



VISIT® International Health Insurance

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

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

Educational Partners International, LLC Health Insurance Optional UPGRADES 2019-2020

PLAN/ COVERAGE	Individual Enrollment Health Plans (Maternity, Pre-ex, Rx) Enrollment: Please Complete the Application Form by the 20th of the prior month of enrollment. Enrollment start date is on the 1st of the Month only. Cancellations must be received by email (epi@visitinsurance.com) no later than the 20th of the prior month. All requests must be received by email to be processed.																																							
	Plan E Plus Basic Plan www.visitinsurance.com/epi.html	Upgrade Option 1 Student Health Advantage (SHA) Platinum - \$500,000 \$5,000 Maternity www.visitinsurance.com/episha.html	Upgrade Option 2 VISIT® Elite \$100,000 \$25,000 Maternity Conception after 180 days www.visitinsurance.com/epi-elite.html	Upgrade Option 3 GEO BLUE ACA PLAN Unlimited Coverage (No Waiting Period on Pre-ex and Maternity) www.visitinsurance.com/epi-qeoblue.html																																				
Price (Monthly Per Person)	Teachers - Paid through EPI	Monthly Rates <table border="1"> <thead> <tr> <th>Age</th> <th>Teacher</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>19-23</td> <td>\$142</td> <td>\$576</td> </tr> <tr> <td>24-30</td> <td>\$164</td> <td>\$636</td> </tr> <tr> <td>31-40</td> <td>\$294</td> <td>\$847</td> </tr> <tr> <td>41-50</td> <td>\$481</td> <td>\$875</td> </tr> <tr> <td>51-64</td> <td>\$642</td> <td>\$875</td> </tr> </tbody> </table> Child - \$122 Plus \$65 Monthly Teacher Fee Teacher must be enrolled for the J-2 Dependent to be eligible.	Age	Teacher	Spouse	19-23	\$142	\$576	24-30	\$164	\$636	31-40	\$294	\$847	41-50	\$481	\$875	51-64	\$642	\$875	Monthly Rates <table border="1"> <thead> <tr> <th>Age</th> <th>Teacher</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>19-23</td> <td>\$107.57</td> <td>\$438.34</td> </tr> <tr> <td>24-30</td> <td>\$124.93</td> <td>\$484.22</td> </tr> <tr> <td>31-40</td> <td>\$223.82</td> <td>\$644.49</td> </tr> <tr> <td>41-50</td> <td>\$366.11</td> <td>\$665.57</td> </tr> <tr> <td>51-64</td> <td>\$484.84</td> <td>\$732.22</td> </tr> </tbody> </table> Child - \$96.72 Plus \$65 Monthly Teacher Fee Teacher must be enrolled for the J-2 Dependent to be eligible.	Age	Teacher	Spouse	19-23	\$107.57	\$438.34	24-30	\$124.93	\$484.22	31-40	\$223.82	\$644.49	41-50	\$366.11	\$665.57	51-64	\$484.84	\$732.22	Monthly Renewal Rates with \$500 Deductible Age Teacher - \$592 Teacher/Spouse - \$1,419 Teacher/Child - \$1,089 Family - \$2,188 ACA Compliant Plan Teacher must be enrolled for the J-2 Dependent to be eligible.
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Medical Maximum Per accident or illness	\$100,000	\$500,000 Dependent \$100,000	\$100,000	Unlimited																																				
Lifetime Maximum	Unlimited	\$1,000,000	\$5,000,000	Unlimited																																				
Deductible	\$100 Annual	\$100 per accident or illness	\$250	\$500																																				
Emergency Room Deductible	\$250 ER Deductible For Illness only, if not admitted Injuries not subject to ER Deductible	\$250 if Not Admitted	No separate deductible	\$100 copay																																				



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Coinsurance	In-Network – 100% Out-of-Network - 80/20% (Maximum out of pocket \$1,000)	In-network - 100%	100%	In-Network - 80/20
Copayments	Urgent Care: \$25 Walk-In Clinic: \$15 Not subject to Deductible	No copays	No copays	\$50 Urgent Care \$30 Physicians visit \$30 Outpatient Mental Health Office \$150 Emergency Room (if not admitted) \$100 Cat Scan/MRI
Maximum Out of Pocket	Deductible + Copayments	Deductible only/ No coinsurance	Deductibles only/ No coinsurance	\$2,000
Pre-Existing Condition Waiting Period	36 Months	6 Months	12 Months	No waiting period
Preventive Care	No Coverage Covered under the Crescent Plan for Teachers. No coverage for Dependents.	No Coverage Covered under the Crescent Plan for Teachers. No coverage for Dependents.	\$200 vaccinations only	Yes (ACA MEC Coverage)
Maternity	No Coverage	\$5,000 <i>Conception must occur 30 days after the start date of the policy.</i>	In PPO Network: 80% up to \$25,000 Out of PPO Network: 60% up to \$25,000 <i>For a pregnancy to be considered a Covered Pregnancy, conception must occur 180 days after the effective date of coverage.</i>	Covered as any other illness <i>Enrollment can occur after conception; however, enrollment must occur within 3 months of conception, and enrollment must continue at least through delivery.</i>
Prescriptions	Eligible Prescriptions covered at 100% after Deductible and Coinsurance Rx Discount Card	Eligible Prescriptions covered at 50% after Deductible Rx Discount Card	Eligible Prescriptions covered at 100% after Deductible Rx Discount Card	\$10 – Generic \$10 – Preferred Brand 30% - Non-preferred Brand
Medical Evacuation	\$1,000,000	\$500,000	\$750,000	\$100,000
Repatriation	\$25,000	\$50,000	\$50,000	\$25,000
ADD	\$50,000	\$25,000	\$25,000	\$5,000
Mental Health	No	Outpatient: \$500 Inpatient: \$10,000	Inpatient: Up to \$20,000 Outpatient: Up to \$2,000	Inpatient: \$30 co pay per visit Outpatient: 20% coinsurance
Dental (Accidental)	\$300 For accidents only Discounts available through the WellCard	\$350 relief of sudden & unexpected pain \$500 per accident	\$350 relief of sudden & unexpected pain \$2,500 per accident	No coverage
Team Sports	No Coverage	\$5,000	\$10,000	No
Reunion	\$100,000	\$50,000	\$200 per day/\$50,000	No
PPO Network	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Blue Cross/Blue Shield