



BROWN

2024 - 2025
J-1 Scholars Health Insurance

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

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

* 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.

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