

J-1/J-2 Visa Health Insurance Requirements

According to the USA Code of Federal Regulations, Vol. 22, section 62.14, exchange visitors coming to the USA on a J-1 visa must maintain adequate health insurance for themselves and any dependents on a J-2 visa throughout their stay in the USA. Failure to maintain insurance will lead to loss of legal status and termination from the program.

The USA Department of State requires that a minimum coverage shall provide:

- Medical benefits of at least \$50,000 per accident or illness
- Repatriation of remains in the amount of \$7,500
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards
- May include provision for co-insurance under the term of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates

The insurance policy must be underwritten by an insurance corporation having one of the following ratings:

- an A.M. Best rating of "A-" or above
- an Insurance Solvency International , Ltd. (ISI) rating of "A-" or above
- a Standard & Poor's Claims-paying Ability rating of "A-" or above
- a Weiss Research, Inc. rating of B+ or above
- insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country

The health insurance policy must be accompanied by a letter from the insurance company or from the home government written in English and containing complete documentation that the requirements listed above are met. Please remember to bring your policy and the accompanying letter with you when you come to the U.S.

Note: It is the exchange visitor's responsibility to check with the insurance company to be sure that the policy meets the regulations listed above. Getty employees are not insurance experts and cannot do this verification.

It is important for you to know that health insurance companies do not cover pre-existing conditions. This may or may not exclude National Health Insurance. If you have a pre-existing condition, it is critical that you have a plan in place in the event that you need care or medication for your pre-existing condition.

Insurance that meets the above criteria can be purchased at:

- Private companies in visitor's home country
 - On-line insurance companies such as IMG's Patriot Exchange Program. To read more about this program, click the following link:
<http://www.imglobal.com/coverage/PatriotExchangeIndv/index.cfm?CFID=799817&CFTOKEN=e47c4df1e5276843-046C75FD-1F29-DFD5-147D54B39547C31C>
 - You should then click on the "Benefits" link
 - Then click the "Standard Plan" link at the top of the page
 - Please remember to read the "Exclusions" page by clicking on the link
 - To purchase the insurance, click the "Quote/Buy Online" link
 -
- ...and many others of your choice

As prices may considerably vary from company to company, we strongly suggest you obtain a few estimates before deciding which policy to purchase.

It is very important that you check with your insurance company how to use the policy in case you need to visit a doctor, buy medications, and/or go to a hospital during your U.S. residency.

You could ask specific questions such as:

- How do I find out which doctors and hospitals are covered by this insurance policy in the area close to my LA home?
- Will I have to pay any expense upfront?
- Will I have to submit any forms for reimbursement?
- Where can I find the forms?
- Who should I contact for questions and assistance related to the use of this insurance policy while I am in the U.S.?

Once you have purchased your insurance policy please fill out the form below and email it to OSIP at: osip@getty.edu.

For any questions please contact Daniela Ferrari, OSIP Supervisor, via email at: dferrari@getty.edu or call her at: 001-310-440-6123.

J-1 Exchange Visitor Insurance verification and Contact Information

Please, **print out, complete and then e-mail a scanned copy of this form** to: osip@getty.edu
If you have any questions do not hesitate to contact Daniela Ferrari, OSIP Supervisor, via email at dferrari@getty.edu or via phone at: 001-310-440-6123.

Exchange Visitor Name: _____

Dependents' Names if applicable: _____

Insurance Company Name: _____

Address: _____

Name of Insurance Plan: _____

Policy or Contract Number: _____

Dependents' Policy or Contract Number if different: _____

Insurance Contact (Telephone/email/website if applicable): _____

Start date of Insurance Coverage: _____

End date of Insurance Coverage: _____

I have verified with the Insurance Company that this plan meets the requirements of the U.S. Department of State listed above while I (and my dependants if any) are in the U.S.

Signed: _____ Date: _____

Printed Name _____