2025-26 Plan Year Webinar for InTalage Exchange Visitors

Policy Year Oct 1 2025 – Sep 30 2026

Who we are

Total Scholastic Solutions (TSS) has been providing customized insurance solutions that have served the educational market for over 40 years.

TSS Administrative Services handles everything from enrollment to customer service and claims processing.

- Locate an in-network provider
- Plan for medical procedures
- Coordinate emergency medical services
- Confirm your benefits
- Answer claims status inquiries
- Process Claims

Who is Eligible?

An individual who meets all the requirements of one of the covered classes shown below:

Class 1

An **active participant** in a Cultural Exchange Program who is a minimum age of **16 years and maximum of 64 years;**

1.**Non-United States Citizens** travelling **outside their home country** for the purpose of pursuing international exchange program activities for a temporary period of time, and

2. Must have a **valid F, J, M or Q visa**. F1 visa holder on OPT are **not eligible**.

Class 2

Spouse or domestic partner

Class 3

Dependent child(ren)

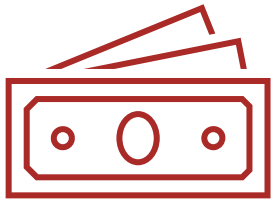
Important

- J-1 visa insurance requirements mandate continuous coverage for the entire duration of your program.
- Coverage must begin no later than the "Program Begin Date" and must not end before the effective "Program End Date" listed on the DS-2019.
- EVs and their dependents must be enrolled in a timely manner, before your program's start date.
- Any requests to enroll after the program begin date is not allowed. We will not be able to backdate coverage.
- Failure to maintain USDOS insurance requirements for the J-1 scholar or J-2 dependents for the entire program duration will result in program termination. If an EV program is terminated, both the J-1 and J-2 must return to their home country immediately.

General Features and Plan Specification

U.S Provider Network	United Healthcare
Pharmacy Network	CVS Caremark, pay and claim basis
Area of Coverage	Worldwide Basis, Excluding Home County
Maximum Benefit Payable per covered illness or injury	$100,000
Lifetime Maximum	Unlimited
Pre-Existing Condition Limitation *(12 months Lookback Period)*	**Insured:** Pre-Existing Conditions are covered after a **12-month** waiting period. **Dependents:** Pre-Existing Conditions are covered after a **24-month** waiting period.
2025 Plan Year Changes	The plan no longer covers maternity. Maternity, pregnancy and complications of pregnancy claims with dates of service October 1 2025 onwards will not be covered

General Features and Plan Specification



Deductible

The amount you pay for covered health care services before your insurance plan starts to pay.
Deductible resets every plan year.

Individual Deductible per covered illness or injury.	**In-Network Provider** $500 per insured Person 2x individual per family **Out-of-Network Provider** $500 per insured Person 2x individual per family

General Features and Plan Specification

Copayments

A fixed amount of money paid out of pocket for a health care service.

The amount of the copay varies based on the type of service and is usually paid by you at the time the service is received.

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.	
Physician/Specialist Office Visit	$100 per visit
Urgent Care Center	$20 per visit
Hospital	$250 per admission
Emergency Room Visit	$350 (waive if admitted)

General Features and Plan Specification

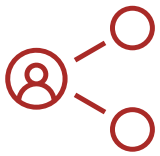
Out-of-Pocket-Maximum per period of Insurance

An out-of-pocket maximum is the most a person or family will pay for covered health care services in a year.

Once a person reaches their out-of-pocket maximum, their health insurance will cover 100% of eligible health care costs for the rest of the plan year.

Out-of-Pocket-Maximum per period of Insurance *The deductible does not apply to the out-of-pocket maximum*	**In-Network:** $5,000 **Out-of-Network:** $5,000

General Features and Plan Specification



Co-insurance

A percentage of a covered health care service's cost that you pay after meeting their deductible.

Hospitalization and Inpatient Benefits • **Intensive Care/Cardiac Care** • **Diagnostic Testing and Hospital Misc. Expense** • **Extended Care, Skilled Nursing Facility, and Inpatient Rehabilitation:** *Maximum benefit per period of insurance is 45 days and must be confined to facility immediately following a hospital stay.*	**In Network : 80% Coinsurance** **Out of Network: 75% UCR**
Outpatient Benefits • **Diagnostic Testing** • **X-Ray and laboratory** • **MRI, PET, and CT scans** *Office visit copayment applies when testing is done outside an office visit.*	
Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocation, and Speech Therapy • Maximum Benefit per injury or illness is 20 visit and office visit copayment applies.	
Surgical Benefits (Inpatient/Outpatient) • Surgeon's Fees • Facility Fees • Other medical services and supplies	

Other Benefits

Preventive Care and Annual Exams • Child/Adult: Annual Exams • In-Network or Student Health Center Only • Deductible and Copayment does not apply • No benefits if an out –of-network provider is used • Immunizations not covered	80% Coinsurance
Prescription Medications • Up to 31-day supply per prescription • Includes oral contraceptives • CVS/Caremark network pharmacy is required	50% of Charges Pay upfront and file a claim for reimbursement

Exclusions and Limitations may apply. Please see your policy document for details.

Emergency Room vs Urgent Care

Copay $20

Urgent Care facilities can **treat most illnesses or injuries**. They are usually staffed with a team of doctors and nurses and an appointment is not usually required. The cost associated with an urgent care facility is usually **much lower** than an emergency room when used for n**on-life-threatening** conditions.

Copay $350

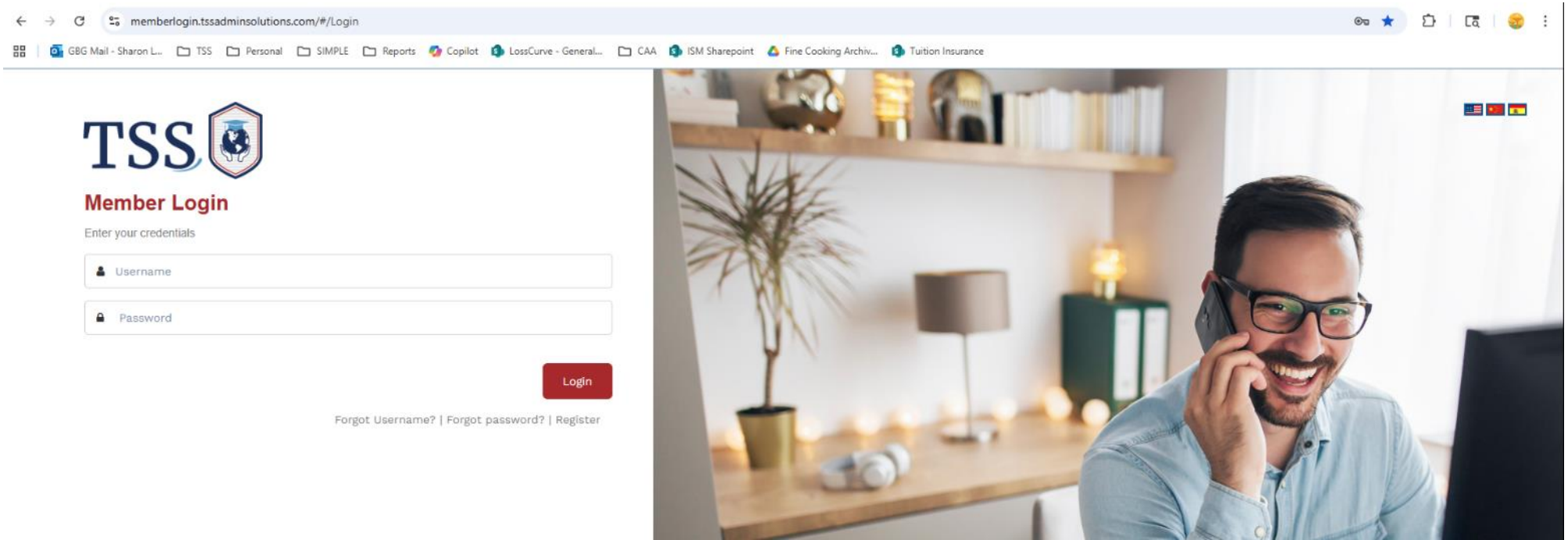
Hospital Emergency Rooms should only be used in **medical emergency situations**. A medical emergency situation is where you reasonably believe that your **life or health would be jeopardized** if you are not in a hospital. Using an emergency room can be very **expensive**. If you are using an emergency room for convenience or for any reason other than a medical emergency, you may be responsible for higher out of pocket costs.

Member Portal

Visit **www.totalscholasticsolutions.com**, click on **Access the Member Portal.**

Use the Member Portal :

- Access your ID Card for yourself and dependents
- View your benefits
- Submit claims
- Check status of claims



Your ID Card

1. ID cards are electronic, no hard copies.
2. ID Cards are obtained through the member portal.
3. When you were enrolled into the plan, you would have received a welcome email with your member ID and instructions on how to create your account.
4. Sender is no-reply@tssadministration.com
5. ID cards are not attached to email for security reasons. Must create account on member portal to access ID Cards.

DialCare
PHYSICIAN ACCESS

TSS
Total Scholastic Solutions

- Modern, easy-to-use **telemedicine** solution for ***non-emergency illnesses*** and general care.
- Direct access to **doctors**, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more.
- Convenient - Doctors are **available 24 hours a day**, **365 days a year**,
- When medically appropriate, a DialCare doctor may **prescribe a short term, non-DEA controlled** medication that you can pick up at the pharmacy of your choice.
- **No copay or cost** to use DialCare

How to Access:

1.You must register first to use this service.

2. Go to dialcare.com/verify. If you're having issues contact DialCare at **(855) 335-2255** for assistance.

3. Once registered, you can log in at member.dialcare.com or through the mobile app to begin requesting consults and to update your medical history. You can also call DialCare at **(855) 335-2255**.

Discount Vision and Dental Program -

Careington Dental Plan Features:

- Save 20% to 50% on most dental procedures including **routine oral exams**, **cleanings**, and major work such as **root canals**, and **crowns.**
- 20% savings on **orthodontics** including braces and retainers for children and adults
- 20% reduction on specialist's normal fees. *Specialties include: Endodontics, Oral Surgery, Pediatric Dentistry, Periodontics, and Prosthodontics where available*

Members may visit any participating dentist on the plan and change providers at any time

VSP® Vision Savings Pass-Vision Program

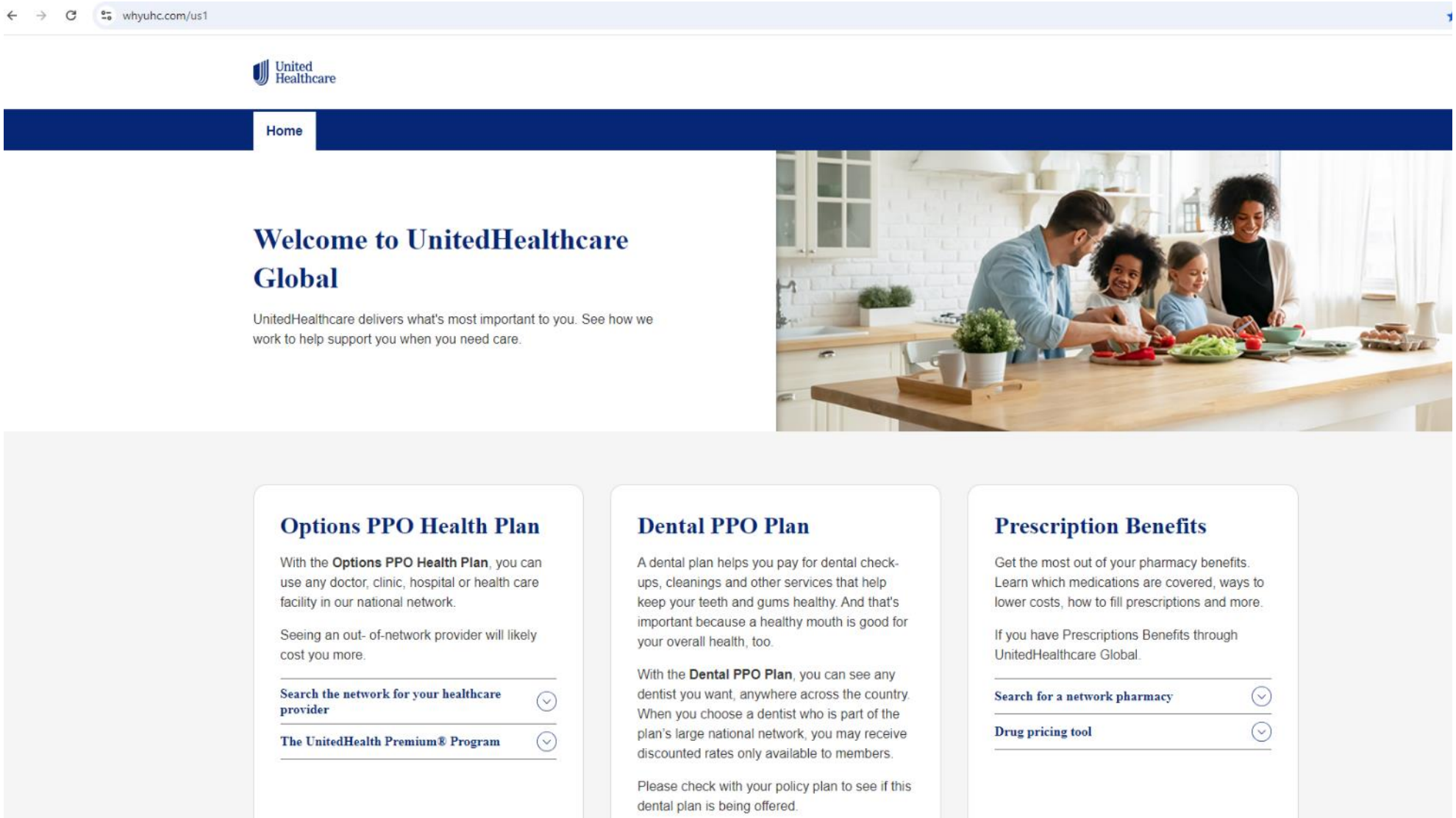
Discount vision program that offers savings on **eye care** and **eyewear.**

Members receive:

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of $**50 for eye exams**
- **15% savings** on contact lens exams
- Special pricing on complete pairs of glasses and sunglasses

Search for UnitedHealth Care Providers at

- https://www.whyuhc.com/us1




Thank you for your time.
Questions, please email
info@uschipsolutions.com