



What to know about Health Insurance Requirements of the J-1 Visa

According to immigration regulations (22 CFR S62.14), J-1 exchange visitors and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the J-1 program continuing to the end of the J-1 program. There cannot be any breaks or lapses in insurance coverage even if one travels outside the U.S for an extended period of time during the J program. Failure to maintain insurance coverage will result in termination of your J-1 status. J-1 exchange visitors and accompanying J-2 dependents also may be subject to the requirements of the Affordable Care Act. 22 CFR 62.14(a).

J Visa Insurance Requirements:

- Minimum medical benefit of \$100,000 per person per accident or illness;
- Deductible that does not exceed \$500 per accident or illness;
- Minimum repatriation of remains in the amount of \$25,000;
- Minimum medical evacuation expenses in the amount of \$50,000; and
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

Insurance policies:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and
- Must not unreasonably exclude coverage for the perils inherent to the activities of the exchange program in which you participate

Any policy, plan, or contract secured to fill the J insurance requirements must at minimum be:

Underwritten by an insurance corporation having:

- An A.M. Best rating of "A-" or above; or
- A McGraw Hill Financial/Standard & Poor Claims-paying Ability rating of "A-" or above; or
- A Weiss Research, Inc. rating of "B+" or above; or
- A Fitch Ratings, Inc. rating of "A-" or above; or
- A Moody's Investor Services rating of "A3" or above;
- Be backed by the full faith and credit of the exchange visitor's home country; or Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers of Medicare and Medicaid Services of the U.S. Department of Health and Human Services

Insurance carriers with options that meet J Visa requirements *

- **International Student Insurance (ISI)**
 - For trips 15-365 days
 - Student Secure – Budget, Select & Elite Plans
 - For details, visit <https://www.internationalstudentinsurance.com/student-health-insurance/>
 - For quarantine indemnity benefits, the additional [Atlas Travel Medical Plan](#) policy must be purchased
- **International Student Protection (ISP)**
 - Trail Blazer Elite plan
 - For details, visit <http://intlstudentprotection.com/>



- Phone: 877-738-5787

Unfortunately, some insurers are prohibited from engaging in any transactions with sanctioned countries (a current list is maintained here: <https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information>) due to US or EU Sanctions laws. If you are unable to purchase insurance from ISI due to your citizenship and the current US sanctions, the following insurance companies have been utilized in the past. Please contact us if you need assistance.

- **GeoBlue**
 - <http://about.geo-blue.com/>
 - Email: sales@geo-blue.com, Phone: 1-855-481-6647
- **Gallagher Benefit Services**
 - <https://clients.garnett-powers.com/vs/jvisa/>
 - Phone: 1-888-441-3719

*** Please be advised that the University of Colorado does not endorse or take responsibility for insurance coverage purchased through these providers.**

Caution: Not all insurance is created equally!

In addition to the J Visa requirements, keep the following in mind when deciding where to purchase your health insurance plan:

- There is no national or free public medical assistance. Unlike in countries where you – and even your international friends that come to visit – may have had free access to medical care, in the US access to low-cost or public health care is very limited. Generally, international students are not eligible for most programs.
- Coverage provided by different health insurance plans varies dramatically. They may or may not include large or small deductibles, copays, or coinsurance; beneficiaries may pay a large, small, or no part of their health insurance premiums; some plans cover dependents, others do not.
- If you become ill or injured while you are staying in the US and you do not have the appropriate insurance, you run the risk of paying colossal medical bills, or even of receiving no health care at all. US hospitals only treat emergency cases without prior payment, and may refuse treatment without evidence of insurance or a deposit.

Medical evacuation and repatriation only

If you are receiving insurance coverage through your employer or spouses' employer, you'll want to make sure that you have medical evacuation and repatriation of remains coverage, as required by the Department of State. In almost all cases, domestic insurance plans do not have these benefits unless they were designed to cover international travel. If that's the case, not to worry as you can still meet your requirements by purchasing a standalone plan that has just those two benefits.



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- To purchase Medical Evacuation & Repatriation (MER) coverage, visit the American College Student Association at www.globaltravelplus.com/acsa. The plan is effective for one calendar year from the date of purchase. You will receive an immediate on screen confirmation with website and login credentials and contact information for your plan. Approximately one month before the plan expiration, you will receive an email notifying you of the expiration date with the option to renew. The cost of the plan is \$100/year for 2021-2022. *Must be purchased within 30 days of arrival in US.



Health Insurance 101

To international students and scholars visiting the United States, the US health care system might seem impossibly complicated and confusing. This is because the US health care system is impossibly complicated and confusing; most US citizens don't even fully understand it. The following is a short guide to help you to better understand the US health care system, so you will be fully prepared for your stay in the United States.

What is health insurance?

The term refers to a variety of insurance policies, ranging from those that cover the costs of doctors and hospitals to those that meet a specific need—like vision or dental coverage. When most of us talk about health insurance, however, we refer to the kind of plan that covers doctor bills, surgery and hospital costs.

Just like car or home insurance, you pick a health insurance plan and agree to pay a specific rate, or premium, for that policy. In return, the insurance company agrees to pay a specific percentage of your medical expenses for a specific list of medical services (covered services).

How does health insurance work?

In return for your premium, the insurance company agrees to share the cost of covered medical services with you. Those services are listed in your policy along with your out of pocket cost for each service—copay, a deductible or coinsurance. Not all medical services are covered by health insurance plans; the ones that aren't are called exclusions and limitations and they are listed in the policy brochure.

Types of health insurance

Health insurance is an umbrella term; there are different kinds of health insurance products to cover different kinds of healthcare needs. Medical health insurance benefits may include preventive care and benefits for illnesses and accidents, either in or out of the hospital.

For other healthcare needs, you may need other types of insurance like:

Dental insurance: covers your oral health and usually includes regular cleanings and things like cavities.

Vision insurance: covers your eyes' health and can include coverage for glasses or contacts.

Who's in and who's out

Most insurance companies have negotiated discounts with doctors and facilities. Payments by your insurance company are usually based on these discounted rates and those doctors and facilities are called in network.

Because it saves the insurance company (and you, the insured!) money, you are rewarded for seeking care in network or with preferred providers with a lower out of pocket cost and lower overall cost of care.

On the flip side, if you choose to use an out of network doctor or facility, you're still covered, but the copay, coinsurance, deductible and other benefits may be different than when staying in network. Be sure to read that policy carefully so you know what to expect!