



VISIT® International Health Insurance


for International Students, Scholars, Spouses, Families and Visitors

Call VISIT® Health Today **1-800-247-5575** or
Visit Us on the web at www.visitinsurance.com

VISIT® Health Insurance now offers a wider choice of International Health Plans, including our **Traditional** Health Plans and new Plans that comply with the **Affordable Care Act (ACA)**. Please compare all plans below:

- **Traditional (non-ACA) Health Plans** - VISIT® **Plan E Plus**, and **Economy, Standard, Super & Platinum Plans**.
- **New ACA-Compliant Health Plans**, for Schools requiring ACA coverage and for Students who prefer more coverage.

E^{PLUS} Student/Visitor Plans	ACA-Compliant Plans	Student & Dependent Plans	Outbound from Home Country Plans
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 **Students may ORDER ONLINE - Immediate Confirmation and ID Card!**

**Plan E^{PLUS}
STUDENT or VISITOR Plans**

Ideal for any Student/Scholar/Dependent/Visitor (not requiring Maternity coverage). **ANY visa acceptable!**

- International Student/Scholar
- Spouse, Dependents & Visitors
- Any travel outside Home Country
- Ideal for OPT/AT/Work & Travel Programs
- Includes Medical Evacuation & Repatriation, Trip Interruption, Lost Baggage, and Return of Minor Child (No Maternity coverage)
- Available ages 0 - 79!
- Competitive Prices start at \$33.90 a month!

Choose E^{PLUS} STUDENT/VISITOR Plans

- **E^{PLUS}** – Choose \$50K, \$100K, \$250K, \$500K or \$1 Million Medical & choice of deductibles

**ACA-Compliant Health Plans
Affordable Care Act (ACA)**

- International Student/Scholar/Dependent (F1, J1, H, M or Q visa)
- Visiting Faculty
- ESL or High School Students
- Any Study/Research in USA
- Includes Unlimited Medical benefits, wellness/routine exams/immunizations coverage, no waiting period for pre-existing conditions, mental health coverage, Rx card, and includes Maternity.
- Uses UnitedHealthcare Provider Network

Choose ACA Plans

- **PGH Global Care Plus**
- **PGH Global Care Preferred**

STUDENT & DEPENDENT Plans

- International Student/Scholar/Dependent (F1, J1, H, M or Q visa)
- Ideal for OPT & AT
- Visiting Faculty
- ESL or High School Students
- Any Study/Research in USA/Canada
- Includes Maternity coverage

Choose STUDENT/DEPENDENT Plans

- **Economy** - \$100K or \$250K
- **Standard** - \$100K or \$250K
- **Super** - \$100K or \$250K
- **Platinum** - \$100K or \$250K
- **E^{PLUS}** - \$50K, \$100K, \$250K, \$500K or \$1 Million Medical & choice of deductibles

**OUTBOUND FROM USA Plans
(or outside any Home Country)**

- US Students/Citizens traveling abroad
- Study Abroad & High School Groups
- Any Student outside their home country
- Work & Travel and International Programs
- Cultural Exchange & Faculty Exchange

Choose OUTBOUND from Any Home Country

- **Atlas** - Health insurance for individuals traveling outside their Home Country
- **E^{PLUS}** - \$50K, \$100K, \$250K, \$500K or \$1 Million Medical & choice of deductibles

Now ideal for Any Travel Worldwide!
New Lower Prices & More Choices!



VISIT® International Health Insurance
2014 - 2015 School Year Rates *Effective July 1, 2014*
 Visit www.visitinsurance.com for Plan details

ALL VISIT® Health Plans are J-visa Compliant

Plan E^{PLUS} Monthly Rates (standard 30-day month)

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
65-69	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

More Choices • Lower Rates

- Easier Online Ordering
- Faster ID Cards

Order Online Now
 for Immediate Confirmation of Coverage
 at www.visitinsurance.com

VISIT® Economy, Standard, Super & Platinum Student Health Plans

Traditional VISIT® Economy, Standard, Super & Platinum \$100,000 and \$250,000 Plans are available for Students & Families.
 Please visit our website at www.visitinsurance.com for current rates.

Looking for an ACA - Compliant Student Health Insurance Plan?

VISIT® Now offers PGH Global Care and StudentSecure® Essential to meet your University's ACA requirements.
 Visit us online at www.visitinsurance.com/morestudentplans.html for more information.

VISIT® is also pleased to offer StudentSecure®, Atlas, Student Health AdvantageSM and Liaison® Student Plans

Visit us online at www.visitinsurance.com/morestudentplans.html for more information.

Rates are subject to change. Please visit our website at www.visitinsurance.com for current rates and coverages.
 Additional coverage is available for persons over 79 years of age. Please call 1-800-247-5575 for premium rates.

How Do I Apply?

Apply Online at www.visitinsurance.com
or Complete this Application

VISIT® Travel & Medical 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^{PLUS}

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

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