

Illinois Institute of Technology

International Center
3300 S. Federal Street.
Main Building, Room 405
Chicago, IL 60616
Phone: (312) 567-3680
Fax: (312) 567-3687

Short-term Health Insurance Information for J-1 Scholars

6/07

For **J-1** scholars and their dependents, it is **mandatory** to have health insurance that meets the minimum requirements as defined by the US Department of State, which governs the Exchange Visitor Program. **This should be obtained prior to arrival in the US.** Failure to comply with this insurance requirement will terminate J-1 status. At a minimum this insurance must cover:

- Medical benefits of at least \$50,000 per person per accident or illness
- Repatriation of remains in the amount of \$7,500*
- Medical Evacuation expenses in the amount of \$10,000*
- A deductible that does not exceed \$500

*IIT health insurance for full-time Faculty/Staff does not cover medical evacuation/repatriation.

The following companies will offer you insurance that will fit your needs:

Offers Medical Insurance, Medical Evacuation & Repatriation

Harbor Group, LLC
www.hginsurance.com
(800) 252-8160

HTH Worldwide
www.hthstudents.com
(800) 242-4178

Marsh International Plans

www.gatewayplans.com
(800) 282-4495

Offers Medical Evacuation & Repatriation only (required if you have IIT Health Insurance)

Cultural Insurance Service International (CISI)
www.culturalinsurance.com
(800) 303-8120

International SOS Assistance, Inc.
www.internationalsos.com/buymembership/
(800) 523-8930

Helpful Information Related to Medical Insurance

The following information was obtained from <http://www.studentresources.com/resources/insurance101/InsuranceGlance.aspx>

SELECTING A PLAN: If you have a choice from more than one plan, compare how each plan handles the following: coverages, co-payments, co-insurance, deductibles, pre-existing conditions, and any other limitations to coverage.

HELPFUL DEFINITIONS

Co-pay: A fixed dollar amount you pay at the time services are rendered. Typical co-pays are for office visits, prescriptions, or hospitalizations.

Deductible: The portion of your health care that you pay before insurance starts covering it.

TYPES OF COVERAGE:

Health Maintenance Organizations (or HMOs): With an HMO, you receive a range of health benefits for a set fee. You must choose a primary care physician from the plan's list. This doctor becomes your "gatekeeper" for all your medical needs. This is the doctor you call or see when you are sick, and he or she will refer you to a specialist or other providers within the HMO network.

Preferred Provider Organization (PPO): In this system, you may seek treatment from an approved network of providers or may see other providers outside the network.

Point of Service (POS): A hybrid of the HMO and PPO is known as a POS plan. Like a standard HMO, your primary care doctors make referrals to other providers within the plan. But if you want to go to a physician outside the network without consulting your primary care doctor, the POS plan will pay a predetermined amount of the bill and your share of the bill will be higher than it would if you stay in-network.