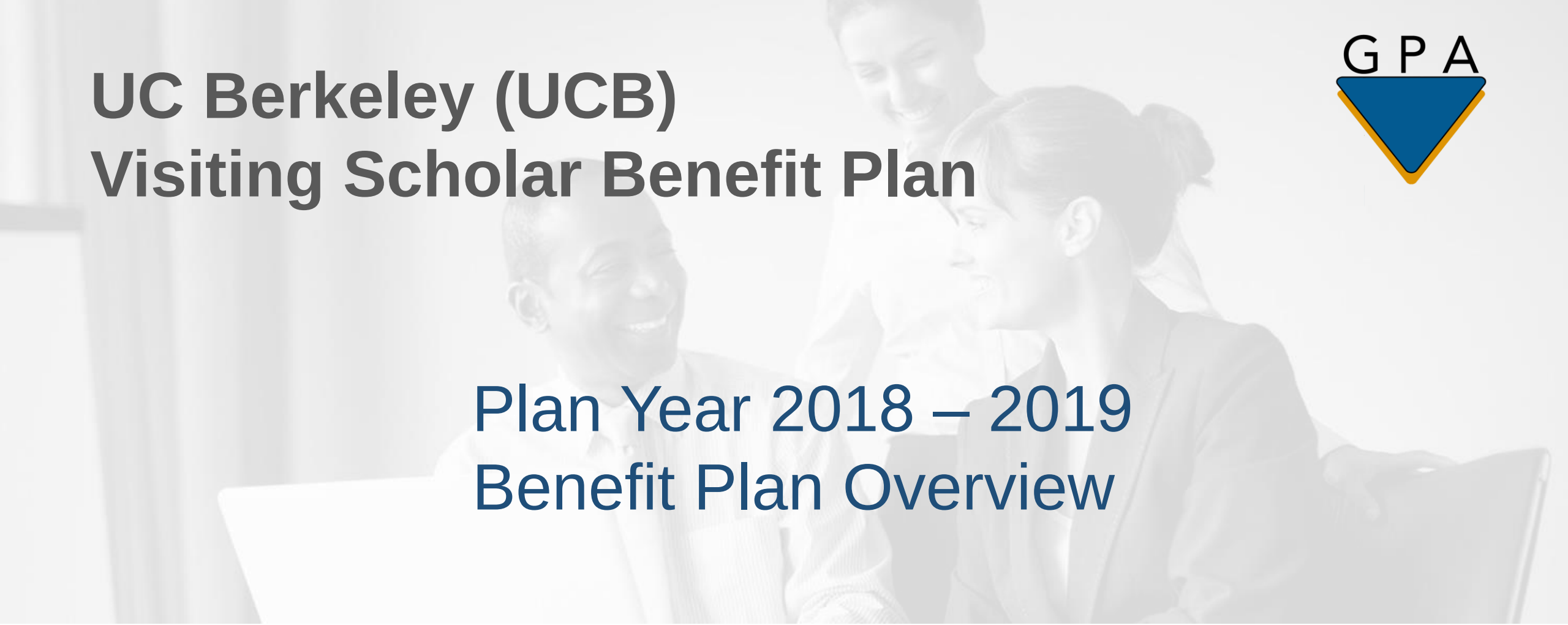
UC Berkeley (UCB)
Visiting Scholar Benefit Plan



Plan Year 2018 – 2019
Benefit Plan Overview

GARNETT-POWERS & ASSOCIATES, 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.

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UCB 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

UCB Offers Three Insurance Plan Options that Will Meet the Insurance Policy Requirements:

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

International Visiting Scholars

- You may elect to waive out of purchasing either the **Basic, Standard, or Platinum** plans.
  - If you are buying your own health insurance:
    - You must complete the waiver process on the GPA website at https://clients.garnett-powers.com/vs/ucb/waiver/

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

- You are not subject to the insurance requirements and do not need to provide proof of insurance

Visiting Scholar Monthly Premium Rates

Plan Year 2018 - 2019

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	**IMG Basic Plan** *Age Rated:* • 31 days - 24 years old • 25-49 years old • 50-64 years old	• $52 • $63 • $116	• $52 • $63 • $116	• **$52** • N/A • N/A	For every child dependent (ages 31 days – 24 years old, the premium is an extra $52 ***Dependents Must be non U.S. Citizens or non U.S. Permanent Residents.***
Standard	**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	• $69 • $77 • $122 • $187 • $242	• $238 • $260 • $345 • $356 • $345	$66	For every child dependent, the premium is an extra $66 ***Dependents Must be non U.S. Citizens or non U.S. Permanent Residents.***
Platinum	**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	• $151 • $172 • $294 • $480 • $641	• $575 • $635 • $845 • $873 • $845	$134	For every child dependent, the premium is an extra $134 ***Dependents Must be non U.S. Citizens or non U.S. Permanent Residents.***

Visiting Scholar – Summary of Benefits

Plan Year 2018 - 2019

	Basic	Standard	Platinum
Benefits	**IMG Basic Plan**	**IMG Standard Plan**	**IMG Platinum Plan**
Plan Type	PPO	PPO	PPO
Lifetime Maximum Per Period of Coverage	$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
Out-of-Pocket Maximum	$5,000 per period of coverage	**In-Network:** $0 **International:** $0 **Out-of-Network**: $1,000	**In-Network:** $0 **International:** $0 **Out-of-Network**: $1,000
Coinsurance	Visiting Scholar pays 20% of eligible expenses up to $5,000, then the plan pays 100% thereafter	**PPO Provider**: Visiting Scholar pays 0% of eligible expenses **Non-PPO Provider**: Visiting Scholar pays 20% of eligible expenses up to $1,000, then the plan pays 100% thereafter	**PPO Provider**: Visiting Scholar pays 0% of eligible expenses **Non-PPO Provider**: Visiting Scholar pays 20% of eligible expenses up to $1,000, then the plan pays 100% thereafter

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Visiting Scholar – Summary of Benefits

Plan Year 2018 - 2019

	Basic	Standard	Platinum
Benefits	**IMG Basic Plan**	**IMG Standard Plan**	**IMG Platinum Plan**
Prescription Drugs	Usual, Customary and Reasonable Costs ***Subject to deductible and coinsurance***	Visiting Scholar Pays 50% of actual charges *Up to annual maximum of $1,500*	$20 Copay for Generic $40 Copay for Brand $80 Copay for Non-Brand *Up to the annual maximum of $3,000*
Maternity	No Coverage	No Coverage	**Conception must occur during period of coverage** Paid as any other illness
Routine Newborn Care	No Coverage	No Coverage	$750 maximum per period of coverage
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

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Visiting Scholar – Summary of Benefits

Plan Year 2018 - 2019

	Basic	Standard	Platinum
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**	Pre-existing conditions are covered after 12 months of continuous coverage	Pre-existing conditions are covered after 6 months of continuous coverage
Emergency Room	***Subject to deductible and coinsurance*** **WITH inpatient admission:** Usual, Customary and Reasonable Costs **WITHOUT inpatient admission**: Additional $250 deductible	**$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	Usual, Customary and Reasonable Costs ***Subject to deductible and coinsurance***	**Outpatient:** $500 per Illness/Injury Usual and Customary Charges	**PPO Provider**: $25 per Illness/ Injury Usual and Customary Charges
Preventive Care Services including Immunizations	No Benefits	No Benefits	Well Exams covered at 100% **(annual max of $500)** Immunizations covered at 100% **(annual max of $250)**

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Visiting Scholar – Summary of Benefits

Plan Year 2018 - 2019

	Basic	Standard	Platinum
Benefits	**IMG Basic Plan**	**IMG Standard Plan**	**IMG Platinum Plan**
Mental & Nervous Disorders	No Benefits	**Outpatient:** $50 Copay with $500 lifetime maximum *Not covered if incurred at the Student Health Center* **Inpatient:** Lifetime maximum of $10,000 *Not covered if incurred at the Student Health Center*	**Outpatient:** $50 Copay with $500 lifetime maximum *Not covered if incurred at the Student Health Center* **Inpatient:** Lifetime maximum of $10,000 *Not covered if incurred at the Student Health Center*
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 Three Insurance Plan Options

	Basic	Standard	Platinum
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 pre-existing 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

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