



Visiting Scholar Benefit Plan

Plan Year 2026 – 2027 Benefit Plan Overview

(Rates and Plan Details valid September 1, 2026 – August 31, 2027)

Gallagher Benefit Services, Inc.

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.

Revised July 2026

Visiting Scholar Benefit Plan

All International Visiting Scholars holding a J1 Visa must meet all the insurance policy requirements below:

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

Gallagher Benefit Services (GBS) offers three insurance plan options that all meet the Department of State insurance requirements; International Medical Group (IMG) is the insurance carrier, and UnitedHealthcare (UHC) is the network of doctors/hospitals.

PLAN OPTIONS	ELIGIBILITY
IMG Basic UHC	International Visa Holders Only
IMG Standard UHC	International Visa Holders Only
IMG Platinum UHC	International Visa Holders Only

PAYMENT FREQUENCY
Monthly Quarterly Pay In Full (invoiced for full amount, up to 12 months)
<i>Billing options differ for the following schools: City of Hope (Quarterly only) and University of Pennsylvania (Pay In Full only)</i>

International Visiting Scholars

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

Visiting Scholars and their dependents who are U.S. Citizens or U.S. Permanent Residents (“Green Card Holders”)

- You are subject to the insurance requirements of the Affordable Care Act (ACA)
 - You must purchase your own insurance; it is not necessary to submit a waiver on the GBS website

Visiting Scholar – Monthly Premium Rates

Plan Year 2026 - 2027

PLAN OPTIONS	VISITING SCHOLAR	ADDITIONAL PREMIUM FOR SPOUSE OR DOMESTIC PARTNER	ADDITIONAL PREMIUM PER CHILD
IMG Basic (UnitedHealthcare PPO)	\$69 per month (31 days-24 years old)		\$69 per month (31 days-19 years)
	\$87 per month (25-49 years old)	\$87 per month (18-49 years old)	
	\$174 per month (50-64 years old)	\$174 per month (50-64 years old)	
	No coverage (65+ years old)	No coverage (65+ years old)	
IMG Standard (UnitedHealthcare PPO)	\$90 per month (19-23 years old)	\$364 per month (19-23 years old)	\$90 per month (31 days-19 years)
	\$103 per month (24-30 years old)	\$401 per month (24-30 years old)	
	\$176 per month (31-40 years old)	\$530 per month (31-40 years old)	
	\$281 per month (41-50 years old)	\$546 per month (41-50 years old)	
	\$371 per month (51-64 years old)	\$530 per month (51-64 years old)	
	No coverage (65+ years old)	No coverage (65+ years old)	
IMG Platinum (UnitedHealthcare PPO)	\$260 per month (19-23 years old)	\$1,023 per month (19-23 years old)	\$260 per month (31 days-19 years)
	\$299 per month (24-30 years old)	\$1,129 per month (24-30 years old)	
	\$528 per month (31-40 years old)	\$1,498 per month (31-40 years old)	
	\$856 per month (41-50 years old)	\$1,549 per month (41-50 years old)	
	\$961 per month (51-64 years old)	\$1,401 per month (51-64 years old)	
	No coverage (65+ years old)	No coverage (65+ years old)	

Visiting Scholar – Summary of Benefits

Plan Year 2026 - 2027

For more detailed plan information, see the Documents Library



All claims are processed through the United Healthcare (UHC) network

BENEFITS	IMG Basic UHC	IMG Standard UHC	IMG Platinum UHC
Plan Type	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
Maximum Per Period of Coverage (Sept 1 – Aug 31)	Visiting Scholar - \$1,000,000 Dependent - \$1,000,000	Visiting Scholar - \$500,000 Dependent - \$100,000	Visiting Scholar - \$1,000,000 Dependent - \$100,000
Maximum Per Illness or Injury	Visiting Scholar - \$100,000 Dependent - \$100,000	Visiting Scholar - \$100,000 Dependent - \$100,000	Visiting Scholar - \$500,000 Dependent - \$100,000
Deductible (amount the Insured pays before insurance pays)	In-Network and Out-of-Network: \$250 per illness/injury	In-Network Provider: \$500 per illness/injury * Out-of-Network Provider: \$500 per illness/injury	In-Network Provider: \$25 per illness/injury * Out-of-Network Provider: \$50 per illness/injury
Coinsurance (cost-share with insurance) (per illness/injury)	In-Network and Out-of-Network: 20% coinsurance (20% Insured/80% insurance) after \$250 deductible is paid.	In-Network Provider: No coinsurance. Plan pays 100% of eligible expenses after \$500 deductible is paid. * Out-of-Network Provider: Subject to \$500 deductible, then 20% coinsurance up to \$1,000 OoP, Then plan pays 100% of eligible expenses	In-Network Provider: No coinsurance. Plan pays 100% of eligible expenses after \$25 deductible is paid. * Out-of-Network Provider: Subject to \$50 deductible, then 20% coinsurance up to \$1,000 OoP, then plan pays 100% of eligible expenses
Out-of-Pocket (OoP) Maximum Per Period of Coverage (Sept 1 – Aug 31) (max paid out of pocket by the Insured) (prescriptions, copays, coinsurance)	In-Network and Out-of-Network: \$1,000 per period of coverage after \$250 deductible is paid. (OoP Max does not include the deductible)	In-Network Provider: \$0. Plan pays 100% of eligible expenses after \$500 deductible is paid. * Out-of-Network Provider: \$1,000	In-Network Provider: \$0. Plan pays 100% of eligible expenses after \$25 deductible is paid. * Out-of-Network Provider: \$1,000

For medical emergencies, dial 9-1-1

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Visiting Scholar – Summary of Benefits

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BENEFITS	IMG Basic Plan UHC	IMG Standard Plan UHC	IMG Platinum Plan UHC
Teladoc (24/7 free phone consults) (registration required)	Included, \$0 cost <i>Mental and nervous disorders excluded</i>	Included, \$0 cost <i>Mental and nervous disorders excluded</i>	Included, \$0 cost <i>Mental and nervous disorders excluded</i>
Physician, Specialist, Walk-in Clinic, Urgent Care (per illness/injury)	In-Network and Out-of-Network: Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses	In-Network Provider: Subject to \$500 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions	In-Network Provider: Subject to \$25 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions
Emergency Room (ER) (per illness/injury)	In-Network and Out-of-Network: Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses Illness: Subject to additional \$250 ER deductible if not admitted to hospital Injury: Not subject to additional ER Deductible	In-Network Provider: Subject to \$500 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions Illness: Subject to additional \$250 ER deductible if not admitted to the hospital Injury: Not subject to additional ER Deductible	In-Network Provider: Subject to \$25 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions Illness: Subject to additional \$250 ER deductible if not admitted to the hospital Injury: Not subject to additional ER Deductible
Laboratory, Radiology, and X-Ray (per illness/injury)	In-Network and Out-of-Network: Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses	In-Network Provider: Subject to \$500 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions	In-Network Provider: Subject to \$25 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions
Hospitalization (per illness/injury)	In-Network and Out-of-Network: Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses	In-Network Provider: Subject to \$500 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions	In-Network Provider: Subject to \$25 deductible, then plan pays 100% of eligible expenses * Out-of-Network Provider: See terms and conditions

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BENEFITS	IMG Basic Plan UHC	IMG Standard Plan UHC	IMG Platinum Plan UHC
Pre-Existing Conditions <i>(illness existing prior to effective date)</i>	Covered after 6 months of continuous enrollment on this plan <i>(any condition known in the last 3 years)</i> Then limited to \$500 maximum per period of coverage <i>(Sept 1 – Aug 31)</i>	Covered after 12 months of continuous enrollment on this plan <i>(any condition known in the last 12 months)</i>	Covered after 6 months of continuous enrollment on this plan <i>(any condition known in the last 6 months)</i> Coverage for Sudden and Unexpected Reoccurrence of a Pre-existing condition subject to terms & conditions.
Prescription Drugs <i>(per illness/injury)</i>	Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses <i>(each monthly prescription for the same issue adds up towards the deductible)</i>	No deductible, but subject to 50% coinsurance of the costs \$1,500 maximum per period of coverage <i>(Sept 1 – Aug 31)</i>	No deductible, but subject to the following costs: \$20 Copay for Generic \$40 Copay for Brand Name \$80 Copay for Non-Brand Name \$3,000 maximum per period of coverage <i>(Sept 1 – Aug 31)</i>
Preventive Care and Immunizations <i>(including wellness exams, physicals, pap smears, mammograms)</i>	No Coverage	No Coverage	Adults and Child preventative care visits covered 100% <i>(\$500 max per period of coverage Sept 1 – Aug 31)</i> Adult and Child immunizations covered 100% <i>(\$250 max per period of coverage Sept 1 – Aug 31)</i>
Local Ambulance <i>(transport to the nearest hospital in cases of emergency – dial 911)</i>	Injury or Illness: Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses *Ambulance not covered if illness does not result in inpatient hospital admission.	Injury: \$350 limit per injury, not subject to deductible Illness: \$350 limit per illness *Ambulance not covered if illness does not result in inpatient hospital admission.	Injury: \$750 limit per injury, not subject to deductible Illness: \$750 limit per illness *Ambulance not covered if illness does not result in inpatient hospital admission.

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BENEFITS	IMG Basic Plan UHC	IMG Standard Plan UHC	IMG Platinum Plan UHC
Dental Treatment <i>(non-emergency unexpected pain)</i> <i>* Not a preventative or comprehensive dental plan</i> <i>* Plan also covers Traumatic Dental Injuries up to Plan maximum</i>	Subject to \$250 deductible, then 20% coinsurance, up to \$1,000 OoP, then plan pays 100% of eligible expenses <i>(\$350 maximum limit per period of coverage, \$500 if due to an accident)</i>	Subject to \$500 deductible, then plan pays 100% of eligible expenses <i>(\$350 maximum limit per period of coverage, \$500 if due to an accident)</i>	Subject to \$25 deductible, then plan pays 100% of eligible expenses <i>(\$350 maximum limit per period of coverage, \$500 if due to an accident)</i>
Mental and Nervous Disorders <i>(per illness/injury)</i>	No Coverage	Subject to \$500 deductible Outpatient: \$50 max limit per day; \$500 lifetime max Inpatient: Lifetime maximum of \$10,000	Subject to \$25 deductible Outpatient: \$50 max limit per day; \$500 lifetime max Inpatient: Lifetime maximum of \$10,000
Maternity	No Coverage	No Coverage	100% Covered * Conception must occur after the effective date of coverage <i>** 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.</i>
Routine Newborn Care	No Coverage	No Coverage	Subject to \$25 deductible \$750 maximum per period of coverage <i>(Sept 1 – Aug 31)</i>

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BENEFITS	IMG Basic Plan UHC	IMG Standard Plan UHC	IMG Platinum Plan UHC
Emergency Medical Evacuation <i>(air or ground transport)</i>	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$500,000 lifetime maximum
Repatriation for Medical Treatment	\$100,000 maximum	\$100,000 maximum	\$100,000 maximum
Repatriation of Remains	\$25,000 maximum	\$25,000 maximum	\$50,000 maximum
Accidental Death and Dismemberment	Accidental Death: \$25,000 Insured, \$25,000 spouse, \$25,000 child Dismemberment: See terms and conditions	Accidental Death: \$25,000 Insured, \$10,000 spouse, \$5,000 child Dismemberment: See terms and conditions	Accidental Death: \$25,000 Insured, \$10,000 spouse, \$5,000 child Dismemberment: See terms and conditions
Emergency Reunion <i>(in cases of Emergency Medical Evacuation)</i>	Not subject to deductible \$15,000 maximum per period of coverage, up to 15 days	Not subject to deductible \$50,000 maximum per period of coverage, up to 15 days	Not subject to deductible \$50,000 maximum per period of coverage, up to 15 days
Eligibility	Non-U.S. Citizens only	Non-U.S. Citizens only	Non-U.S. Citizens only
Meets J Visa Insurance Requirements	Yes	Yes	Yes

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Frequently Asked Questions

About the Insurance Plan Options

For more detailed plan information, see the [FAQ page](#)

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, our plans are only available to Non-U.S. Citizens	No, our plans are only available to Non-U.S. Citizens	No, our plans are only available to Non-U.S. Citizens
What if I am already pregnant or if my spouse is already 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
What if I visit a doctor or facility outside of the United Healthcare network? Refer to the Find A Provider directory to find an In-network provider. <i>(See Important Note below)</i>	Benefits are the same In-Network and Out-of-Network	Out-of-Network coverage is at 80% instead of 100% for In-Network. Coinsurance of 20% up to \$1,000 OoP also applies	Out-of-Network coverage is at 80% instead of 100% for In-Network. Coinsurance of 20% up to \$1,000 OoP also applies

IMPORTANT NOTE: For these PPO plans, we recommend you utilize an In-Network provider whenever possible. Using an In-Network provider will generally result in much lower costs to you (e.g., lower deductibles, lower out-of-pocket maximums, lower copays, lower coinsurance). Also, if the Out-of-Network provider's charges exceed the usual and customary amount covered by the plan, the provider has the right to bill you for the difference. This is often referred to as "balance billing" and these amounts are generally not counted towards your deductibles or out-of-pocket maximums.

Frequently Asked Questions

About the Insurance Plan Options

For more detailed plan information, see the [FAQ page](#)

QUESTIONS	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
I was already diagnosed with a Pre-Existing condition (example: heart condition, chronic asthma, cancer, back pain, diabetes, 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 get the treatments covered by insurance; <u>as long as the pre-existing condition is not an excluded condition under the policy.</u> You can still be seen for your condition during the waiting period, but you must pay out of pocket. ‘Preexisting condition’ defined as a known ailment within the last 3 years prior to enrollment. 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 get the treatments covered by insurance; <u>as long as the pre-existing condition is not an excluded condition under the policy.</u> You can still be seen for your condition during the waiting period, but you must pay out of pocket. ‘Preexisting condition’ defined as a known ailment within the last 12 months prior to enrollment. 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 get the treatments covered by insurance; <u>as long as the pre-existing condition is not an excluded condition under the policy.</u> You can still be seen for your condition during the waiting period, but you must pay out of pocket. ‘Preexisting condition’ defined as a known ailment within the last 6 month prior to enrollment. Please note: if you change policies, the pre-existing waiting period starts over.
What if I wanted to get an annual physical exam, preventative screening, 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.

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 U.S. Department of State and your university's requirements.

Department of State 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 of remains 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: Policies 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

If you have non-US citizen dependents accompanying you to the U.S. (i.e. spouse, domestic partner, child(ren)), you must also have insurance that meets the U.S. Department of State's requirements for your dependents. US citizens are required to have policies that are Affordable Care Act (ACA) compliant, which the Visiting Scholar plans are not.

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

1. Visit your university's Gallagher Benefit Services 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
7. Gallagher will review the documents and approve or deny.