

Visiting Scholar Benefit Plan

Plan Year 2024 – 2025 Benefit Plan Overview

Gallagher Benefit Services, Inc.

Visiting Scholar Benefit Plan

All International Visiting Scholars Holding a J1 Visa Must Meet All the Insurance Policy Requirements Below:

- o \$100,000 USD per accident & illness in medical coverage
- o A deductible not to exceed \$500 USD per accident or illness
- o Coinsurance that does not exceed 25%
- o Medical evacuation coverage must be at least \$50,000 USD
- o Repatriation coverage must be at least \$25,000 USD
- o Pre-existing conditions must be covered by the insurance policy with a waiting period no longer than 12 months.
- o Carrier must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government

Gallagher Benefit Services offers three insurance plan options that will meet the insurance policy requirements:

Plan Options	Insurance Plan	Eligibility	Payment Frequency
Basic UHC	IMG Basic Plan	International Affiliates Only	Monthly, Quarterly, Full Term *(up to 12 months). Per 30 day increments
Standard UHC	IMG Standard Plan	International Affiliates Only	Monthly, Quarterly, Full Term *(up to 12 months). Per 30 day increments
Platinum UHC	IMG Platinum Plan	International Affiliates only	Monthly, Quarterly, Full Term *(up to 12 months). Per 30 day increments

International Visiting Scholars

- o You may elect to waive out of purchasing either the Basic UHC, Standard UHC, or Platinum UHC plans.
 - o If you are buying your own health insurance:
 - o You must complete the waiver process on the GBS website

Visiting Scholars who are U.S. Citizens or U.S. Permanent Residents ("Green Card Holders")

- o You are subject to the insurance requirements of the Affordable Care Act (ACA)
 - o You must purchase your own insurance and waive out of the Campus Visiting Scholar Benefit Plan by completing the waiver process on the GBS website



Visiting Scholar Monthly Premium Rates Plan Year 2024 - 2025

Plan Options	Insurance Plan	Visiting Scholar	Additional Premium for Spouse or Domestic Partner	Additional Premium for One Child	Additional Premium for Two or more Children
Basic UHC	IMG Basic Plan Age Rated: • 31 days - 24 years old • 25-49 years old • 50-64 years old	• \$69 • \$87 • \$174	\$87 (Age 18-49)\$174 (Age 50-64)	\$69	For every child dependent (ages 31 days – 24 years old, the premium is an extra \$69 *Dependents Must be non-U.S. Citizens or non-U.S. Permanent Residents.
Standard UHC	IMG Standard Plan Age Rated: • 19-23 years old • 24-30 years old • 31-40 years old • 41-50 years old • 51-64 years old	\$90\$103\$176\$281\$371	\$364\$401\$530\$546\$530	\$90	For every child dependent, the premium is an extra \$90 *Dependents Must be non-U.S. Citizens or non-U.S. Permanent Residents.
Platinum UHC	IMG Platinum Plan Age Rated: • 19-23 years old • 24-30 years old • 31-40 years old • 41-50 years old • 51-64 years old	\$260\$299\$528\$856\$961	 \$1023 \$1129 \$1498 \$1549 \$1401 	\$260	For every child dependent, the premium is an extra \$260 *Dependents Must be non-U.S. Citizens or non-U.S. Permanent Residents.

Plan Year 2024 - 2025

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Plan Type	PPO	PPO	PPO
Maximum Per Period of Coverage (Sept 1 – Aug 30)	\$1,000,000	Visiting Scholar - \$500,000 Dependent - \$100,000	Visiting Scholar - \$1,000,000 Dependent - \$100,000
Plan Maximum Per Illness or Injury	\$100,000	Visiting Scholar - \$100,000 Dependent - \$100,000	Visiting Scholar - \$500,000 Dependent - \$100,000
Plan Deductible	\$250 per illness/Injury	\$500 per Illness/Injury	PPO Provider : \$25 per Illness/ Injury Non-PPO Provider : \$50 per Illness/ Injury
Coinsurance	Visiting Scholar pays \$250 (deductible), then 20% (coinsurance) of eligible expenses per incident up to a max of \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$500 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$500 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$25 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$25 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter
Out-of-Pocket (OoP) Maximum Per Period of Coverage (Sept 1 – Aug 30)	\$1,000 per period of coverage OoP Max does not include the deductible, only the coinsurance	In-Network: \$0 Out-of-Network: \$1,000 International: \$0 OoP Max does not include the deductible, only the coinsurance	In-Network: \$0 Out-of-Network: \$1,000 International: \$0 OoP Max does not include the deductible, only the coinsurance

Plan Year 2024 - 2025

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Prescription Drugs	Subject to \$250 (deductible), then 20% (coinsurance) of the costs thereafter *per illness/Injury	Visiting Scholar pays no deductible, but pays 50% (coinsurance) of the costs Up to maximum of \$1,500 per period of coverage (Sept 1 – Aug 31)	Visiting Scholar pays no deductible, but pays the following costs: \$20 Copay for Generic \$40 Copay for Brand Name \$80 Copay for Non-Brand Name Up to maximum of \$3,000 per period of coverage (Sept 1 – Aug 31)
Maternity	No Coverage	No Coverage	* Conception must occur after the effective date of coverage ** For Maternity, Policy will only cover up to \$10,000 lifetime maximum. Precertification is required. If Precertification requirements are not met there may be a reduction in coverage of eligible expenses.
Routine Newborn Care	No Coverage	No Coverage	\$750 maximum per period of coverage (Sept 1 – Aug 31)
Emergency Medical Evacuation	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$500,000 lifetime maximum
Repatriation of Remains	\$25,000 maximum	\$25,000 maximum	\$50,000 maximum

Plan Year 2024 - 2025

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Pre-Existing Conditions	Pre-existing conditions are covered after 6 months of continuous coverage Plan will only cover up to \$500 per period of coverage (Sept 1 – Aug 31)	Pre-existing conditions are covered after 12 months of continuous coverage	Pre-existing conditions are covered after 6 months of continuous coverage. ** Coverage for Sudden and Unexpected Reoccurrence of a Pre-existing condition subject to terms & conditions.
Emergency Room	\$250 Deductible Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each visit for Treatment which does not result in direct Hospital admission	\$250 Deductible Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each visit for Treatment which does not result in direct Hospital admission	\$250 Deductible Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each visit for Treatment which does not result in direct Hospital admission
Hospitalization	Visiting Scholar pays \$250 (deductible), then 20% (coinsurance) of eligible expenses up to a max of \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$500 (deductible), then 0% (coinsurance) of eligible expenses Non-PPO Provider: Visiting Scholar pays \$500 (deductible), then 20% (coinsurance) of eligible expenses up to \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$25 (deductible), then 0% (coinsurance) of eligible expenses Non-PPO Provider: Visiting Scholar pays \$25 (deductible), then 20% (coinsurance) of eligible expenses up to \$1,000 (OoP); then the plan pays 100% thereafter
Preventive Care Services including Immunizations	No Coverage	No Coverage	Well Exams covered 100% (\$500 max per period of coverage Sept 1 – Aug 31) Immunizations covered 100% (\$250 max per period of coverage Sept 1 – Aug 31)

Disclaimer: This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance; the underlying insurance documents will govern in all cases.

Plan Year 2024 - 2025

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Laboratory & Radiology / X-Ray	Visiting Scholar pays \$250 (deductible), then 20% (coinsurance) of eligible expenses per incident up to a max of \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$500 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$500 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$25 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$25 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter
Physician/Specialist, Walk-in Clinic, Urgent Care	Visiting Scholar pays \$250 (deductible), then 20% (coinsurance) of eligible expenses per incident up to a max of \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$500 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$500 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays \$25 (deductible), then 0% (coinsurance) of eligible expenses per incident Non-PPO Provider: Visiting Scholar pays \$25 (deductible), then 20% (coinsurance) of eligible expenses per incident up to \$1,000 (OoP); then the plan pays 100% thereafter
Mental & Nervous Disorders	No Coverage	* Inpatient and Outpatient services subject to deductible and coinsurance, see Coinsurance on page 4 Outpatient: \$50 Max Limit per Day with \$500 lifetime maximum Inpatient: Lifetime maximum of \$10,000	* Inpatient and Outpatient services subject to deductible and coinsurance, see Coinsurance on page 4 Outpatient: \$50 Max Limit per Day with \$500 lifetime maximum Inpatient: Lifetime maximum of \$10,000
Eligibility	Non-U.S. Citizens only	Non-U.S. Citizens only	Non-U.S. Citizens only
Meets J Visa Insurance Requirements	Yes	Yes	Yes

Frequently Asked Questions

About the Three Insurance Plan Options

	Basic UHC	Standard UHC	Platinum UHC
Questions	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
What if I am a U.S. Citizen or U.S. Permanent Resident, can I purchase one of these plans?	No, only available to Non-U.S. Citizens	No, only available to Non-U.S. Citizens	No, only available to Non-U.S. Citizens
What if I am pregnant or if my spouse is pregnant, will the insurance plan provide maternity coverage?	No	No	You will only receive coverage if conception occurred while you had the insurance policy. If you or your spouse are already pregnant prior to purchasing this plan, you will not receive any insurance coverage for any maternity claims
I was already diagnosed with a Pre-Existing condition (example: heart condition, chronic asthma, cancer, back pain, etc.), will I be able to receive treatment under this plan?	Yes, however you will need to wait 6 months once you purchase the plan to receive treatment; as long as the pre-existing condition is not an excluded condition under the policy. The policy will only cover up to \$500 of medical expenses per period (defined as 12 months). Please note: if you change policies, the pre-existing waiting period starts over.	Yes, however you will need to wait 12 months once you purchase the plan to receive treatment; as long as the pre-existing condition is not an excluded condition under the policy Please note: if you change policies, the pre-existing waiting period starts over.	Yes, however you will need to wait 6 months once you purchase the plan to receive treatment; as long as the preexisting condition is not an excluded condition under the policy Please note: if you change policies, the pre-existing waiting period starts over.
What if I wanted to get an annual physical exam or receive immunization shots, will the plan provide coverage for these type of preventive services?	No	No	Yes

The Waiver Process

How to waive if you have alternate coverage.

In order to waive out of purchasing a health insurance plan under the umbrella of the Visiting Scholar Benefit Plan, you must provide proof of insurance coverage that meets the University's requirements.

Campus requirements for minimum levels of health insurance coverage are:

- \$100,000 USD per accident & illness in medical coverage
- Deductible cannot exceed \$500 per accident or illness
- Coinsurance cannot exceed 25%
- Medical evacuation coverage must be at least \$50,000 USD
- Repatriation coverage must be at least \$25,000 USD
- Pre-existing conditions must be a covered benefit. The waiting period for benefit coverage cannot exceed 12 months. Please note: Policy's with coverage for only "Acute onset of pre-existing conditions" do not meet this requirement.
- Carrier must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government

All Visiting Scholars: If you have dependents accompanying you to the U.S. (i.e. spouse, domestic partner, child(ren)), you must purchase insurance that meets the U.S. State Department requirements for your dependents.

If you have insurance from your home country or purchased insurance that meets the above requirements, you may submit a waive r request to opt out of the University's Visiting Scholar Benefit Plan. To complete the waiver process:

- 1. Visit campus portal
- 2. Click on the "Waive Coverage" navigational tile
- 3. Complete the waiver questionnaire and click "Check My Waiver Eligibility" at the bottom of the page
- 4. A pop-up window will confirm your eligibility to waive. Click "Create Waiver Login Account"
- 5. Register as a "NEW USER"
- 6. Complete and submit the waiver form along with required documents