

**UNIVERSITY POLICY AC – 6.00 – 08/09**

**TO:** University of West Florida Community

**FROM:** Dr. Judith Bense, President

**SUBJECT:** Medical Insurance Coverage for F-1 and J-1 Visa Holders and F-2 and J-2 Dependents and Spouses

**AUTHORITY:** Florida Board of Governors Regulation 6.009, Admission of International Students to State University System Institutions

**REFERENCE:** 22 C.F.R. 62.14

**Responsible Office/Executive:** Office of Diversity and International Education Programs and Academic Affairs

I. International Students in J-1 or F-1 Non-Immigrant Status

A. Scope of Medical Insurance Coverage:

1. Coverage must start at least 7 days before the student's first day of classes and must extend for one continuous calendar year.
2. The only exception to this requirement is for students who are attending UWF for one semester or term only. Such students are permitted to obtain a policy of a shorter duration. The coverage for such students must start at least 7 days before the student's first day of classes and must extend continuously through sixty days after the last day of classes.
3. Each F-1 and J-1 visa holder must provide insurance coverage for his or her dependents as outlined in section III of this policy.

B. In accordance with Board of Governors Regulation 6.009, no international student in F-1 or J-1 non-immigrant status shall be permitted to register or to continue enrollment at the University without demonstrating to the International Student Office that the student has adequate medical insurance coverage for illness or accidental injury. The insurance must meet the following minimum requirements:

1. Coverage Period: Policies must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or

more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.

3. Inpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.
4. Outpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
5. Maternity Benefits: Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.
6. Inpatient/Outpatient Prescription Medication: Must include coverage of \$1,000 or more.
7. Repatriation: \$10,000 (coverage to return the student's remains to his/her native country).
8. Medical Evacuation: \$25,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).
9. Exclusion for Pre-Existing Conditions: First six months of policy period, at most.
10. Deductible: Maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of \$100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.
11. Minimum coverage: \$200,000 for covered injuries/illnesses per accident or illness, per policy year.
12. Insurance Carrier must, at a minimum, meet the rating requirements specified in Part 62.14(c)(1) of Title 22, Code of Federal Regulations.
13. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
14. Claims must be paid in U.S. dollars payable on a U.S. financial institution.
15. Policy provisions must be available from the insurer in English.

## II. Intensive English Program Students in F-1 or J-1 Non-Immigrant Status

Students enrolled in the Intensive English Program who are in F-1 or J-1 non-immigrant status are required to comply with this policy.

## III. J-1 Research Scholars, Professors, Specialists, and any F-2 Spouses and Dependents and J-2 Spouses and Dependents

A. The following individuals must have medical insurance:

1. J-1 research scholars, professors, specialists must have insurance in effect which covers sickness or accident during the period of the J-1 program.
2. J-1 students, scholars, professors and specialists must have insurance which covers an accompanying spouse and/or dependents in J-2 status for sickness or accident during the period of the program.
3. F-1 students must have insurance which covers accompanying spouses and dependents in F-2 status for sickness or accident during the period of the F-1 program.

B. The medical insurance covering J-1 research scholars, professors, specialists and J-2 and F-2 spouses and dependents may include the following limitations:

1. Medical benefits of at least \$50,000 per accident or illness;
2. Repatriation of remains in the amount of \$7,500;
3. Expenses associated with the medical evacuation of the insured to his or her home country in the amount of \$10,000; and
4. A deductible not to exceed \$500 per accident or illness.
5. Coverage for perils inherent to the activities of the program.

C. The medical insurance covering J-1 research scholars, professors, specialists and F-2 and J-2 spouses and dependents, may provide the following, at a minimum:

1. A waiting period for pre-existing conditions which is reasonable as determined by current industry standards.
2. A provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness.

D. Any policy, plan or contract secured to fulfill the requirements of Section III of this policy must, at a minimum:

1. Be underwritten by an insurance corporation having 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, or such other rating as the Department of State may from time to time specify; or
2. Backed by the full faith and credit of the government of the exchange visitor's home country; or
3. Be part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
4. Be offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

E. Compliance

Proof of adequate medical insurance coverage must be provided to the International Student Office for all F-1 and J-1 non-immigrant visa holders and their dependents no later than 7 days prior to the first day of classes for the term/semester (fall, spring and/or summer) or prior to the program start date, as applicable. When the insurance is obtained from the student's or exchange visitor's own insurance provider, the provider will be required to complete the International Student Health Insurance Compliance Form (Appendix 1 and 2). This form must also be verified through the International Student Office no later than 7 days prior to the first day of classes for the term/semester (fall, spring, and/or summer) or prior to the program start date, as applicable.

A registration hold will be placed on each student in F-1 or J-1 non-immigrant status until the student provides proof of adequate medical insurance coverage for him or herself and any dependents to the International Student Office. The pre-registration schedules of students in F-1 or J-1 non-immigrant status, who have not provided timely proof of adequate medical insurance coverage to the International Student Office by the last day to register for classes, will be dropped, and those students will not be permitted to attend classes.

J-1 exchange visitors who fail to comply with or who willfully fail to maintain the insurance coverage set forth in this policy while participating in an exchange visitor program or who make material misrepresentations to the sponsor concerning such coverage shall be deemed to be in violation of this policy and shall be subject to termination as exchange program participants, which may result in loss of non-immigrant status.

Approved By: \_\_\_\_\_

Dr. Judith Bense, President

Date: \_\_\_\_\_

8/15/09



**International Student Office**  
 11000 University Pkwy, Bldg. 71  
 Pensacola, FL 32514  
 850-474-2479 Office—850-474-2915 Fax

## Health Insurance Compliance Form for F-1 and J-1 Student Visa Holders

All international students on an F-1 or J-1 visa are required to have health insurance coverage for the duration of their non-immigrant status in order to register or enroll in class.

### **Instructions for Students**

In order to be considered properly insured, you must have this form completed by the health insurance company and return it to the address at the top of this form. If your policy does not meet these requirements, you will need to either purchase a supplemental plan that will add to the minimum required coverage, or you will need to purchase a new plan.

### **This Section is to be Completed by the Student**

**F-1 Student**     **J-1 Student**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Email:	Phone Number:	Country of Citizenship:
Mailing Address:		

I certify that the information given in this form is accurate and complete to the best of my knowledge. I understand that to make false or fraudulent statements within this application may result in revocation of admission, loss of non-immigrant status, and/or disciplinary action.

Signature of Student: _____	Date: _____
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### **This Section is to be Completed by the Insurance Company**

Insurance Company Name:		
Policy Number:	Dates of coverage:	Phone Number:
U.S. Claims Agent Address:		

**Please check YES or NO to each item below indicating if the required basic benefit applies to the student's plan.**

YES	NO	BENEFITS
		Coverage Period: Coverage must start at least 7 days before the student's first day of classes and must extend for one continuous calendar year. Coverage for students attending UWF for one semester or term only, must start at least 7 days before the student's first day of classes and extend continuously for at least 60 days following the last day of classes. This policy must be renewable.
		Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual customary, and reasonable charge for out-of-network providers per accident or illness.
		Inpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30-day cap per benefit year.
		Outpatient Mental Health Care: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
		Maternity Benefits: Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.
		Inpatient/Outpatient Prescription Medication: Must include coverage of \$1,000 or more.
		Repatriation: \$10,000 (coverage to return the student's remains to his/her native country).
		Medical Evacuation: \$25,000 (permits the patient to be accompanied by a provider or escort if directed by the physician in charge).
		Exclusion for Pre-Existing Conditions: First six months of policy period, at most.
		Deductible: Maximum of \$50 per occurrence if treatment is rendered at the Student Health Center; maximum of \$100 per occurrence if treatment services are rendered at an off-campus ambulatory care of hospital emergency department facility.
		Minimum Coverage: \$200, 000 for covered injuries/illnesses per accident or illness, per policy year.
		This policy is underwritten by an insurance provider having one of the following: an A.M. Best rating of "A-" or above; an Insurance Solvency International, Ltd. Rating of "A-i" or above; a Standard and Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of B+ or above; or such other rating as the United States Department of State may from time to time specify.
		The policy must not unreasonably exclude coverage for perils inherent to the student's program of study. Claims must be paid in U.S. dollars payable on a U.S. financial institution. Policy provisions must be available from the insurer in English.

**To the Insurance Company Representative: I attest to the fact that this insurance policy covers the above basic benefits. I have completed and verified the information on this form.**

Insurance Representative Name: _____	Stamp: _____
Signature: _____	Date: _____



**International Student Office**  
 11000 University Pkwy, Bldg. 71  
 Pensacola, FL 32514  
 850-474-2479 Office—850-474-2915 Fax

**Health Insurance Compliance Form for  
 J-1 Research Scholars, Professors, Specialists  
 and J-2 and F-2 Dependents (including spouses)**

Department of State Exchange Visitor Program Regulations require Exchange Visitor Program participants, including all J-1 (Short-term Scholars, Research Scholars, Professors and Specialists) and J-2 dependents, to have health insurance in effect for the entire duration of the J-1 program. Failure to maintain health insurance is a violation of the J visa status and will subject all participants and their dependents to departure from the United States. The Department of State regulations are located in the Code of Federal Regulations (22CFR, Part 62.14, available online at <http://www.exchanges.state.gov/jexchange>).

The UWF University Policy AC-6.00 8/08 requires that students in F-1 status maintain insurance for all F-2 dependents for the duration of their program.

**Instructions**

In order to be considered properly insured, have this form completed by the health insurance company and return it to the address at the top of this form. If your policy does not meet these requirements, you will need to either purchase a supplemental plan that will add to the minimum required coverage, or you will need to purchase a new plan. The University can provide you with information about policies available that will meet these requirements.

**This Section is to be Completed by the J-1 Exchange Visitor or F-1 Student**       **F-1 Student**       **J-1 Exchange Visitor**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Email:	Phone Number:	Country of Citizenship:
Mailing Address:		

**Instructions for J-1 Exchange Visitors and F-1 Students with Dependents**

If you have a spouse and/or children that will be accompanying you as J-2 or F-2 dependents throughout your program, they must be insured. Please list all dependents that meet this criterion, and have the health insurance company complete and verify that these individuals are properly

**Dependent 1**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Relationship to J-1 Exchange Visitor or F-1 Student: (Circle One)	<b>Spouse</b> <b>Child</b>	Country of Citizenship:

**Dependent 2**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Relationship to J-1 Exchange Visitor or F-1 Student: (Circle One)	<b>Spouse</b> <b>Child</b>	Country of Citizenship:

**Dependent 3**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Relationship to J-1 Exchange Visitor or F-1 Student: (Circle One)	<b>Spouse</b> <b>Child</b>	Country of Citizenship:

**Dependent 4**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Relationship to J-1 Exchange Visitor or F-1 Student: (Circle One)	<b>Spouse</b> <b>Child</b>	Country of Citizenship:

**Dependent 5**

Family Name:	First Name:	Date of Birth (Month/Day/Year):
Relationship to Exchange J-1 Visitor or F-1 Student: (Circle One)	<b>Spouse</b> <b>Child</b>	Country of Citizenship:

I certify that the information given in this form is accurate and complete to the best of my knowledge. I understand that to make false or fraudulent statements within this application may result in disciplinary action, including my immediate departure from the United States.

Signature of J-1 Exchange Visitor or F-1 Student	Date
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**This Section is to be Completed by the Insurance Company**

Insurance Company Name:		
Policy Number:	Dates of Coverage:	Phone Number:
U.S. Claims Agent Address:		
U.S. Claims Agent Phone Number:		

**Please check YES or NO to each item below, indicating whether the listed benefits are provided in the insurance plan of the J-1 exchange visitor, J-2 dependents, or F-2 dependents.**

YES	NO	BENEFITS
		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 to the insured's home country in the amount of \$10,000
		A deductible not to exceed \$500 per accident or illness
		Includes coverage for perils inherent to the activities of the program in which the insured participates
		A waiting period for pre-existing conditions which is reasonable as determined by current industry standards (not required, but preferred)
		Includes provisions for co-insurance under the terms of which the insured may be required to pay up to 25% of the covered benefits per accident or illness (not required, but preferred)

<b>Select One</b>	This policy, plan, or contract must be:
	Underwritten by an insurance corporation having 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, or such other rating as the Department of State may from time to time specify; or
	Backed by the full faith and credit of the government of the insured's home country; or
	Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
	Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

**To the Insurance Company Representative: I attest to the fact that this insurance policy covers the above basic benefits for all parties listed on this form. I have completed and verified the information on this form.**

Insurance Representative Name: _____	Stamp: _____
Signature: _____	Date: _____