Health Insurance requirement for Exchange Visitor’s

Sponsors must require that all exchange visitors (as well as their accompanying spouses and dependents) have insurance in effect that covers them for sickness or accidents during the time of their exchange visitor program.  The recent rule increases the minimum coverage to meet today’s medical insurance needs.  **As of May 15, 2015**, minimum coverage must provide medical benefits of at least $100,000 per accident or illness; repatriation of remains in the amount of $25,000; expenses associated with medical evacuation to the exchange visitor’s home country in the amount of $50,000; and deductibles cannot exceed $500 per accident or illness (Section 62.14(a)).  Inadequate insurance coverage may be catastrophic for an individual exchange visitor. Thus, the Department increased the requirements.

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits **[22 CFR 62.14]**.

* Medical benefits of **at least** $100,000 per accident or illness
* Repatriation of remains in the amount of $25,000
* Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $50,000
* A deductible not to exceed $500 per accident or illness.

Sponsors are to require that their participants (and any dependents entering the United States as holders of a J-2 visa) have insurance in effect during the period of time they are in the sponsor's program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country. For other options, see **[22 CFR 62.14]**.

Program regulations also discuss coverage through HMOs and self-insurance of the above requirements by federal, state or local government agencies, state colleges and universities, and public community colleges, if permitted by law. Refer to **[22 CFR 62.14]** for additional information.