



GEORGETOWN UNIVERSITY

HEALTH INSURANCE OPTIONS FOR F-1 OPT and J-1 AT

All J-1 students on post-completion Academic Training (AT) are legally required to obtain and maintain health insurance, for themselves and any J-2 dependents, which meets the [J-1 requirements](#).

F-1 students on post-completion OPT and STEM OPT are not legally required to have health insurance after graduation, but OGS strongly advises that you have health insurance, once your Georgetown University health insurance plan ends and if your job does not offer health insurance as part of your salary package.

UNDERSTANDING YOUR OPTIONS

Georgetown University Employees

If you are working at Georgetown University, insurance plans are offered to paid, full-time employees which meet the J-1 requirements (except the CareFirst BlueChoice Advantage CDHP with HSA plan) and are suitable for F-1 students. If you are paid by Georgetown and are eligible for Georgetown insurance, you should attend a benefits orientation in Human Resources to hear about the options and make your elections in GMS. F-2 and J-2 dependents may be added to the University plan.

Other Employers

J-1 students must verify that any plans offered by their employer meets the [J-1 requirements](#) before they enroll in a plan. F-1 students can sign up for any plan offered.

Insurance from another U.S. Insurance Provider

If your employer does not offer health insurance you may need to purchase health insurance through a provider. Many companies offer insurance that meets the J-1 requirements and these can be purchased by F-1 students as well. Below are some of the options. If you purchase insurance from a U.S. company, please carefully review all the terms of coverage.

International Student Insurance	http://www.internationalstudentinsurance.com/
International Student Protection	http://intlstudentprotection.com/
Tokio Marine HCC	https://www.hccmis.com/
Patriot America/IMG International Medical Group, Inc.	http://www.imglobal.com/index.aspx
Gateway	http://www.gatewayplans.com/
The Harbour Group	http://www.hginsurance.com/
Compass Benefits Group	http://www.compassbenefits.com/

TIPS FOR SELECTING A HEALTH INSURANCE PROVIDER

- How long will you be in the U.S.? – some plans require you to purchase a minimum period of coverage
- Will you bring family members with you? – does the plan cover them?
- Is your spouse currently pregnant? – some plans consider this a pre-existing condition and will not cover pregnancy related costs.
- Does anyone in your family have existing medical conditions?
- Will you need to purchase prescription medicines while you are here?
- How much can you afford to pay per month (premium)?
- How much can you afford to pay before your insurance pays (deductible)?
- The majority of health insurance plans do not include dental or eye care. You may have to purchase separate plans to cover dental or eye care or pay out of pocket, which can be expensive.

When considering your options, keep in mind that routine visits to a doctor will cost approximately \$100 to \$150 per visit, which does not include any tests or medications you may need. A trip to the emergency room will cost at least twice that amount, and a day in the hospital could cost thousands of dollars. Prescription drugs can also be quite costly.

ADDITIONAL INFORMATION FOR EVALUATING HEALTH INSURANCE PLANS

The U.S. has some of the best, but most expensive health care in the world. Depending on the insurance you select, you will be expected to pay a smaller or larger percentage of any medical bills. When choosing your insurance, you should carefully consider your average health expenses and the potential cost of a medical emergency and choose the plan that offers the right amount of coverage for you.

There are many insurance providers available, and the options can be overwhelming. You should carefully review the details of any insurance plan you are considering and keep in mind that cost should not be the only factor you consider. A plan that works for one person may not be the best option for another. Some plans provide coverage for basic or specialized medical needs while others may charge additional fees or will not cover certain medical needs such as prescriptions, dental, vision, maternity or other pre-existing conditions.