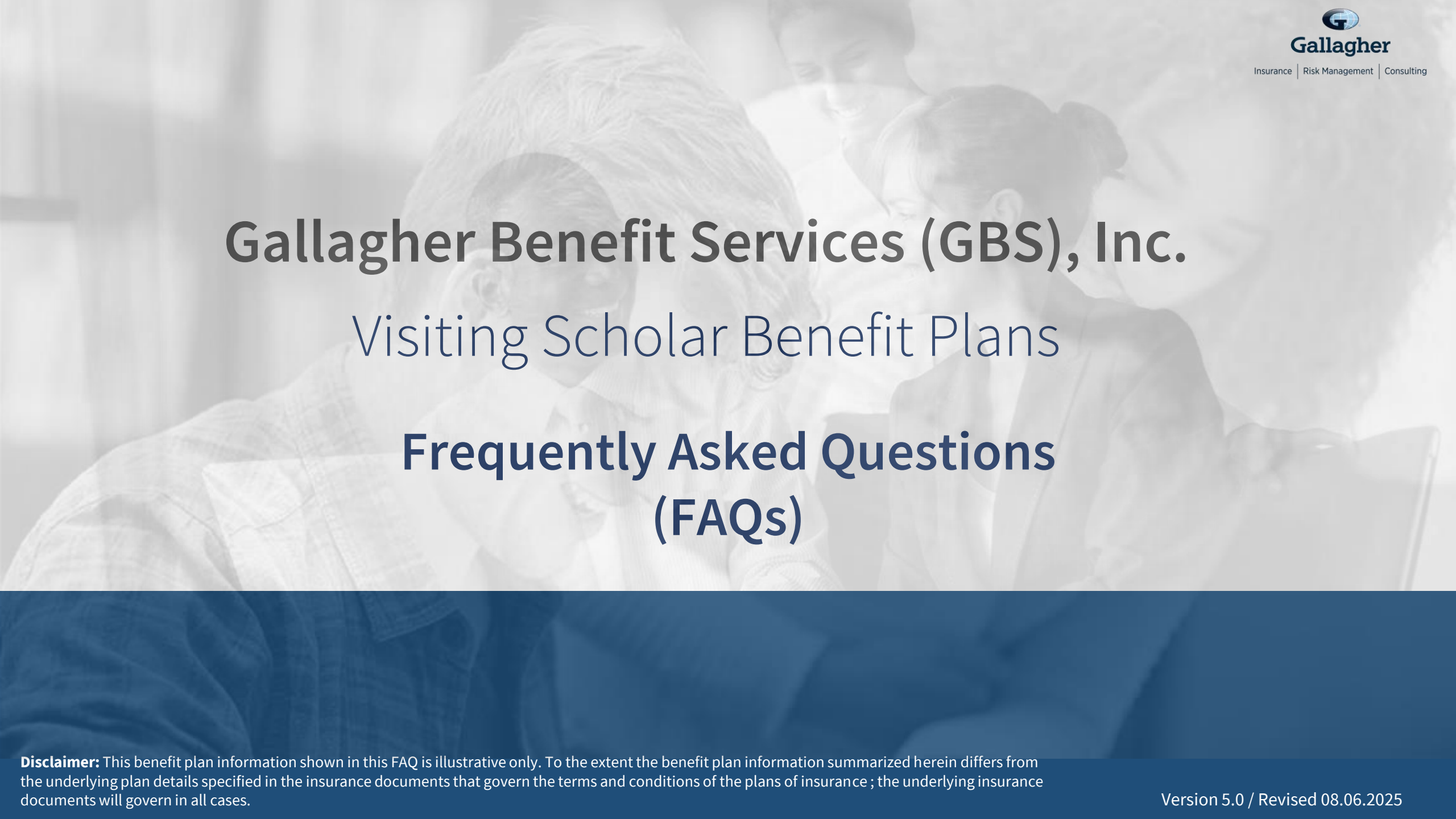




Gallagher Benefit Services (GBS), Inc.

Visiting Scholar Benefit Plans

Frequently Asked Questions (FAQs)

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Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
General Insurance Questions	
Do these plans meet the J Visa requirements?	Yes. Once you are enrolled in one of our plans, your Insurance satisfies all J-1 insurance requirements, including medical evacuation and repatriation for J-1 Visa holders (and dependents, if enrolled).
What is the difference between a Broker, Insurance Carrier, and Network?	Gallagher is the broker; we represent your best interests by helping you find the right plan for you and your family, help you understand the process, make plan changes, answer questions about your invoices, obtain your documents, and find a provider. International Medical Group (IMG) is the insurance company; they are responsible for providing the insurance coverage, paying claims, and maintaining the network. United Healthcare is the network; this is the group of doctors and hospitals in a contract to provide discounted services.
What is the difference between In-Network and Out-of-Network?	The network is a group of doctors and hospitals in a contract. Going to a provider outside the network will usually result in higher costs. Always check the Find A Provider database prior to seeking care to ensure you are staying in the United Healthcare network.
What is a pre-existing condition?	A pre-existing condition is any medical condition that was known or existed prior to enrolling in the insurance plan. A pre-existing condition may range from diabetes, cancer, heart disease, back pain, arthritis, high blood pressure, asthma, mental or nervous disorder. This list is not comprehensive and will vary person to person. Please refer to the Documents Library section of the website and review the certificate of insurance for more detailed information. A pre-existing condition is defined as any condition that has been known in the last 3 years (Basic), 12 months (Standard), or 6 months (Platinum).

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Enrollment	
Is it mandatory to enroll in one of these plans?	No. You may either enroll in a plan (IMG Basic, IMG Standard or IMG Platinum) or waive by providing proof of insurance, in English, if you purchased another plan that meets the waiver requirements.
How do I enroll?	To enroll, click the Medical Enrollment page and then create a login account and begin the enrollment process. Find step-by-step instructions here.
What Start and End dates should I indicate on the Enrollment form?	Visiting Scholars are required to have insurance coverage from the start date to the end dates on their DS-2019. But to ensure you are covered during your entire time in the US, you should indicate your entry and exit dates on the form to ensure you have coverage during your entire visit. If you do not currently know your exact dates, you can always email Gallagher later to make adjustments.
Can my dependents and I be on different levels (Basic, Standard, and Platinum) while on the same plan?	No, everyone on the plan must be at the same level.
Can I enroll only my dependents on the plan and exclude myself?	No, you must be enrolled for your dependents to be covered.
How do I change plans, start or end dates, add/remove a dependent, or update my personal information?	You can make changes to your enrollment by logging into the enrollment system, making the change, and resubmitting your form. Alternatively, you can email Gallagher to make any updates to your enrollment
Can I switch from the Standard Plan to the Platinum plan or vice versa once I am enrolled?	You can switch to a new plan at any time. <i>Please keep in mind, by switching plans your waiting period for pre-existing conditions will reset. If you have a pre-existing condition, the waiting period starts on the date that your new policy is effective. IMG will not take into consideration the time you were enrolled in the previous plan.</i>
What happens after I submit the enrollment form?	You are not officially enrolled until you receive a confirmation email from GBS. We will review your form, verify your eligibility with your school, then process your enrollment and send you an invoice within 1-3 business days. Once your invoice is paid, we will send your information over to IMG to activate your insurance. You will receive an email around a week after you pay with instructions on how to download your documents from IMG.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Invoicing	
What happens if during the year, on my birthday, my age crosses over to the next age band for monthly rates? Do I get charged the higher rate?	If you are paying monthly or quarterly, your next invoice will reflect the higher rate if your new age brings you into the next higher age bracket for the pricing levels. If you have already paid in full for that period, then you will not see any additional charges.
Can I receive a refund of my insurance premiums?	No, once you enroll online and pay the invoice, the insurance carrier does not allow for any refunds unless for extenuating circumstances.
How much will the plans cost?	Please visit the Medical Benefits and Rates section of the website for more information.
How is billing managed?	Your invoices will be sent through FreshBooks. See step-by-step instructions here n paying your bill . If you do not receive your invoice, please reach out to GBS.
What are the payment frequencies available?	You have the option to select the billing frequency of monthly, quarterly, or full-term (up to 12 months). You will have the opportunity to select your billing preference when you go through the enrollment process on the GBS website. However, GBS can only bill you for up to one year at a time based from your appointment start date; if you are staying longer than one year, you will receive another invoice next year.
Can we auto deduct premiums?	No, at this time we do not have Auto Pay as an option for our Visiting Scholars. You may pay by credit or debit card. You can save your card in the system for use later; however, you must make a payment each time you receive an invoice.
What payment methods are accepted?	You may pay by credit or debit cards. Insurance coverage will not start or be extended until payment is received by GBS.
If I am staying beyond 1 year (i.e. 2 year appointment), can I pay for my entire stay?	GBS can only bill you for one year at a time (12 months). However, once your annual policy is set to expire, GBS will send you an invoice for the 2 nd year based on the plan rates at that time.
Can GBS bill my department?	No, any party may pay, but GBS will only bill the J Visa Scholar. It is up to you to forward your invoice to the party who is paying for your coverage.
When do I receive my invoice?	Whether you are on monthly, quarterly, or paying in full, you will receive your invoice about two weeks prior to your coverage lapsing.
Why do the dates on my invoice not match my enrollment dates?	FreshBooks is simply used for invoicing; the issue date or due date do not necessarily correspond to your exact dates of coverage.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Coverage, Claims, and Documents	
What is the difference between a Broker, Insurance Carrier, and Network?	Gallagher is the broker; we represent your best interests by helping you find the right plan for you and your family, help you understand the process, make plan changes, answer questions about your invoices, obtain your documents, and find a provider. International Medical Group (IMG) is the insurance company; they are responsible for providing the insurance coverage, paying claims, and maintaining the network. United Healthcare is the network; this is the group of doctors and hospitals in a contract to provide discounted services.
When is coverage effective?	The insurance coverage will become effective on the date payment is received by GBS. Therefore, it is important that all invoices be paid in a timely manner to avoid any gap in insurance coverage. If you enroll before your appointment start date, your insurance effective date will be your appointment start date. If you enroll after your appointment start date, your insurance effective date will be the date you paid your invoice.
I enrolled for coverage for X amount of time, why is my insurance not activated for that entire time?	Your insurance is only active for as many months you have paid. If you chose the monthly or quarterly options, each time you pay another invoice, your coverage would only be extended by that number of months at a time. We will continue billing you regularly each month/quarter until your end date.
Where can I find my documents and Medical ID?	Your Medical ID, visa letter, and declaration page can be found in MyIMG.
Will my Medical ID be mailed to me?	No, your medical ID will not be mailed to you, you must download it from MyIMG.
Where can I see my claims (bills)?	Claims can be found in MyIMG. You can see what was billed, what was covered, and what you owe on the Explanation of Benefits (EOB). You will be billed from, and must pay, the doctor or hospital directly. You do not pay IMG. If additional documents are required, you can upload them to MyIMG.
What happens if I receive a bill that seems too high?	You can reach out to Gallagher or IMG about claims issues.
What if I went to the doctor and paid out of pocket, how do I get reimbursed?	You can go to the MyIMG portal and look in the Documents for the Claims Form and submit it to IMG.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Benefits and Coverage	
Which family members are eligible for these plans?	Any family member who is in the United States as your J-2 or F-2 dependent would qualify for these plans.
What if my family member is a US citizen?	US citizens must have coverage that meets the Affordable Care Act (ACA), which these plans do not. Your dependents who are US citizens should secure other insurance, such as through the Gallagher Marketplace or healthcare.gov.
Is the plan Affordable Care Act (ACA) compliant?	No; note that scholars who are in the United States for longer than two years may need to change to an ACA compliant plan.
What benefits are offered and what is covered under each plan?	Three separate plans are offered: Basic, Standard and Platinum plans. To learn what benefits are offered and what is covered, please see the Medical Benefits & Rates page for an overview or the Documents Library for more detailed plan specifics.
What type of medical plans are offered?	These are Participating Provider Organization (PPO) plans. That means you will have access to a large group of providers who have agreed to provide healthcare at reduced rates.
Are preventive services such as annual physical exams or immunizations covered?	The Basic and Standard plans do not cover preventive services. However, the Platinum plan does cover some preventative services such as immunizations and wellness exams. Please refer to the Summary of Benefits located in the Documents Library for a detailed description of the services covered.
Is telemedicine included in the benefits?	Yes, Teladoc offers free 24/7 phone or virtual appointments for common ailments like cough/cold, the flu, sinus infections, rashes/skin problems, bronchitis, etc. Talk to a licensed physician in minutes and even get a prescription if necessary. See step-by-step instructions here.
Does the insurance cover me if I travel outside of the United States?	All the plans have a supplemental benefit (Incidental Trip) where you are covered for a cumulative total of 14 days by the insurance plan if you travel back to your home country. However, in order to receive this benefit, you must have paid premiums for more than 30 days of continuous coverage. Coverage begins on the day you arrive back to your Home Country. <i>If you are traveling back to your home country to receive medical treatment on an injury or illness you received while on travel outside of your Home Country, this supplemental benefit will not be valid or available for you.</i>

* Benefits and Coverage continued on next page

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Benefits and Coverage (continued)	
Is maternity covered?	Basic: No maternity coverage Standard: No maternity coverage Platinum: Maternity coverage is available. <i>However, the pregnancy is covered ONLY IF conception occurs after the insurance effective date. Please refer to the Documents Library for further details.</i>
Is there a waiting period for pre-existing conditions to be covered?	Yes. Treatment for pre-existing conditions are covered after you have been enrolled on the plan for either 6 months (under the Basic and Platinum Plans) or 12 months (under Standard Plan). However, please refer to the Summary of Benefits in the Documents Library for a list of eligible pre-existing conditions and a list of excluded pre-existing conditions not eligible for coverage and for any other important information. <i>Please note: if you change plans, the pre-existing waiting period will start over.</i> During those waiting periods, you can (and should) still be seen for your current condition, but the insurance will not cover the cost.
Are prescriptions covered?	Yes, prescriptions are covered. Actual coverage amount will depend on the plan you choose.
Is Accidental Death and Dismemberment covered?	Yes, see the Summary of Benefits for your specific plan for more information.
Is Emergency Reunion covered?	Yes, see the Summary of Benefits for your specific plan for more information.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Seeking Care	
Where should I seek care?	Teladoc: Cough/cold, flu, bronchitis, rashes, allergies, sinus infection, etc. Free! Doctors available 24/7 for phone or video consults. Walk-In Clinic or Urgent Care: Cough/cold, flu, urinary tract infections, vaccinations, allergies, sinus infection, minor cuts and scrapes, bronchitis, rash, etc. Affordable, usually only \$100-250. Can be seen by a doctor quickly and they are open late nights and weekends, but not 24/7. Emergency Room: Should be reserved for loss of life or limb, car accident, severe burns, head trauma, heart attack, stroke, severe lacerations, etc. Open 24/7 but they are triaged, so you could wait longer for a less severe injury/illness. Much more costly than urgent cares or walk-in clinics.
How do I find a provider?	Doctor or Clinic: You can find a provider by visiting the Find a Medical Provider navigational tile on the homepage of the website, on the MyIMG website, or by navigating directly to the Find A Provider search on United Healthcare's website. See step-by-step instructions here. Teladoc: Visit https://www.teladochealth.com/, download the Teladoc Health app, or call 1-800-Teladoc. Be sure to register for an account on the website and fill out the medical history questionnaire before your first appointment. See step-by-step instructions here.
Do I need a Primary Care Physician (PCP)?	No, since you are on a PPO plan, you do not need to establish a Primary Care Physician (nor will you be assigned one); although you can if you want to. If you are sick or need to be seen by a doctor, you can just schedule with any In-Network provider.
Do I need a Referral to see a Specialist?	No, these are all PPO plans which means you can schedule directly with a specialist. You do not need to see your Primary Care Physician to get a referral; this saves you time and money.

Question	Answer
Voluntary Dental & Vision Insurance	
Do I have vision or dental coverage on these plans?	This is minimal coverage for non-emergency dental issues. However, comprehensive vision and dental are not covered by these plans. You do have the option to buy voluntary dental insurance. Please visit the Voluntary Dental & Vision Enrollment section of the website for more information.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Waivers	
Is it mandatory to enroll in one of these plans?	No, you may either enroll in a plan (IMG Basic, IMG Standard or IMG Platinum) or waive by providing proof of insurance, in English, if you purchased another plan that meets the waiver requirements.
What requirements does my external coverage need to meet to qualify for a waiver?	Your insurance plan must meet the following criteria established by the Department of State to qualify for a waiver from this requirement: • \$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 • Carrier must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government • For scholars residing in the United States for <u>more than 12 months</u>, pre-existing conditions must be a covered benefit, with the waiting period for coverage no more than 12 months.
How do I fill out the waiver form?	Scholars can find the waiver requirements and then follow the instructions found in the Waive Coverage section of the website. You will need to upload your documents, in English, then submit the form for review. Find step-by-step instructions here.
Do my documents need to be in English?	Yes, any external insurance documents you upload for review and approval must be in English. If they are not in English, please consult your insurance carrier.
What if my external insurance has everything except Medical Evacuation and Repatriation of Remains?	Betins offers stand-alone evacuation and repatriation coverage at an affordable price. This can be used as a top-up to your external medical coverage.
What happens after I submit the waiver?	Your waiver is not officially approved upon submission. GBS will review your documents and either send you an approval confirmation email or send you an email requesting additional information within 1-3 business days.

Frequently Asked Questions

Basic, Standard and Platinum Plans

Question	Answer
Contacts	
How do I contact the Student & Scholar Services team at Gallagher Benefit Services about my enrollment, waiver, invoicing, coverage, or claims?	Phone: 1-888-441-3719 Email: See your school-specific Gallagher visiting scholar website
Who do I contact about a specific claim or coverage details?	IMG Customer Care & Claims Support Phone: 1-800-628-4664 Email: imgcustomercare@imglobal.com
Where should hospitals and doctors send claims?	Claims should be sent to United Healthcare, not IMG. Providers should mail claims to UHC Global, PO Box 30526, Salt Lake City, Utah, 84130-0526
How do I contact Teladoc?	Visit https://www.teladochealth.com/ , download the Teladoc Health app, or call 1-800-Teladoc. Be sure to register for an account on the website and fill out the medical history questionnaire before your first appointment. See step-by-step instructions here.