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
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See notes on second page for more information about the options listed below | | |
Healthy savings plan [in network and out of network] | 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
Custom network plan [in network] | Has A | Does not have B | | | Copy of application and check written to insurance carrier providing medical evacuation/repatriation coverage
Custom network plan [out of network] | Has A | Does not have B | | | All benefit-eligible MU employees 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.
PPO plan [in network] | Has A | Has B | | | Copy of application with check written to Aetna Student Health
PPO plan [out of network] | Has A | Does not have B | | |
AETNA STUDENT HEALTH INSURANCE PLAN (brochure) | Has A | Has B | Has C | Has D | Copy of insurance plan (in English) and signed insurance compliance form.
OTHER (plan you acquire on your own) | Has A | Has B | Has C | Has D | Copy of proof of insurance plan.

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).
MU EMPLOYEE BENEFITS PLAN
If you are an official employee of the University of Missouri and have a benefits package that includes health insurance, you must select the custom network or PPO plan in order to satisfy requirements A and B. In addition, you must purchase the add-on policy to cover medical evacuation and repatriation to cover requirements C and D.

Remember that your J-2 dependents must also meet the health insurance requirements. Therefore, you should pick a plan that will include coverage for them and add them to your medical evacuation and repatriation policy.

AETNA STUDENT HEALTH PLAN
This plan satisfies all J-1 health insurance requirements (A, B, C and D). Any J-2 dependents must also have insurance that satisfies all requirements. Note that the Aetna Student Health plan is expensive when including a spouse, but relatively inexpensive with children. This obligation must be considered when planning financially for your stay in the United States. In order for your J-2 dependents to use the Aetna Student Health Plan, you, the J-1, must also be insured by the plan.

AETNA STUDENT HEALTH PLAN MONTHLY PREMIUM RATES*

<table>
<thead>
<tr>
<th>Classification:</th>
<th>Net monthly rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholar only</td>
<td>$127</td>
</tr>
<tr>
<td>Scholar and spouse</td>
<td>$727</td>
</tr>
<tr>
<td>Scholar and child(ren)</td>
<td>$352</td>
</tr>
<tr>
<td>Scholar, spouse and child(ren)</td>
<td>$952</td>
</tr>
</tbody>
</table>

*The whole premium is charged for each calendar month or portion of a calendar month for which coverage is required.

To calculate the premium, multiply that rate by the number of calendar months (not 30 day periods) of coverage desired. For example, the coverage required for a scholar for the period of Nov. 15 to Jan. 15 = $127x3 (three calendar months: November, December, January) = $381 (all rates subject to change without notice).

OTHER PLAN
Any plan you purchase must meet requirements A, B, C and D. International Center staff cannot assess the quality of insurance plans. It is your responsibility to educate yourself regarding the strengths and weaknesses of a plan’s coverage in the United States.