

J HEALTH INSURANCE ACKNOWLEDGMENT

Exchange Visitor Program regulations require that J-1 Exchange Visitors and their J-2 dependents carry health insurance meeting specific minimum standards (Code of Federal Regulations - 22 CFR 62.14). Failure to maintain required insurance coverage can result in termination of J status. Exchange visitors who are not eligible for Washington University benefits must obtain minimum insurance coverage before coming to the United States. Because health care expenses in the U.S. can be costly, coverage in the amounts listed below may not be sufficient to cover all expenses for medical care, and higher levels of coverage may be considered. In addition, it is your responsibility to determine if you are subject to the individual health insurance mandate under the Affordable Care Act (ACA). You can find more information about the mandate as it affects J Exchange Visitors at: <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision> or <http://www.envisageinternational.com/blog/2013/11/affordable-care-act-j1-participants-non-student-categories/>

J health insurance must provide the following minimum coverage:

1. Medical benefits of at least \$100,000 (US\$) per accident or illness;
2. Repatriation of remains in the amount of \$25,000 (US\$);
3. Expenses associated with the medical evacuation of the exchange visitor (or accompanying spouse or dependent children) to his or her home country in the amount of \$50,000 (US\$);
4. A deductible not to exceed \$500 per accident or illness.

An insurance policy secured to meet J coverage requirements:

1. May require a waiting period for pre-existing conditions, which is reasonable as determined by current industry standards;
2. May include a provision for co-insurance under the terms which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness;
3. Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any policy, plan, or contract must, at minimum be:

1. Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or
2. Backed by the full faith and credit of the government of the exchange visitor's home country; or
3. Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
4. Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

Washington University Health Plans

J Exchange Visitors who are paid by may be eligible for a health insurance plan through the University's benefits system. J scholars should confirm their eligibility for such plans through the host department, and must select a plan that meets J program requirements. Coverage is also available for J-2 dependents through these plans. Note that the plans do not provide coverage for medical evacuation and repatriation of remains, so that coverage must be purchased separately through GeoBlue. For more information about the plans and the medical evacuation and repatriation coverage, go to <https://oiss-scholars.wustl.edu/j-health-insurance-requirement/>

Coverage for Those Not Eligible for a Washington University Benefits Plan

J Exchange Visitors who are not eligible for benefits must provide proof of coverage (including coverage for any J-2 dependents). There are some vendors that provide coverage that are J compliant. All Js who are not covered under a plan are required to have their insurance provider complete a form confirming the coverage meets the requirements. See <https://oiss-scholars.wustl.edu/j-health-insurance-requirement/> for more information about J compliant plans.

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Please return this completed page to the OISS.

I acknowledge and agree that my participation in a J program at Washington University in St. Louis is contingent upon my enrollment in and obtaining required minimum health insurance coverage for myself and any J-2 dependents. I further acknowledge and agree to maintain such insurance coverage during the entire period of my stay in J-1 status and dependents' stay in J-2 status. I understand and agree that the Office for International Students and Scholars and the government agencies that work with the J program may periodically request that I provide documentation of or verify my health insurance coverage. Furthermore, I acknowledge that my failure to carry required health insurance for myself and any J-2 dependents will subject me and any dependents to termination of J status and loss of legal immigration status.

Please select one:

- My department has confirmed that I am eligible for a health insurance plan, and I intend to enroll in one of the J-eligible plans. I will also purchase separate coverage for medical evacuation and repatriation through GeoBlue.

- I have enrolled in coverage with another provider and have asked that provider to complete the J Health Insurance Verification Form to confirm that my plan meets every requirement stated in 22 CFR 62.14.

Name of Health Insurance Provider: _____

If dependents will accompany you in J-2 status, please select one:

- My department has confirmed that I am eligible for a health insurance plan, and I intend to enroll myself and my dependents in one of the J-eligible plans. I will purchase separate coverage for medical evacuation and repatriation for myself and my dependents through GeoBlue.

- I have enrolled my J-2 dependents in coverage with another provider and have asked that provider to complete the J Health Insurance Verification Form to confirm that my plan meets every requirement stated in 22 CFR 62.14.

Name of Health Insurance Provider: _____

Signature

Printed Name

Date