



ACCIDENT & SICKNESS INSURANCE PLANS FOR INDIVIDUALS

Summary of Benefits

This is only a brief description of the benefits available. Full benefits and details are contained in the individual brochures.

J Visa Requirements AM Best Rating of A- or Greater	BENEFIT	STUDENT SECURE (4 options to choose from) ELITE-SELECT-BUDGET-SMART (Elite featured in this comparison)	STUDENT HEALTH ADVANTAGE (2 options to choose from) STANDARD & PLATINUM (Platinum featured in this comparison)	GEOBLUE NAVIGATOR FOR STUDENTS AND FACULTY	ATLAS	PATRIOT EXCHANGE
	Plan Brochure					
\$100,000	Maximum Benefit	\$500,000/condition; \$5,000,000 lifetime	\$1,000,000	Unlimited	options to \$100,000; \$250,000; \$500,000; \$1,000,000; \$2,000,000	options to \$100,000; \$250,000; \$500,000
\$500	Deductible	\$25 Network; \$50 out-of-Network	\$100 In-Network/\$150 Out-of-Network	\$250 In-Network/\$500 Out-of-Network	Options from Zero to \$5,000	Options from Zero to \$500
\$25,000	Repatriation of Remains	Up to \$50,000	100% to \$50,000 (local burial or cremation limited to \$5,000)	\$25,000	Maximum Benefit	\$25,000
\$50,000	Medical Evacuation	Up to \$500,000 Lifetime	100% up to \$100,000	\$250,000	Maximum Benefit	\$100,000
*Please note your school may have insurance requirements which exceed your visa requirements.	Preferred Provider (PPO)	First Health Network	United HealthCare	Blue Cross Blue Shield	First Health	United HealthCare
	Co-Insurance	Within the PPO Network - Plan pays 100% to Plan Maximum; outside Network usual and customary charges	In-Network plan pays 90%; Out-of-Network plan pays 80%	Plan pays 80% In-Network; 60% out-of-Network	Zero-Plan pays 100%	In-Network-Plan pays 90%, Insured pays 10% to out-of-pocket maximum; Out-of-Network Plan pays 80% Insured pays 20% to Maximum Plan Benefit
	Out-of-Pocket Maximum	Other than Deductible and specific co-pay - Zero when treatment received In-Network - Plan pays 100%	In-Network \$1,000	\$2,000	Zero-after the deductible you select, the Plan pays 100%	In-Network-\$1,000; Out-of-Network-Maximum Plan Benefit
	Pre-Existing Conditions	6 months treatment free; 6 months continuously insured	Covered after 12 Months of continuous coverage	Excluded if treated within 6 months prior to effective date (Exclusion eliminated with proof of prior creditable coverage)	Excluded but the plan provides coverage for acute onset of a pre-existing condition (see brochure)	After 12 months continuous coverage \$500 TOTAL
	Eligible Medical Expenses	Treatment of Injury or Illness	Treatment of Injury or Illness	Treatment of Injury or Illness plus some preventive care	Paid at 100% after Deductible	Refer to Co-Insurance above
	Preventive Care	\$150 provided for vaccinations	Excluded	Covered at 100%	Excluded	Excluded
	Coverage for COVID-19	Yes	Yes	Yes	Yes	Yes
	Physicians Visits 1 visit per day	Covered as any condition	Covered as any condition	In-Network paid at 100% after \$30 co-payment	Covered for Accident and Sickness	Covered for Accident and Sickness
	Urgent Care	Covered	Covered	In-Network paid at 100% after \$75 co-payment	\$15 co-pay unless Zero Deductible Plan is selected	\$50 co-pay unless Zero Deductible Plan is selected
	Emergency Room	\$100 co-pay	Injury-zero co-pay; Sickness \$250 co-pay	\$100 co-pay	Injury-zero co-pay; Sickness \$200 co-pay	Injury-zero co-pay; Sickness \$500 co-pay
	TeleDoc Benefit	No Benefit	Covered for medical necessity; mental health no benefit	Not specified	Not specified	Covered for medical necessity; mental health no benefit
	Hospitalization	Semi-private room charge; including nurse's services	Refer to Co-Insurance above (semi-private room)	Refer to Co-Insurance above	Refer to Co-Insurance, above (semi-private room)	Refer to Co-Insurance above (semi-private room)
	Intensive Care Room	Up to overall limit	Refer to Co-Insurance, above	Refer to Co-Insurance above	Refer to Co-Insurance, above	Refer to Co-Insurance, above
	Surgical & Anesthesia Benefit	See co-insurance	Refer to Co-Insurance, above	Refer to Co-Insurance above	Refer to Co-Insurance, above	Refer to Co-Insurance, above
	Infusion Therapy	See pharmacy	Paid Under Pharmacy Benefit	80% to \$250,000/calendar year	Paid under Pharmacy Benefit	Paid Under Pharmacy Benefit
	Laboratory & X-ray	See co-insurance	Refer to Co-Insurance, above	Refer to Co-Insurance above	Refer to Co-Insurance, above	Refer to Co-Insurance, above
	Chiropractic Care	Up to \$75/visit per day	Refer to Co-Insurance, above	\$2,000 per year when under care of physician	\$50 maximum per day, physician referral required	Refer to Co-Insurance, above
	Mental Health/Substance Abuse	Up to 30 days Inpatient; Up to 30 visits Outpatient	Inpatient \$10,000 maximum; Out-patient \$50/day/\$500 maximum	Inpatient refer to Co-Insurance above; Outpatient paid at 100% after \$30 co-pay per visit	No coverage	Inpatient \$10,000 maximum; Out-patient \$50/day/\$500 maximum
	Physical Therapy	Up to \$75/visit per day	Refer to Co-Insurance, above	Refer to Co-Insurance above	\$50 maximum per day, physician referral required	Refer to Co-Insurance, above
	Ambulance	Up to \$750 when admitted as an Inpatient	covered for injury to \$750 per trip; covered when hospitalized for illness to \$750 per trip	Refer to Co-Insurance above	When hospitalized as a result	Covered for injury; covered when hospitalized for illness
	Prescription Drugs	100% generic; 50% brand; no coverage Specialty	Reimbursed at 50% of charge; 90 day maximum	No Deductible - 100% to \$5,000/calendar year, 90 day maximum	Reimbursed, refer to Co-Insurance above; 90 day maximum	Reimbursed, refer to Co-Insurance above; 90 day maximum
	Pregnancy	ELITE-Up to \$25,000; Up to \$750 for Newborn; Up to \$500 (no co-insurance) for Therapeutic Termination of Pregnancy; MATERNITY EXCLUDED on SMART Plan	PLATINUM - Paid at 80% In-Network/60% Out-of-Network to \$5,000 (includes newborn care to \$5,000 for maternity and newborn care combined) Excluded under STANDARD Plan	Excluded	Excluded	Excluded
	Interscholastic & Club Athletics	Optional to \$5,000	Covered to \$5,000	Not Excluded	Excluded	Excluded
	Emergency Reunion	Up to \$15,000 for 15 days visitation	Up to \$50,000 for 15 days	No benefit	\$100,000	\$15,000
	Political Evacuation & Repatriation	No Benefit	100% to \$10,000	No benefit	\$100,000	\$10,000
	Repatriation for Medical Treatment	See Medical Evacuation	See Medical Evacuation	See Medical Evacuation	Maximum Benefit	\$100,000
	Hospital Indemnity	No Benefit	No benefit	No benefit	\$100/day when hospitalized	No benefit
	Pre-approval Required for treatment	Yes	Yes	YES	YES	YES
	Underwriting Company	Tokio Marine HCC	Sirius Insurance Company; United HealthCare PPO	Blue Cross	Lloyd's of London	Sirius Insurance Company; United HealthCare PPO
	Eligibility	Must be a Student - Renewable for longer terms	Must be a Student - Renewable for longer terms	Student or Faculty - Renewable for longer terms	Student, Faculty, Dependents & Travelers	Student, Faculty, Dependents & Travelers
	MONTHLY PREMIUM - based on 18 years of age	ELITE - \$204 - SELECT - \$104- BUDGET - \$54 - SMART - \$33	PLATINUM - \$270 - STANDARD - \$91	\$407.00	Zero Deductible to \$100,000 - \$86--\$500 Deductible to \$100,000-\$55	Zero Deductible to \$100,000 - \$88--\$500 Deductible to \$100,000-\$56

* PPO - Preferred Provider Organization
* SHC - Student Health Center
* URC - Usual, Reasonable & Customary
* Plan Highlights



QUICK QUOTE STANDARD QUICK QUOTE PLATINUM



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CUSTOM QUOTE