VISIT® International Health Insurance VIDIT of International Students, Scholars, Spouses, Families and Visitors

ORDER ONLINE Today at www.visitinsurance.com Contact VISIT® Health • info@visitinsurance.com or 1-800-247-5575 Immediate Confirmation & ID Card

VISIT® Health Insurance now offers a wider choice of International Health Plans, including more 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, Economy, Standard, Super, Platinum Plans & more!
- New ACA-Compliant Health Plans for Schools requiring ACA coverage & for Students who prefer more coverage

Plan EPLUS **Student/Visitor Plans**

ACA-Compliant Plans

Student & Family **Plans**

Outbound from Home Country Plans



ORDER ONLINE • ALL Plans meet New J-visa Requirements!

Plan EPLUS STUDENT or VISITOR Plans

Ideal for any Student/Scholar/Family/Visitor ANY visa acceptable! No Maternity coverage

- International Student/Scholar/Family
- ANY Visitor . ANY Visa!
- 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 EPLUS STUDENT/VISITOR Plans

EPLUS – Choose \$50K, \$100K, \$250K, \$500K or \$1 Million Medical & choice of deductibles

ACA-Compliant Health Plans Affordable Care Act (ACA)

- International Student/Scholar/Family (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 preexisting conditions, mental health coverage, Rx card, and includes Maternity.
- Uses UnitedHealthcare Provider Network

Choose ACA Plans

- PGH Global Care Plus & Plus w/ Sports
- PGH Global Care Preferred

STUDENT & FAMILY Plans

- International Student/Scholar/Family (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 & FAMILY Plans

- Economy, Standard, Super & Platinum Choose \$100K or \$250K
- EPLUS Choose \$100K, \$250K, \$500K or \$1 Million Medical & choice of deductibles
- **Student Health Advantage**
- Student Secure (Students only)
- **Liaison Student**

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

EPLUS & Atlas & Patriot - Health insurance for any travel outside Home Country

Choose Medical \$50K - \$1 Million Choose Deductible \$0 to \$2500

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



VISIT® International Health Insurance

2015 - 2016 School Year Rates Effective July 1, 2015

Visit www.visitinsurance.com to ORDER ONLINE & for Plan details

ALL VISIT® Health Plans are J-visa Compliant

Plan EPLUS 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)

\$50,000 Medical				\$100,000 Medical				\$250,000 Medical				
Age	\$500	\$250	\$100	\$0	\$500	\$250	\$100	\$0	\$500	\$250	\$100	\$0
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	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

	\$	500,000 Med	dical	\$1,000,000 Medical				
Age	\$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						
70-79	n/a	n/a						

ORDER ONLINE • Immediate ID Card

More Choices • Lower Rates

Order Online www.visitinsurance.com Immediate Confirmation of Coverage

Contact Us <u>info@visitinsurance.com</u> or 1- 800-247-5575

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/studentinsurance.html 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/studentinsurance.html for more information.

VISIT® is also pleased to offer Atlas, Patriot, StudentSecure®, Student Health AdvantageSM and Liaison®Student Plans Visit us online at www.visitinsurance.com/internationaltravel.html for more information.

How Do I Apply?

Apply Online at <u>www.visitinsurance.com</u> 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: oEconomy \$100K oStandard \$100K oSuper \$100K oPlatinum \$100K Student or Spouse or Child oEconomy \$250K oStandard \$250K oSuper \$250K oPlatinum \$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.

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) OMasterCard OVISA OAmerican 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