**Who is eligible?**

All international Scholars, Student Interns, and Visiting Research Fellows who are temporarily pursuing academic work at Brown University or its affiliates.

**How to enroll:**
https://haylor.com/brown-university-scholars/ or visit

Self-enrollment code: VRJ-59713

**Policy Period:** July 1, 2024 - June 30, 2025

**Premium Rates:**
- Participant: $213.00 per month
- Spouse: $639.00 per month
- Child: $639.00 per month
- Children: $1,278.00 per month

For more details regarding the Brown University J-1 Scholars Health Insurance Program please visit:

www.haylor.com/brown-university-scholars
844.312.8024
brownstudent@haylor.com

**What does the plan feature?**

- Medical Expense Benefits
- Emergency Medical Benefits
- Emergency Medical Evacuation Benefits
- Repatriation of Remains Benefits
- Travel Assistance Services
- Telemedicine services

You can submit and track claims, download your ID card, and browse providers by registering at www.geobluestudents.com, or through the GeoBlue mobile app available from Apple or Google Play.

To contact GeoBlue:
Inside the U.S. 1-844-268-2686
Outside the U.S. +1-610-263-2847
studentinfo@geo-blue.com

For policy and claims related questions regarding the Health Insurance Program please contact:

studenthealthinsuranceplan@Brown.edu

For further details of the coverage including cost, benefits, exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the overview policy available at www.haylor.com/brown-university-scholars
### 2024-2025 Brown University J-1 Scholars Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100%</td>
</tr>
<tr>
<td>Out-of-pocket Limit</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Medical Evacuation Benefit Maximum</td>
<td>100% of the covered expenses up to $100,000*</td>
</tr>
<tr>
<td>Emergency Family Travel Arrangements</td>
<td>100% of the covered expenses up to $1,500*</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>100% of Allowed Amount after deductible</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>100% of Allowed Amount after deductible</td>
</tr>
<tr>
<td>Maximum for Mental and Nervous Disorders</td>
<td>Inpatient: up to $25,000 (up to 30 days)</td>
</tr>
<tr>
<td></td>
<td>Outpatient: up to $25,000 (up to 30 visits)</td>
</tr>
<tr>
<td>Emergency Hospital Services</td>
<td>100% of Allowed Amount after deductible</td>
</tr>
<tr>
<td>Repatriation of Remains Maximum</td>
<td>100% of covered expenses up to $50,000*</td>
</tr>
<tr>
<td>Coverage Year Limit</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

* per Coverage Year

**Annual Deductible:** An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

**Annual Out of Pocket Maximum:** The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount.

**Copay:** A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

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The 2024-2025 benefits listed above are a brief summary of the Brown University J-1 Scholars Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Overview Policy at [www.haylor.com/brown-university-scholars](http://www.haylor.com/brown-university-scholars)