

# INTERNATIONAL STUDENT PROTECTION

**UCLA SCHOLARS  
TRAIL BLAZER PLAN**

MEETS J-1 REQUIREMENTS

*Financial protection for students in case of unexpected  
medical emergencies while studying in the U.S.*



The More Rewarding Way to Manage Risk

# PREMIER INTERNATIONAL STUDENT HEALTH INSURANCE

## WHAT THESE INTERNATIONAL STUDENT HEALTH INSURANCE PLANS COVER

Alliant is an introducer to the top international student health insurance plans for non U.S. citizens on F-1 and J-1 visas studying and residing in the U.S.

These plans provide financial protection for students in case of unexpected medical emergencies while studying in the United States.

Students receive access to healthcare services within the UnitedHealthcare network including hospital stays, doctor visits and medication costs.



## WHY IT'S BENEFICIAL

These international student health insurance plans offer peace of mind by ensuring students are financially protected against the uncertainties of needing medical attention while studying in the United States.

### ELIGIBILITY

The following individuals are eligible for the international student health insurance plans:

Non-United States Citizen, age 65 and under, traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States, holds a current and valid passport, while actively engaged in educational activities, or research-related activities.

You are “actively engaged” in educational activity if you are one of the following:

1. J1 valid visa holder. (Dual citizens or permanent residents of the United States are not eligible); or
2. Scholar or researcher who is invited by an educational organization.

### COVERAGE

The international student health insurance plans provide medical coverage for:

Non-U.S. citizens on J-1 visa studying in the United States

Accident and sickness medical expenses

Mental & nervous disorders including coverage for substance abuse

Prescription drugs with copays as low as \$15 dollars

Emergency room, hospital, urgent care and physician visits

Emergency medical evacuation and repatriation

POLICY RATES	
	TRAIL BLAZER
AGE GROUP	80/70 COINSURANCE \$0 DEDUCTIBLE
Age 24 and Under	\$153
25–29	\$171
30–40	\$304
41–61	\$625
Spouse	\$926
Each Child	\$269

(EFFECTIVE: 9/1/26-8/31/27)

*For more information on our experienced administrative services or if you have questions, contact Administrative Concepts at (800) 476-4802 or visit us at [claims@acitpa.com](mailto:claims@acitpa.com).*



## PLAN INFORMATION

### FILING A CLAIM

#### **If your provider files the claim on your behalf:**

1. The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per accident or sickness.
2. You will receive an explanation of benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

**If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying. To do so, follow these steps:**

1. Download a claim form: [ISP Online Enrollment](#)
2. Include your policy number (as shown on your ID card) on the claim form.
3. Attach bills for X-rays, lab charges, etc.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

**ADMINISTRATIVE CONCEPTS, INC.**

**PO BOX 4000 | COLLEGEVILLE, PA 19426 | FAX: (610) 293-9299**

*Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts at (800) 476-4802 or [claims@acitpa.com](mailto:claims@acitpa.com).*

## ACCESSING CARE

### UnitedHealthcare Network

To find a UHCG PPO provider:

1. Go to [www.whyuhc.com/us1](http://www.whyuhc.com/us1) and click “Search the network for your healthcare provider.”
2. Then click “Search the network: Options PPO.”
3. Under “What kind of medical care can we help you find?”, start by clicking the blue font and entering a street address, city and state, 5-digit zip code or county.
4. Once entered, click “Update location.”
5. Enter or select your search parameters by entering a specific provider’s name or service in the search box or by clicking one of the category icons.

### ENROLLMENT

Visit [ISP Online Enrollment](#) to enroll online with a credit card OR follow instructions from your insurance representative, college or university.

## CORE EXCLUSIONS

Please review the policy certificate for the full list of exclusions and definitions.

The policy does not cover any loss resulting from any of the following unless otherwise covered under the policy by additional benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. Applies to Accidental Death & Dismemberment only.
2. Voluntary active participation in a riot or insurrection.
3. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
4. Charges which are in excess of usual, reasonable and customary charges.
5. Pre-existing conditions. However, a pre-existing condition will be covered after the plan participant has been continuously insured for 6 months under the same participating organization. Refer to the policy for credible coverage that will waive the pre-existing conditions exclusion.
6. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

*\*These are some of the exclusions in your coverage. For a full list, refer to the policy certificate.*

## CORE ACCIDENT AND SICKNESS BENEFITS

Benefits will be provided only for the coverages listed below and will be paid only up to the amounts shown.

<b>MAXIMUM PER POLICY PERIOD (PER POLICY TERM)</b>	\$600,000 Scholars / \$100,000 Dependents
<b>IN-NETWORK DEDUCTIBLE</b>	\$0
<b>OUT-OF-POCKET MAXIMUM</b>	\$2,000 per Plan Participant / \$4,000 per Family Per Policy Term In-Network Only
<b>PRE-EXISTING CONDITIONS</b>	Pre-existing conditions are not covered under this plan of insurance. However, a pre-existing condition will be covered after the plan participant has been continuously insured for six (6) months under the same international student health insurance plan.

*Deductible, Coinsurance, and Benefit Maximums apply on a per Plan Participant basis, per Policy Term.*

BENEFIT COVERAGE	BENEFIT AMOUNT	
	In-Network Provider Benefit	Out-of-Network Provider Benefit
<b>HOSPITAL ROOM &amp; BOARD BENEFIT</b>	80% of the Preferred Allowance (PA), subject to a \$75 copay	70% of the Semi- Private Room Rate, subject to a \$75 deductible
<b>INTENSIVECARE/CARDIAC CARE UNIT BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>HOSPITAL MISCELLANEOUS EXPENSE BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>SURGEON OR ASSISTANT SURGEON (IN OR OUTPATIENT) BENEFIT INPATIENT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>PRE-ADMISSION TESTING BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>ANESTHESIA BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>DAY SURGERY MISCELLANEOUS BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>DIAGNOSTIC X-RAY AND LAB BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>AMBULANCE BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Actual Charges
<b>PHYSICIAN VISIT BENEFIT (INPATIENT)</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>PHYSICIAN VISIT BENEFIT (OUTPATIENT)</b>	80% of the Preferred Allowance (PA), subject to \$20 copay Copay waived at Student Health Center	70% of Usual, Reasonable & Customary (URC) Subject to \$20 deductible
<b>CONSULTANT PHYSICIAN BENEFIT</b>	80% of the Preferred Allowance (PA), subject to \$20 copay	70% of Usual, Reasonable & Customary (URC), subject to \$20 deductible

*\*Prescriptions through Express Scripts Pharmacy. Refer to Certificate of Coverage for out-of-network benefits.  
For a complete listing of benefits and exclusions, please refer to the Certificate of Coverage.*

BENEFIT COVERAGE	BENEFIT AMOUNT	
	In-Network Provider Benefit	Out-of-Network Provider Benefit
<b>URGENT CARE BENEFIT</b>	80% of the Preferred Allowance (PA), subject to \$20 copay	70% of Usual, Reasonable & Customary (URC), subject to \$20 deductible
<b>RADIATION/CHEMOTHERAPY BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>EMERGENCY ROOM BENEFIT</b>	80% of the Preferred Allowance (PA), subject to \$75 copay Copay waived if admitted	70% of Usual, Reasonable & Customary (URC), subject to \$75 deductible Deductible waived if admitted
<b>MATERNITY AND PRE-NATAL CARE EXPENSE BENEFIT</b> Conception must occur while covered under the Policy	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>WELLNESS MEDICAL BENEFIT</b> Up to a maximum of \$200 per Policy Term	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>THERAPEUTIC TERMINATION OF PREGNANCY BENEFIT INPATIENT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>EMERGENCY DENTAL EXPENSE BENEFIT (UP TO \$2,500 PER POLICY TERM)</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>INPATIENT PHYSIOTHERAPY EXPENSE BENEFIT</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>OUTPATIENT PHYSIOTHERAPY EXPENSE BENEFIT (40 visits per policy period)</b>	80% of the Preferred Allowance (PA), subject to a \$20 copay	70% of Usual, Reasonable & Customary (URC), subject to \$20 deductible
<b>MENTAL &amp; NERVOUS/ALCOHOL &amp; DRUG ABUSE INPATIENT EXPENSE BENEFIT (40 DAY MAXIMUM PER POLICY TERM)</b>	80% of the Preferred Allowance (PA)	70% of Usual, Reasonable & Customary (URC)
<b>MENTAL &amp; NERVOUS/ALCOHOL &amp; DRUG ABUSE OUTPATIENT EXPENSE BENEFIT (40 DAY VISIT MAXIMUM PER POLICY TERM)</b>	80% of the Preferred Allowance (PA), subject to a \$20 copay	70% of Usual, Reasonable & Customary (URC), subject to \$20 deductible
<b>PRESCRIPTION DRUG EXPENSE BENEFIT (BASED ON 30-DAY SUPPLY PER PRESCRIPTION)</b>	Generic: \$20 copay Contraceptive: \$15 copay All Other: \$50 copay	Generic: \$20 copay Contraceptive: \$15 copay All Other: \$50 copay
<b>QUARANTINE TRIP DELAY BENEFIT</b>	\$100 per person, per day subject to a maximum of 15 days and \$1,500 maximum Benefit	

*\*Prescriptions through Express Scripts Pharmacy. Refer to Certificate of Coverage for out-of-network benefits.  
For a complete listing of benefits and exclusions, please refer to the Certificate of Coverage.*

# TRAVEL ASSISTANCE PROGRAM

## TRAVEL ASSISTANCE SERVICES DETAILS

### Travel Support Services

**Interpretation/Translation:** Upon request, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

**Locating Lost or Stolen Items:** On Call will assist in locating lost luggage and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

**Medical Monitoring:** During the course of a medical emergency resulting from an accident or sickness, On Call will monitor your case to determine whether the care is adequate from a Western Medical perspective.

**Medical and Dental Search and Referral:** On Call will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.

**Advance of Emergency Medical Expenses:** On Call will advance on-site emergency inpatient medical payments to secure, admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or a friend. Assignment of benefits allows the insurer to claim with the insured's primary insurance when the hospital refuses admission or discharge.

**Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses:** On Call will arrange to fill a prescription that has been lost, forgotten or requires a refill, subject to local law, whenever possible.

On Call will also arrange for shipment of replacement eyeglasses/ corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

**Transfer of Insurance Information and Medical Records:** Upon your request, On Call will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.

**Assistance with Vaccine and Blood Transfers:** If based upon your physician's prescription, needed vaccines or blood products are not available locally, On Call will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

## EMERGENCY TRANSPORTATION SERVICES:

- Emergency Medical Evacuation/ Medically Necessary Repatriation Covered at 100% of Actual Expenses
- Repatriation of Mortal Remains Covered at 100% of Actual Expense
- Transportation after Stabilization
- Visit by Family Member/Friend (Eligible Expenses Covered up to \$2,500)
- Return of Dependent Children

## EMERGENCY SUPPORT SERVICES:

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

## FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

Local: (603) 691-5690

Toll Free: (833) 371-2554

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## NON-INSURANCE PERSONAL ASSISTANCE SERVICES

These are Non-Insurance Services provided by On Call International:

**Pre-Trip Information:** Upon request, On Call will provide information services such as visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

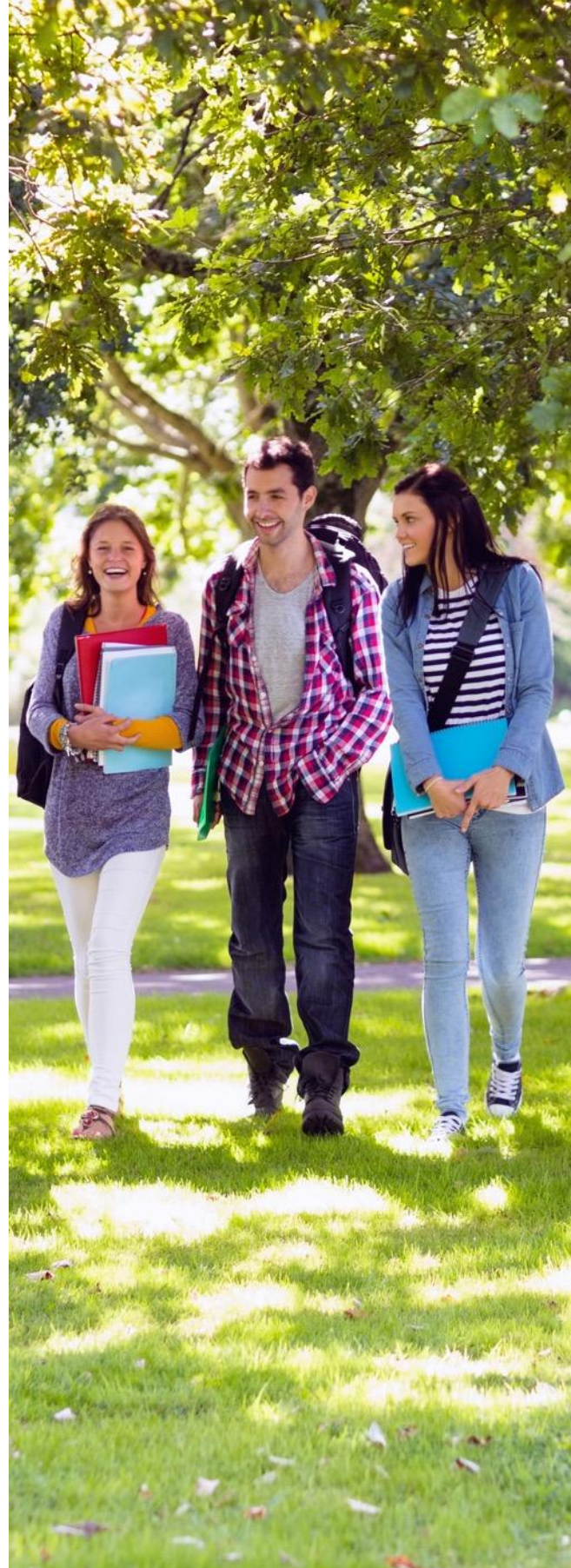
**Interpretation/Translation:** If during your trip you need an interpretation, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

**Legal Referral/Bail:** Upon request, On Call will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, On Call will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or friend. You are responsible for associated fees.

**Emergency Cash Advance:** On Call will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

FOR MORE INFORMATION, CONTACT:

Alliant Student Health  
[studenthealth@alliant.com](mailto:studenthealth@alliant.com)



**ABOUT ALLIANT:** In the face of increasing complexity, our approach is simple: hire the best people and invest extensively in the industries and clients we serve. We operate through one national platform, giving clients complete access to our resources and expertise – regardless of where the resource is located – to capitalize on new opportunities to grow and protect their organizations and their people.