (name, date of birth, relationship): **Premiums are per person.**  
\_\_\_\_\_  
\_\_\_\_\_

**Maximum policy term is 12 months**, but you may re-enroll for successive terms, as desired. Applicant must meet application criteria, and all conditions and pre-existing exclusions apply.

These rates are for persons traveling abroad and their family members traveling with them. Please review the plan overviews carefully prior to purchasing the policy. Please call 1-800-247-5575 if you have any questions.

**Cancellation Policy.** All premiums are fully earned upon Application, and are **Non-Refundable**. Please apply only for the term of coverage you need, and re-apply as necessary as your plans may change.

**Payment Total for All Applicants:** \$ \_\_\_\_\_  
(Premiums are Per Person)

#### SELECT PAYMENT METHOD:

CHECK or MONEY ORDER (Payable to **VISIT**)

MasterCard  VISA  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Print Name as it appears on your Credit Card:  
\_\_\_\_\_

**FRAUD ADVISORY:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud. Insurance fraud may include deliberate misuse of coverage verification during University registration.

**APPLICANT STATEMENT:** I have read the above application, fraud advisory, and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**MAIL the Completed Application & Premium to:**

**VISIT® International Health Insurance Program**  
**PO Box 210, Mount Vernon, VA 22121**  
**Enroll by Phone: 1-800-247-5575**  
**Enroll by Fax: 1-703-991-9164**

**Enroll ONLINE at**  
**[www.visitinsurance.com](http://www.visitinsurance.com)**



# VISIT® International Health Insurance USER GUIDE to VISIT® Health Plans 2017-2018

Visit [www.visitinsurance.com](http://www.visitinsurance.com) to **ORDER ONLINE** & for Plan details  
Phone: 1-800-247-5575 / Email: [info@visitinsurance.com](mailto:info@visitinsurance.com) / Mobile Site: [www.visit.insure](http://www.visit.insure)

**ALL VISIT® Health Plans are J-1 Exchange Visitor Program Compliant**

International Health Plan Types			
<p style="text-align: center;"><b>TRADITIONAL Health Plans</b> Starting at <b>\$25 per month</b> Daily Rates Available</p> <p style="text-align: center;">(Rates are based on Age &amp; Plan)</p>	<p style="text-align: center;"><b>ENHANCED Health Plans</b> Starting at <b>\$84.63 per month</b> 1 Month minimum purchase</p> <p style="text-align: center;">(Rates are based on Age &amp; Plan)</p>	<p style="text-align: center;"><b>AFFORDABLE CARE ACT ACA Equivalent Plans</b> Starting at <b>\$84.90 per month</b> 3 Month minimum purchase</p> <p style="text-align: center;">(Rates are based on Age &amp; Plan)</p>	<p style="text-align: center;"><b>STUDY ABROAD &amp; OUTBOUND</b> (Any Travel <u>outside</u> Home Country) Daily Rates Available</p> <p style="text-align: center;">(Rates are based on Age &amp; Plan)</p>
<p style="text-align: center;"><b>OVERVIEW</b></p> <ul style="list-style-type: none"> <li>Meets J-visa Requirements (\$100K+)</li> <li>Choice of Medical Coverage – \$50K up to \$1 Million Medical</li> <li>Choice of Deductible - \$0 up to \$500</li> <li>Repatriation and Medical Evacuation</li> <li><b>Some Plans may <u>not</u> include:</b> Maternity, Pre-Existing, Team Sports, Mental Health &amp; Preventive Care</li> <li><i>Less Expensive than School Plans!</i></li> </ul>	<p style="text-align: center;"><b>OVERVIEW</b></p> <ul style="list-style-type: none"> <li>Exceeds J-visa Requirements</li> <li>Higher Medical - More Coverage</li> <li>Repatriation and Medical Evacuation</li> <li><b>Most Plans include:</b> Maternity, Pre-Existing Conditions (6 or 12 month waiting period), Team Sports &amp; Mental Health</li> </ul>	<p style="text-align: center;"><b>OVERVIEW</b></p> <ul style="list-style-type: none"> <li>Exceeds J-visa Requirements</li> <li>UNLIMITED Medical Coverage</li> <li>Repatriation and Medical Evacuation</li> <li><b>Most Plans include:</b> Preventive Care, Maternity, Pre-Existing Conditions (6 month or NO waiting period), Team Sports, Mental Health &amp; Prescription Rx card</li> </ul>	<p style="text-align: center;"><b>OVERVIEW</b></p> <ul style="list-style-type: none"> <li>ANY Worldwide Travel</li> <li>Study Abroad</li> <li>Students &amp; International Travelers</li> <li>Visiting Faculty &amp; Teacher Exchange</li> <li>Business/Leisure Travel &amp; Expats</li> <li>Choice of Medical Coverage - \$50,000 up to \$1 Million Medical</li> <li>Choice of Deductible - \$0 to \$2,500</li> <li>Repatriation and Medical Evacuation</li> </ul>
<p style="text-align: center;"><b>STUDENT or TRAVELER Worldwide</b></p> <ul style="list-style-type: none"> <li><b>Plan E PLUS - ANY Visa Accepted!</b> Student, Family, Faculty &amp; Travelers \$100K-\$1MM Med, Annual Deductible <i>Worldwide</i>, from <b>\$25 a month</b></li> <li><b>VISIT® Lite - NEW Plan Low Price</b> Student Plan, Choose Medical &amp; Deductible, 100% No Co-insurance, Mental Health &amp; Acute Onset</li> <li><b>VITAL - NEW Plan</b> 100% Plan with No Co-insurance, Mental Health, Team Sports and Pre-existing with 12 month wait</li> <li><b>Patriot Exchange Plan PEP</b> - \$50K - \$500K Medical, 100% coinsurance \$100 per illness/accident deductible</li> <li><b>Atlas - ANY Visa Accepted!</b> Choose \$50K up to \$1MM Medical Choice of Deductibles - \$0 to \$2,500</li> </ul>	<p style="text-align: center;"><b>STUDENT, SCHOLAR &amp; FAMILY</b></p> <ul style="list-style-type: none"> <li><b>Student Health Advantage</b> \$300K or \$500K Medical &amp; \$25 Ded Pre-ex with 6 or 12 month wait</li> <li><b>Basic</b> - \$500K Medical &amp; \$100 Ded Pre-existing with 6 month wait</li> <li><b>Liaison Student</b> - \$250K up to \$1MM Medical &amp; \$25 Deductible</li> <li><b>Student Express</b> - \$100K - \$500K Medical &amp; \$50 or \$100 Deductible</li> <li><b>StudentSecure</b> (Students only) \$100K up to \$500K Med, \$25 Ded, Pre-existing with 6 month wait</li> <li><b>Economy, Standard &amp; Super</b> \$100K or \$250K Med, \$100 Ded, Pre-existing with 12 month wait</li> <li><b>Platinum</b> \$100K or \$250K Med, \$100 Ded, Pre-existing with 6 month wait</li> </ul>	<p style="text-align: center;"><b>ACA Equivalent Plans</b></p> <ul style="list-style-type: none"> <li><b>PLUS</b> – Unlimited Medical \$100 Deductible / 80% Coinsurance</li> <li><b>SPORTS PLUS</b> – Unlimited Medical \$100 Deductible / 80% Coinsurance \$10,000 per injury Sports coverage</li> <li><b>PREFERRED</b> – Unlimited Medical \$50 Deductible / 90% Coinsurance</li> <li><b>HIGH SCHOOL</b> High School Group-Only Plan</li> <li><b>GeoBlue</b> – Unlimited Medical \$0 to \$500 Ded / 80% Coinsurance Optional Maternity</li> </ul>	<p style="text-align: center;"><b>STUDY ABROAD &amp; OUTBOUND</b></p> <ul style="list-style-type: none"> <li><b>Traditional Plans</b> – Choose from: Plan E PLUS - <i>NEW Lower Rates</i> VITAL - <i>NEW Plan</i> Patriot International Patriot Exchange (PEP) Atlas</li> <li><b>Enhanced Plans</b> – Choose from: Student Health Advantage Liaison Student Student Express StudentSecure</li> <li><b>ACA Equivalent Plans</b> GeoBlue</li> </ul>

Order Your Free Brochures Today at [info@visitinsurance.com](mailto:info@visitinsurance.com)

Ask how VISIT® can Assist You with Your International STUDENT ORIENTATION



## VISIT® International Health Insurance

International Health Plans & Rates 2017-2018 *Effective July 1, 2017*

Visit [www.visitinsurance.com](http://www.visitinsurance.com) to **ORDER ONLINE** & for Plan details

**ALL VISIT® Health Plans are J-1 Exchange Visitor Program Compliant**

### Plan E PLUS Monthly Rates (standard 30-day month. *New Lower Rates for Study Abroad/Outbound*)

Choose from \$50,000, \$100,000, \$250,000, \$500,000 OR \$1,000,000 Medical Maximum (Per Accident or Illness)

Age	\$50,000 Medical				\$100,000 Medical				\$250,000 Medical			
	\$500 Deductible	\$250 Deductible	\$100 Deductible	\$0 Deductible	\$500 Deductible	\$250 Deductible	\$100 Deductible	\$0 Deductible	\$500 Deductible	\$250 Deductible	\$100 Deductible	\$0 Deductible
0-29	\$33.90	\$38.10	\$41.70	\$48.90	\$42.30	\$47.40	\$52.20	\$61.50	\$48.00	\$53.40	\$59.10	\$69.60
30-39	\$45.30	\$50.40	\$55.20	\$65.10	\$56.70	\$62.70	\$69.00	\$81.30	\$63.90	\$70.80	\$78.00	\$92.10
40-49	\$71.10	\$78.90	\$87.30	\$102.90	\$89.10	\$99.00	\$108.90	\$128.70	\$100.50	\$111.30	\$122.40	\$144.90
50-59	\$107.10	\$119.10	\$130.80	\$154.50	\$133.50	\$148.80	\$163.50	\$193.50	\$151.20	\$167.70	\$184.20	\$218.10
60-64	\$133.80	\$148.80	\$163.50	\$193.50	\$167.40	\$186.00	\$204.60	\$241.80	\$188.70	\$209.70	\$230.70	\$272.70
65-69	\$166.50	\$184.80	\$203.70	\$240.60	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70-79	\$210.00	\$233.10	\$256.80	\$303.30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Age	\$500,000 Medical				\$1,000,000 Medical			
	\$500 Deductible	\$250 Deductible	\$100 Deductible	\$0 Deductible	\$500 Deductible	\$250 Deductible	\$100 Deductible	\$0 Deductible
0-29	\$52.80	\$59.10	\$64.80	\$76.50	\$57.60	\$63.90	\$69.90	\$83.10
30-39	\$70.50	\$78.00	\$85.50	\$101.40	\$76.20	\$84.90	\$93.60	\$110.40
40-49	\$110.40	\$122.40	\$135.00	\$159.30	\$120.90	\$133.80	\$147.30	\$174.30
50-59	\$165.90	\$184.20	\$202.50	\$239.70	\$180.90	\$201.00	\$221.40	\$261.60
60-64	\$207.30	\$230.70	\$253.80	\$299.70	\$226.20	\$251.40	\$276.30	\$326.70
65-79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70-79	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Immediate Confirmation of Coverage

Contact Us [info@visitinsurance.com](mailto:info@visitinsurance.com)  
or 1- 800-247-5575

#### TRADITIONAL Health Plans

All Traditional Plans meet the J-1 Exchange Visitor Requirements of \$100,000 Medical

Choose **Plan E PLUS, VISIT® Lite, VITAL, Essential, Patriot Exchange Plan (PEP) or ATLAS**

Please visit our website at [www.visitinsurance.com/studentinsurance.html](http://www.visitinsurance.com/studentinsurance.html) for more information and current rates

#### ENHANCED Health Plans

Includes Maternity, Pre-existing Condition, Mental Health and Team Sports coverage

Choose **VISIT® Economy, Standard, Super & Platinum, Basic, StudentSecure®, Student Health Advantage<sup>SM</sup>, Liaison® Student & Student Express**

Please visit our website at [www.visitinsurance.com/studentinsurance.html](http://www.visitinsurance.com/studentinsurance.html) for more information and current rates

#### AFFORDABLE CARE ACT (ACA) Equivalent Plans

Choose **VISIT® PLUS, SPORTS PLUS, PREFERRED or GeoBlue** to meet your University's ACA requirements, and for Students desiring more coverage

Please visit our website at [www.visitinsurance.com/aca.html](http://www.visitinsurance.com/aca.html) for more information and current rates

#### STUDY ABROAD/OUTBOUND Health Plans

Choose **VISIT® Plan E PLUS, VITAL, PEP, GeoBlue, Atlas, & Patriot International**

Please visit our website at [www.visitinsurance.com/internationalhealthinsurance.html](http://www.visitinsurance.com/internationalhealthinsurance.html) for more information and current rates

Additional coverage is available for persons over 79 years of age. Please call 1-800-247-5575 for Assistance with Plans & Rates.