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**The J Exchange Visitor Visa Insurance Requirements
for Health, Accident, Repatriation and Medical Evacuation**

This handout is designed for J-1 exchange visitors and their dependents. It explains the need for health insurance in the United States and outlines the minimum provisions of the coverage **required of every person in J-1 status and any dependents who are in J-2 status**. It also defines some of the terms generally used in discussions of health insurance. **As a J-1 Exchange Visitor in the United States you must carry health insurance which meets the following minimum criteria for yourself and your J-2 dependents; failure to purchase health/accident insurance with appropriate repatriation and medical evacuation benefits means that your program will be terminated and reported to the United States Department of State, the government agency that controls the exchange visitor program. PLEASE NOTE: You may purchase an insurance policy after you arrive in the U.S., but if you choose to do so, you should purchase traveler's insurance to guarantee coverage until your policy in the U.S takes effect. OIE is happy to provide you with acceptable insurance plans and information from several insurance companies upon request.**

Required Insurance Specifications

1. The policy must provide medical benefits of at least U.S. \$50,000 per accident or illness.
2. The policy must provide repatriation of remains benefits of at least U.S. \$7,500. If you should die in the U.S., this will provide support to return your remains to your home country.
3. The policy must provide medical evacuation benefits of at least U.S. \$10,000. If because of a serious illness, or injury, you must be sent home on the advice of a doctor, the policy must pay at least the amount mentioned above for travel to your home country.
4. The policy must have a deductible of no greater than U.S. \$500 per accident or illness. Most insurance policies require you to cover part of your health expenses yourself (your part is called the deductible) before the company pays anything.
5. The policy must have a co-insurance payment of no greater than 25% or less per accident or illness of the covered benefits. Usually, even after you have paid the deductible an insurance policy pays only a percentage of your medical expenses. The remaining portion, which you have to pay, is the co-insurance.

6. The policy must meet one of the following minimum rating requirements established by USIA:

A.M. Best rating of “A-” or above or Insurance Solvency International, Ltd. (ISI) rating of “A-1” or above or Standard & Poor’s Claim’s-paying ability rating of “A-” or above or Weiss Research, Inc. rating of “B+” or above.

OR

Be part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor.

OR

Be offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

OR

Be backed by the full faith and credit of your home country’s government.

Also please note: most insurance policies exclude coverage for certain conditions (called exclusions). The J regulations require that if a particular activity is a part of you Exchange Visitor program, your insurance must cover injuries resulting from you participation in that activity. Read the list of exclusions of your insurance policy so that you understand exactly what is not covered by the policy.

The Reason for the Requirement and the Need for Health Insurance

It is unwise to be in the United States without adequate health insurance. Although in many countries the government bears the expense of health care for its citizens, and sometimes even for visitors, individuals and families in the United States are responsible for these costs themselves. Since a single day of hospitalization and medical treatment can cost thousands of dollars, many hospitals and doctors refuse to treat uninsured patients, except in life-threatening emergencies. Insurance gives you access to better and more timely health care and provides the only protections against the enormous costs of health care in this country.

How Medical Insurance Works

When you purchase health coverage, the money you pay, (your premium) is combined with the premiums of others to form a pool of money. That money is then used to pay medical bills of those participants who need health care. Your coverage remains valid only as long as you continue to pay your insurance premiums.

Once you purchase insurance, the company will provide you with an insurance identification card for use as proof of your coverage when you are seeking health care from a hospital or doctor. The company will also provide written instructions for reporting and documenting medical expenses (filing a claim). The company will evaluate any claim that you file, and make the appropriate payment for coverage under your particular policy. In some cases the company pays the hospital or doctor directly, in others the company reimburses you after you pay the bill.

Choosing an Insurance Policy

Check the deductible amount carefully. Under some policies the deductible is annual, and you pay only once each year if you use the insurances. Under others you pay the deductible each time you have an illness or injury. Although the J regulations limit the deductible to \$500 per accident or illness, many policies offer a lower, more advantageous one. In choosing insurances you should think carefully about how much you can afford to pay out of your own pocket each time you are sick or injured, and weight the deductible against the premium before you decide.

Co-insurance: Usually, even after you have paid the deductible, an insurance policy only pays a percentage of your medical expenses. The policy might pay 80% for example and the remaining 20%, which you would have to pay, is called the co-insurance. So, if you were injured and incurred \$3,000 in medical expenses, a policy with a \$400 deductible and 20% co-insurances would cover \$2,080 (80% of \$2,600).

Specific limits: Some policies state specific dollar amounts on what they will pay for particular services. Other policies pay “usual” or reasonable and customary charges, which means they pay for what “usual” or reasonable and “customary” charges, which means they pay what is usually charged in the local area. Be very careful in evaluating policies with specific dollar limits; for serious illnesses, the limit might be far too low and you might have large medical bills not covered by your insurance.

Waiting period: The policy may establish a waiting period before it covers pre-existing conditions (health problems you had before you bought the insurance), as long as the waiting period is reasonable by current standards in the insurance industry.

Lifetime/per-occurrence maximums: Many insurance policies limit the amount they will pay for any single individual’s medical bills or for any specific illness or injury. Exchanged Visitors must have insurance with a maximum no lower than \$50,000. For each specific illness or injury which may be enough for most conditions. Major illnesses, however, can cost several times that amount.

Benefit period: Some insurances policies limit the amount of time they will pay for each illness or injury. In that case, after the benefit period for a condition has expired, you must pay the full cost of continuing treatment of the illness, even if you are still insured by the company. A policy with a long benefit period provides the best coverage.

Insurance Agents

An agent is an individual who represents one or several insurance companies and sells insurance to individuals and groups. When working with an agent you should feel free to ask questions and take the time to learn about and understand several choices before you make a decision. **The Office of International Education has brochures from several insurance companies. Please contact our office for additional information.**

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