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

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: IMG Insurance
  - 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

There are many other insurance companies that you may choose and find online.

If you are a **GRI/Museum Scholar or Fellow**, you may be eligible to purchase the Getty PacifiCare Signature Value Advantage plan. This plan meets the USA Department of State requirements and, although it may be more expensive than others, it covers pre-existing conditions. It also offers, in most cases, unlimited benefits, low co-payments and minimal paperwork.

Please note that this plan is not available for Scholars and Fellows who are in residence for less than 90 days. If your residency is less than 90 days, you may purchase the IMG or any other plan of your choice. Please click GRI and Museum Health Insurance for more information.

> If you do not purchase the Getty insurance plan, it is very important that you check with your insurance company to ensure that your policy will provide you with coverage that will allow you 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 on the next page 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: _____

Please check all that apply:

○ I have selected the following health insurance plan(s) offered at the J. Paul Getty Trust while I (and my dependents if any) will be in residence at the Getty.
○ Medical for me
○ Medical for my dependents (specify names): _____
○ Dental for me
○ Dental for my dependents (specify names): _____
○ Vision for me
○ Vision for my dependants (specify names): _____

I understand that the total cost of the plan(s) will be deducted from my paycheck in bi-weekly installments.

---------------------- **OR** ---------------------

○ I have selected the following health insurance plan which I will independently pay.

Insurance Company Name: _____

Address: _____

Name of Insurance Plan: _____

Policy or Contract Number: _____

Dependent's Name and 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 as listed in (Section 1) while I (and my dependants if any) are in the U.S.

Signed: _____   Date: _____

Printed Name _____

Section 2 of J-1/J-2 Visa Health Insurance Requirements