

# HEALTH BENEFITS FOR SEASONAL WORKERS

**24.<sup>00</sup><sub>week</sub>**

Benefits package tailored for H2A  
and H2B workers.  
To protect them, and YOU.



## WHO WE ARE

We are a benefits brokerage company dedicated to serve the unique needs of employers and their seasonal workers nationwide.

## OUR SERVICE

Our Providers crafted a tailored healthcare program to protect H2A and H2B visa workers

- ✓ Emergency Room
- ✓ Intensive Care
- ✓ Medical Evacuation
- ✓ Telemedicine 24/7
- ✓ Outpatient Surgery
- ✓ Radiology/X-ray
- ✓ Chiropractic Care
- ✓ Dental Treatment

... and so much more

## Why is it **important** to you?

- ✓ This program is designed to minimize your risk and increase productivity at no cost to you.
- ✓ The benefits package meets the needs of H2A, H2B and TN workers
- ✓ Our benefits package saves thousands of dollars to workers and employers

## WHAT WE DO?

We tailored a benefits package that has bilingual providers and is cost-effective. You can sign up your workers anytime for any period of time.



### COMPREHENSIVE CARE

We cover all the health needs of the worker from medical insurance, to virtual mental health and nutrition education.



### \$0 COST TO EMPLOYER

The worker pays through a payroll deduction after that you don't have to worry about anything.



### OMNICHANNEL ACCESS

Your workers can reach our bilingual support specialists via **sms**, **email** or **voice**.



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# Health Benefits

## Coverage Limit / Maximum Amount for Eligible Medical Expenses

<b>Period of Coverage</b>	Up to 12 months
<b>Period of Coverage Limit</b>	<ul style="list-style-type: none"> <li>Through Age 64: \$100,000.<sup>00</sup></li> <li>Ages 65 to 69: \$100,000.<sup>00</sup></li> <li>Ages 70 to 79: \$50,000.<sup>00</sup></li> <li>Ages 80 and Older: \$10,000.<sup>00</sup></li> </ul>
<b>Area of Coverage</b>	Worldwide excluding the insured Person's Country of Residence

## Benefits Plan Features

<b>Benefit</b>	United States	United States	International
	In-Network	Out-of-Network	International

## Deductible for Eligible Medical Expenses

<b>Deductible</b>	\$50, \$100., \$250. \$500 per insured Person, as indicated on the Declaration
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## Coinsurance for Eligible Medical Expenses

<b>Coinsurance</b>	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
<ul style="list-style-type: none"> <li>In addition to deductible</li> </ul>			
<b>Out of pocket maximum</b>	\$0	\$1,000	\$0

## Pre-Certification

- Interfacility Ambulance transfer: No coverage if Pre-certification requirements are not met
- Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- All other treatments and supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.
- Deductible is taken after reduction
- Coinsurance is applied to remainder of the reduced amount
- Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification

## Pre-existing Conditions

Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance

### Acute Onset of Pre-existing Conditions

Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

<b>Acute Onset of Pre-existing Conditions</b> <ul style="list-style-type: none"> <li>Insured person must be under 70 years of age</li> <li>Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provisions for further details and requirements</li> </ul>	<ul style="list-style-type: none"> <li>Up to the period of coverage limit</li> </ul>
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**Acute Onset of Pre-existing Conditions**

Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

Emergency Medical Evacuation <ul style="list-style-type: none"> <li>▪ Arises or results directly from a covered Acute Onset of a Pre-existing Condition</li> <li>▪ Insured Person must be under 70 years of age</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maximum Limit: \$25,000</li> </ul>
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**Inpatient or Outpatient Services**

Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

Benefit	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	80%	100%
Physician Visit/Services	100%	80%	100%
Urgent Care Clinic <ul style="list-style-type: none"> <li>▪ Not subject to Deductible</li> <li>▪ Copayment: \$25</li> <li>▪ Copayment is not applicable if the declaration states a \$0 deductible</li> </ul>	100%	80%	100%
Walk-in Clinic <ul style="list-style-type: none"> <li>▪ Not subject to Deductible</li> <li>▪ Copayment: \$15</li> <li>▪ Copayment is not applicable if the Declaration states a \$0 Deductible</li> </ul>	100%	80%	100%
Hospital Emergency Room: United States <ul style="list-style-type: none"> <li>▪ <b>Injury:</b> Not subject to Emergency Room Deductible</li> <li>▪ <b>Illness:</b> Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission</li> </ul>	100%	80%	Not Applicable
Hospital Emergency Room: International	Not Applicable	Not Applicable	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> <li>▪ Average semi-private room rate</li> <li>▪ Includes nursing services, miscellaneous and Ancillary services</li> </ul>	100%	80%	100%
Intensive Care	100%	80%	100%
Bedside Visit <ul style="list-style-type: none"> <li>▪ Not subject to Deductible</li> <li>▪ Maximum Limit: \$1500</li> <li>▪ Hospitalized in an Intensive Care Unit</li> <li>▪ Refer to the BEDSIDE VISIT provision for further details</li> </ul>	100\$	80%	100%
<ul style="list-style-type: none"> <li>▪ COVID-19/SARS-CoV-2</li> </ul>	Charges for Treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under this policy.		

**Inpatient or Outpatient Services**

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Limits per Period of Coverage unless stated as Maximum Limit

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Outpatient Surgical/Hospital Facility	100%	80%	100%
Laboratory	100%	80%	100%
Radiology/X-ray	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	80%	100%
Pre-admission Testing	100%	80%	100%
Surgery	100%	80%	100%
Hospitalization / Room & Board	100%	80%	100%
Intensive Care	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>▪ Surgery is incidental to and follows Surgery that was covered under this plan</li> </ul>	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>▪ 20% off the primary surgeon's eligible fee</li> </ul>	100%	80%	100%
Anesthesia	100%	80%	100%
Durable Medical Equipment	100%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> <li>▪ Medical order or Treatment Plan required</li> </ul>	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>▪ Medical order or Treatment Plan required</li> </ul>	100%	80%	100%
Extended Care Facility Upon direct transfer from an acute care Facility	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> <li>▪ Provided by a Home Care Facility</li> <li>▪ Upon direct transfer from an acute care Facility</li> </ul>	100%	80%	100%

**Prescription Drugs and Medications**

Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

The following Prescription Drugs and Medication Maximum Limit accumulates toward the plan Maximum Limit per Period of Coverage

<b>Prescription Drugs and Medication</b>	<b>Not Applicable</b>	<b>80%</b>	<b>100%</b>
<ul style="list-style-type: none"> <li>▪ Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits.</li> <li>▪ Dispensing Maximum for Retail Pharmacy: 90 days per Prescription</li> </ul>	The Prescription Drugs and Medications limit is up to the plan Maximum Limit.		

### Emergency Services

NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit

Benefit	In-Network	Out-of-Network	International
Emergency Local Ambulance <ul style="list-style-type: none"> <li>▪ Subject to Deductible and Coinsurance</li> <li>▪ Injury</li> <li>▪ Illness resulting in an Inpatient Hospital Admission</li> </ul>	100%	100%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$1,000,000.<sup>00</sup></li> <li>▪ Approved in advance and coordinated by the Company</li> </ul>	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$100,000.<sup>00</sup></li> <li>▪ Maximum Days : 15</li> <li>▪ Meals maximum per day: \$25</li> <li>▪ Reasonable and necessary travel costs and accommodations</li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> <li>▪ Transfer must be a result of an Inpatient Hospital Admission</li> </ul>	100%	100%	100%
Natural Disaster Evacuation <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$25,000.<sup>00</sup></li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$100,000.<sup>00</sup></li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%
Remote Transportation <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$20,000.<sup>00</sup></li> <li>▪ Limit: \$5,000</li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%
Return of Minor Children <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$100,000.<sup>00</sup></li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> <li>▪ Up to the Period of Coverage Limit</li> <li>▪ Local Burial/Cremation Maximum Limit: \$5,000.<sup>00</sup></li> <li>▪ Return of Insured Person's Mortal Remains to Country of Residence</li> <li>▪ Approved in advance by Company</li> </ul>	100%	100%	100%

**Other Services**

NOT Subject to Deductible and Coinsurance unless otherwise noted  
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
 Limits per Period of Coverage unless stated as Maximum Limit

Benefit	In-Network	Out-of-Network	International																
Accidental Death and Dismemberment <ul style="list-style-type: none"> <li>▪ Principal Sum Maximum Limit: \$50,000.<sup>00</sup></li> <li>▪ Death must occur within 90 days of the Accident</li> </ul>	Accidental Death: 100% of Principal Sum Dismemberment: <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"><b>Accidental Loss</b></td> <td style="width: 40%;"><b>Accidental Loss</b></td> </tr> <tr> <td>Sight of one eye</td> <td align="right">50%</td> </tr> <tr> <td>One hand or one foot</td> <td align="right">50%</td> </tr> <tr> <td>One hand and the loss of one eye</td> <td align="right">100%</td> </tr> <tr> <td>One foot and the loss of one eye</td> <td align="right">100%</td> </tr> <tr> <td>One hand and one foot</td> <td align="right">100%</td> </tr> <tr> <td>Both hands and both feet</td> <td align="right">100%</td> </tr> <tr> <td>Sight of both eyes</td> <td align="right">100%</td> </tr> </table>			<b>Accidental Loss</b>	<b>Accidental Loss</b>	Sight of one eye	50%	One hand or one foot	50%	One hand and the loss of one eye	100%	One foot and the loss of one eye	100%	One hand and one foot	100%	Both hands and both feet	100%	Sight of both eyes	100%
<b>Accidental Loss</b>	<b>Accidental Loss</b>																		
Sight of one eye	50%																		
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Both hands and both feet	100%																		
Sight of both eyes	100%																		
Common Carrier Accidental Death <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$100,000.<sup>00</sup></li> <li>▪ Maximum Limit per Child: \$25,000.<sup>00</sup></li> <li>▪ Maximum Limit per Family: \$250,000.<sup>00</sup></li> </ul>	100%	100%	100%																
Dental Treatment <ul style="list-style-type: none"> <li>▪ Subject to Deductible and Coinsurance</li> <li>▪ Limit: \$300</li> <li>▪ (Unexpected or Treatment due to an Accident)</li> </ul>	Not Applicable	80%	100%																
Traumatic Dental Injury <ul style="list-style-type: none"> <li>▪ Subject to Deductible and Coinsurance</li> <li>▪ Treatment at a Hospital due to an Accident</li> <li>▪ Additional treatment for the same injury rendered by a Dental Provider will be paid at a 100%</li> </ul>	100%	80%	100%																
Emergency Eye Examination <ul style="list-style-type: none"> <li>▪ Subject to Coinsurance</li> <li>▪ Deductible per occurrence: \$50.<sup>00</sup> (Plan Deductible Waived)</li> <li>▪ Limit: \$150.<sup>00</sup></li> <li>▪ Loss or damage to prescription corrective lenses due to an Accident</li> </ul>	Not Applicable	80%	100%																
Hospital Indemnity <ul style="list-style-type: none"> <li>▪ Overnight Limit: \$250.<sup>00</sup></li> <li>▪ Maximum Nights: 10</li> <li>▪ Outside insured Person's Country of Residence and the United States</li> </ul>	Not Applicable	Not Applicable	100%																
Identity Theft <ul style="list-style-type: none"> <li>▪ Limit \$500.<sup>00</sup></li> </ul>	100%	100%	100%																

**Other Services**

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<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Incidental Trip <ul style="list-style-type: none"> <li>Maximum: 14 Days</li> <li>Insured's Person Country of Residence is not the United States</li> </ul>	100%	100%	100%
<ul style="list-style-type: none"> <li>Lost Luggage</li> <li>Limit: \$500.<sup>00</sup></li> <li>Limit: \$50.<sup>00</sup> per item</li> </ul>	100%	100%	100%
Natural Disaster <ul style="list-style-type: none"> <li>Limit per Day: \$250.<sup>00</sup></li> <li>Maximum Days: 5</li> </ul>	100%	100%	100%
<ul style="list-style-type: none"> <li>Personal Liability</li> <li>Secondary to any other Insurance</li> <li>No coverage for injury to a related third party or damage to related third person's property</li> <li>Refer to the PERSONAL LIABILITY provision for further details</li> </ul>	Combined Maximum Limit: \$25,000. <sup>00</sup> Injury to third person: <ul style="list-style-type: none"> <li>Per Injury Deductible: \$100.<sup>00</sup></li> </ul> Damage to Third Person's Property <ul style="list-style-type: none"> <li>Per Damage Deductible: \$100.<sup>00</sup></li> </ul>		
Pet Return <ul style="list-style-type: none"> <li>Limit: \$1,000.<sup>00</sup></li> <li>For a pet cat or dog traveling with the insured person</li> </ul>	100%	100%	100%
Small Pet Common Air Carrier Accidental Death Benefit <ul style="list-style-type: none"> <li>Maximum Limit per Pet: \$500.<sup>00</sup></li> <li>For a pet cat or dog up to 30 pounds traveling with the insured person</li> </ul>	100%	100%	100%
Supplemental Accident Benefit <ul style="list-style-type: none"> <li>Maximum Limit per Covered Accident: \$300.<sup>00</sup></li> </ul>	100%	100%	100%
Terrorism <ul style="list-style-type: none"> <li>Maximum Limit: \$50,000.<sup>00</sup></li> </ul>	100%	100%	100%
Return Travel <ul style="list-style-type: none"> <li>Limit \$10,000.<sup>00</sup></li> </ul>	100%	100%	100%
Telemedicine	Unlimited   24/7/365   Bilingual   \$0 Deductible per consult		
Behavioral Health	Unlimited   24/7/365   Bilingual   \$0 Deductible per consult		
Care Navigation	Unlimited   24/7/365   Bilingual   \$0 Deductible per consult		

Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede the Certificate of Insurance and governing policy documents (together the "Insurance Contract") The Insurance Contract is the only source of the actual benefits provided.