

CERTIFICATE OF HEALTH INSURANCE COVERAGE



UNIVERSITY HEALTH SERVICES *Tang Center*
People. Campus. Community.

This form is for J-1 Exchange Visitors who will purchase insurance outside of the U.S prior to travel to UC Berkeley. Please do the following:

1. Have this form completed by an official of your insurance company and original copy returned to you.
2. Attach to this form a complete copy of your insurance policy or schedule of benefits **in English**.
3. Submit all of the above to your UC Berkeley host department or organization within 31 days of arrival.

Exchange Visitor Information	Family Name:	First Name:		
	Country of Residency:	Date of Birth (mm/dd/yyyy):	Gender: F <input type="checkbox"/> M <input type="checkbox"/>	
	Name of Insurance Company:	Policy Number:		
	Begin Date of Coverage:	End Date of Coverage:		
	Is the Visiting Scholar the Policy Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete next two rows):			
	Family Name of Policy Holder:		First Name of Policy Holder:	
	Relationship to the Visiting Scholar:			
Dependent Information	Complete this section if your dependents are on your insurance plan. Attach a separate sheet of paper if more space is needed.			
	Spouse's Family Name:	First Name:		
	1) Child's Family Name:	First Name:		
	2) Child's Family Name:	First Name:		
	3) Child's Family Name:	First Name:		
Health Insurance Coverage Verification The insurance plan issued to the Visiting Scholar must meet the following requirements established by the U.S. Department of State for the Visiting Scholar and all accompanying dependents:	U.S. Dept of State Insurance Requirements*	Visiting Scholar's Insurance Coverage Amounts		
	Coverage of at least \$50,000 per accident or illness	Total Limit of Coverage for accident or illness (in U.S. dollars): \$		
	\$500 maximum deductible per accident or illness	Deductible: \$		
	Maximum 25% co-insurance/co-payment provision for covered services at customary and reasonable charges in U.S. dollars	Percentage of co-insurance / co-payment: For Doctor: % For Hospital: %		
	\$10,000 minimum coverage for expenses associated with the medical evacuation to scholar's home country	Medical Evacuation Limits: \$		
	\$7,500 minimum coverage for repatriation of remains to home country	Repatriation Limits \$		
	Coverage for pre-existing conditions after a 12-month waiting period	Pre-existing conditions covered: <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting Period (in months):		
	*In addition to these requirements, coverage cannot exclude benefits for perils inherent to the activities of the Scholar's exchange program. The policy must be underwritten by an insurance corporation meeting the U.S. Department of State rating requirements or backed by the full faith and credit of the home country government, designated sponsor, or Scholar's employee group plan (22CFR§62.14).			
J-1 Exchange Visitor's Attestation	<i>I have read the information above and I agree to maintain health insurance coverage for myself and my dependents that meets requirements as listed for the full length of my stay in the U.S.</i>			
	Name of J-1 Exchange Visitor:	UC Berkeley Host Department		
	Signature of J-1 Exchange Visitor	Date (Month/Day/4-digit Year):		



HEALTH INSURANCE REQUIREMENTS FOR J EXCHANGE VISITORS

Under the U.S. Department of State Exchange Visitor (J-1) Program, all international exchange visitors (including Visiting Scholars, Visiting Student Researchers, and Postdoctoral Scholars) must have health insurance for themselves and for all accompanying dependents while in the United States. The University must comply with these requirements and they are a necessary condition of the exchange visitor's approved stay.

This insurance must meet specific requirements, and must be in effect for the entire period of stay in the United States. Visitors may purchase insurance from outside of the U.S. or from the University upon arrival. Certain visitors will be provided with insurance benefits as part of their appointment by the University. For more information, see <http://www.uhs.berkeley.edu/vspd/visitingscholar.shtml#overview>. The required amounts of health insurance coverage are:

- \$50,000 benefit per accident or illness
- Deductible of no more than \$500 per accident or illness
- Medical evacuation minimum \$10,000
- Repatriation of remains minimum \$7,500
- Covers pre-existing conditions after a reasonable waiting period
- Includes provision for co-payment that does not exceed 25% co-pay by the Exchange Visitor
- Does not exclude benefits for perils inherent to the activities of the Exchange Visitor's program
- Must be underwritten by an insurance company that meets the U.S. Department of State rating requirements or is backed by the full faith and credit of the Exchange Visitor's government.

IMPORTANT FACTS ABOUT U.S. HEALTH INSURANCE

Cost of U.S. Health Care

Health care in the U.S. is very expensive, and most U.S. healthcare providers will not bill international insurance companies. We recommend that you have a source of income readily available (such as a credit card with a high spending limit) to pay for treatment for accidents, illnesses or pre-existing conditions. Be prepared to pay for any and all medical services and to be responsible for submitting claims to the insurance company for reimbursement.

Pre-existing Conditions

A pre-existing condition is any illness or health condition for which you have received medical advice or treatment during the twelve months prior to obtaining health insurance. Most U.S. health insurance policies do not cover pre-existing conditions such as pregnancy (*a normal delivery can cost as much as \$20,000 without insurance*). If you have a pre-existing condition, be prepared to pay for all treatment and medications for that condition while in the U.S.

Insurance from Your Home Country

Even if you have health insurance in your home country, **BE ADVISED THE INSURANCE MAY NOT COVER MEDICAL EXPENSES WHILE IN THE U.S.** Ask your insurance company to provide you with a U.S.-based contact and telephone number. This information will help you when arranging payment for claims for accidents or illnesses.

U.S. Government Programs

As a non-immigrant J-1 Exchange Visitor, you and your dependents are not eligible for state or federally-sponsored healthcare programs (such as Medi-Cal or Healthy Families).

ENROLLMENT AND VERIFICATION PROCESS

The health insurance options vary depending on your UC Berkeley appointment title. If you are unsure of your appointment title, contact your department or research unit administrator.

Postdoctoral Scholars

You may be eligible to enroll in the postdoctoral scholar benefits plan. Your host department will assist you in the health insurance enrollment process upon your arrival at UC Berkeley. For additional information and assistance, please contact your department's Benefits Administrator or the Postdoctoral Benefits Coordinator at mcl@berkeley.edu.

Employees

You may be eligible for health insurance through UC Berkeley. In addition to the health insurance, you must purchase a separate plan to cover the mandatory medical evacuation and repatriation of remains coverage since this is not included in the employee plans. Your host department or organization will assist you in the health insurance enrollment process upon your arrival at UC Berkeley.

Visiting Scholars and Visiting Student Researchers

You have two options for purchasing health insurance:

1) Purchase insurance through UC Berkeley upon arrival: If you will purchase health insurance at UC Berkeley, you must **attend a mandatory insurance meeting** within 31 days of your arrival. Visit the University Health Services - Tang Center web site for location of meetings and information about these health plans at <http://www.uhs.berkeley.edu/vspd/visitingscholar.shtml#>.

OR

2) Purchase insurance from outside the U.S.: If you will bring insurance from your home country, complete the form on the reverse side of this page.

For more information, contact University Health Services at (510) 642-5742 or email: scholars@uhs.berkeley.edu