

Health Care and Medical Insurance for J-1 Exchange Visitors

As a J-1 exchange visitor, you are required by the U.S. Department of State to carry medical insurance for you and any accompanying dependent family members during your entire period of stay in the United States. In addition, the Department of State mandates that your insurance plan meet certain minimum requirements for coverage. It is your responsibility as the exchange visitor to obtain coverage, and if you willfully fail to secure insurance coverage for yourself and accompanying dependents, your J-1 status can be terminated.

The Center for Global Health at the Medical University of South Carolina (MUSC) recognizes that health insurance can be confusing and overwhelming for international visitors coming to live in the U.S. Therefore, we would like to provide visiting international scholars with some guidance prior to arrival in the United States. This document will provide an important overview of health care and health insurance in the U.S., the insurance requirements of the J-1 program, and your options for obtaining insurance coverage.

The Center for Global Health is here to assist you regarding the subject of health insurance and your requirements as a J-1 visa holder, so do not hesitate to contact us with any questions or concerns. Your hiring supervisor and/or your MUSC department contact person will also be good points of contact for you regarding your health insurance options. It is important that you fully understand the health insurance requirements of the J-1 Exchange Visitor Program and your options prior to your arrival in the U.S. or your transfer to MUSC.

OVERVIEW OF HEALTH CARE AND INSURANCE IN THE U.S.

In many countries around the world, health care services are paid for by the government. In the United States, health care is a private transaction and individuals are responsible for health care-related expenses.

The expenses listed below are just to give you an idea of the costs that you might encounter if you do not have health insurance in the U.S. The cost of health care is variable and depends on the type of service and your individual circumstances.

Typical health care costs without insurance

- ◆ Visit to a general practitioner/family physician—\$100-\$200
- ◆ Visit to a specialist—usually at least \$200
- ◆ Visit to an urgent care center—approximately \$150
- ◆ Visit to a hospital emergency room—usually at least \$500
- ◆ Delivery of a baby
 - Natural birth—\$9,000 - \$17,000
 - Cesarean delivery—\$14,000 - \$25,000
- ◆ Cost of hospital room and board per day—\$2,500-\$5,000 *this does not include the cost for the surgery, medicines, lab work, and other expenses associated with the medical procedure that necessitated the hospital stay

To prevent excessive medical bills, individuals purchase health insurance plans that help pay for health care services. Sometimes individuals can purchase health insurance plans through their employer, which often makes the insurance plan more affordable for the insured person. However, health insurance can always be purchased on an individual basis as well, without going through an employer. The basic idea is that the individual pays the insurance provider a certain

amount of money each month (or other defined payment period), called a premium, and thus receives the benefits provided by that particular insurance plan (i.e., assistance with paying medical bills in the future).

Listed below are some basic health insurance terms that you may encounter:

- **Coinsurance**—a percentage (%) that the insured person pays after the deductible of the insurance policy has been met or exceeded. Sometimes coinsurance is expressed as a pair of percentages, with the percentage paid by the insured person listed first.
- **Copayment (or copay)**—a fixed amount of money that the insured person will pay each time that person receives certain medical services. For example, a visit to a primary care physician's office may cost you a copay of \$15.00, while a visit to a specialist may cost \$30.00 copay. You should expect to pay the copay each time you visit a doctor's office or receive medical treatment.
- **Coverage limits**—some health insurance policies only pay for health care up to a certain dollar amount. Once the insured person has reached that dollar amount in medical services, the insurance provider will no longer pay for any future services of that type.
- **Deductible**—a certain dollar amount that the insured person must pay for medical services before the insurance company will begin paying for health care services. The deductible is in place for a defined benefit period, usually one year. Deductibles can vary from plan to plan. Some plans may have a different deductible for each family member; some plans may have separate deductibles for specific medical services. Deductibles may also be impacted by preferred providers.
- **Premium**—the cost of your health insurance coverage for a certain benefit period. When you enroll in a health insurance plan, you pay a premium to be covered under that company's plan. Premiums can be paid for on a monthly basis, or you can make a large payment up front for a certain period of health insurance coverage. Many insurance companies offer flexible payment terms, such as monthly installments. If you are on a group insurance plan through an employer, your insurance premiums are often deducted automatically from your paychecks.
- **Pre-existing condition**— a physical or mental health condition, disability or illness that you have before you enrolled in a health plan. There is no one definition for a pre-existing condition, and each insurance provider and insurance plan has different regulations regarding pre-existing conditions and insurance coverage.

Having health insurance does not mean that medical services will be free of charge. In the vast majority of health insurance plans, individuals still have to pay some of the costs of health care services. Also, every single medically-related service may not be covered under a certain insurance plan. It is important to understand the benefits of your plan so that you know what types of health care services are covered under your plan and what services you will have to pay for on your own.

INSURANCE REQUIREMENTS FOR J-1 EXCHANGE VISITORS

J-1 exchange visitors may be subject to insurance regulations set forth by several U.S. government agencies. All exchange visitors must comply with insurance regulations set forth by the U.S. Department of State specifically for J-1 exchange visitors. In addition, J-1 exchange visitors may also be required to comply with insurance regulations set forth in the Patient Protection and Affordable Care Act (also known as the Affordable Care Act or ACA).

U.S. Department of State Insurance Requirements

The U.S. Department of State provides specific regulations for all J-1 exchange visitors regarding health and medical insurance (22 CFR § 62.14). J-1 exchange visitors are required to have insurance that meets the Department of State standards for both themselves and any J-2 dependents accompanying them to the U.S. J-1 exchange visitors must have this insurance in effect for themselves and their dependents for the entire duration of their J-1 exchange visitor program (the program start and end dates on form DS-2019). The insurance coverage must meet the following minimum standards:

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

In addition, exchange visitors are required to obtain insurance from a U.S. insurance provider for the purpose of ensuring that the coverage of the policy meets or exceeds the limits required per 22 CFR § 62.14. Insurance coverage through a non-U.S. company or government will not be accepted. This insurance guide includes a list of U.S. insurance providers on the following page.

Please be aware that failure to comply with the J-1 insurance requirements will result in the termination of the J-1 program.

Affordable Care Act

Under the Affordable Care Act (ACA, also known as “ObamaCare”), individuals in the United States who do not maintain “minimum essential healthcare coverage” must make an additional payment to the U.S. Internal Revenue Service (IRS) when they pay their taxes. This is known as the individual mandate. Whether or not an individual is subject to the individual mandate is determined by the individual’s tax status. If you are considered a “resident alien” for tax purposes, then you are subject to the individual mandate.

The MUSC Health Plan is compliant with the ACA minimum healthcare coverage standards. Therefore, J-1 exchange visitors who are eligible to obtain insurance coverage through MUSC and select the MUSC Health Plan will be in compliance with the Affordable Care Act. See the next section for more details on health insurance through MUSC.

If you are considered a resident alien for tax purposes, and your insurance is not through MUSC, you should contact your insurance provider directly to confirm that your plan is compliant with the Affordable Care Act.

For more information on the Affordable Care Act, visit www.healthcare.gov.

MUSC EMPLOYEE HEALTH INSURANCE

If MUSC is providing the financial support for your J-1 exchange visitor program, you might be eligible to enroll in employee health insurance through MUSC. This will be determined by your MUSC sponsoring department prior to your arrival at MUSC. If you will be financially supported by your home institution or another source of funding outside of MUSC, you will probably not be eligible to receive MUSC benefits and enroll in employee health insurance through MUSC. If you are not sure if you are eligible to enroll in employee health insurance through MUSC, contact your MUSC sponsoring department.

NOTICE REGARDING MUSC EMPLOYEE HEALTH INSURANCE

If you do choose to enroll in insurance through MUSC, you will need to purchase a temporary plan that will cover you from your program start date on your DS-2019 (or your transfer date, if you are already in the U.S. in J-1 status at another institution) until your MUSC health insurance goes into effect. This is because when you purchase MUSC health insurance, it does not go into effect immediately—your coverage will begin on the first day of the month *after* you enroll in the insurance plan. For example, if you enrolled in an MUSC insurance plan on March 5th, the plan would not go into effect until April 1st, leaving you without insurance for most of the month of March. As a J-1 exchange visitor, you are required to have insurance coverage that is effective from the start date on your DS-2019 until your departure from the U.S. There are some insurance plans that require only a 15 or 30 day minimum coverage period, and you can choose the dates that you will need coverage from one of these types of plans. See the *U.S. Insurance Providers* section below for more information on purchasing short-term insurance coverage.

If you are eligible to purchase MUSC employee health insurance, you will have an opportunity to do so at new employee orientation upon your arrival at MUSC. Please note that you are not required to enroll in insurance through MUSC, even if you are eligible. All health insurance plans purchased through MUSC are paid through automatic deduction from your monthly or biweekly paychecks.

MUSC offers access to several health insurance plans for its employees (see the attached comparison of plans). However, as a J-1 exchange visitor, you must carry a plan that meets the minimum insurance requirements mandated by the U.S. government. **It is important to note that the State Health Plan (SHP) Savings Plan does not meet these requirements; therefore, you cannot choose this plan for your health insurance coverage.** It is recommended that you select the State Health Plan *Standard* Plan, also known as the MUSC Health Plan, if you are purchasing insurance through MUSC. This plan provides coverage that meets the minimum requirements for J-1 visa holders and has reasonable premium costs per month.

*2016 monthly premiums for MUSC Health Plan (State Health Plan Standard Plan)**

Employee Only	\$97.68
Employee and Spouse	\$253.36
Employee and Children	\$143.86
Full Family	\$306.56

*Tobacco users will pay a \$40 or \$60 per month surcharge in addition to the premium cost.

Please be aware that the insurance plans offered through MUSC do not include the medical evacuation or repatriation coverage that is required for J-1 exchange visitors (see requirements 2 and 3 in the previous section *Insurance Requirements for J-1 Exchange Visitors*). **Thus, if you are purchasing insurance through MUSC, you will be required to purchase a supplementary insurance plan that will provide you with medical evacuation and repatriation benefits.** MUSC currently offers access to this supplementary coverage through a private insurance company, and the monthly premium (cost) can be deducted from your paycheck if you are on MUSC payroll. The current cost of this insurance is \$2.00 per month for an individual and \$4.00 per month for a family (rates are subject to change). The Center for Global Health will assist you in enrolling in this supplementary coverage when you come for your check-in appointment.

If you have dependents accompanying you, you will need to include them in your insurance if you elect to purchase MUSC health insurance. Oftentimes, J-2 dependents will come to the U.S. at a later date than the J-1 visiting scholar. In this case, you may purchase insurance to cover only yourself until your dependents arrive in the U.S. Upon your dependents' arrival in the U.S. on J-2 visas, you must add them to your insurance plan by contacting your representative in MUSC Human Resources Management. You will need to provide documents that prove your relationship with your dependents—for spouses, you will need a copy of your marriage license, and for your children, you will need a copy of the birth certificate for each child. Remember that you are required by the U.S. Department of State to have insurance for both yourself and any dependents with you in the U.S. while participating in the exchange visitor program.

U.S. INSURANCE PROVIDERS

If you will not be covered through an MUSC employee insurance plan, you must obtain coverage for the entire duration of your stay through another U.S. insurance provider. Below is a list of preferred insurance providers, most of whom offer plans specifically designed for J-1 exchange visitors and traveling international scholars. MUSC is not specifically endorsing any of these insurance providers; rather, we are providing you with information on several insurance plans that meet the requirements of the J-1 exchange visitor program. When looking at insurance providers and plans, it is important that you take the time to fully understand what the plan provides and consider your individual or family health care needs.

Preferred Insurance Providers for MUSC J-1 Exchange Visitors

- **ISO Insurance—J1 Exchange Plan**

http://www.isoa.org/docs/plans/2015/ISO-J_Exchange_Visitors_plan_2014_2015.pdf

- Minimum term of coverage is one (1) month
- Dependent coverage is available

- **ISO Insurance—Compass Gold or Compass Silver Plan**

https://www.isoa.org/compass_gold

- Minimum term of coverage is three (3) months
- Dependent coverage is available

- **HTH Worldwide—Global Student USA**

https://www.hthtravelinsurance.com/students_plans.cfm

- Minimum term of coverage is one (1) month
- Dependent coverage is not available

- **USI Affinity—Visit USA-HealthCare**

<http://www.travelinsure.com/what/vusahigh.asp>

- Minimum term of coverage is fifteen (15) days; maximum term of coverage is twelve (12) months
- Languages available online: English, [简体中文](#), [繁體中文](#)

- **Gateway Insurance Plans—Gateway USA Visitor Health Insurance**

<http://www.gatewayplans.com/travel-medical-insurance/gateway-usa>

- Minimum term of coverage is ten (10) days; if purchased for a minimum of three (3) months, coverage may be renewed for a maximum of two (2) years
- Must select no greater than \$500.00 deductible

- **CMI Insurance Worldwide—Global Medical USA**

<https://www.cmi-insurance.com/travel-medical-insurance/view-all-plans/global-medical-usa.aspx>

- Minimum term of coverage is one (1) month; maximum term of coverage is twelve (12) months (coverage can be repurchased after 12 month maximum)
- Dependent coverage is available
- Must select either Plan A or Plan B; must select no greater than \$500.00 deductible

- **International Student Insurance—Atlas Travel Plan**

<http://www.internationalstudentinsurance.com/travel-medical-insurance/>

- Minimum term of coverage is five (5) days
- Dependent coverage is available
- Student status is not required

- **International Student Protection (ISP)—Trail Blazer Plan**

<http://intlstudentprotection.com/schools/medical-university-of-south-carolina/#trail-blazer>

- Minimum term of coverage is three (3) months
- Dependent coverage is available

Once you obtain coverage, you must submit documentation to the Center for Global Health to prove your coverage. This documentation must include the dates of coverage, the details of the plan that you selected (sometimes called a “full schedule of benefits”), and who the plan covers (i.e., if your plan covers just you or you and your dependents). Remember that it is your responsibility to maintain your insurance coverage, so please pay careful attention to the terms of your coverage and if you need to renew your plan.

ADDITIONAL HEALTH INSURANCE CONSIDERATIONS

Pre-existing Conditions

A pre-existing condition is a health problem that existed *before* you apply for a health insurance policy or enroll in a new health plan. There is no one definition of a pre-existing condition. A pre-existing condition can be something like heart disease, type 2 diabetes, or cancer. Because a person with a pre-existing condition can cost a health insurance company a lot of money, it is in the best interest of that insurance company to exclude those who have pre-existing conditions. If you begin having major health problems *after* you are enrolled in a health insurance policy, these health problems are not considered pre-existing conditions.

The health insurance coverage available to those with pre-existing conditions depends on a few factors – including the type of health insurance plan, the level of care needed for your pre-existing condition, and your health insurance history. Some pre-existing conditions may not affect your coverage at all. Others may exclude you from having coverage for that specific pre-existing condition. Although the health insurance plan has accepted you and you are paying your monthly premiums, you may not have coverage for any care or services related to your pre-existing condition. Some private insurance companies may charge you more in your monthly premium if you have a pre-existing condition.

When enrolling in an insurance plan, it is important that you be aware of any health issues that may be considered a pre-existing condition and how this may impact your coverage and/or your premiums.

Pregnancy

Some insurance plans consider pregnancy a pre-existing condition. This means that if you or your spouse is pregnant prior to enrolling in the health insurance plan, any health care services relating to the pregnancy will not be covered by the insurance plan. Not all health insurance plans consider pregnancy a pre-existing condition. Since the services associated with prenatal care and the delivery of a baby are very expensive, you will want to be sure that your insurance plan has adequate coverage.

Vision and Dental Care

Services like dental care and corrective vision treatment are not usually covered by standard insurance plans. J-1 exchange visitors are encouraged to take care of these types of services prior to leaving their home country, if at all possible. However, if you are offered access to MUSC employee health insurance, you will have the option of purchasing supplementary dental insurance and/or vision care insurance.

HEALTH CARE SERVICES AT MUSC

MUSC Rapid Access Center ([website](#))

The Rapid Access Center (RAC) provides same day access for adult acute care needs especially for MUSC employees, spouses, and adult children. The RAC provides limited services, such as treatment and care for: flu, cold, cough, rash, sinus infection, skin infection, sore throat, diarrhea, joint pain, pink eye.

The RAC discourages walk-ins in order to provide better access and turnaround. To schedule an appointment with the RAC, call (843) 876-0888. The RAC is open Monday through Friday from 8:00am—12:00pm, and from 1:00pm—5:00pm and is located on the 8th floor of Rutledge Tower on the MUSC campus. You will need to bring your insurance card and **copayment** at the time of your appointment.

MUSC Family Medicine Employee Advantage Program/Same Day Clinic ([website](#))

The Same Day Clinic at the MUSC Family Medicine Center offers fast, same day appointments for acute or urgent care needs for MUSC, MUHA and UMA employees. The clinic is located at 295 Calhoun Street (in the Family Medicine Center) and is open Monday through Friday 8:30am—4:00pm (closed from 12:00pm—2:00pm on Fridays) and on Saturday from 9:00am—11:30am (walk-ins only). Call (843) 792-3451 to schedule a same day appointment.

MUSC Employee Health Services ([website](#))

Employee Health Services manages the occupational health care needs of employees of the Medical University of South Carolina, Medical University Hospital Authority, University Medical Associates, and other entities per contract. You will be required to report to Employee Health Services upon arrival at MUSC to undergo pre-employment health screening (your department contact person will give you more information about doing this). If you are injured while you are at work at MUSC, you will then report to Employee Health Services for treatment. Employee Health Services is not a clinic or urgent care facility.

2016 Comparison of Health Plan Benefits for MUSC Employees

Version Date: 10/30/15

		MUSC Health Plan ¹		Dental		
***** Tobacco users will pay a \$40 or \$60 per-month surcharge in addition to their health premium. ² *****						
				Basic	Plus*	Basic + Plus = Total Plus Premium
Monthly Premiums						
Employee		\$97.68		\$0.00	\$25.96	\$25.96
Employee/Spouse		\$253.36		\$7.64	\$52.46	\$60.10
Employee/Children		\$143.86		\$13.72	\$60.50	\$74.22
Full Family		\$306.56		\$21.34	\$78.60	\$99.94
*enrollees must pay both premiums to have Plus						
Availability	MUSC Network, approved pediatricians, National Allergy & Asthma, and Doctors Care	Outside MUSC Network - Standard State Health Plan approved providers	Not in MUSC Network and not a Standard State Health Plan approved provider		Vision	
	Tier A	Tier B	Tier C	Employee	\$7.00	
Annual Deductible				Employee/Spouse	\$14.00	
Single	\$385			Employee/Children	\$14.98	
Family	\$770			Full Family	\$21.98	
	Plan pays 80%, you pay 20%	\$445				
	Deductible and coinsurance not applicable for physicians' visits, certain outpatient services, and hospital facility charges associated with an inpatient hospital stay. PT, OT, & Speech Therapy are subject to deductible and coinsurance	\$890	<u>Standard State Health Plan</u>	<u>Out-of-Network</u>		
Coinsurance			Plan pays 80% You pay 20%	Plan pays 60% You pay 40%		
Coinsurance Maximum						
Single	\$2,200	\$2,540	\$5,080			
Family	\$4,400 (excludes deductible)	\$5,080 (excludes deductible)	\$10,160 (excludes deductible)			
Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.						
Physicians Office Visits	Annual deductible & coinsurance do not apply \$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	\$445 annual deductible first. \$12 copay, then coinsurance: Copay waived if service performed at a Patient Centered Medical Home (PCMH)				
		In-Network	Out-of-Network			
		Plan pays 80% You pay 20% (If PCMH, you pay 10%)	Plan pays 60% You pay 40%			
		Maximum Annual Chiropractic payments - \$2,000				
Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$95 copay, deductible & coinsurance.				
Hospitalization	Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.	Hospitalization subject to deductible & coinsurance.				
Urgent/Emergency Care	Urgent: \$75 copay at Doctors Care; ER: \$159 copay, plus deductible & 20% coinsurance	Urgent: Deductible & coinsurance; ER: \$159 copay, deductible & coinsurance				
Prescription Drugs	MUSC Retail Pharmacies Tier 1 (generic-lowest cost alternative): \$6 Tier 2 (brand-higher cost alternative): \$30 Tier 3 (brand-highest cost alternative): \$50 90 day supply Tier 1 (Generic): \$15 Tier 2 (Preferred brand): \$80 Tier 3 (Non-preferred brand): \$140 Copay maximum: \$2,500	Participating pharmacies only (up to a 31 day supply) Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$38 Tier 3 (brand-highest cost alternative): \$63 Mail order (up to a 90 day supply) Tier 1 (Generic): \$22 Tier 2 (Preferred brand): \$95 Tier 3 (Non-preferred brand): \$158 Copay maximum: \$2,500				

Please refer to the website (<https://www.musc.edu/medcenter/MUSChealthplan/index.html>) to ensure that you are viewing the latest version of this chart.

¹Refer to your 2016 Insurance Benefits Guide for information on how this plan coordinates with Medicare.

²Subscribers who use tobacco or cover dependents who use tobacco will pay a tobacco surcharge - \$40 monthly surcharge for subscriber-only coverage, \$60 monthly for other levels of coverage.

³If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$7,200.00 annual family deductible is met.