

# INSURANCE REQUIREMENTS

## FOR J-1 EXCHANGE VISITORS AND J-2 DEPENDENTS

During your stay in the U.S., you and any J-2 dependents (spouse and/or children) must possess health insurance at all times that meets the minimum governmental requirements listed below. In addition, all exchange visitors, and any accompanying dependents, may be subject to the requirements of the Affordable Care Act (22 CFR 62.14(b)). You and any dependents must possess one of the three options listed. **Please follow the instructions given for the option that applies to you** in order to satisfy the health insurance requirements.

Please note: J-1 program extensions will not be processed until the required proof of insurance information indicated below is provided by the J-1 exchange visitor. If the requested information is not provided, the J-1 visitor's program at the University of Missouri may be terminated.

HEALTH INSURANCE OPTIONS		MINIMUM INSURANCE PLAN REQUIREMENTS ACCORDING TO FEDERAL J-1 REGULATIONS				PROVIDE PROOF OF HEALTH INSURANCE
		A	B	C	D	
See <a href="#">notes on second page</a> for more information about the options listed below		Minimum \$100,000 paid per accident or illness	Maximum \$500 deductible (amount you pay before insurance starts paying) plus maximum co-insurance requirement	Minimum \$50,000 for medical evacuation to home country (in case you become seriously ill in the U.S.)	Minimum \$25,000 for repatriation of remains (in case you die while in the U.S.)	Submit proof to the International Center upon arrival at MU and when applying for a program extension
MU EMPLOYEE BENEFITS PLANS	<b>Healthy savings plan</b> [in network and out of network]	Has A	Does not have B	Does not have C or D <b>All benefit-eligible MU employees</b> must purchase an add-on policy to cover medical evacuation/repatriation from Global Emergency Assistance Services or another company and renew it on an annual basis.		Copy of application and check written to insurance carrier providing medical evacuation/repatriation coverage
	<b>Custom network plan</b> [in network]	Has A	Has B			
	<b>Custom network plan</b> [out of network]	Has A	Does not have B			
	<b>PPO plan</b> [in network]	Has A	Has B			
	<b>PPO plan</b> [out of network]	Has A	Does not have B			
<b>AETNA STUDENT HEALTH INSURANCE PLAN</b> ( <a href="#">brochure</a> )		Has A	Has B	Has C	Has D	Copy of application with check written to Aetna Student Health
<b>OTHER</b> (plan you acquire on your own)		It is your responsibility to confirm that the policy you purchase meets or exceeds the minimum requirements for J-1 insurance (A, B, C and D).				Copy of insurance plan (in English) and signed insurance compliance form.

