

1675 Owens Street, Room CC 290 San Francisco, CA 94143

# **Health Insurance Requirements for J Exchange Visitors**

By participating in the J-1 exchange visitor program, you agree to maintain health insurance for yourself and each J-2 dependent for the entire length of your program which adheres to the minimum requirements outlined by the U.S. Department of State (22 C.F.R. Part 62.14). Coverage must begin no later than "Program Begin Date" and must not end before the effective "Program End Date" listed on your DS-2019 form.

Per U.S. Department of State requirements, the following minimum benefit levels are required:

- \$50,000 of insured medical benefits per accident or illness
- \$7,500 of repatriation coverage
- \$10,000 minimum of Medical evacuation of the exchange visitor to his or her home country
- Deductibles not to exceed \$500 per accident or illness
- Covers pre-existing conditions after a reasonable waiting period
- Includes co-payment provision that does not exceed 25% co-pay by the exchange visitor
- Does not exclude benefits for perils inherent to the activities of the exchange visitor program

# Effective May 15, 2015, the U.S. Department of State will increase the minimum benefit levels to the following:

- \$100,000 medical benefits per accident or illness;
- \$25,000 repatriation of remains;
- \$50,000 expenses associated with the medical evacuation of exchange visitors to his or her home country;
- All other insurance requirements remain the same as above.

Scholars are independently responsible for verifying that their insurance coverage meets the new Department of State requirements if their program is active past May 15, 2015.

The insurance corporation underwriting the policy must have one of the following ratings:

- an A.M. rating of "A-" or above
- an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above
- a Standard & Poor's claims-paying ability rating of "A-" or above
- a Weiss Research, Inc. rating of "B+" or above

Insurance backed by the full faith and credit of your home country government meets this requirement.

Repatriation and evacuation coverage will protect you and your family in the event of an emergency and are as important as the primary medical benefits. In addition to these requirements, coverage cannot exclude benefits for perils inherent to the activities of the Scholar's exchange program. The policy must be underwritten by an insurance corporation meeting the U.S. Department of State rating requirements or backed by the full faith and credit of the home country government designated sponsor or Scholar's employee group plan (22CFR§62.14). Please note: The minimum levels of health insurance coverage are subject to change per US Department of State regulations.

### **Potential Program Termination**

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-1 must return to their home country immediately. J-1 scholars (including J-2 dependents) cannot apply for reinstatement if their program has been terminated.

#### **Affordable Care Act**

Effective May 15, 2014, J-1 and J-2 exchange visitors may be subject to the requirements of the Affordable Care Act. Details regarding the ACA can be found at <a href="http://www.hhs.gov/healthcare/rights/index.html">http://www.hhs.gov/healthcare/rights/index.html</a>. Please note that in the U.S., you and your dependents are subject to a fee if you are not able to demonstrate coverage that meets the minimum federal insurance coverage. The fee consists of a percentage of your household income or a flat fee - - whichever is higher. For details regarding fees, please see <a href="https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/">https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/</a>.

#### Cost of U.S. Health Care

Healthcare in the U.S. is very expensive. Without health insurance, the cost of medical treatment is extremely high and can be a burden. Maintaining valid health insurance will assist with the high costs of medical care. Most U.S. healthcare providers will not bill international insurance companies directly. Be prepared to have a source of income readily available (such as a credit card with a high spending limit) to pay for treatment for accidents, illnesses or pre-existing conditions. Generally, scholars must pay for all medical services up front, and are then responsible for submitting claims to their insurance company for reimbursement.

#### **Pre-existing Conditions**

A pre-existing condition is any illness or health condition for which you have received medical advice or treatment during the twelve months prior to obtaining health insurance. Most U.S. health insurance policies do not cover pre-existing conditions such as pregnancy (a normal delivery can cost as much as \$20,000 without insurance). If your pregnancy can be considered a "pre-existing condition," i.e., existing before your J-1 program begins, it is a good idea to be prepared to pay for all treatment and medications throughout your pregnancy.

#### **Insurance from Your Home Country**

Even if you have health insurance in your home country, BE ADVISED THE INSURANCE MAY NOT COVER MEDICAL EXPENSES WHILE IN THE U.S. You are required to confirm that coverage from your home country will extend to you and each J-2 dependent while physically residing in the U.S. You can do this by asking that your insurance company provide you with a U.S-based contact and telephone number. Be sure to also have documentation that verifies that your home country insurance will cover you while in the US, and that it meets the minimum US Department of State requirements. This information will help you when arranging payment for claims for accidents or illnesses. These requirements must be met by insurance purchased within the US as well as insurance from your home country.

#### **UCSF Insurance Eligibility**

The health insurance options vary depending on your UCSF appointment title and contract. You have the right to choose your own insurance plan provided it meets the minimum levels of coverage as stipulated by US Department of State. If you are unsure of whether or not you will be covered by UCSF insurance, or would like to review the different options, please ask your HR representative.

#### **UCSF Scholars Holding the Postdoctoral Scholar Title**

You are eligible to enroll in the UC Postdoctoral Scholar Benefit Plan if you hold this official UCSF title. Your host department will assist you in the health insurance enrollment process upon your arrival at UCSF. For additional information and assistance:

- 1. Contact your department's benefits administrator,
- 2. Visit http://www.garnett-powers.com/postdoc/ucsf
- 3. Contact Garnett-Powers & Associates at 1-888-441-3719 or psbp@garnett-powers.com

## **Potential Non-UCSF Insurance Options**

A few options are available at <a href="https://isso.ucsf.edu/resources/healthcare/health-insurance-options">https://isso.ucsf.edu/resources/healthcare/health-insurance-options</a>. The options offered are provided for general information only. ISSO does not recommend nor endorse any specific insurance plan. Unfortunately, due to liability reasons, ISSO is unable to verify if private, home government or UCSF-specific insurance plans meet US Department of State requirements. Scholars must independently confirm that their insurance policies meet federal requirements.

## **J-1 INSURANCE ATTESTATION**

I understand that as a J-1 visa holder, by law, I am required to maintain health insurance which meets the minimum coverage specified above for myself and any accompanying J-2 dependents. I hereby affirm that I am aware of my insurance options, and I have, or will have by the time I begin my J-1 program at the University of California, San Francisco, the stated insurance for the effective period of all valid forms DS-2019 issued. If I choose to enroll in a UCSF health insurance plan, I voluntarily authorize that insurance costs be deducted from my salary. I also understand that failure to comply with this requirement may result in the termination of my exchange visitor program, and that I will not be eligible for reinstatement.

(Exchange Visitor Signature)	(Date)
(Exchange Visitor Name)	(Date of Birth)
(Address)	(E-mail Address)

\*\*Bring this signed document to your Human Resource check-in upon U.S. Arrival\*\*

12.15.2014