

Caltech Exchange Visitor Program (EVP) Health Insurance Declaration

The U.S. Department of State requires Exchange Visitors and any accompanying spouse and dependents to maintain minimum levels of health insurance coverage for sickness and accidents throughout the duration of their exchange visitor programs. Exchange visitors and any accompanying spouse and dependents also may be subject to the requirements of the Affordable Care Act.

Minimum Coverage Per Individual

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Expenses associated with the medical evacuation to home country in the amount of \$50,000; and
- (4) Deductibles not to exceed \$500 per accident or illness.

Insurance Policy Details

- (1) May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and
- (2) May include provisions 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; and
- (3) Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates; and
- (4) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or
- (5) Backed by the full faith and credit of the government of the exchange visitor's home country; or
- (6) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- (7) Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

I acknowledge I have been informed of my Health Insurance requirements and those of any accompanying spouse and dependents. I understand that willful noncompliance of these requirements or misrepresentation of coverage will result in the termination of my Caltech Exchange Visitor Program (EVP) and that of any associated spouse and dependents.

Exchange Visitor: _____
(Full Name)

Exchange Visitor: _____ Date: _____
(Signature)